

Federal Healthcare Resilience Work Group

EMS/Prehospital Team

Utilization of Emergency Medical Services (EMS) Clinicians as Vaccinators for COVID-19 Vaccine Administration

Product (EMS54) Purpose

This document is designed to serve as an information resource for EMS agencies assisting state or local health departments, or other agencies, with COVID-19 vaccination programs. This document applies to all EMS delivery models including but not limited to; free standing, municipal third-service, fire-based, hospital-based, private, independent, law enforcement, volunteer, military, federal, and related EMS clinicians.

Developed By

The Federal Healthcare Resilience Working Group (HRWG), formerly the Healthcare Resilience Task Force (HRTF), is leading the development of a comprehensive strategy for the U.S. healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Working Group's EMS/Pre-Hospital Team is comprised of public and private-sector emergency response and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This Team is composed of subject matter experts from the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (OEMS), National 911 Program, Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA), U.S. Fire Administration (USFA), U.S. Army, U.S. Coast Guard (USCG), and consults with non-federal partners representing stakeholder groups and areas of expertise. Through collaboration with experts in related fields, the team develops practical resources for field clinicians/responders, supervisors, administrators, emergency management personnel, medical directors, and associations to better respond to the COVID-19 pandemic.

Intended Audience

State, Local, Tribal, and Territorial Governments (SLTTs) EMS agencies

Primary Point of Contact

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EMS/Prehospital Team

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Vaccinators for COVID-19 Vaccination.

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Emergency Medical Services (EMS) Prehospital Team**

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This document is designed to serve as a resource for EMS agencies assisting state or local health departments, or other agencies, with COVID-19 vaccination programs. This document applies to all emergency responders and emergency medical service (EMS) delivery models including but not limited to: free standing, municipal third-service, fire-based, hospital-based, private, independent, law enforcement, volunteer, military, federal, and related EMS clinicians.

Before EMS Clinicians can Assist with Community Vaccination

Scope of Practice Considerations:

The ability of providers to administer a vaccine by intramuscular (IM) injection will vary depending on state, licensure/level of training, scope of practice and other Point of Distribution (POD) characteristics.

- Whether EMS clinicians are authorized to administer vaccinations depend upon state and local regulations.
 - In some states, paramedics are already allowed to be vaccinators but many states had to make modifications to allow paramedics, Advanced Emergency Medical Technician (AEMT) / Emergency Medical Technician Intermediate (EMT-I), Emergency Medical Technician (EMT) or Emergency Medical Responder (EMR) level clinicians to administer vaccinations.
 - In some states modifications need to be made to allow EMS clinicians to administer a vaccination being distributed under an Emergency Use Authorization (EUA).
 - Recent scope of practice modifications have occurred in multiple forms including Governor's actions, State EMS office regulatory action, etc..
 - Resource – This resource shows which EMS clinician levels are allowed to provide COVID-19 vaccinations by state. This landscape is constantly changing so when planning a vaccination program it will be critical to identify the current requirements for the chosen location. [NASEMSO COVID Vaccination Report](#)
 - Just in time training is available for vaccinators. Please see training section.

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- Legal issues that should be considered during vaccination administration
 - [HHS The Public Readiness and Emergency Preparedness Act website](#)
 - [State Liability Protections, Expanding Scopes of Practice, and Workers Compensation.](#)*
 - [Executive Order 1.7.21.02 Permitting Emergency Medical Technicians-Intermediates, Advanced Emergency Medical Technicians, and Cardiac Technicians to administer vaccinations to support the response to COVID-19 \(Georgia State\)*](#)
 - [Executive Order 20-107 Authorizing Out-of-State Pharmacists to Administer Vaccines in Minnesota During the COVID-19 Peacetime Emergency \(Minnesota State\)*](#)
 - [Executive Order 21-01 Coronavirus – Supervising Pharmacy Technicians & Pharmacist Interns \(Nevada State\)*](#)
 - [Using Standing Orders to Administer Vaccines \(example\)*](#)
- Examples of State Scope of Practice Modification Documents
 - [Sample Emergency Scope of Practice Change \(Oregon State\) *](#)
 - [Sample EMS Scope of Practice Update – Immunization \(Vermont State\)*](#)
- Other State Vaccination Resources
 - [Sample EMT-Basic Vaccinator Protocol \(Commonwealth of Massachusetts\)*](#)
 - [Sample Vaccination by EMS Personnel Policy \(Commonwealth of Virginia\)*](#)
 - [Sample EMS Role and Guidance in Vaccinations \(Indiana State\)*](#)
 - [Sample EMS Immunization Program \(New Hampshire State\)*](#)

Guidance for Developing a Plan for Assisting with Vaccination

Multiple resources have been developed to assist states in planning and implementing vaccine distribution and mass vaccination programs. Much of this work builds upon past crisis distribution planning. In the COVID-19 response, it makes sense to take from much of the previous preparedness planning and build upon it. Resources and training tools are provided below to ensure standardization of best practices. Here are some resources for planning and implementing a vaccination event.

