Vaccine Administration (Adult and Pediatric)

INTRODUCTION

- This protocol is to be used at the discretion of an agency Medical Director under the auspices of an Executive Order

CFR and All Provider Levels

CFR STOP

EMT

1. Assess patient for need of vaccination
2. Screen for contraindications and precautions (Appendix O: Vaccinations)
3. Provide all patients (parent/legal representative) with a copy of the most current Federal Vaccine Information Statement (VIS). Document the publication date of the VIS and the date it was given to the patient (parent/legal representative). If available and preferred, a copy of the VIS should be given in the patient's (parent/legal representative) native language (www.immunize.org/vis)
4. Administer vaccine
   - Refer to Appendix O: Vaccinations for the appropriate vaccine preparation instructions
   - Intranasal vaccines shall be administered according to directions in Appendix O: Vaccinations
   - Intramuscular vaccines shall be administered using the needle gauge, needle length, and injection site according to the following:

ADULT FEMALE			
Patient Weight	**Needle Gauge**	**Needle Length (inches)**	**Injection Site**
< 130 lbs. (59 kg)	22 - 25	5/8 - 1	Deltoid muscle
130 – 152 lbs. (59-69 kg)		1	
153 – 200 lbs. (69-91 kg)		1 - 1.5	
> 200 lbs. (91 kg)		1.5	

ADULT MALE			
Patient Weight	**Needle Gauge**	**Needle Length (inches)**	**Injection Site**
< 130 lbs. (59 kg)	22 - 25	5/8 - 1	Deltoid muscle
130 –152 lbs. (59-69 kg)		1	
153 – 260 lbs. (69-118 kg)		1- 1.5	
> 260 lbs. (118 kg)		1.5	

PEDIATRIC			
Patient Age (years)	**Needle Gauge**	**Needle Length (inches)**	**Injection Site**
< 5	22 - 25	5/8 - 1	Anterior thigh
≥ 5			Deltoid muscle

- When using a 5/8 inch needle for injections into the deltoid muscle, ensure that the needle is perpendicular (90° angle) to the skin and that the skin is stretched taught

5. Documentation shall include the date of immunization, immunizations administered, dose, injection site, lot number, manufacturer, VIS date, and the identification of the provider administering the vaccine. If the vaccine was not administered, record the reason for the non-receipt
6. Patients shall be monitored for any adverse reactions for fifteen (15) minutes after vaccine administration. If the patient has a history of allergies that is not severe enough to be a contraindication for the vaccine, observe the patient for thirty (30) minutes

EMT STOP

Paramedic

Paramedic STOP

Medical Control Options

Key Points / Considerations

- Patient records shall be reported to the New York State Immunization Information System (NYSIIS) database within 24 hours
- Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional information about VAERS is available by telephone at 800-822-7967