



**REGION 11
CHICAGO EMS SYSTEM
PROCEDURE**

Title: Vaccine Administration – ALS
Section: Medication Administration/Access
Approved: EMS Medical Directors Consortium
Effective: December 11, 2020

VACCINE ADMINISTRATION - ALS

INDICATIONS

- Adult or pediatric (age ≥ 6 years) recipient that has not previously received the vaccine or as an annual schedule

CONTRAINDICATIONS

- Age less than 6 years
- Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component
- Additional vaccine specific contraindications

EQUIPMENT

- CDC Vaccine Information Statement (VIS)
- Vaccine Administration Record (VAR)
- Alcohol swab
- Needle (1 inch length, 22-25 gauge)
- Syringe
- Vaccine medication

PROCEDURE

1. Provide recipient the appropriate CDC Vaccine Information Statement (VIS).
2. Complete the information for the Vaccine Administration Record (VAR).
3. Review completed VAR, this serves as written consent for vaccination.
4. Apply personal protective equipment.
5. Prepare and verify appropriate name, medication, dose, route, and expiration date.
6. The injection site (left or right deltoid) should be identified and cleansed with alcohol pad.
7. Select 1-inch needle (22-25 gauge) and draw up vaccine medication with syringe.
8. Stretch the skin flat between the thumb and forefinger.
9. Insert the needle at 90 degrees to the skin and deliver medication in a quick, steady manner.
10. If possible, monitor the patient for allergic reaction 15-20 minutes after administering vaccine.



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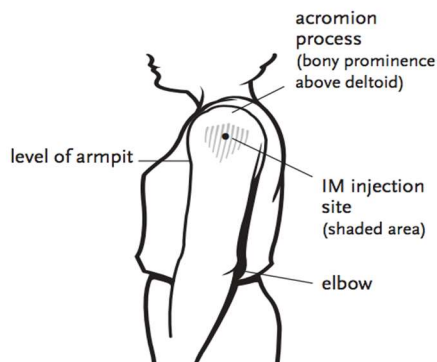
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ADMINISTRATION¹

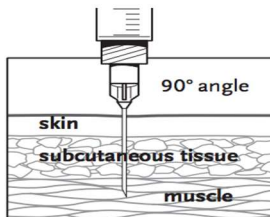
A. Intramuscular Injection Site

Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

B. Needle Insertion



Needle insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.¹)

Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

¹ CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>

¹ Referenced from Immunization Action Coalition (IAC) - <https://www.immunize.org/catg.d/p2020.pdf>



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C. Emergency Treatment for Vaccine Reactions

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination. When adverse reactions do occur, they can vary from minor to the rare and serious. Be prepared for any type of reactions.

