

Special Protocol

(Effective through period of Commissioner's Order)

EMT-Basic, Advanced EMT and Paramedic Administration of Immunizations Pursuant to a Public Health Order of the Commissioner: INACTIVATED INFLUENZA VACCINE

Inactivated influenza vaccines are inactivated (killed) vaccines, and are given by injection into the muscle (IM). Paramedics working in connection with a Massachusetts Department of Public Health (MDPH)-approved mobile integrated health (MIH) or community EMS program (CEMS), are already authorized by 105 CMR 700.003(A)(4) of the Drug Control Program (DCP) regulations, to administer vaccines. All other Paramedics, and Advanced EMTs, are currently authorized and trained to administer certain medications intravenously, intramuscularly, subcutaneously, and intranasally. EMTs at all levels operate in accordance with the Department's EMS System regulations and Statewide Treatment Protocols of the MDPH Office of Emergency Medical Services (OEMS) and in connection with an MDPH-licensed ambulance service. They also obtain authorization to practice from their ambulance services' affiliate hospital medical director.

The specific authorization granted by the Commissioner's Order, pursuant to the Department's DCP regulations, 105 CMR 700.004(H) authorizes currently certified Massachusetts EMTs at all levels working in connection with an ambulance service to administer vaccine for the prevention of influenza, in ages 3 and older, in accordance with this Special Protocol issued by OEMS. Prior to being deployed by their ambulance service to administer flu vaccine, such EMTs must have successfully completed a vaccination training program approved by their ambulance service's AHMD. There are special, specific minimum training requirements for EMT-Basics, as set out below.

Minimum Requirements: IM Vaccination training for EMT-Basics:

Any EMT-Basic who is administering IM COVID-19 vaccination in conjunction with their ambulance service must receive training from their Affiliate Hospital Medical Director or designee.

Such training shall include:

1. Sterile Technique
2. Familiarization with the equipment needed
3. How to choose needle and syringe
4. Familiarization with required consent and record keeping
5. Indications and Contraindications to the vaccine in question
6. How to draw up vaccine safely and sterilely
7. How to select and prep injection site
8. How to give the injection – follow attached CDC documents, listed under Reference, below
9. Post injection site care
10. Post injection patient observation
11. Familiarization with instructions to give patient after vaccine

Total expected time of instruction: 4 hours

Ambulance service must maintain records of such training

Reference: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>

Two PDF documents are available on the OEMS website as reference as well: "DCD IM-injection-adult" and "DCD ACIP Vaccine Administration"

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EMT-Basic Deployment: Special Limitations

All EMT-Basics vaccinating under this waiver must be working with at least one physician, nurse, or paramedic **immediately available** at the treatment site as the supervisor of dosing, procedure, and technique.

EMT-Basics may not thaw or reconstitute vaccine. They are limited to drawing up doses and administering them to recipients.

EMT-Basics must be trained and authorized by their AHMD or designee prior to administering vaccine in any form. Under this Special Protocol, EMT-Basics can only administer vaccine while working for their ambulance service.

Such training must also include the procedures to be followed by EMT-Basics within the setting in which the vaccines are to be administered, for determining type and dose of vaccine to be given, including the identity of staff who will make such determination.

Paramedic and Advanced EMT Implementation Criteria

Paramedics and Advanced EMTs must be trained and authorized by their AHMD or designee prior to administering flu vaccine in any form. Under this protocol, paramedics can only administer vaccine while working for their ambulance service.

Such training must include at minimum the procedures to be followed by paramedics within the setting in which the vaccines are to be administered, for determining type and dose of vaccine to be given, including the identity of staff who will make such determination.

EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

- a. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions.
- b. Screen for contraindications according to attached CDC/ACIP document (or ascertain the result of such screening)
- c. Always check the package insert prior to administration of any vaccine.
- d. Shake the vial well before withdrawing and shake the prefilled syringe well before administering.
- e. Administer IM vaccines at a 90° angle with 22-25-gauge needle. The needle length for IM injections depends upon the age, gender, and/or weight of the vaccine recipient. (See Table attachment.). Administer intramuscularly (IM), according to the recommended age-specific dose and schedule. (See CDC/ACIP attachment.)
- f. Administer influenza vaccine.
- g. Observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine. If an anaphylactic/allergic reaction occurs, treat according to Protocol 2.2A/2.2P Allergic Reaction/Anaphylaxis.
- h. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <http://www.vaers.hhs.gov/>.

