

*Statewide Standard Treatment Protocols*

*Immunizations Standing  
Orders for Paramedic  
Administration 2009-2010*

*H1N1 Influenza*



**Effective: October 19, 2009-February 28, 2010**

## **Purpose:**

The purpose of this Standing Order is to enable Delaware licensed paramedics to provide immunizations in non-traditional settings – EMS stations, fire stations, police departments, etc Any paramedic administering vaccine must hold current Delaware Paramedic License and be approved by the Delaware Office of EMS (OEMS).

## **Justification:**

In cases of anticipated, actual or pending public health need paramedics may be authorized by the Director of Public Health and the State EMS Medical Director to give immunizations and vaccinations against infectious/communicable diseases. This standing order meets or exceeds the policy standards and guidelines established by the National Vaccine Advisory Committee of the Centers for Disease Control (CDC). Participation in the vaccination program by Delaware Paramedic Agencies is elective.

## **Administrative Requirements:**

1) For this standing order to be in effect the Director of Public Health, Director of OEMS and the State EMS Medical Director must issue a limited term immunization standing order.

- Standing order must include,
  - Effective dates (both start and end dates of program)
  - The agent to be administered
  - Proper dosage and route
  - Indications and contraindications
  - Treatment for adverse reactions
  - Any precaution/possible reactions associated with the agent.
  - Any specific paperwork required for immunization

2) Administering agency, or their designee, must provide a facility adequate for:

- Vaccine storage and security
- Pre-vaccination education and registration
- Vaccine administration
- Post-vaccination care

3) Prior to administering vaccine, each vaccinee must complete registration paperwork provided. This paperwork will list any contraindications of the vaccine. Vaccinee must attest that the information provided is accurate by signature.

4) The provider administering vaccine must review verbally with vaccinee the vaccine contraindications. If there is a contraindication to vaccination or if the provider has any concerns about administering the vaccine, it **will not be given**. The vaccinee will then be referred to their primary care provider or local public health clinic.

5) Vaccine shall be administered following directions included in packaging insert.

6) The vaccinee will be observed for 15 minutes following vaccine administration – particular attention will be made to detect any adverse reactions that may occur.

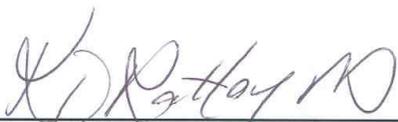
- To manage associated anaphylactic reactions, the following equipment shall be readily available:
  - Airway management supplies
  - Defibrillator
  - Epinephrine (adult auto injector)
  - Diphenhydramine (P.O.)
  - Prednisone (P.O.)
  - Communications device must be present to activate the EMS system

7) **There must be completed paperwork for every vaccine dose administered.** Vaccination paperwork will be kept on file with the DPH including OEMS. Paramedics participating in vaccination or immunization activities will not be required to complete a patient care report unless a patient is treated for an adverse reaction.

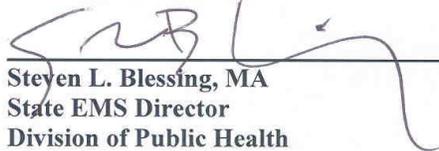
8) The administering agency will be responsible for returning unused supplies, vaccine and empty vaccine vials to DPH representative. The DPH representative will verify that all paperwork has been completed and all vaccine accounted for.

**THE PRECEDING PROCEDURES, GUIDELINES AND H1N1 INFLUENZA STANDING ORDERS ARE APPROVED FOR USE BY STATE OF DELAWARE CERTIFIED PARAMEDICS.**

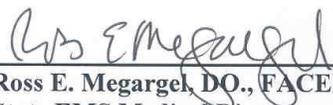
**EFFECTIVE DATES: 10/ 19/ 2009 through 02/ 28/ 2010**

  
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Karyl T. Rattay, MD, MS, FAAP, FACPM  
Director  
Division of Public Health

Date: 10/19/09

  
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Steven L. Blessing, MA  
State EMS Director  
Division of Public Health

Date: 10/16/09

  
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Ross E. Megargel, DO., FACEP  
State EMS Medical Director  
Office of Emergency Medical Services

Date: 10/16/09

## **Procedure:**

### **AGENT TO BE ADMINISTERED:**

Influenza A (H1N1) 2009 Monovalent Vaccine

***NOTE:** Paramedics will be administering vaccine with the 5mL multi-dose vial which contains ten doses. Thimerosal, a mercury derivative, is added as a preservative; each 0.5 ml dose contains 24.5 micrograms (mcg) of mercury.*

### **INDICATIONS AND USAGE:**

Influenza A (H1N1) 2009 Monovalent Vaccine is an inactivated influenza virus vaccine indicated for active immunization of persons 18 years of age and older against influenza disease caused by pandemic (H1N1) 2009 virus.

