



**REGION 11
CHICAGO EMS SYSTEM
POLICY**

Title: Vaccine Administration
Section: EMS Personnel
Approved: EMS Medical Directors Consortium
Effective: December 11, 2020

VACCINE ADMINISTRATION

I. PURPOSE:

This policy outlines the guidelines for licensed Paramedics within the Region 11 Chicago EMS System to administer vaccines in order to assist state and local partner agencies with mass vaccination efforts as per IDPH (Illinois Department of Public Health) policies.

II. DEFINITION:

Vaccines include any vaccines under an IDPH mass vaccination plan.

III. ROLE:

Vaccine administration is part of the additional Paramedic scope of practice per IDPH under an approved EMS System Plan.

IV. TRAINING PROGRAM:

Training programs shall be approved by the Resource Hospital and include the following components that are specific to the vaccine administered under an approved Vaccination Program.

A. Vaccine Education

1. Pharmacology of vaccine
2. Administration
 - a. Storage and handling of vaccine
 - b. Dosage and route of administration
 - c. Indication or eligibility for administration
 - d. Contraindication for administration
3. Vaccine side effects or adverse reactions
4. Emergency treatment for vaccine reactions
5. Vaccine Information Statement (VIS)

B. Vaccine Administration Record (VAR) documentation

C. Reporting of possible adverse effects to the Vaccine Adverse Events Reporting System (VAERS)

D. Vaccine Administration procedure skills validation



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E. Roster of Paramedics that have completed the training

V. REPORTING:

There should be communication between the EMS Agency and the Resource Hospital regarding the site and date that Paramedics are performing vaccine administration.

VI. QUALITY ASSURANCE:

A quality assurance plan must be in place for tracking and documenting the use of paramedics performing vaccine administration.

VII. CONTINUING EDUCATION:

Annual continuing education is required for paramedics performing vaccine administration.



Paramedic Vaccination Tracking Form

This form must be filled out and sent in to the EMS System after the vaccination event.

Please email this completed form to the Resource Hospital EMS System Coordinator.

<i>EMS Agency Name:</i>	
<i>EMS Agency Address:</i>	
<i>Contact Name:</i>	<i>Contact Phone Number:</i>

<i>Vaccine Manufacturer:</i>	<i>Lot Number:</i>	<i>Expiration Date:</i>
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The following paramedics have been approved to administer vaccines in the Region 11 Chicago EMS System. All paramedics listed have gone through Just-In-Time or annual vaccination training for an approved Vaccination Program.

<i>Paramedic Name</i>	<i>Paramedic License #</i>	<i># of Vaccines Administered</i>

Signature of Contact: _____ *Date:* _____