

# Virginia Local Health District Process to Utilize EMS Personnel as Vaccinators

The Local Health District (LHD), in cooperation with the Regional EMS Council, has recognized the ability for Advanced EMT, EMT-Intermediates, and EMT-Paramedics to provide vaccines to patients based upon the [VDH Policy for Vaccine Administration by Emergency Medical Services Providers in Virginia](#). EMS personnel can assist in Local Health District operations by following the {INSERT LHD Vaccinator IM Procedure} and the guidance outlined below. Only Advanced EMT (AEMT), EMT-Intermediate (EMT-I), or EMT-Paramedic (EMT-P) providers are eligible to provide vaccination, although EMT providers may act in support roles at LHD events or exercises. All training will remain valid for a 12 month period after training with the specific vaccine.

## **Prior to Event or Exercise**

Emergency Medical Services (EMS) providers may be used in a Local Health District event or exercise for the administration of vaccinations. Providers may be contacted through collaboration with the Regional EMS Council or individual outreach with individual EMS Agencies, depending on the need and situation. Upon interest from EMS providers to participate in an event or exercise as a vaccinator, the 1<sup>st</sup> e-mail (EMS Vaccinator Process) with OMD Letter of Authorization AND EMS Agency Leader Authorization for EMS Provider attachment shall be sent to the individual EMS provider. After the EMS provider has created a TRAIN account, the Executive Assistant (TRAIN Super user) will assign the MRC Vaccination Knowledge Assessment Training Plan and send the second e-mail (Vaccination Knowledge Assessment Information).

## **E-mails to EMS Providers**

### **1. Subject - EMS Vaccinator Process**

Thank you for interest in completing the vaccinator training for an upcoming Health Department vaccination event or exercise. Prior to administering vaccines we need you to obtain the signature of your OMD and EMS Agency Leader on the letter of authorization form and for you to complete a short learning course regarding the vaccine. Both will need to be completed by the start of the clinic which you are attending. Details are below:

- Attached is the letter of authorization needed from your OMD and EMS Agency Leader. It can either be completed online and forwarded to myself, or printed and brought to the exercise.
- Next, we will need you to obtain a Virginia TRAIN course account: (<https://va.train.org/DesktopShell.aspx>). You will need to take three TRAIN Courses – Immunizations Update for the EMS Community (Course # [1080346](#)), VDH: Influenza -CDC: "You Call the Shots" (Course # [1065390](#)) and the Influenza - MMWR Update (Course # 1092715) and any associated pre-requisites. All courses will need to be completed prior to the clinic.

If you have any questions or concerns please do not hesitate to ask, and thank you for your willingness to assist in improving the public health of your community!

## **At Local Public Health Event or Exercise – Just in Time Training**

Upon EMS personnel's arrival at vaccination clinic, TRAIN courses and letter of authorization from OMD/EMS Agency Leader are verified. Approved EMS personnel then meet with the Clinical Supervisor or equivalent who is a VDH Nurse with familiarity in reviewing the VDH – Annual Skills Checklist for Immunization for the Just in Time Training. The Clinical Supervisor or equivalent will review the vaccine being administered, indications, contra-indications, side effects, required administration procedure (to include screening), required documentation of administration, and answer any questions or concerns with the EMS personnel. The Clinical Supervisor or equivalent should observe the EMS personnel's skills and techniques according to the VDH Annual Skills Checklist for Immunization prior to clearing the individual for autonomous work. All Just in Time Training documentation should be secured with the event documentation.

## **Attachments**

LHD – OMD/EMS Agency Leader Letter of Authorization for EMS Provider

VDH – Annual Skills Checklist for Immunization



**COMMONWEALTH OF VIRGINIA**

Local Health District  
Local Health Departments

TELEPHONE NO.  
434-422-4577  
FAX 434-972-4310

IN COOPERATION WITH THE STATE

DEPARTMENT OF HEALTH

I, \_\_\_\_\_, as the Chief of Emergency Medical Services for \_\_\_\_\_ (EMS agency name & 5 digit license #) attest that \_\_\_\_\_ (name of EMS vaccinator) is an affiliated Advanced Life Support provider certified as (AEMT, EMT-I, EMT-P) of this agency and has been approved to participate on behalf of this agency as a vaccinator for the Virginia Department of Health.

I, \_\_\_\_\_, MD/DO licensed in the Commonwealth of Virginia do hereby authorize \_\_\_\_\_ a released Virginia certified Advanced Life Support (AEMT, EMT-I, EMT-P) provider for whom I serve as an Operational Medical Director as recognized by the Virginia Office of EMS to administer vaccines to patients in accordance with the laws and regulations of the Commonwealth of Virginia during the {DATE} Local Health District {EXERCISE/INCIDENT NAME}.

In exercising this authority, the participants shall comply with the protocol for administration of vaccines. This medical directive also covers emergency care if it is necessary. All Emergency Medical Services participants must complete assigned educational and operational training as required by the Local Health District operations prior to the administration of vaccines.

The participants must agree to any significant changes in the protocol.

EMS Agency Leader Signature \_\_\_\_\_

EMS Agency Leader Printed Name \_\_\_\_\_

Signature Date \_\_\_\_\_

OMD Signature \_\_\_\_\_

OMD Printed Name \_\_\_\_\_

Signature Date \_\_\_\_\_



# Emergency Medical Services (EMS) Personnel as Vaccinators Checklist

**Provider Name (print)** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Location** \_\_\_\_\_

**Goal:** To assure staff have the requisite skills and demonstrated competencies needed for safe, effective and caring administration of immunizations.

