



Dayton MMRS



**Public Health**  
Prevent. Promote. Protect.



GMVEMSC

## **Greater Miami Valley EMS Council (GMVEMSC) Just in Time Standing Order (JITSO) FLU Vaccinations 11/24/2021**

The medical director for each agency may authorize EMS professionals within the organization to administer immunizations whose route is within their scope of practice (EMFTS Board Action 8/19/2020). ORC Section 4765.391 requires that EMS professionals administering immunizations report that to the **local health department** within thirty days.

CDC recommends everyone 6 months and older get vaccinated every flu season. A new vaccine is developed each year for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B viruses contained in the vaccine.

### **PROCEDURE**

1. Assess for Need for Vaccination Against Influenza
  - All persons 6 months of age and older are recommended to receive influenza vaccination each year.
  - Administer any age-appropriate quadrivalent inactivated influenza vaccine (IIV4) or recombinant influenza vaccine (RIV4) to pregnant people in any trimester.
  - A second dose of influenza vaccine is recommended 4 weeks or more after the first dose for children age 6 months through 8 years if they have not or don't know if they have received 2 doses in prior years (not necessarily in the same season).
  - A second dose is needed for a 9-year-old child who received one dose in the current season when they were age 8 years, if they have not or don't know if they have received 2 doses in prior years.
  - People who do not recall whether they received influenza vaccine in the current vaccination season should be vaccinated.
  - People who recently received or are planning to receive COVID-19 vaccine may be administered influenza vaccine either simultaneously (on the same day, at separate anatomic sites) or at any time before or after COVID-19 vaccine.
2. Screen for Contraindications and Precautions to Vaccinations:
  - Contraindications:
    - a. EMS should not vaccinate anyone with a history of serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. Refer the person to their physician; nearly everyone can be vaccinated, but have a physician determine

the appropriate vaccine for those with a serious reaction history. For a list of vaccine components, go to

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>.

- Precautions:
  - a. Moderate or severe acute illness with or without fever
  - b. History of Guillain Barré syndrome within 6 weeks of a previous vaccination
  - c. Receipt of antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
  - d. For live attenuated vaccines only, close contact with an immunosuppressed person when the person requires protective isolation.
- Other considerations:
  - a. If patient has a history of hives after ingesting eggs, but no other signs/symptoms of anaphylaxis or severe reaction, administer inactivated vaccine and observe patient for 30 minutes after receipt of the vaccine for signs of a reaction.

3. Provide Vaccine Information Statements:

- Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). **Documentation must include the publication date of the VIS and the date it was given to the patient.** Non-English speaking patients must be provided with a copy of the VIS in their native language, if available and preferred; these can be found at <https://www.immunize.org/vis/>.

4. Intramuscular Vaccine Administration, Needles & Sites:

| GENDER AND WEIGHT OF PATIENT     | NEEDLE GAUGE | NEEDLE LENGTH | INJECTION SITE        |
|----------------------------------|--------------|---------------|-----------------------|
| 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 - 1½"       | Deltoid muscle of arm |
| Male 153-260 lbs                 | 22-25        | 1 - 1½"       | Deltoid muscle of arm |
| Female 200+ lbs                  | 22-25        | 1½"           | Deltoid muscle of arm |
| Male 260+ lbs                    | 22-25        | 1½"           | Deltoid muscle of arm |

† A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin

| AGE OF CHILD                    | NEEDLE GAUGE | NEEDLE LENGTH | INJECTION SITE              |
|---------------------------------|--------------|---------------|-----------------------------|
| Infants age 6 through 11 months | 22–25        | 1"            | Anterolateral thigh muscle  |
| Age 1 through 2 years           | 22–25        | 1 – 1¼"       | Anterolateral thigh muscle† |
|                                 |              | 5/8‡ – 1"     | Deltoid muscle of arm       |
| Age 3 through 10 years          | 22–25        | 5/8‡ – 1"     | Deltoid muscle of arm†      |
|                                 |              | 1 – 1¼"       | Anterolateral thigh muscle  |
| Age 11 years and older          | 22–25        | 5/8‡ – 1"     | Deltoid muscle of arm†      |
|                                 |              | 1 – 1½"       | Anterolateral thigh muscle  |

† Preferred site. ‡ A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

5. Administer the vaccine using the appropriate procedure for the vaccine supplied
  - 1 Inspect visually for particulate matter and/or discoloration prior to administration if solution and container permit. If defects or conditions exist, do not administer.
  - 2 Injectable quadrivalent influenza vaccine: for adults of all ages, give 0.5 mL of intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A 5/8" needle may be used for adults weighing less than 130 lbs. [<60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.
  - 3 Intranasal live-attenuated influenza vaccine: for healthy adults younger than age 50 years, 0.1 mL is sprayed into each nostril while the patient is in an upright position. (Total dose of 0.2 ml)
  
6. **Legibly** document each patient's vaccine administration
  - 1 Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - 2 If possible, make a copy of the front and back of the insurance card.
  - 3 Return the form to the local health department.**
  - 4 Personal immunization record card: Record the date of vaccination and the name/location of the administering facility.
  - 5 Patients should be observed for ten minutes after immunization for any allergic reaction.
    - a. Report all adverse reactions to a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or <http://vaers.hhs.gov/resources/vaersmaterialspublications>

