



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Mendoza Jimenez, Director of Health

Administration Animal Services Behavioral Health Clinic Services
Emergency Medical Services Environmental Health Public Administrator/Public Guardian Public Health

Date: February 1, 2022

To: Monterey County EMS Paramedic Service Providers

From: Monterey County EMS Agency

Subject: EMT Local Optional Scope of Practice for Vaccine Administration – Age Limit Modifications

The Centers for Disease Control and Prevention (CDC) recently expanded the age range for patients approved to receive specified COVID-19 vaccines to include pediatric patients five (5) to eleven (11) years of age. This new guidance represents a modification from the age parameters included in the original Local Optional Scope of Practice (LOSOP) for EMT Vaccine Administration that the Monterey County EMS Agency submitted and was subsequently approved by the EMS Authority. Additionally, COVID-19 vaccine administration to pediatric patients requires special considerations and training not included within the previously issued training materials.

In light of the following considerations, the EMS Agency is establishing additional requirements for service provider organizations who wish to permit their EMTs to administer the COVID-19 vaccine to the pediatric population.

To be approved by the EMS Agency to administer COVID-19 vaccinations to patients five (5) to eleven (11) years of age, service provider organizations shall submit the following items:

1. A letter requesting approval to expand a previously approved program to include COVID-19 vaccine administration by EMT staff to the pediatric patient population.
2. Policy regarding training, vaccine management, and process for vaccinations that has been modified to address pediatric-specific considerations.
3. Training materials addressing pediatric-specific considerations.

Further details regarding the above items are provided on the attached Application Checklist. Once the above items have been approved by the EMS Agency, the service provider organization may begin training its EMT staff.

These new requirements are intended to be implemented in tandem with the previously issued materials. Any vaccinators who were not trained under the original LOSOP must complete the initial required training as well as the pediatric-specific training.

Once EMT staff members have completed the training and testing process, the service provider organization shall submit to the EMS Agency a list of EMTs who have successfully completed the training. After this has been completed, the EMTs who have completed the training may begin to administer the COVID-19 vaccine to pediatric patients.

If you have questions regarding this program, please contact Debra Hopgood, Medical Health Operational Area Coordinator/Management Analyst III at MHOAC@co.monterey.ca.us or (831) 755-4713.



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Administration Clinic Services
 Behavioral Health Emergency Medical Services
 Environmental Health/Animal Services Public Health
 Public Administrator/Public Guardian

Nationally Accredited for Providing Quality Health Services

EMS Policy #4514 EMT Vaccination Administration Vaccination Administration for Pediatric Patients – Application Checklist

These new requirements are intended to be implemented in tandem with the previously issued materials.

Program Start Date: _____

Applicant:			
Application Submittal Date:			
Application Approved Date:			
Completion of Requirements Review Date:			
Item		Meets/Does not meet requirements	EMS Agency Comments
1.	Letter requesting approval includes: <ul style="list-style-type: none"> Description of the need for EMT provided vaccinations to the pediatric population Proposed start date Program contact info 		
2.	Modifications that address pediatric-specific concerns to the organization's policies regarding <ul style="list-style-type: none"> Training Vaccine management to include storage, supplies, source of vaccine and supplies Process for vaccinations to include records management 		
3.	Training materials addressing pediatric-specific considerations: <ul style="list-style-type: none"> Training outline Testing materials Established standard for training 		
7.	List of EMTs that successfully completed pediatric-specific training		To be submitted after approval of application and before pediatric vaccination administration begins.

01/28/2022 Revision

Monterey County EMS System Policy



Policy Number: 4514
Effective Date: 02/01/2022
Review Date: 6/30/2024

EMT VACCINATION ADMINISTRATION

I. PURPOSE

To authorize EMTs to administer the following vaccines when authorized by the LEMSA and the County Public Health Department or Officer, during the COVID-19 Disaster Declaration:

- A. The intramuscular inactivated influenza vaccine to patient populations age 12 or older.
- B. The COVID-19 vaccine to patient populations age 5 or older.

