
STANDARDS FOR THE USE OF ADVANCED LIFE SUPPORT PROVIDERS FOR VACCINE ADMINISTRATION

Advanced Life Support (ALS) Providers certificated at or above the level of an Advanced Emergency Medical Technician (AEMT) can be a valuable supplement to the public health workforce when mass vaccinations are required to address a pandemic or other biological threat. To qualify for certification, ALS providers are trained in intramuscular administration of medications and, therefore, may be valuable personnel to assist with mass vaccination.

The Pennsylvania Department of Health (Department) has asked ALS providers at or above the level of an AEMT to assist with mass vaccination for the 2019 Novel Corona Virus COVID-19. ALS providers who are willing to participate in vaccination efforts may be deployed by the Department to administer vaccine in Department-run or Department-assisted public mass vaccination clinics, or to administer vaccine in other mass vaccination clinics.

Department of Health:

1. The Department will offer the Bureau of EMS Vaccine Administration Course. This course provides basic training on vaccines (including the importance of temperature controls for storage and handling of vaccines and FDA storage and refrigeration standards for vaccine), contraindications to the vaccine, the appropriate dosage of vaccine to be administered, safe and appropriate administration of vaccines, record keeping of vaccine administration, and response to and reporting of adverse events. ALS Providers must complete this course to participate in the vaccination effort.
2. The Department will review documentation provided by regional EMS councils demonstrating that ALS Providers have completed the Bureau of EMS Vaccine Administration Course.
3. The Department will require that a physician verify the providers competence to give intramuscular injections at the specified anatomic site. The Department will provide a Skill Verification form which must be completed and signed by a reviewing physician.
4. The Department's community health nurse or an appropriate licensed health professional will be provided an approved list of ALS providers authorized to administer the vaccine by the Bureau of Emergency Medical Services, and that person will verify the credentials before the ALS provider will be permitted to administer vaccine

Service Medical Directors:

1. To complete a skill verification form through which the physician has verified the ALS providers competence to give intramuscular injections at the specified anatomic site(s) and to individuals over the age of one year. This is to be done through the Skill Verification form provided by the Department.
2. Provide the Skill Verification form to the appropriate regional EMS council.

Regional EMS Councils

1. Provide to the Department, names and certification numbers for all ALS Providers who wish to participate in mass vaccination clinics.
2. Provide copies of the Skill Verification forms completed by physicians to the Department and to the ALS Providers.
3. Provide to the Department, documentation demonstrating that ALS Providers have completed the Bureau of EMS Vaccine Administration Course.

ALS Providers administering vaccine as part of a mass vaccination clinic must:

1. Have photo identification and Pennsylvania ALS Providers certification card to present at the mass vaccination clinic for verification.
2. Pre-screen each candidate for vaccination or ensure that a nurse or other licensed medical professional on site pre-screens the candidate, to ensure that the person does not identify a criterion that disqualifies the person for vaccine administration. Pre-screening, at a minimum, includes obtaining a history of vaccinations, allergies, and any adverse reactions from previous vaccinations, and completion in writing of a standardized questionnaire provided by or approved by the Department.
3. Provide to each person to be vaccinated or the person's authorized representative vaccination information and other materials provided by the Department for distribution.
4. Report to the physician or other licensed health professional performing the lead medical function at the mass vaccination site, any observed adverse reaction to the vaccine, and provide to the person who is vaccinated or that person's authorized representative information regarding possible adverse reactions and measures to take if there is an adverse reaction, including reporting the adverse reaction to the program.
5. Complete a post-action report as requested by the Department.

Please Note: All sections within this form must be completed before order will be processed.

SECTION 1: PROVIDER INFORMATION

Name:	Certification Number:	Certification Level		
Address	City	State	Zip	
Email Address:	Telephone Number:			

SECTION 2: EMS AGENCY INFORMATION

EMS Agency Name:	Telephone Number:		
Address	City	State	Zip

SECTION 3: SKILL VERIFICATION

Competency	Clinical Skill, Technique, Procedure, or Knowledge	<input type="checkbox"/>
Medical Protocols	Completed EMS Vaccine Administration course. Course Number 1000034676	<input type="checkbox"/>
	Understands need to report occupational injuries	<input type="checkbox"/>
	Identifies the 6 "Rights" of Medication Administration (Medication, Route, Time, Client, Dosage, and Documentation)	<input type="checkbox"/>
Vaccine Preparation	Checks vial contents, expiration date, and lot number	<input type="checkbox"/>
	Prepare immunization according to the Public Health Policies, Procedures and the manufacturer's direction/insert	<input type="checkbox"/>
	Maintains aseptic technique throughout	<input type="checkbox"/>
	Selects correct needle size: 1 -1 1/2" for IM	<input type="checkbox"/>
	Follow any manufacturer directions related to vaccine constitution and preparation. Rechecks vial for contents and draws up appropriate dose of vaccine immediately prior to administration	<input type="checkbox"/>
	Labels each syringe or places in labeled tray to maintain identification	<input type="checkbox"/>
Vaccine Administration	Rechecks orders and verifies with prepared syringes	<input type="checkbox"/>
	Washes hands	<input type="checkbox"/>
	Demonstrates knowledge of appropriate route of each vaccine	<input type="checkbox"/>
	Identifies client	<input type="checkbox"/>
	Positions client; locates anatomic landmarks specific for IM (EMS Providers can only give deltoid injections)	<input type="checkbox"/>
	Cleanses injection site with isopropyl alcohol and allow to dry	<input type="checkbox"/>
	Inserts needle quickly at the appropriate angle	<input type="checkbox"/>
	Injects vaccine using steady pressure; withdraws needle at angle of insertion	<input type="checkbox"/>
	Properly disposes of needle and syringe in sharps container	<input type="checkbox"/>
Provides client/parent/guardian with post administration care	<input type="checkbox"/>	
Vaccine Handling/Storage	Demonstrates an understanding of proper storage and transporting of vaccines	<input type="checkbox"/>
	Explains importance of cold chain management, and the need to ensure vaccines remain at appropriate temperature.	<input type="checkbox"/>

SECTION 4: APPROVALS

EMS Agency Medical Director (Printed Name)	Signature	Date
Regional EMS Council	Signature	Date