Approved 11/9/16, Effective 2/1/17, replaces all prior versions

PROTOCOL 17J: Seasonal Influenza Vaccine Administration

EMT-PARAMEDIC

Indications:

1. Request from employee of EMS Agency and/or Fire Department administering the vaccine.
2. Request from employee of the city, county, and/or regional governmental authority providing oversight of the EMS Agency and/or Fire Department administering the vaccine.
3. Timing of request by indicated personnel in 1 or 2 above within the seasonal influenza vaccination time period as authorized by the Medical Director (timing authorized may change from year to year)

Contraindications:

1. Known hypersensitivity, including allergic reactions, to past seasonal influenza vaccine administration.
2. History of Guillain - Barré syndrome onset within 6 weeks of a past seasonal influenza vaccine administration.
3. Known hypersensitivity, including allergic reactions, to eggs.
4. Active infection.
5. Close contact with an immune - suppressed person requiring protective isolation.
6. Do not administer a live, attenuated seasonal influenza vaccination (e.g. inhaled formulation) to patients with any of the following characteristics:

    a. Age 50 years or greater
    b. COPD, including asthma
    c. Heart disease
    d. Vascular disease (excluding hypertension)
    e. Renal disease
    f. Hepatic disease
    g. Neurologic/Neuromuscular disease, including cognitive impairment
    h. Hematologic disease
    i. Metabolic/Endocrine disease, including diabetes
    j. Immune dysfunction, including that caused by HIV and related medications
    k. Pregnancy

PROTOCOL 17J: Seasonal Influenza Vaccine Administration (cont.)

Procedure Comments:

1. Review all seasonal influenza vaccine manufacturer's instructions supplied with the vaccine.
2. The seasonal influenza vaccine must be stored per manufacturer's instructions.
3. Utilize a standardized seasonal influenza vaccination informed consent form.
4. Utilize a standardized seasonal influenza vaccination pre-screening questionnaire form.
5. Ensure appropriate medical equipment is present at the seasonal influenza vaccination site for treatment per protocol of allergic reaction.
6. Administer seasonal influenza vaccine per manufacturer's instructions - proper dose, deltoid IM route (or inhaled route if using inhaled formulation), etc.
7. Briefly monitor the patient for any immediate allergic reaction.
8. Prior to patient leaving seasonal influenza vaccination site, ensure the following information is obtained and documented on a seasonal influenza vaccination form for each patient:

    a. Contact information: work mailing address, work email (if applicable), work phone
    b. This information is necessary if the seasonal influenza vaccination lot is found problematic (e.g. defective in immunity function) and patient notification is required.

9. Provide the patient with a standardized seasonal influenza vaccination post-vaccination information form.

10. A standard EMS Agency and/or Fire Department patient care record does NOT need to be generated, but the seasonal influenza vaccinating organization must maintain a log of all patient contacts associated with a seasonal influenza vaccination program. For each patient receiving a seasonal influenza vaccine administration, the following must be recorded:

    a. date of seasonal influenza vaccine administration
    b. the manufacturer and lot number of seasonal influenza vaccine administered
    c. vaccination site and route (e.g. left deltoid IM)
    d. name of paramedic administering the vaccination

11. Any and all adverse medical reactions to the administration of a seasonal influenza vaccine must be reported to the Medical Director or his/her designee within 24 hours. Upon the Medical Director's review, further reporting may be directed to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967.