POLICY: 552.66
TITLE: Optional Scope: EMT, AEMT, and Paramedic Administration of Influenza Vaccine

EFFECTIVE: 10/17/2025
REVIEW: 10/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

AEMT/PARAMEDIC ADMINISTRATION OF INFLUENZA VACCINE

I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.172, 1797.220, 1797.214, California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100145

II. PURPOSE:

To authorize AEMT, and Paramedics to administer intramuscular inactivated influenza vaccine to adult patient populations (14 or older) during organized vaccine clinics. These vaccination policies and procedures shall only be authorized and valid for AEMTs, and Paramedics accredited in Local EMS Agencies (LEMSAs) that have been approved to utilize this local optional scope of practice.

III. POLICY

AEMTs, and Paramedics accredited in LEMSAs approved for this local optional scope of practice may provide influenza vaccinations to persons as directed by the LEMSA in conjunction with the County Public Health Department after completing required training.

IV. VACCINE ADMINISTRATION PROCEDURE

A. Assess the need and eligibility for the vaccine utilizing the current guidance provided by the LEMSA and/or the County Public Health Dept. (also see CDC information regarding the seasonal flu vaccine https://www.cdc.gov/flu/prevent/keyfacts.htm)
B. Screen for contraindications and precautions of inactivated vaccine (listed below).
C. Collect and review pre-vaccination paperwork prior to vaccination:
    1. Signed Vaccine Consent
    2. Record of Administration sheet
    3. Vaccine screening questionnaire
D. To prevent syncope, vaccinate patients while they are seated or lying down.
E. Maintain aseptic technique when administering vaccines.
F. Equipment required:
    1. Vaccine
    2. 23-25 g, 1-inch needle
        i. For larger patients, 1.5-inch needle length may be more appropriate.
        ii. See “Needle Gauge/Length and Injection Site Guidance” below for Additional information.
        iii. Vaccine may come as prefilled/ready to administer or require
        iv. other injection supplies or sizes.
G. Wash hands and don gloves.
H. Check expiration date of vaccine.
I. Prepare vial per manufacturer recommendation
J. Cleanse the area of the deltoid muscle with alcohol prep.

1. Deltoid landmarks: 2-3 finger widths down from the acromion process; bottom edge is an imaginary line drawn from axilla.

K. Insert the needle at a 90-degree angle into the muscle.
   1. Pulling back on the plunger prior to injection is not necessary.

L. Inject the vaccine into the muscle.

M. Withdraw the needle, and using the alcohol prep, apply slight pressure to the injection site.

N. Do not recap or detach needle from syringe. All used syringes/needles should be placed in puncture-proof containers immediately.

O. Monitor the patient for any symptoms of allergic reaction for time recommended by vaccine manufacturer.

P. Document the following information:
   1. Date of vaccination
   2. Name of patient
   3. Patients date of birth
   4. Gender
   5. Race/Ethnicity
   6. Injection site
   7. Vaccine lot number
   8. Vaccine manufacturer
   9. No contraindications

Q. Complete appropriate documentation:
   1. Vaccine Consent/Record of Administration form: ensure this is completed, retained and appropriately submitted after administration.
      i. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient or legal guardian.
   2. Vaccine Information Statement: document the publication date and the date it was given to the patient.
   3. Patient's medical record: if accessible, record vaccine information (above) in the patient's medical record.
   4. Personal immunization record card: record the date of vaccination and name/location of administering clinic.
   5. Immunization Information System (IIS), or "registry": Report the vaccination to the appropriate state/local IIS, if available.
   6. VAERS: report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
      ii. To submit a VAERS report online (preferred) or to download a writable PDF form, gotohttps://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

R. Give patient vaccine information sheet, using the appropriately translated sheet for non-English speaking client; these can be found at www.immunize.org/vis.

S. Advise patient when to return for subsequent vaccination and schedule appointment, if appropriate.

V. Contraindications, Precautions and Considerations for Vaccine Administration

Contraindications for Vaccines

1. Do not administer vaccines to a person who has an allergic reaction or a serious systemic or anaphylactic reaction to a prior dose of that vaccine or to any of its components. For a list of vaccine components, refer to guidance specific to this vaccine provided by the manufacturer. The manufacturer's package insert contains a list of ingredients (www.immunize.org/fda) and these are also listed at

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Contraindications for Live Attenuated Vaccines are not pertinent as these are not being administered under this local optional scope of practice.

Precautions for use of vaccines – refer to physician

1. Moderate or severe acute illness with or without fever. History of Guillain-Barré syndrome within 6 weeks of a previous vaccination. People with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions. Two completely egg-free (ovalbumin-free) flu vaccine options are available: quadrivalent recombinant vaccine and quadrivalent cell-based vaccine.

Considerations

1. Be Prepared to manage medical emergencies:
   Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. Follow local procedures in response to medical emergencies.
2. For the immunization Action Coalition's (IAC) "Medical Management of Vaccine Reactions in Adults in a Community Setting,"
   Go To www.immunize.org/catg.d/p3082.pdf.
3. For IAC's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf.

Gender, age, weight of patient	Needle Gauge	Needle Length (inches)	Injection Site
11-18 years	22-25	5/8 – 1 1 – 1 ½	Deltoid muscle of arm Anterolateral thigh muscle
Female or male less than 130 lbs	22-25	5⁄8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22-25	1"	Deltoid muscle of arm
Female 153–200 lbs	22-25	1–1⁄2"	Deltoid muscle of arm
Male 153–260 lbs	22-25	1–1⁄2"	Deltoid muscle of arm
Female 200+ lbs	22-25	1⁄2"	Deltoid muscle of arm
Male 260+ lbs	22-25	1⁄2"	Deltoid muscle of arm

* A 5⁄8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle with the skin is stretched tight, the subcutaneous tissue not bunched, and at a 90-degree angle to the skin, although specific differences may be required by various manufacturers.