DATE: December 11, 2020

TO: Region 11 EMS Providers

FROM: REGION 11 EMS MEDICAL DIRECTORS CONSORTIUM

SUBJECT: NEW VACCINE ADMINISTRATION POLICY AND PROCEDURE, COMMUNITY PARAMEDIC POLICY

There are two new Policies and one new Procedure that will be effective Friday, December 11th, 2020.

- Vaccine Administration Policy and Vaccine Administration Procedure
- Community Paramedic Policy

The Vaccine Administration Policy and Vaccine Administration Procedure are part of the additional paramedic scope of practice per IDPH under an approved EMS System Plan. All EMS Vaccine Training Programs shall be approved by the Resource Hospital and include components that are specific to the vaccine administered under an approved Vaccination Program. Paramedics that are trained and deployed to administer vaccines are required to submit documentation of the vaccination event using the “Paramedic Vaccination Tracking Form” to the Resource Hospital and IDPH.

The Community Paramedic Policy defines the role, training, and credentialing of Community Paramedics that operate within an approved Mobile Integrated Healthcare (MIH) Program in Region 11. The current Mobile Integrated Healthcare (MIH) Program is in pilot status under the Chicago South EMS System.

These documents will be posted with all current Region 11 EMS System Protocols, Policies, and Procedures on our website http://chicagoems.org

Please contact your Resource Hospital with questions.

Kenneth Pearlman, MD
Chair, Region 11 EMS Medical Directors Consortium
EMS Medical Director
Northwestern Memorial Hospital

Katie Tataris, MD, MPH
EMS Medical Director
University of Chicago Medical Center

Eddie Markul, MD
EMS Medical Director
Advocate Illinois Masonic Medical Center

Joseph Weber, MD
EMS Medical Director
John H. Stroger Jr., Hospital of Cook County

Enclosed:
Region 11 Vaccine Administration Policy
Region 11 Vaccine Administration Procedure
Region 11 Community Paramedic Policy
Copy to: KC Booth, RN, EMS Manager, Advocate Illinois Masonic Medical Center
Cyd Gajewski, RN, EMS System Coordinator, University of Chicago Medical Center
Ameera Haamid, M.D., Assistant Medical Director, John H. Stroger, Jr. Hospital of Cook County
Patricia Lindeman, RN, EMS System Coordinator, Northwestern Memorial Hospital
Anna Scaccia, RN, Interim EMS System Coordinator, Advocate Illinois Masonic Medical Center
Shannon Ziolkowski, RN, EMT-P, EMS System Coordinator, John H. Stroger, Jr. Hospital of Cook County
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
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.

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<thead>
<tr>
<th>EMS Agency Name:</th>
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<tbody>
<tr>
<td>EMS Agency Address:</td>
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<tr>
<td>Contact Name:</td>
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<table>
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<tr>
<th>Vaccine Manufacturer.</th>
<th>Lot Number:</th>
<th>Expiration Date:</th>
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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.

<table>
<thead>
<tr>
<th>Paramedic Name</th>
<th>Paramedic License #</th>
<th># of Vaccines Administered</th>
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Signature of Contact: _____________________________ Date: _______________
VACCINE ADMINISTRATION

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.
ADMINISTRATION

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.

(If after injection, pull back on syringe plunger to aspirate, i.e., to ensure needle is in muscle, before giving injection.)

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

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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.

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

RMC

Secure and maintain airway

Severity of reaction?

SEVERE SYMPTOMS OR > 1 MILD SYMPTOM* SINGLE MILD SYMPTOM**

Monitor
Establish vascular access

Epinephrine 0.3mg
1:1,000 IM
(May repeat x1 in 5-10 min)

Benadryl 50mg IV

If wheezing, Albuterol 2.5 mg
MIXED WITH Atrovent 0.5 mg via nebulizer
Repeat Albuterol as needed

Administer fluid bolus 300 ml if BP < 100
Repeat as indicated

Sustained severity/deterioration?

Epinephrine 0.1mg as 1ml
1:10,000, IV
Repeat every 5 minutes as indicated

Transport and contact Medical Control as appropriate

Benadryl 50 mg IM

*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: ______________________

<table>
<thead>
<tr>
<th>Name</th>
<th>VIS Reviewed Y N</th>
<th>Date of Vaccine Administration</th>
<th>Vaccine Manufacturer</th>
<th>Vaccine Lot Number</th>
<th>Vaccine Expiration Date</th>
<th>Dose</th>
<th>Injection Site</th>
<th>Injection Route</th>
<th>Vaccine Administrator Initials</th>
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**Vaccine Information Statement** (VIS); **Injection Site**: RA = right arm, LA = left arm; **Injection Route**: IM = Intramuscular

<table>
<thead>
<tr>
<th>Name of Vaccine Administrator</th>
<th>Signature of Vaccine Administrator</th>
<th>Initials</th>
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COMMUNITY PARAMEDIC

I. PURPOSE:

To define the role of the Community Paramedic (CP) within a Mobile Integrated Healthcare (MIH) Program in the Region 11 EMS System.

II. DEFINITION:

A Community Paramedic (CP) is a licensed Paramedic that completes a standardized Community Paramedic education program through an approved college or university and operates as an advanced paramedic in the provision of health education, monitoring and services beyond the roles of traditional emergency care and transport. Community Paramedic education programs using the North Central EMS Institute Community Paramedic curriculum are recognized by the Region 11 EMS System.

III. ROLE:

The Community Paramedic will assist individuals in overcoming healthcare barriers by identifying and mitigating gaps in their health and wellness needs and evaluation of specific disease processes. The Community Paramedic coordinates with community resources to support relationships between the patient and medical and social services. Community Paramedics are credentialed by the Region 11 EMS System to work in an IDPH approved Mobile Integrated Healthcare Program.

IV. CREDENTIALING:

To be credentialed as a Community Paramedic by the Region 11 EMS System, the candidate must:

A. Maintain a current IDPH Paramedic license;

B. Have two years minimum of field experience as a Paramedic;

C. Successfully complete a Community Paramedic education program with certificate from a Region 11 approved program that includes clinical experience provided under the supervision of the EMS Medical Director;

D. Submit a letter of interest to the EMS Medical Director;

E. Submit a letter of recommendation in support of the candidate from a mentor that supports the recommended qualities as listed below;

F. Attend a Region 11 EMS orientation session for the MIH Program;
G. Practice in accordance with the Region 11 Community Paramedic Protocols;

H. Complete an additional 12 hours of Continuing Education every year at the Paramedic level that is focused on Community Paramedic topics.

V. MOBILE INTEGRATED HEALTHCARE (MIH) PROGRAM PARAMEDIC SELECTION:

Community Paramedics are advanced Paramedics that require a specialized knowledge base and essential characteristics to ensure success in the role. Community Paramedics credentialed within Region 11 are eligible to participate in an approved Mobile Integrated Healthcare (MIH) Program as defined by the EMS Agency, the EMS System, and IDPH. The following are recommended qualities that Community Paramedics should display:

A. Proficient patient assessment skills;

B. The ability to work collaboratively as a member of a healthcare team;

C. Good communication and social skills;

D. Empathy;

E. Acceptable EMS System and EMS Agency personnel file upon review.