II. POLICY

- A. This policy and procedures shall be in effect when activated by the Monterey County EMS Medical Director and will continue until the COVID-19 declared State of Emergency has ended.
- B. Monterey County EMTs may administer intramuscular (IM) vaccines within Monterey County, to include seasonal influenza and COVID-19, when they are trained in IM vaccination administration and procedures, have an active and current EMT certificate, and are employed (paid or volunteer) by a Monterey County EMS service provider organization that is approved to utilize this local optional scope of practice.
- C. The Monterey County EMS Agency will work with the County Health Officer regarding the provision of vaccinations under this policy.
- D. Authorized EMT personnel may administer influenza vaccines under this policy to EMS personnel as determined by the EMS Medical Director in coordination with the Monterey County Health Officer.
- E. Authorized EMT personnel may administer COVID-19 vaccines under this policy as determined by the EMS Medical Director in coordination with the Monterey County Health Officer.
 - 1. EMTs are not permitted to mix or draw up COVID-19 vaccines for administration. An authorized paramedic or healthcare worker with a higher scope of practice must prepare the vaccine for administration.
 - 2. An RN or authorized paramedic who has received vaccination training must be present during administration.
- F. Records of vaccine administration shall be maintained as described in this policy. These records shall take the place of the Monterey County EMS patient care report.

III. TRAINING REQUIREMENTS

- A. The required training must be completed and documented prior to the EMT administering the vaccine.
- B. The required training includes:
 - 1. Indications for administering the vaccine.
 - 2. Contraindications for administering the vaccine.
 - 3. Adverse reactions and effects of vaccine administration.
 - 4. Patient's medical profile.
 - 5. Vaccine profile
 - a. Live vaccine
 - b. Inactive vaccine
- C. Those organizations wishing to vaccinate the pediatric patient population between the ages of 5 and 11 years old must complete additional training specific to this patient population.
- D. Training shall be provided by a California licensed physician, RN, PA, or paramedic.
- E. Training outline and materials shall be approved by the EMS Agency.
- F. The training course shall include documentation of skill and cognitive competence to a pre-established minimum standard.
- G. The training course shall be of sufficient length to ensure competency.

IV. PROCEDURE

- A. Assess the need for the vaccine in question utilizing the current guidance on that vaccination, which will be 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. Prior to administration of the influenza or COVID-19 vaccine, use the screening questionnaire to screen for contraindications and precautions of inactivated vaccine (listed below).
- C. Collect and review Influenza Vaccination Screening and Consent Form.
 - 1. Confirm that the consent has been signed
- D. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after administration of the vaccine.
- E. Aseptic technique shall be maintained when administering the influenza or COVID vaccines.
- F. Equipment required:
 - 1. Vaccine
 - 2. 22-25 g needle of the appropriate length
 - a. See "Needle Gauge/Length and Injection Site Guidance" below for additional information.
 - b. COVID-19 vaccine may come as prefilled/ready to administer or require other injection supplies or sizes. An authorized paramedic or healthcare provider of a higher scope of practice shall prepare the vaccines for

administration.

- c. Alcohol prep(s)
- d. Adhesive bandage or other dressing material

G. Wash hands and don gloves.

H. Check expiration date of vaccine.

I. Cleanse the area of the injection site with the alcohol prep. The deltoid muscle is the preferred injection site.

- 1. Deltoid landmarks: 2-3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.
- 2. Vastus lateralis (anterolateral thigh) muscle landmarks: locate the greater trochanter of the femur and the patella; draw an imaginary line between the two landmarks down the front of the thigh; and imagine the thigh is divided into thirds (top to bottom). The correct site is located in the middle third and on the outer aspect of the imaginary line.

J. Insert the needle at a 90-degree angle into the muscle.

- 1. Pulling back on the plunger prior to injection is not necessary.

K. Inject the vaccine into the muscle.

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

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

N. Monitor the patient for any symptoms of allergic reaction. Observation should be for a minimum of 15 minutes.

O. Document the following information:

- 1. Date of vaccination
- 2. Name of patient
- 3. Injection site
- 4. Vaccine lot number
- 5. Vaccine manufacturer

P. Complete appropriate documentation:

- 1. **Influenza Vaccination Screening and Consent Form:** ensure this is completed, retained, and appropriately submitted after administration.

- a. 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, in the case of a minor, their parent or legal representative) at the next visit.

