

# EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols

Approved 11/08/23, Effective 1/15/24, replaces all prior versions **PROTOCOL 17J: Seasonal Influenza Vaccine Administration** 

#### EMT-PARAMEDIC

### Indications:

- 1. Request from employee of EMS Agency and/or Fire Department administering the vaccine.
- 2. Request from employee of the city, county, and/or regional governmental authority providing oversight of the EMS Agency and/or Fire Department administering the vaccine.
- 3. Timing of request by indicated personnel in 1 or 2 above within the seasonal influenza vaccination time period as authorized by the Chief Medical Officer (timing authorized may change from year to year)

## Contraindications:

- 1. Known hypersensitivity, including allergic reactions, to past seasonal influenza vaccine administration.
- 2. History of Guillain Barré syndrome onset within 6 weeks of a past seasonal influenza vaccine administration.
- 3. Known hypersensitivity, including allergic reactions, to eggs.
- 4. Active infection.
- 5. Close contact with an immune suppressed person requiring protective isolation.
- 6. Do not administer <u>a live</u>, <u>attenuated seasonal influenza vaccination (e.g. inhaled formulation)</u> to patients with any of the following characteristics:
  - a. Age 50 years or greater
  - b. COPD, including asthma
  - c. Heart disease
  - d. Vascular disease (excluding hypertension)
  - e. Renal disease
  - f. Hepatic disease
  - g. Neurologic/Neuromuscular disease, including cognitive impairment
  - h. Hematologic disease
  - i. Metabolic/Endocrine disease, including diabetes
  - j. Immune dysfunction, including that caused by HIV and related medications
  - k. Pregnancy



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# Approved 11/08/23, Effective 1/15/24, replaces all prior versions **PROTOCOL 17J: Seasonal Influenza Vaccine Administration (cont.)**

#### Procedure Comments:

- 1. Review all seasonal influenza vaccine manufacturer's instructions supplied with the vaccine.
- 2. The seasonal influenza vaccine must be stored per manufacturer's instructions.
- 3. Utilize a standardized seasonal influenza vaccination informed consent form.
- 4. Utilize a standardized seasonal influenza vaccination pre-screening questionnaire form.
- 5. Ensure appropriate medical equipment is present at the seasonal influenza vaccination site for treatment per protocol of allergic reaction.
- 6. Administer seasonal influenza vaccine per manufacturer's instructions proper dose, deltoid IM route (or inhaled route if using inhaled formulation), etc.
- 7. Briefly monitor the patient for any immediate allergic reaction.
- 8. Prior to patient leaving seasonal influenza vaccination site, ensure the following information is obtained and documented on a seasonal influenza vaccination form for each patient:
  - a. Contact information: work mailing address, work email (if applicable), work phone
  - b. This information is necessary if the seasonal influenza vaccination lot is found problematic (e.g. defective in immunity function) and patient notification is required.
- 9. Provide the patient with a standardized seasonal influenza vaccination post-vaccination information form.
- 10. A standard EMS Agency and/or Fire Department patient care record does NOT need to be generated, but the seasonal influenza vaccinating organization must maintain a log of all patient contacts associated with a seasonal influenza vaccination program. For each patient receiving a seasonal influenza vaccine administration, the following must be recorded:
  - a. date of seasonal influenza vaccine administration
  - b. the manufacturer and lot number of seasonal influenza vaccine administered
  - c. vaccination site and route (e.g. left deltoid IM)
  - d. name of paramedic administering the vaccination
- 11. Any and all adverse medical reactions to the administration of a seasonal influenza vaccine must be reported to the Chief Medical Officer or his/her designee within 24 hours. Upon the Chief Medical Officer's review, further reporting may be directed to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967.