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Needle Length and Injection Site for IM Injection

Gender and Weight	Needle Length	Injection Site	Injection Technique
Children (3-18 years)	5/8" - 1"	Deltoid	Depends on Body Mass
Male and Female <60 kg (<130 lbs)	5/8"	Deltoid	Do not bunch subcutaneous and muscle tissue
Male and Female (130-152 lbs)	1"		
Female 70-90kg (152-200 lbs)	1"-1 ½"		
Male 70kg-118kg (152-260 lbs)			
Female >90kg (200lbs)	1 ½"		
Male >118kg (260 lbs)			

Special Protocol – Paramedic Influenza Vaccine

Special Protocol

(Effective through period of Commissioner's Order)

EMT-Basic, Advanced EMT and Paramedic Administration of Immunizations Pursuant to a Public Health Order of the Commissioner: LIVE ATTENUATED INFLUENZA VACCINE (LAIV4) (FLUMIST®)

Live attenuated influenza vaccine (LAIV4) or FluMist® is a live, attenuated (weakened) influenza vaccine that is sprayed into the nostrils. Paramedics working in connection with a Massachusetts Department of Public Health (MDPH)-approved mobile integrated health (MIH) or community EMS program (CEMS), are already authorized by 105 CMR 700.003(A)(4) of the Drug Control Program (DCP) regulations, to administer vaccines. Paramedics and Advanced EMTs are currently authorized and trained to administer certain medications intravenously, intramuscularly, subcutaneously and intranasally. EMTs at all levels operate in accordance with the MDPH EMS System regulations and Statewide Treatment Protocols of the MDPH Office of Emergency Medical Services (OEMS) and in connection with an MDPH-licensed ambulance service. They also obtain authorization to practice from their ambulance services' affiliate hospital medical director (AHMD).

The specific authorization granted by the Commissioner's Order, pursuant to the DCP regulations 105 CMR 700.003(H), authorizes currently certified Massachusetts EMTs at all levels working in connection with an ambulance service to administer vaccine for the prevention of influenza to persons ages 3 and older, in accordance with this Special Protocol issued by OEMS. Prior to being deployed by their ambulance service to administer flu vaccine, such EMTs must have successfully completed a vaccination training program approved by their ambulance service's AHMD.

EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

- a. Provide patient, parent or legal representative with a copy of the appropriate Vaccine Information Statement (VIS) and answer any questions.
- b. Screen for contraindications. (See CDC/ACIP attachment).
- c. Administer 0.2 mL **LAIV** intranasally (0.1 mL: in each nostril), according to the recommended age-specific dose and schedule (Table 2).
 - i. Remove the rubber tip protector.
 - ii. With the patient in an upright position, head tilted back, place the tip just inside the nose to ensure that LAIV is delivered into the nose.
 - iii. With a single motion, depress the plunger **as rapidly as possible** until the dose-divider clip prevents you from going any further.
 - iv. Pinch and remove the dose-divider clip from the plunger.
 - v. Place the tip just inside the other nostril and with a single motion; depress the plunger **as rapidly as possible** to deliver the remaining vaccine.
 - vi. If the vaccine recipient sneezes after administration, the dose should **not** be repeated.
- d. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine. If an Anaphylactic/Allergic reaction occurs treat according to Protocol 2.2A/2.2P Allergic Reaction/Anaphylaxis.
- e. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <http://www.vaers.hhs.gov/>.

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EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

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SPECIAL NOTE: A health care provider can administer LAIV who cannot themselves receive LAIV (e.g., pregnant women, persons with asthma, etc.) or for whom it is not indicated (e.g., persons > 50 years of age). The only persons who should not administer LAIV are those who are severely immunocompromised themselves.

Implementation Criteria

EMTs at all levels must be trained and authorized by their AHMD or designee prior to administering flu vaccine in any form. Under this protocol, EMTs can only administer vaccine while working for their ambulance service.

Such training must include at minimum the procedures to be followed by EMTs within the setting in which the vaccines are to be administered, for determining type and dose of vaccine to be given, including the identity of staff who will make such determination.

Special Protocol – Paramedic FluMist