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).
 - a. To submit a VAERS report online (preferred), or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.
- Q. Give patient vaccine information sheet, using the appropriately translated sheet for non-English speaking patients; these can be found at www.immunize.org/vis.
- R. Advise patient when to return for subsequent vaccination, if appropriate.

Contraindications, Precautions, and Considerations for Vaccine Administration

Contraindications for Vaccines

- 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 and the LEMSA.

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 patient to a physician to discuss whether patient should be vaccinated if the patient has a history of any of the following:

- 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) that is otherwise appropriate. 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

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 procedure in response to medical emergencies.

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. 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.


Needle Gauge/Length and Injection Site Guidance

Gender, age, weight of patient	Needle Gauge	Needle Length (inches)	Injection Site
5-11 years	22-25	5/8 – 1" 1 – 1 1/4"	Deltoid muscle of arm Anterolateral thigh muscle
12-18 years	22-25	5/8 – 1" 1 – 1 1/2"	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 1/2"	Deltoid muscle of arm
Male 153-260 lbs	22-25	1 – 1 1/2"	Deltoid muscle of arm
Female 200+ lbs	22-25	1 1/2"	Deltoid muscle of arm
Male 260+ lbs	22-25	1 1/2"	Deltoid muscle of arm

* A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle with the skin stretched tight, the subcutaneous tissue not bunched, and at a 90-degree angle to the skin, although specific differences may be required by various COVID-19 manufacturers.

END OF POLICY


John Beuerle, M.D.
EMS Medical Director


Teresa Rios
EMS Bureau Chief

**EMERGENCY MEDICAL TECHNICIAN
VACCINATION ADMINISTRATION
PROGRAM**

Local Optional Scope of Practice Expansion

For Administration to 5- to 11-year-olds

January 2022



OVERVIEW

- The State of California has stated that Local EMS agencies (LEMSAs) may authorize EMTs to administer COVID-19 vaccinations to patients five (5) to eleven (11) years of age under the LEMSA's existing Local Optional Scope of Practice (LOSOP).
- The LEMSA must ensure that specialized training is conducted, and treatment protocols are updated, for this special patient population.
- This training is a supplement to the original vaccination administration training previously issued by the Monterey County EMS Agency. Both training offerings must be completed in order to vaccinate those patients in the 5- to 11-year-old age group.



OBJECTIVES

- Discuss pediatric dosing guidelines for the COVID-19 vaccine
- Describe procedures for vaccination of the 5- to 11-year-old population
- Describe procedure for lateral thigh intramuscular injections
- Discuss potential allergic reaction and anaphylaxis complications
- Discuss modifications to the Monterey County EMS Agency Policy Number 4514 – EMT Vaccination Administration

PEDIATRIC COVID VACCINE INFORMATION

- The Pfizer-BioNTech vaccine age recommendations have recently been expanded to include people 5 years and older.
- The vaccine is under an Emergency Use Authorization (EUA) for 5–11-year-olds.
- The pediatric vaccine is a new product formulation with new packaging and preparation.
- Pediatric vaccines will require diluent. Reconstitution for 5–11-year-olds uses a different volume of diluent than the adult/adolescent formulation.
- The current product for adults and adolescents should be not be used in children.

LIMITATIONS ON VACCINE ADMINISTRATION BY EMTs

- The State of California EMS Authority restricts EMTs to vaccine administration only.
- EMTs are not permitted to mix or draw up COVID-19 vaccines for administration.
- An authorized paramedic or other healthcare provider with a higher scope of practice must prepare the vaccine for administration.
- An RN or authorized Paramedic who has received vaccination training must be present during administration.



PEDIATRIC VACCINE DOSING

- The pediatric vaccine is supplied in a multi-dose vial.
- The pediatric vaccine vial has an **orange cap** and a label with an **orange border**.
- The vial and carton labels state: “For ages 5 years to < 12 years.”
- The pediatric vaccine is administered as a primary series of 2 doses.
- The 2 doses are administered 3 weeks apart.



✓ Orange plastic cap and label with orange border.



