

## CP 4.18: COVID-19 Vaccine Administration by Community Paramedics

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### Purpose

The Community Paramedic (CP) works together with primary care providers to support patients in the community whenever possible. In some cases, Registered Nurses, Nurse Practitioners (NP) or Physicians may request assistance from the CP through the normal request for service process to help administer COVID-19 vaccines to patients in clinic or home-based settings.

### Policy Statements

This guideline is applicable to any patient over the age of 5 (November 19) and is currently limited to the duration of the emergency or until the Emergency Medical Assistant SARS-Cov-2 Immunization March 18, 2021 is

repealed. Replacing the similarly titled Order of Feb 23, 2021.

The CP should demonstrate the attitudes, knowledge, and clinical skills necessary to provide safe and effective immunization administration. CPs must complete the BCEHS - Community Paramedic Immunization Curriculum, BCCDC COVID-19 Immunization for Children 5-11 Years of Age, BCCDC COVID-19 Viral Vector Vaccines, BCCDC Cultural Safety and COVID-19 Immunization Clinics and BCEHS - Community Paramedic Immunization Competency Sign Off.

CPs can provide the full scope of functions related to the immunizations to patients following a request for service from a Physician or NP in a health authority supervised clinic once "signed off" by the RN, MD, NP.

Homebound Covid vaccination is limited to those health authorities agreeing to provide virtual clinical supervision. Check with Leadership if your local health authority has agreed to that provision.

### Guideline

In response to a request for OUTREACH SERVICE from a primary health care provider, and following the standardized procedures for CP patient visits, the CP will: assess, obtain informed consent, prepare and educate the patient, prepare the vaccine, vaccinate, monitor and manage adverse effects and document, in the appropriate public health data base, for all "suitable" clinic patients as requested by the regional Medical Health Officer delegated Physician, Nurse Practitioner or Registered Nurse. Suitability for COVID vaccine is evolving. In all situations of relative contraindication, (i.e. pregnancy, immunocompromised,) the patient should be reviewed by one of these health professionals before proceeding with a vaccination.

In response to provide homebound vaccination an URGENT PRIMARY CARE SERVICE request is required for each address. Homebound Service requires a virtual clinical supervisor be assigned by the Health Authority to support the CP. If this is not provided, the paramedic is not compliant with the PHO and must decline the request.

### Procedure

#### 1. OBTAIN Service Request.

COMPLETE Clinic orientation for available equipment and document entry into COVID data base during clinic. Clinics may work as teams with specific roles or may work as a group of independent practitioners.

#### 2. EXPLAIN the purpose of the COVID vaccine and ASSESS patient's understanding of procedure and discuss any concerns the patient may have prior to immunization administration. COVID Q&A <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/resources-for-health-professionals>. Refer to the HealthLinkBC files for the provision of standard information to clients for a respective vaccine.

CONFIRM Suitability for the Vaccine with an RN< MD or NP if any relative contraindications for the vaccine.

#### 3. REVIEW possible [complications or reactions](#) with the patient, and VERIFY understanding of when follow-up care from the primary health care provider would be required. REFER and FOLLOW the British Columbia Centre for Disease Control (BCCDC) [Immunization Manual](#) for best practice guidance to direct provision of immunization services.

#### 4. CONFIRM IDENTITY AND OBTAIN verbal consent prior to undergoing any procedure.

#### 5. REVIEW and FOLLOW Precautions re suitability, and health and vaccine history related to the respective vaccine prior to administration as per the BC Immunization Manual, Part 4 – Biological Products and COVID-19 screening checklist. Product monographs- see below. Vaccine interchangeability is currently under review. Consult with your Supervisor should you become

aware of this issue for your patient.

6. **WASH** your hands with soap and water, or use alcohol-based hand sanitizer.
7. **VACCINE SPECIFIC CHECK:** vial expiry date and **REVIEW** if for any issues with safe storage.

If previously reconstituted or prefilled syringes - the reconstitution date/time for continued stability for that specific vaccine product.

8. **ADMINISTRATION CHECK** three times that it is the correct product: 1) when removing from refrigerator/biological cooler, 2) when drawing up/reconstituting and 3) prior to administration.

**PRACTICE the 8 RIGHTS** (+ 1 extra) to safe medication administration:

- **RIGHT** patient
- **RIGHT** drug
- **RIGHT** dose
- **RIGHT** route
- **RIGHT** time
- **RIGHT** reason
- **RIGHT** frequency - Confirm COVID second dose times
- **RIGHT** documentation - in the COVID data base
- **RIGHT** location - COVID mRNA vaccines are recommended in the Deltoid

