

Date: September 16, 2020

INFLUENZA/COVID-19 VACCINE ADMINISTRATION

Adult

Purpose

For approved Yolo County Local Optional Scope ALS Providers (Paramedics) in assisting Yolo County in administering intramuscular Influenza and COVID-19 vaccine to the adult population (12 or older) when authorized by Yolo County, during the COVID-19 Disaster Declaration.

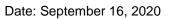
Procedure

- Maintain aseptic technique when administering the influenza or COVID-19 vaccines
- Equipment required:
 - Vaccine
 - o 22- to 25-gauge, 5/8- to 1¹/₂-inch needle (dependent on size of patient)
- Wash hands and donn gloves
- Check expiration date of vaccine
- Cleanse the area of the deltoid muscle with the alcohol prep
 - Deltoid landmarks: 2 3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.
- Insert the needle at a 90-degree angle into the muscle.
 - Pulling back on the plunger prior to injection is not necessary
- Inject the vaccine into the muscle
- Withdraw the needle, and using the alcohol prep, apply slight pressure to the injection site
- Do not recap or detach needle from syringe. All used syringes/needles should be placed in punctureproof containers.
- Monitor the patient for any symptoms of allergic reaction.

Contraindications & Considerations/Precautions

- Contraindications
 - Do not administer vaccines to a person who has an allergic reaction or a serious systemic or anaphylactic reaction to a prior dose of that vaccine or to any of its components. For a list of vaccine components, refer to guidance specific to this vaccine provided by the manufacturer and the LEMSA.
- Considerations
 - Be Prepared to Manage Medical Emergencies (allergic reaction/anaphylaxis)
- Precautions
 - \circ $\,$ Moderate or severe acute illness with or without fever $\,$
 - History of Guillain-Barré Syndrome within six (6) weeks of a previous vaccination
 - People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to eggs) should be vaccinated in a medical setting.

Yolo County Emergency Medical Services Agency Pandemic ALS Local Optional Scope



Adult			
Documentation			
 Document the following information: Date of vaccination Name of patient Injection site Vaccine lot number Vaccine manufacturer 			
 Complete appropriate documentation as directed by the County: a. Vaccine Consent/Record of Administration Form: ensure this is completed, retained and appropriately submitted after administration. b. Vaccine Information Statement: document the publication date and the date it was given to the patient. c. Personal Immunization Record Card: record the date of vaccination and name/location of administering clinic. d. Immunization Information System (IIS), "registry", VEARS: will be completed by County Staff Give patient vaccine information sheet, using the appropriately translated sheet for non-English speaking client. Advise patient when to return for subsequent vaccination, if appropriate. 			
Guidance			
Gender, age, weight of patient	Needle Gauge	Needle Length, (inches)	Injection Site
11 - 18 years	22 - 25	5/8 - 1 or 1 - 1½	Deltoid muscle of arm/ Anterolateral thigh muscle
Female or Male less than 130 lbs	22 - 25	⁵ ⁄8 - 1	Deltoid muscle of arm
Female or Male 130 - 152 lbs	22 - 25	1	Deltoid muscle of arm
Female 153 - 200 lbs	22 - 25	1 - 1½	Deltoid muscle of arm
Male 153 - 260 lbs	22 - 25	1 - 1½	Deltoid muscle of arm
Female 200+ lbs	22 - 25	11⁄2	Deltoid muscle of arm
Male 260+ lbs	22 - 25	1½	Deltoid muscle of arm