VACCINE PREPARATION

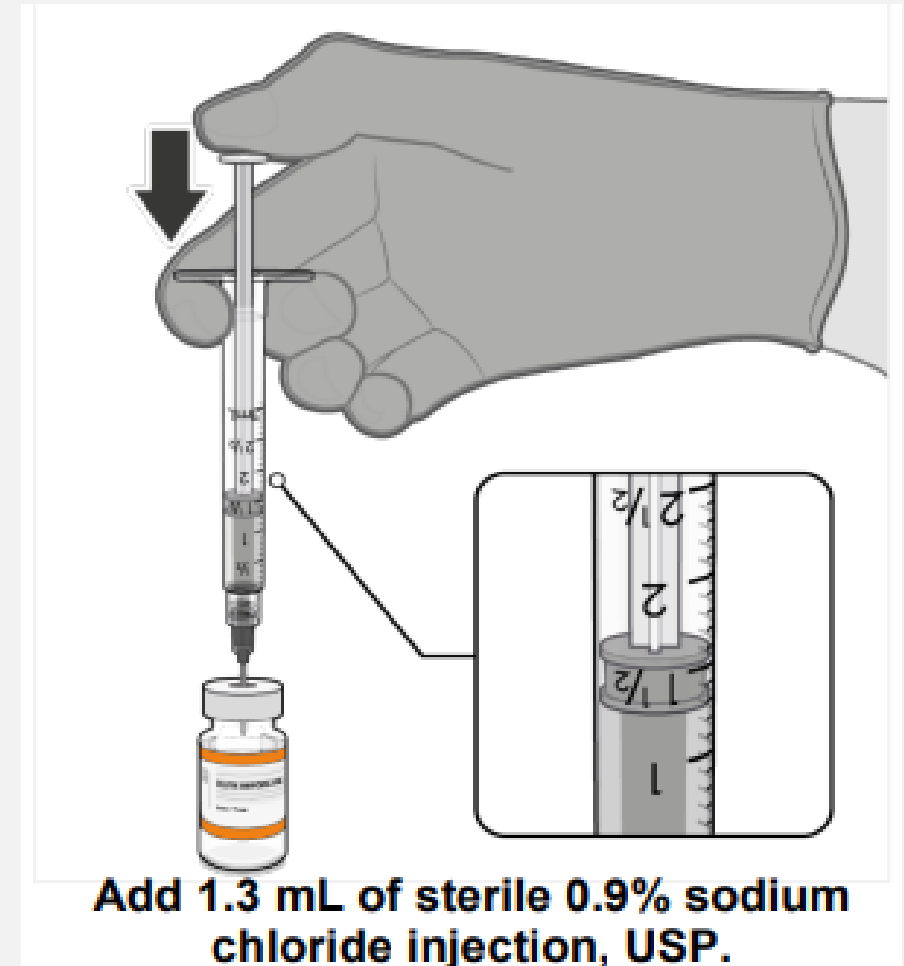
- The vials are supplied as a frozen suspension that does not contain preservative.
- Each vial must be thawed prior to use. This may be done in a refrigerator or at room temperature.
- Each vial **MUST BE DILUTED** before administering the vaccine.
- Before dilution, mix the vial by inverting it gently 10 times.