- [IS 26: Guide to the Points of Distribution](#)
- [COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook](#)

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- [Community Vaccination Centers Playbook](#)

State specific POD training may be available from your Emergency Operations Center (EOC), department of health, office of EMS, or emergency management personnel. If this exists, you can adopt those resources to streamline development and training practices to get shots in arms sooner and safer.

Multi-Agency Coordination Considerations

- Identify and coordinate with SLTT governments, SLTT public health, SLTT emergency response organizations, emergency management, healthcare coalitions, law enforcement, unions, and others as appropriate for the jurisdiction regarding who should be involved in developing a plan for COVID-19 vaccination programs.
- Identify and define the role of EMS clinicians and agencies within the vaccination program in coordination with the state/local public health official(s).
- Identify current EMS workforce limitations or challenges that may limit EMS participation in vaccination as a result of the EMS agencies' primary mission. Can these limitations be mitigated by additional funding, Public Safety Answering Point (PSAP) protocols, nurse triage or other measures in collaboration with partners?
- Coordinate with state and local public health agencies and other government entities (local, county, state) on training, planning, documentation of vaccination, and follow up activities.
- Coordinate with other agencies (especially state Medicaid and/or Childrens health insurance program (CHIP) agencies) to ensure the availability of reimbursement for vaccination administration fees.
- Integrate evaluation into the planning and implementation process as well as after the program to inform future mass vaccination efforts.
- [CDC City, State, Tribal, Territorial and Local Immunization Programs webpage](#)
- It is important to ensure emergency response clinicians are integrated into the planning phase as opposed to being pulled in once a workforce shortage is identified.

Vaccination Site Planning Considerations

- [COVID-19 Pandemic: Vaccination Planning FAQ.](#)
- [Community Vaccination Centers Playbook](#)

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Designate leaders to oversee and coordinate pre-vaccination event, vaccination, and post-vaccination event operations and tasks. Identify leadership redundancy where necessary to ensure that the work can be completed.

Pre-Vaccination Event Considerations

- If directly conducting a vaccination event, enroll as a provider in the CDC COVID-19 Vaccination Program through a jurisdiction, or confirm that the event will be conducted under the auspices of an enrolled COVID-19 provider.
- Administrative functions, including requirements for data management. Please see the [CDC COVID-19 Reporting page](#)
- Medical pre-plan for handling emergency medical events at the vaccination event, such as allergic reactions, vasovagal syncope, etc. (i.e., Call 911 or have EMS crew on location)
- Finances related to all staffing, logistics, and non-provided vaccine administration supplies
- Logistics during the clinic, including securing all services and material requirements of the clinic
- Coordinating vaccine supply in advance if not using an already available supply
- Site selection to include planning to implement COVID-19 mitigation strategies (e.g., layout to allow for social distancing, signs, masks, hand hygiene supplies, cleaning and disinfection, PPE, etc)
- Check tech equipment to include test of internet if needed
- Contingency Planning for inclement weather
- Security planning and implementation, including evacuation plans
- Training of all staff, including training clinical staff on vaccine storage, handling, documentation and administration of the vaccine
- Public information and communication
- Identifying all staff needed for the clinic
- Coordinate with homeless shelters, assisted living facilities, and other congregate living settings
- Work with advocacy groups for underserved and at risk patient populations to maximize accessibility to vaccine for those with limited transportation options
- Determine which agencies have the responsibility and authority for the following:
 - Setting up the local vaccination clinics
 - Procurement and transportation of vaccines
 - Administration, documentation, and tracking
- Coordination

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- States, Tribes and Territories are managing the vaccination plans as well as distributing the vaccine to local health departments
- The IS-26 training noted above will provide some critical foundational information for this process
- Coordination with your local health department will be critical
- Plan evaluation into every stage of planning and execution so you gather the data necessary to learn for future events
- Promote public acceptance of COVID-19 Vaccines
 - HHS Healthcare Resilience working group Videos:
 - ["Take the Shot" Video 1*](#)
 - ["Take the Shot" Video 2*](#)
 - [Public Safety Vaccine Fact vs Fiction Video \(Maryland\)*](#)