## 9. **VACCINE ADMINISTRATION**

- **Intramuscular injection technique:**
  - Expose the area for injection to be able to landmark properly. (Deltoid or vastus lateralis only.)
  - Select the appropriate syringe and needle for the IM site chosen.
    - Recommended needle size and volume for patients > 19 years:
      - Deltoid: 1-1.5", maximum volume 2 mL
      - Vastus lateralis: 1-1.5", maximum volume 5 mL
    - May use smaller needle sizes (5/8" to 1") for those who appear to have smaller frames or muscle size.
  - Draw up vaccine or biological per product instruction.
  - Always read the product-specific page in the BC Immunization Manual, Part 4 -- Biological Products.
  - Palpate the site as the vaccine should not be administered where there is poor muscle mass, existing inflammation, itching, scars, nodules, sensitivity, induration, or pain.
    - **Deltoid:** Define the site by drawing a triangle with its base at the lower edge of the acromion and its peak above the insertion of the deltoid muscle. The injection site is in the centre of this triangle.
      - The upper border of the deltoid muscle is located one to two finger widths below the acromion process. The bottom point of the deltoid muscle can be located by drawing an imaginary line across the arm from the crease of the axilla at the front to the crease of the axilla in the back. The target zone for injection is 4 cm below the acromion for adults.
    - **Vastus lateralis: (NOT recommended for COVID)** When immunizing an adult, position the client in a seated, supine, or side-lying position. Define the site by dividing the space between the trochanter major of the femur and the top of the knee into three parts; draw a horizontal median line along the outer surface of the thigh. The injection site is in the middle third, just above the horizontal line.
  - Cleanse the injection site with a new alcohol swab by circling from the centre of the site outward for 2.5-5 centimetres. Let dry.
  - Place your thumb and forefinger of non-dominant hand on either side of the injection site and press the area flat. Insert the needle at a 90 degree angle. Aspiration is not necessary, however if blood is noticed in the needle hub, the needle should be immediately withdrawn and discarded. A new syringe and needle with vaccine should be prepared.
  - Remove the needle. Activate the safety mechanism and discard into the sharps container.
  - Use gauze and apply gentle pressure to the injection site.
  - Use of bandage is not routinely recommended but may be preferred by the client.

- Once all documentation is complete, discard all empty vials into the sharps container.
- 10. **COMMUNICATE** with the primary care provider if any other concerns arise. It is recommended that all immunized clients remain in the clinic for 15 minutes post-immunization. This may facilitate the management of any adverse reactions.
- 11. **REVIEW** [BCCDC Immunization Manual For BC -- Part 5: Adverse Events Following Immunization](#). **REFER** to the [BCEHS Anaphylaxis Guideline](#) in the event of a severe adverse reaction.
- 12. **REPORT** any adverse events following immunization immediately to the primary health care provider.
  - Phase 1: Adverse events will be reported to the public health unit by the primary health care provider running the flu clinic.
  - Phase 2: Adverse events will be reported to the public health unit by the community paramedic and/or BCEHS.

### Documentation

In Clinic - DOCUMENT in the approved Public health immunization record (EFORMS, IMMS BC, or Downtime FORM) provided by the Health Authority. See below for required documentation.

DOCUMENT on the written patient record/card and give to the patient for their records.

**PROVIDE** the patient a personal immunization record card with the following information:

- Name of vaccine
- Dose or amount given
- Route
- Initials and title of person administering the vaccine

In clinic - No additional BCEHS documentation required. No documentation on Health Authority systems is authorized.

Homebound patient – DOCUMENT - As above on the public health record provided. (Eforms (HA approved access only), IMMS BC - (IRIR will work if set up) or use a Downtime form.

DOCUMENT for the patient personal record as above.

DOCUMENT in SIREN ePCR on the CP Immunization section. DOCUMENT on appropriate records as noted above.

Please note, as per the BC Immunization Manual, Appendix B - Administration of Biological Products, the following should be documented:

- Name of the biological product
- Date
- Route of administration
- Anatomical site
- Name of the biological product manufacturer
- Lot number
- Name and title of the person administering the biological product
- Any reactions following immunization
- Any recommended biological products that were not given (i.e., declined, deferred, or contraindicated)
- Informed consent for immunization obtained

**PROVIDE** the patient a personal immunization record card with the following information:

- Name of vaccine
  - Dose or amount given
  - Route
  - Initials and title of person administering the vaccine.
  - Record any additional assessments, reactions, or follow-up care on appropriate records.
- If you consulted either your virtual Clinical Supervisor or Clini-call - document that in SIREN consultations.

### References

1. [BCCDC Immunization Manual](#)
  - [Informed Consent](#)

- [Immunization Schedule](#)
  - [Administration of Biological Products](#)
  - [Reducing Immunization Injection Pain](#)
  - [Contraindications and Precautions for Immunizations](#)
  - [Principles of Immunology](#)
  - [Adverse Events Following Immunization](#)
    - [Management of Anaphylaxis in a Non-hospital Setting](#)
  - [Guidance for Receiving and Handling the Pfizer-BioNTech COVID-19 mRNA Vaccine \(including dry ice procedures\)](#)
2. [BCEHS Anaphylaxis Guideline](#)
  3. [Vaccine Safety \(BCCDC\)](#)
  4. [Canadian Immunization Guide \(Government of Canada\)](#)
  5. [COVID-19 mRNA Vaccine BNT162b2 \(Pfizer-BioNTech\)](#)
  6. [COVID-19 mRNA Vaccine mRNA-1273 \(Moderna\)](#)
  7. [COVID-19 Vaccine Screening Checklist](#)
  8. [COVID-19 Vaccine After Care Sheet](#)
  9. [Community Paramedic Ministerial Order](#)
  10. [Emergency Medical Assistants SARS-CoV-2 Immunization Order – February 23, 2021 \(PDF\)](#)