Gently × 10

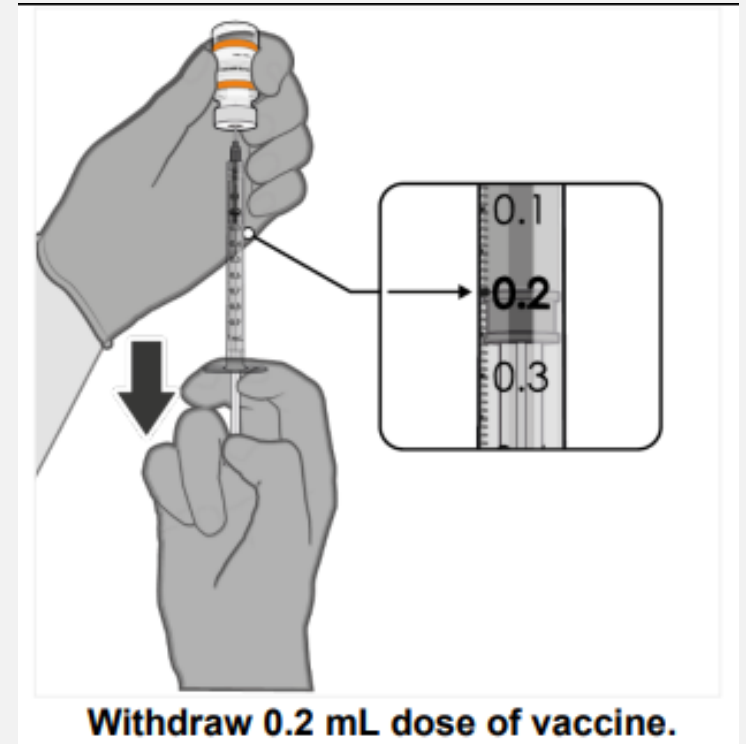
VACCINE PREPARATION

- Use 0.9% Sodium Chloride Injection as the diluent for the Pfizer-BioNTech COVID-19 Vaccine.
- Using aseptic technique, withdraw 1.3 mL of diluent into a syringe.
- Cleanse the vaccine vial stopper with an antiseptic swab.
- Add 1.3 mL of sterile 0.9% Sodium Chloride Injection into the vaccine vial.
- Equalize vial pressure before removing the needle from the vial by withdrawing 1.3 mL of air into the empty diluent syringe.
- Gently invert the vial 10 times to mix – DO NOT SHAKE.
- The vaccine will be a white to off-white suspension.
- Record the date and time of first vial puncture on the vial label.
- Any unused vaccine should be discarded 12 hours after dilution.



INDIVIDUAL DOSE PREPARATION

- After dilution, 1 vial contains 10 doses of 0.2 mL each.
- Using aseptic technique, cleanse the vial stopper with an antiseptic swab.
- Withdraw 0.2 mL of the vaccine.
- If the amount of vaccine remaining in the vial cannot provide a full dose of 0.2 mL, discard the vial and any excess volume.



INDIVIDUAL DOSE ADMINISTRATION

Visually inspect the dose prior to administration.

- The vaccine will be a white to off-white suspension.
- Verify the final dosing volume of 0.2 mL.
- Confirm that there are no particulates, and that no discoloration is observed.

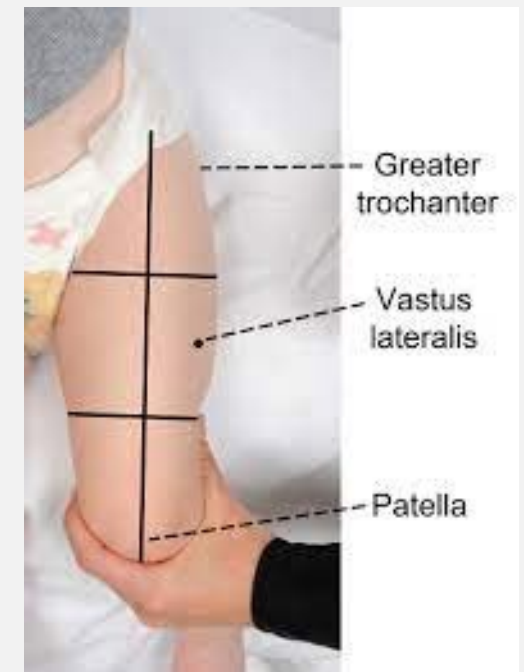
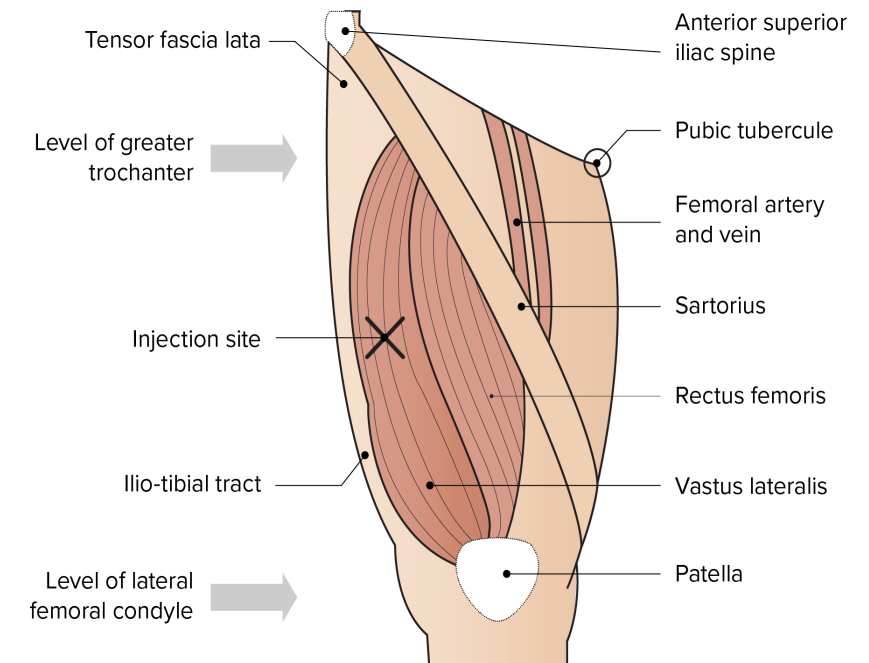
Administer the dose intramuscularly utilizing appropriate aseptic technique.