**IIV4 – Quadrivalent Inactivated Influenza  
Standard dose, egg-based Vaccines**

1. Assess for Need of Vaccination against Influenza
2. **Screen for Contraindications and Precautions**
3. **Provide Vaccine Information Statements**
4. **Prepare to Administer Vaccine**
  - a. For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the needle gauge/length chart.
  - b. Before administering a dose of vaccine, shake the prefilled syringe or vial. Withdraw one dose of vaccine from the single-dose vial using a sterile needle and syringe. Discard unused portion. Use a separate sterile needle and syringe for each dose withdrawn from the multi-dose vial.
5. **Administer Influenza Vaccine according to the age of patient, brand of vaccine, and route of vaccination in the chart below.**
  - **Carefully select appropriate injection site.**
6. **Complete documentation.**

| <b>TYPE OF VACCINE</b>                           | <b>AGE GROUP</b>   | <b>DOSE</b>   | <b>ROUTE</b>       | <b>INSTRUCTIONS<sup>§</sup></b>   |
|--|--------------------|---|--------------------|---|
| Inactivated influenza vaccine (IIV4)             | 6–35 months        | Afluria: 0.25 mL<br>Fluarix: 0.5 mL<br>Flucelvax: 0.5 mL<br>FluLaval: 0.5 mL<br>Fluzone: 0.25 or 0.5 mL | Intramuscular (IM) | Administer vaccine in anterolateral thigh muscle; alternatively, children age 12 through 35 months may receive injection in deltoid muscle. |
| Inactivated influenza vaccine (IIV4)             | 3 years and older  | 0.5 mL  | Intramuscular (IM) | Administer vaccine in deltoid muscle or, alternatively, in anterolateral thigh muscle.  |
| Inactivated influenza vaccine (IIV4)             | All adults         | 0.5 mL  | Intramuscular (IM) | Administer vaccine in deltoid muscle.   |
| IIV4-high dose                                   | 65 years and older | Fluzone High-Dose<br>0.7 mL   | Intramuscular (IM) | Administer vaccine in deltoid muscle.   |
| Adjuvanted inactivated influenza vaccine (aIIV4) | 65 years and older | 0.5 mL  | Intramuscular (IM) | Administer vaccine in deltoid muscle.   |
| Cell culture based IIV (ccIIV4)                  | All adults         | 0.5 mL  | Intramuscular (IM) | Administer vaccine in deltoid muscle.   |

**RIV4  
Recombinant HA**

1. Assess for Need of Vaccination against Influenza
2. **Screen for Contraindications and Precautions**
3. **Provide Vaccine Information Statements**
4. **Prepare to Administer Vaccine**
  - a. For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the needle gauge/length chart.
  - b. Invert the prefilled syringe containing Flublok Quadrivalent gently prior to affixing the appropriate size needle for intramuscular administration.
5. **Administer Influenza Vaccine according to the age of patient, brand of vaccine, and route of vaccination in the chart below.**
  - **Carefully select appropriate injection site.**
6. **Complete documentation.**

| <b>TYPE OF VACCINE</b>               | <b>AGE GROUP</b>   | <b>DOSE</b> | <b>ROUTE</b>       | <b>INSTRUCTIONS<sup>\$</sup></b>      |
|--------------------------------------|--------------------|-------------|--------------------|---------------------------------------|
| Recombinant influenza vaccine (RIV4) | 18 years and older | 0.5 mL      | Intramuscular (IM) | Administer vaccine in deltoid muscle. |

## LAIV4

1. Assess for Need of Vaccination against Influenza
2. **Screen for Contraindications and Precautions**
3. **Provide Vaccine Information Statements**
4. **Prepare to Administer Vaccine**
5. **Administer Influenza Vaccine according to the age of patient, brand of vaccine, and route of vaccination in the chart below.**
  - **Carefully select appropriate injection site.**
6. **Complete documentation.**
  - a. Additional Contraindications for use of LAIV only - Do not give LAIV4 to a person who:
    - Is pregnant
    - Has functional or anatomic asplenia, or a cochlear implant, or is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
    - Has active communication between CSF and the oropharynx, nose, or ear or any other cranial CSF leak
    - Is age 50 years or older
    - Received influenza antivirals before scheduled vaccination (zanamivir or oseltamivir within 48 hours; peramivir within 5 days; baloxavir within 17 days). If any of these antiviral drugs are taken within 14 days after LAIV4, revaccinate with IIV4 or RIV4.
    - Is a close contact of a severely immunosuppressed person who requires a protected environment
    - Is age 2 through 4 years who has asthma or who has experienced wheezing or asthma within the past 12 months
    - Is age 6 months through 17 years and is receiving aspirin or salicylate containing medicine
  - b. Additional Precautions for use of LAIV4 only
    - Asthma
    - Other chronic medical conditions that might predispose the person to complications of influenza infection (e.g., other chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]).

