

CORONAVIRUS DISEASE 2019 (COVID-19)

Sample Immunization Protocol



Audience: COVID-19 Vaccine Clinics

Revision Date: 4/7/2022

Version: 3

Incident Command Owner: Clinical and Operations

Date of Last Review: 4/7/2022

UNIVERSAL: This guide should be used for all COVID patients regardless of Ministry COVID Levels

Follow any local, state or federal applicable laws, rules, and regulations that apply to COVID-19 testing that are more stringent.

Summary of changes in this version

- Removal of J&J vaccine formulation from guidance

Sample Immunization Protocol

This protocol may be enacted where state guidelines allow to manage in clinic reactions related to the administration of the COVID-19 Vaccination.

Management of Mild Reactions:

- If there is pain or swelling at the injection site, offer to administer acetaminophen orally 325mg and a cold compress.
- If there is bleeding at the injection site, hold pressure with gauze and elevate effected arm above head.
- If itching or swelling occur, observe patient closely for 30 minutes, watching for generalized symptoms. May give diphenhydramine HCL 25mg orally one time. If no improvement occurs, refer patient for medical evaluation.

Emergency Procedure:

In the event of an emergency, follow this physician protocol:

- Activate the Medical Emergency Response
- Refer to history of allergies and adverse reactions taken prior to the immunization/injection.
- Allow adequate physical space for fainting without injury and lay the patient flat on a hard surface in the event that CPR is needed.

Maintain a readily available emergency kit including oral diphenhydramine HCL, acetaminophen, epinephrine inj., oxygen, blood pressure kit, CPR masks, first-aid kit, spill kit, alcohol swabs. Some settings may require or offer a more complete kit which could include IV normal saline, IV H1 and H2 antagonists, and bronchodilator therapy.

Recognition of Anaphylactic Reaction:

- Rapid progression of symptoms involving multiple organ systems: respiratory distress (e.g., stridor, wheezing, dyspnea, increased work of breathing, persistent cough, cyanosis), vomiting, abdominal pain, hypotension, chest pain, collapse
- Angioedema (swelling of the lips, face, throat)

Emergency Treatment:

- If symptoms are generalized, activate Medical Emergency. Another person should do this while RN treats and observes the patient. Stay on the line with Response Team until notified to hang up.
- Administer 0.3 mg (0.3 mL) epinephrine Injection intramuscularly. Site of administration can be the anterior lateral thigh. Please note that the effect of epinephrine is diminished in patients on beta-adrenergic blockers.
- Monitor the patient closely until Medical Emergency team arrives or is taken to the Emergency Department.
- If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. Monitor vital signs frequently.
- Recommend patient for medical evaluation, even if symptoms resolve completely. Symptoms may reoccur after epinephrine wears off, as much as 24 hours later. After the event is concluded, completion of a federal VAERS form and completion of an entry as a VOICE report are required.

Authority to Immunize

Standing Prescription Order to Administer COVID-19 Immunizations by Health Ministry

Within each Vaccine Clinic, all healthcare workers (HCW) must have appropriate training for the administration of the COVID-19 Vaccine. At least one HCW in each clinic must have a current CPR certification. The HCW may administer the medication listed below within the health ministry service areas in compliance with state and local guidelines. This authority is contingent on the presence of an advanced practice provider or nurse being present at the clinic.

The HCW may administer the following immunization to eligible patients, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and other competent authorities, and in accordance with individual federal, state, and local state statutes and regulations.

Covid-19 vaccine: PfizerBioNTech or Moderna manufactured vaccines

In the course of immunizing, these HCWs will adhere to standard precautions and blood borne infectious disease rules. Before immunization, vaccine candidates will be screened regarding previous adverse effects to vaccination and history of anaphylaxis according to the CDC requirements and Trinity Health-approved acknowledgement form.

All vaccine candidates will be informed of the specific benefits and risks of the vaccine offered and will be provided with an appropriate FDA-approved fact sheet for vaccine recipients specific to vaccine manufacturers as required by law. Vaccinations will only be administered to patients who meet criteria.

All patients will be observed for at least 15 minutes after the immunization for adverse events. Patients with precautions noted on fact sheet will be observed for 30 minutes

The immunization will be reported to the state immunization registry within 24 hours of vaccine administration. Additionally, the HCWs will provide a status report to the supervising clinical provider summarizing any problems, complications, and emergencies that arise during the course of providing immunizations, as required by state statute.

In the course of treating adverse events and/or anaphylaxis following vaccine administration, the HCWs will adhere to the emergency procedure contained at the end of this document.

Under the orders of the supervising provider, a nurse / advanced practice provider is authorized to administer epinephrine (as per the CDC recommendations) by appropriate routes pending arrival of emergency medical services. In the case of an adverse event, a nurse / advanced practice provider shall complete and submit the Vaccine Adverse Event Reporting System (VAERS) form to the FDA, complete an Incident report (MIDAS/VOICE), and document appropriately.

Health ministries shall implement policies regarding staff training and continuing education, vaccination storage procedures, and quality assurance guidelines for vaccine administration and emergency protocol.

The undersigned provider will act in an advisory role for the health ministry. This licensed practitioner shall be indemnified and held harmless by the health ministry from any claims arising from the negligence or willful misconduct of the health ministry RN / Advanced Practice Provider pursuant to this authorization.

As the authorizing provider, I do hereby authorize to administer medications listed in this protocol.

This authorization is valid for 1 year from date signed, unless revoked in writing or updated sooner by either party.

Provider: _____ **License#** _____

Provider Signature _____

Provider Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone number for consultation: _____

Date: _____