- The preferred site is the deltoid muscle.
- The vastus lateralis muscle of the anterolateral thigh may also be used.



ANTEROLATERAL THIGH INTRAMUSCULAR INJECTION

- This site is most commonly used for infants, but may also be used for children.
- The injection site is the middle third of the vastus lateralis (anterolateral thigh).
- To locate the correct anatomical site:
 - Locate the upper and lower anatomical landmarks – greater trochanter of femur and patella.
 - Draw an imaginary line between the 2 landmarks down the front of the thigh.
 - Imagine the thigh is divided into thirds (top to bottom).
 - The correct site is located in the middle third and on the outer aspect of the imaginary line.



Intramuscular Injections	Age	Needle Gauge	Needle Length	Injection Site
	Children, 5-10 years	22-25	5/8 – 1 inch	Deltoid
		22-25	1 – 1.25 inches	Anterolateral thigh
	Children, 12-18 years	22-25	5/8 – 1 inch	Deltoid
22-25		1 – 1.5 inches	Anterolateral thigh	

UTILIZING THE CORRECT SYRINGE AND NEEDLE

- The table outlines recommended needle gauges and lengths.
- Clinical judgment should also be used when selecting the correct needle.

SPECIAL CONSIDERATIONS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

- Children with developmental disabilities face long-standing systemic health and social inequities.
- They may also be at increased risk of COVID-19 illness because of an increased prevalence of underlying health conditions.
- Vaccinations may need to be provided in ways that are easier for children with developmental disabilities to accept. Options may include:
 - The option to be vaccinated in their vehicle
 - Providing the vaccination in a quiet area
 - Modifying communication methods
 - Allowing more time or sensory modifications during the appointment
- Collaborate with parents/caregivers to determine the best possible situation for the patient.

THE CDC RECOMMENDS THAT VACCINE PROVIDERS OBSERVE ALL PERSONS AFTER VACCINATION



- 30 Minutes
 - History of immediate allergic reaction to a vaccine or injectable therapy
 - History of anaphylaxis from any cause



- 15 Minutes
 - All other people

ALLERGIC REACTION/ANAPHYLAXIS

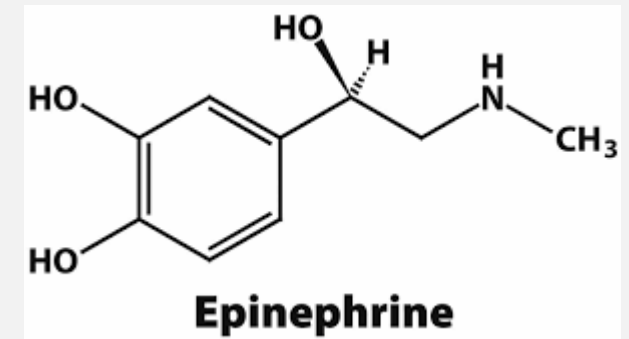
- Anaphylaxis is an acute and potentially life-threatening allergic reaction.
- Anaphylaxis has been reported rarely after COVID-19 vaccination.
- Symptoms often occur within 15-30 minutes of vaccination, though it can sometimes take several hours for symptoms to occur.
- Early signs/symptoms may resemble a mild allergic reaction. It is often difficult to know whether this will progress to become an anaphylactic reaction.
- Supplies and equipment should be available for the assessment and potential management of anaphylaxis, including age-appropriate supplies for children.