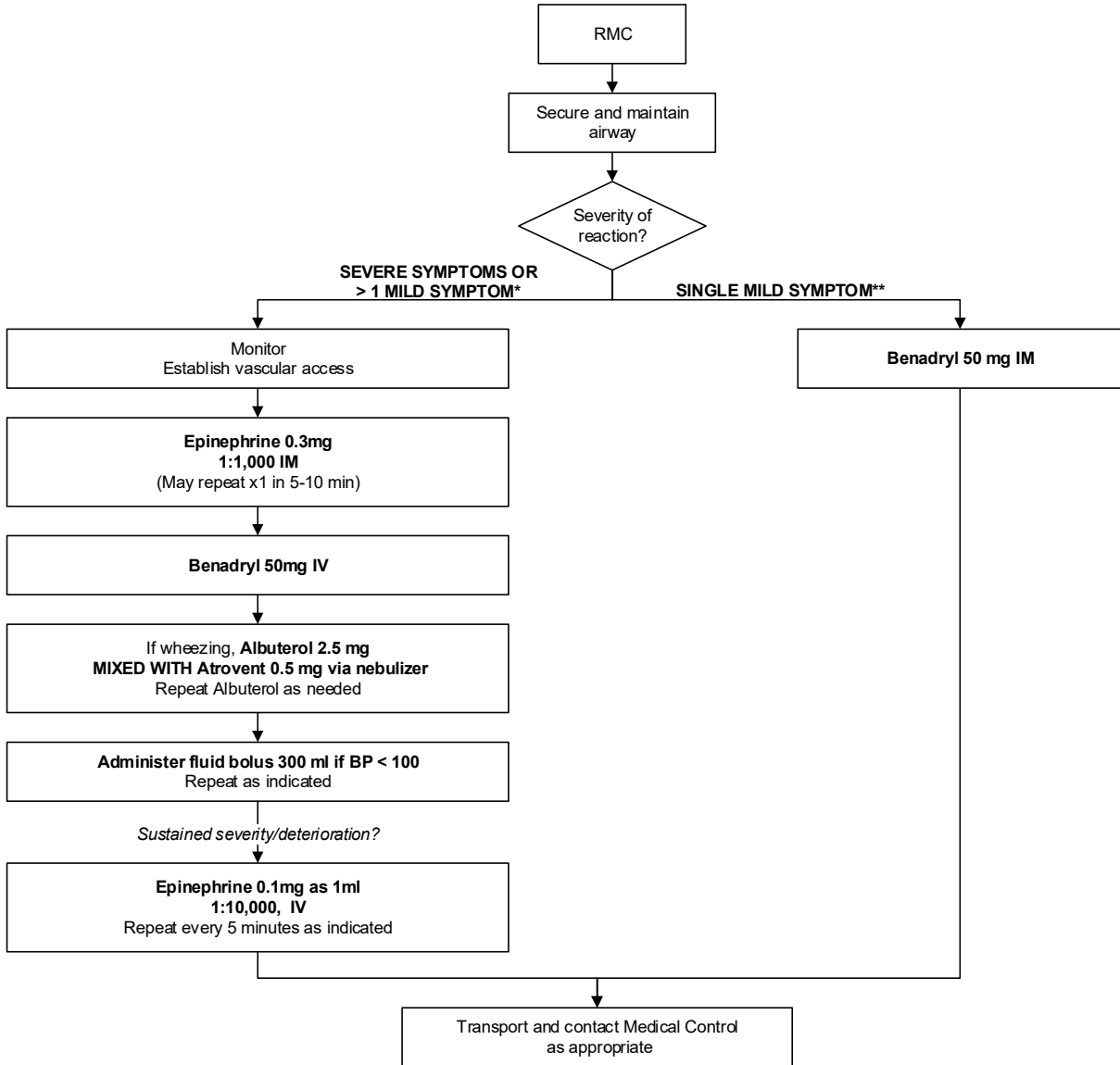
Reaction	Signs and Symptoms	Management
Localized	Soreness, redness, itching or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic or antipruritic medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure.
Psychological fright, pre-syncope and syncope	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Patient feels “faint” (e.g. light-headed, dizzy, weak, nauseated or has visual disturbance)	Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient’s face and neck. Keep them under close observation until fully recovered.
	Fall without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
Anaphylaxis	<p>Skin and mucosal symptoms such as generalized hives, itching or flushing; swelling of lips, face, throat or eyes.</p> <p>Respiratory symptoms such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheezing, or cough</p> <p>Gastrointestinal symptoms such as nausea, vomiting, diarrhea, cramping abdominal pain.</p> <p>Cardiovascular symptoms such as collapse, dizziness, tachycardia, hypotension</p>	See the Allergic Reaction and/or Anaphylaxis Region 11 EMS Protocol – ALS.



**REGION 11
CHICAGO EMS SYSTEM
PROTOCOL**

Title: Allergic Reaction / Anaphylaxis - ALS
 Section: Respiratory
 Approved: EMS Medical Directors Consortium
 Effective: April 1, 2017

ALLERGIC REACTION and/or ANAPHYLAXIS - ALS



*Severe symptoms of an allergic reaction may include any combination of the following:

- RESPIRATORY – Shortness of breath, wheezing, repetitive coughing
- CARDIOVASCULAR – Pale, cyanotic, low blood pressure, dizzy
- THROAT – Tightness, hoarse, trouble breathing/swallowing
- MOUTH – Swelling of the tongue and/or lips
- SKIN- Diffuse hives or redness
- GI – Repetitive vomiting, severe diarrhea
- NEURO – Anxiety, confusion, sense of doom

**Mild symptoms of an allergic reaction may include any combination of the following:

- NOSE – Itchy/runny nose, sneezing
- MOUTH – Itching
- SKIN- Few hives, mild itching
- GI – Mild nausea/discomfort



VACCINE ADMINISTRATION RECORD (VAR)

Site Name/Location: _____ Date: _____

Name	VIS Reviewed		Date of Vaccine Administration	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Expiration Date	Dose	Injection Site	Injection Route	Vaccine Administrator Initials
	Y	N								

Vaccine Information Statement (VIS); Injection Site: RA = right arm, LA = left arm; **Injection Route:** IM = Intramuscular

Name of Vaccine Administrator	Signature of Vaccine Administrator	Initials