**Purpose:** The Checklist will be used for annual performance reviews by a supervising RN from the Health Department.

**Instructions:** The supervising RN should observe their skills and techniques with one individual that requires vaccination. Under the “**RN Supervisor Review**” column, write in the date and for each competency write the appropriate score (“**Needs Improvement**” [NI] or “**Meets**” [M]). Discuss in private the scoring results and recommend a plan of action for any scores of “**Needs Improvement**”. This Skills Checklist is a working document and can be completed over time.

**Scoring Definitions:**

- **Needs improvement (NI):** If all parameters are met on the annual assessment, this rating is not indicated. Institute a corrective plan of action to develop appropriate skills level within 30 days, followed by 3 months review if needed.
- **Meets (M):** Demonstrates skills and competencies required for safe, effective and caring immunization administration. File in personnel folder. Review again at end of probationary period and periodically thereafter at supervisor’s discretion.

Competency	Clinical Skills, Technique, and Procedures	RN Supervisor Review				Plan of Action
		Date _____ Score	Date _____ Score	Date _____ Score	Date _____ Score	

A. Client/ Parent/ Caregiver Education	1. Welcomes client and family, establishes rapport, and answers questions.					
	2. Accommodates language or literacy barriers and special needs of clients(s) to help make them feel comfortable and informed about the procedure. Uses language line and /or interpreter as appropriate.					
	3. Verifies client/parent/caregiver received Vaccine Information Statements for all vaccines to be given, had time to read them and ask questions, and provides an opportunity to discuss side effects.					
	4. Comfort measures and after care instructions with client/family, inviting questions.					
	5. Obtains client/parent/caregiver vaccines consent for vaccines.					
B. Medical Protocols	1. Identifies the location of the medical protocols and emergency supplies (i.e. immunization protocol, the district emergency protocol, and appropriate reference material.					
	2. Describes appropriate responses to any adverse reaction resulting from vaccine administration.					
	3. Understands the need to report client or provider needle stick injuries; provides supporting documentation for inclusion in sharps injury log.					

C. Vaccine Handling	1. Maintains aseptic technique throughout the immunization plan.					
	2. Selects the correct needle size: 1"- 1 1/2" for intramuscular (IM).					
D. Administering Immunizations	1. Washes hands and/or uses hand sanitizer.					
	2. Demonstrates knowledge of the appropriate route for vaccine (IM).					
	3. Encourages comfort measures before, during, and after procedure.					
	4. Positions and restrains client. If child, encourages parent/caregiver to be involved in the process and with positioning the child.					
	5. Locates appropriate anatomic landmarks specific for IM.					
	6. Preps the skin: cleans from center of the site, in circular motion working outwards for 2" to 3" and allows alcohol to air dry before injecting.					
	7. Inserts the needle at the appropriate angle to skin (90 degrees IM), and aspirates per manufactures guidelines.					
	8. Injects vaccines using steady pressure and withdraws needle at angle of insertion.					
	9. Applies gentle pressure to injection site for several seconds with a dry sterile pad or cotton ball if necessary.					

	10. Properly disposes of needle, syringe, and live vaccine vials in sharps container. Disposes of other vials in trash.					
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**Plan of Action:** Might include: Review manual or textbook section on injection; review office protocols or other references; watch video on administration techniques or vaccine handling; observe proper technique, practice injections; read Vaccine Information Statements; mentor with someone who has these skills; do role playing with other staff; attend an update, skills training or refresher course; attending cultural competency training; etc. Plan of action must include a deadline and date for a 30-day and a 3-month follow-up review.

- + Client Safety Event Reporting form (Adm 134) - <http://vdhweb/Procurement/Forms.htm>
- + VDH Accident Investigation Report form - <http://vdhweb/HumanResources/community/wc-checklist.htm>

**Performance Review Date:** \_\_\_\_\_  
**Plan of action needed:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Plan of Action Time Frame** \_\_\_\_\_ **Date for Follow-up Review** \_\_\_\_\_

**Acknowledgement:**  
 \_\_\_\_\_  
 Assessor                      Date                      Supervisor                      Date                      Employee                      Date

**Performance Review Date:** \_\_\_\_\_  
**Plan of action needed:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Plan of Action Time Frame** \_\_\_\_\_ **Date for Follow-up Review** \_\_\_\_\_

**Acknowledgement:**  
 \_\_\_\_\_  
 Assessor                      Date                      Supervisor                      Date                      Employee                      Date

**Performance Review Date:** \_\_\_\_\_  
**Plan of action needed:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Plan of Action Time Frame** \_\_\_\_\_ **Date for Follow-up Review** \_\_\_\_\_

**Acknowledgement:**  
 \_\_\_\_\_  
 Assessor                      Date                      Supervisor                      Date                      Employee                      Date

**Performance Review Date:** \_\_\_\_\_  
**Plan of action needed:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Plan of Action Time Frame** \_\_\_\_\_ **Date for Follow-up Review** \_\_\_\_\_

**Acknowledgement:**  
 \_\_\_\_\_  
 Assessor                      Date                      Supervisor                      Date                      Employee                      Date