SIGNS AND SYMPTOMS OF ANAPHYLAXIS

- Respiratory
 - Respiratory distress
 - Sensation of throat closing/tightness
 - Trouble swallowing, drooling
 - Stridor or wheezing
 - Hoarseness
- Cardiovascular
 - Dizziness
 - Fainting
 - Tachycardia
 - Hypotension
- Skin/mucosal
 - Generalized hives
 - Widespread redness
 - Itching
 - Conjunctivitis
 - Swelling of eyes, lips, tongue, mouth, face, or extremities
- Neurologic
 - Agitation
 - Convulsions
 - Acute change in mental status
- Other
 - Nausea, vomiting, diarrhea
 - Abdominal pain or cramps
 - Sudden increase in secretions

TREATING ALLERGIC REACTIONS AND ANAPHYLAXIS

- Treatment for EMS providers is guided by the Monterey County EMS Treatment Protocols.
- Protocol Number EP-2 addresses Allergic Reactions and Anaphylaxis in Pediatric Patients.
- The most current version of the protocol can be found here:
 - [Monterey County EMS Protocol EP-2](#)



Monterey County EMS System Policy



Protocol Number: EP-2
Effective Date: 7/1/2021
Review Date: 6/30/2024

ALLERGIC REACTION/ANAPHYLAXIS - PEDIATRIC

BLS CARE

Routine Medical Care

Remove the patient from the source of the reaction if possible.

If the cause of the reaction is a bee sting, remove the stinger and venom sack by scraping if the stinger is still in the patient.

Assist the patient with administration of their Epinephrine Auto-injector if available for severe symptoms. (EMT and EMR only)

Epinephrine auto-injector, 0.15mg, IM, by auto-injector. Patient weight must be between 15 and 30 kg (30-66 lbs). For allergic reactions with signs of SEVERE RESPIRATORY DISTRESS, impending AIRWAY OBSTRUCTION, or life-threatening HYPOTENSION, a second dose of epinephrine 0.15mg IM may be administered. The second dose should not be administered any sooner than 5 minutes after the initial dose.

Note: Pediatric patients weighing greater than 30 kg (66 lbs) should receive the adult epinephrine dose of 0.3 mg by using the adult epinephrine auto-injector.

ALS CARE

Routine Medical Care.

Mild Reaction/Allergic Reaction (i.e,hives, itchiness)

Diphenhydramine 0.5-1mg/kg IV/IM. Maximum dose 50mg.

Severe Reaction/Anaphylaxis (i.e,hives, wheezing, difficulty breathing,)

Epinephrine 1:1,000, 0.01mg/kg IM. Maximum dose 0.3mg. May repeat one (1) time in 5 minutes for continued severe reaction. (See comments above regarding indications for repeat dosing.)

Diphenhydramine 1mg/kg IV/IM/IO. Maximum dose 50mg.

Albuterol 2.5mg via Nebulizer for bronchospasm.

Normal Saline 20cc/kg fluid bolus IV/IO. Max bolus size 500cc. Consider repeat bolus as needed for signs of shock.

Base Contact for Additional Treatment:

Epinephrine 1:10,000, 0.01mg/kg, IV/IO for severe anaphylaxis. Maximum dose 0.3mg. Give slowly. **May only administer if advised to do so under the order of a Base hospital physician.**

Dopamine. Start at 5-10mcg/kg/min IV/IO drip for persistent hypotension. Titrate to effect up to a maximum dose of 20mcg/kg/min. **May only administer if advised to do so under the order of a Base hospital physician.**

MONTEREY COUNTY EMS POLICY #4514 – EMT VACCINATION ADMINISTRATION

- Policy #4514 authorizes EMTs to administer vaccines.
- This policy has been updated to reflect the expanded authorization to administer the COVID-19 vaccine to those in the 5- to 11-year-old age range with the completion of additional training.
- A copy of the current policy can be found here:
 - [Monterey County EMS Policy 4514](#)

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