Influenza A (H1N1) 2009 Monovalent Vaccine, for intramuscular injection, is a sterile, clear, and colorless to slightly opalescent suspension with some sediment that resuspends upon shaking to form a homogeneous suspension. Influenza A (H1N1) 2009 Monovalent Vaccine is prepared from influenza virus propagated in the allantoic fluid of embryonated chicken eggs.

### **DOSAGE AND ROUTE:**

**Adults 18 years of age and older:** A single 0.5 ml intramuscular injection preferably in the region of the deltoid muscle of the upper arm.

- Inspect Influenza A (H1N1) 2009 Monovalent Vaccine multi-dose vials visually for particulate matter and/or discoloration prior to administration. If either of these conditions exists, the vaccine should not be administered.
- When using multi-dose vials, shake the vial thoroughly before withdrawing each dose, and administer the dose immediately. Between uses, store the vial at 2-8 degrees Celsius.
- A separate syringe and needle should be used for each injection to prevent transmission of infectious agents from one person to another.
- Needle should be disposed of properly and not recapped.
- All Influenza A (H1N1) 2009 Monovalent Vaccine shall be refrigerated at 2-8 degrees Celsius. Do not freeze. Discard if vaccine has been frozen.
- Store in the original package to protect from light.
- Do not use after expiration date.
- Once the stopper has been pierced, the vial must be discarded within 28 days.

## **CONTRAINDICATIONS:**

**NOTE:** *If any of the following conditions are present, have vaccinee follow up with their primary care provider or local public health clinic. **DO NOT ADMINISTER VACCINE***

- History of systemic hypersensitivity reactions to egg or chicken proteins, neomycin, or polymyxin or any other component of Influenza A (H1N1) 2009 Monovalent Vaccine.
- If Guillain-Barre syndrome has occurred within 6 week of receipt of prior influenza vaccine.
- If a life-threatening reaction occurred after previous influenza vaccinations.
- Immunocompromised persons
- Pregnancy or nursing mothers
- Children under 18 years old
- Moderate to severe illness.

## **ADVERSE REACTIONS:**

The most common local (injection-site) adverse reactions were tenderness, pain, redness, and swelling. The most common systemic adverse reactions were headache, malaise, and muscle aches. The most frequently reported adverse reactions are mild hypersensitivity reactions (such as rash), local reactions at the injection site, and influenza-like symptoms.

## **LIMITATIONS OF VACCINE EFFECTIVENESS:**

Vaccination with Influenza A (H1N1) 2009 Monovalent Vaccine may not protect all individuals.

## **DRUG INTERACTIONS:**

- There is no data to assess the concomitant administration of Influenza A (H1N1) 2009 Monovalent Vaccine with other vaccines.
- If influenza A (H1N1) 2009 Monovalent Vaccine is to be given at the same time as another injectable vaccine(s), the vaccine(s) should be administered at different injection sites.
  - Can administer inactivated Influenza A H1N1 (2009) vaccine at the same time as other vaccinations (including live-attenuated seasonal influenza vaccine). If administering both the inactivated seasonal and the inactivated H1N1 vaccine at the same visit use separate syringes and sites.
- Influenza A (H1N1) 2009 Monovalent Vaccine should not be mixed with other vaccine in the same syringe or vial.

### **PATIENT COUNSELING INFORMATION AND REQUIRED PAPERWORK:**

- Inform vaccine recipients that Influenza A (H1N1) 2009 Monovalent Vaccine is an inactivated vaccine that cannot cause influenza but rather stimulates the immune system to produce antibodies.
- Instruct vaccine recipients to report any adverse reactions to their healthcare provider.
- Inform vaccine recipients that there are two influenza vaccine formulations for this influenza season, the monovalent vaccine against influenza disease caused by pandemic (H1N1) 2009 influenza virus and seasonal trivalent influenza vaccine.
- Required Paperwork: There must be completed paperwork for every vaccine dose administered.
  - Screening Questionnaire
  - Vaccine card
  - H1N1 Influenza Immunization Reporting Form

### **PREVENTING AND MANAGING ALLERGIC REACTIONS:**

- Prior to administration of any dose of Influenza A (H1N1) 2009 Monovalent Vaccine, the healthcare provider should review the patient's prior immunization history for possible adverse events, to determine the existence of any contraindication to immunization with Influenza A (H1N1) 2009 Monovalent Vaccine and to allow an assessment of benefits and risks. Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.
- The vaccinee will be observed for 15 minutes following vaccine administration – particular attention will be made to detect any adverse reactions that may occur.
- To manage associated anaphylactic reactions, the following equipment shall be readily available:
  - Airway management supplies
  - Defibrillator
  - Epinephrine (adult auto injector)
  - Diphenhydramine (P.O.)
  - Prednisone (P.O.)
  - Communications device must be present to activate the EMS system