| <b>TYPE OF VACCINE</b>                    | <b>AGE GROUP</b>  | <b>DOSE</b>                       | <b>ROUTE</b>           | <b>INSTRUCTIONS<sup>§</sup></b>  |
|---|---|-----------------------------------|------------------------|--|
| Live attenuated influenza vaccine (LAIV4) | Healthy, age 2 years and older (except if pregnant)     | 0.2 mL (0.1 mL into each nostril) | Intranasal spray (NAS) | Spray half of vaccine into each nostril while the patient is in an upright position. |
| Live attenuated influenza vaccine (LAIV4) | Healthy, younger than age 50 years (except if pregnant) | 0.2 mL (0.1 mL into each nostril) | Intranasal spray (NAS) | Spray half of vaccine into each nostril while the patient is in an upright position. |

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

**Influenza vaccine can prevent influenza (flu).**

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



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## 4. Risks of a vaccine reaction

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- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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## 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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## 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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## 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).





2021 - 2022

## Inactivated Injectable Influenza Vaccine Administration Form

| Client Information   |   |  |  |                                |   |
|--|---|--|--|--------------------------------|---|
| Last Name  | First Name  | M.I.   | Date of Birth  | Age                            | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Address  | City/Township   | State  | Zip  | County                         |   |
| Phone:   | Parent/Guardian Name (only if client is under age 18) | Race (for statistical use only)  |  |                                | Hispanic?   |
| May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No |   | <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Black     | <input type="checkbox"/> White<br><input type="checkbox"/> Native American | <input type="checkbox"/> Other | <input type="checkbox"/> Yes  |
| Email Address  | Emergency Contact: First Name, Last Name, Phone#      | Language<br><input type="checkbox"/> English <input type="checkbox"/> Other: |  |                                |   |

## Answer a few short questions so we can make sure that the vaccine can be given today

|                              |                             |                                     |  |
|------------------------------|-----------------------------|-------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know | Is the person to be vaccinated sick today?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know | Does the person to be vaccinated have an allergy to a component of the vaccine?<br>If Yes, List allergies: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know | Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know | Has the person to be vaccinated ever had Guillain-Barre' Syndrome?   |

## Client Consent (or Parent/Guardian Consent for clients age 17 &amp; under) - read and sign/date below.

I was given an explanation about the diseases and vaccines. I had the opportunity to ask questions that were answered to my satisfaction and/or received a Vaccine Information Sheet. I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) be given to me or the person named above for whom I am authorized to make this request. I hereby consent that the Local Health Department (LHD), or designee, from whom I received the vaccination can bill my insurance, if applicable. I understand I am financially responsible for any fees not covered by my insurance company. I authorize the release of this record to the Ohio Department of Health Immunization Program. I hereby acknowledge receipt of the LHD Notice of Health Information Privacy Practice and give permission to release my immunization record to my doctor or agency/school. If indicated on this form, I authorize the LHD or designee to charge my account. For clients age 17 and under, parent and/or guardian consents to allow client to receive vaccine without parent and/or guardian present.

SIGN Name: X Date: \_\_\_\_\_

## Payment Information (complete insurance OR self-pay area below)

| INSURANCE - (complete insurance info below AND in box to the left write 1 or 2 to indicate primary/secondary)   | SELF-PAY   |
|---|--|
| Medicare (Traditional Part B) ID# _____   | <input type="checkbox"/> Cash  |
| Medicare HMO (ie, Anthem Medicare Advantage, Secure Horizons Medicare Advantage)<br>Name of Plan: _____ ID# _____   | <input type="checkbox"/> Check # _____   |
| Medicaid (ie, Traditional Medicaid, CareSource, Molina, Paramount, UHC Community)<br>Name of Plan: _____ ID# _____  | <input type="checkbox"/> Credit Card<br>Type _____<br>Acct# _____<br>Exp. Date _____ |
| Private Insurance Company Name: _____<br>Member ID: _____ Group: _____ Plan: _____<br>Policy Holder Name & Date of Birth: _____ / ____ / ____<br>Relationship to Policy Holder: _____ | Amount: _____<br>Receipt # _____<br>Received By: _____                               |
| Other (ie, company voucher, etc) ID# _____  |  |

## Office Use Only

| Vaccine Administered Information |              |               |     | SC = subcutaneous IM = intramuscular<br>ID = intradermal IN = intranasal |    |    |    |      | Dose (check box) |         |        |        | Vaccinator Initials |
|----------------------------------|--------------|---------------|-----|--|----|----|----|------|------------------|---------|--------|--------|---------------------|
| Date                             | Vaccine Name | Vaccine Lot # | Mfg | RA   | LA | RT | LT | Nose | 0.5 ml           | 0.25 ml | 0.2 ml | 0.1 ml |                     |
|                                  |              |               |     |  |    |    |    |      |                  |         |        |        |                     |
|                                  |              |               |     |  |    |    |    |      |                  |         |        |        |                     |

Clinic site: \_\_\_\_\_ VIS:  08/06/2021 Vaccinator signature: \_\_\_\_\_