Vaccination Event Considerations

- On-site infection control measures
- [Vaccine storage and handling](#) pre-clinic, during the clinic, and post-clinic
- For administration, documentation, and tracking of individual vaccinations; refer to the [Vaccine Administration Resource Library](#)
- Identify gaps in the plans and how EMS may be needed to assist
- Actively collect all information needed for the evaluation plan during the event

Post-Vaccination Event Considerations

- Scheduling second dose (at time of first dose, if possible)
- Post-clinic evaluation / observation
- Post-clinic reporting and recording of vaccinations administered, including reporting to the jurisdiction immunization information system (IIS)
- Vaccine Adverse Event Reporting System
- Reimbursement paperwork and follow up
- Hotwash and after action report to be utilized for future event planning

Vaccine Administration Training:

- [CDC COVID-19 Vaccine Training Modules.](#)
- [CDC COVID-19 Vaccination Training Programs and Reference Material for Healthcare Providers.](#)
- [CDC Vaccine Reconstitution \(video\).](#)

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- [CDC Vaccine Administration Multidose Vial \(video\).](#)
- [CDC Video on Intramuscular \(IM\) Injection.](#)
- [CDC Check Your Steps! Make Every Injection Safe \(video\).](#)
- [CDC Vaccine Administration Module.](#)
- [CDC: Vaccine Storage and Handling Module.](#)
- [What clinicians need to know about the vaccine \(video\).](#)
- [Moderna Prep and Admin Summary.](#)
- [Pfizer Prep and Admin Summary.](#)
- [Vaccination Skills Verification Form.*](#)
- [Vaccine Training \(Johns Hopkins\).*](#)
- [Just in Time Vaccination Resources for Emergency Medical Technicians \(EMTs\) \(NHTSA OEMS\)](#)

Financial Considerations:

Vaccine Recipients:

- Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no out-of-pocket cost to the vaccine recipient for the vaccine dose or administration fee. However, vaccination providers may seek reimbursement for direct payment of a vaccine administration fee from the patient's public health coverage, private insurance company, or, for uninsured patients, from the Health Resources and Services Administration's Provider Relief Fund. Providers receiving doses from the U.S. Government may not seek any reimbursement from vaccine recipients, including through balance billing from the recipient. For more information see the [CDC FAQ page](#).
- Some states will collect insurance or health coverage information from vaccine recipients; this is going to vary.
- It is important to know what the state and local health department's expectations are and if there are any considerations for your agency related to covering your agency's incurred costs for staffing and equipment.

Response Agencies:

- Vaccines

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- COVID-19 vaccines will be procured and distributed by the federal government at no cost to enrolled CDC COVID-19 vaccine providers.
- The cost for vaccine administration may be covered as appropriate by private and public healthcare providers, most insurance, TRICARE, Medicare, the Basic Health Program (BHP), Medicaid, the Children’s Health Insurance Program (CHIP), and/or other HHS and FEMA funding sources.
- Some Medicaid beneficiaries receiving limited benefit coverage may not have Medicaid coverage for vaccine administration. As outlined in a document entitled “Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children’s Health Insurance Program, and Basic Health Program”, CMS does not interpret the COVID-19 vaccination coverage mandate under section 6008(b)(4) of the Families First Coronavirus Response Act (Pub. L. No. 116-127) to require states or territories to provide Medicaid coverage for COVID-19 vaccines and their administration to Medicaid eligibility groups whose coverage is limited by statute or under an existing section 1115 demonstration to a narrow range of benefits that would not ordinarily include this coverage.
 - NOTE :as of February 18,2021, draft legislation Pending in Congress (the American Rescue Plan Act) would close most of these gaps in Medicaid coverage.
- For more information on coverage of COVID-19 vaccine administration review [CMS toolkits](#) for [health care providers](#), [health plans](#), and [state Medicaid programs](#).
- Healthcare providers may be reimbursed for administering COVID-19 vaccines to uninsured individuals through HHS’s COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured Program, <https://www.hrsa.gov/CovidUninsuredClaim> . Additionally, vaccine providers will be permitted under the CDC Provider Agreement to charge an administration fee to the program or entity providing reimbursement for COVID-19 vaccines. The HHS Uninsured Program is administered by the HHS Health Resources and Services Administration.

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- However, the CDC Provider Agreement states that participating providers must administer COVID-19 vaccines regardless of the vaccine recipient's insurance coverage status or ability to pay COVID-19 vaccine administration fees.
- Providers may not seek any reimbursement, including through balance billing, from the vaccine recipient.
- CDC has also allocated funding through established mechanisms to support the distribution of COVID-19 vaccines to State, Local, Tribal and Territorial (SLTT) government agencies.

- Supplies
 - Personal Protective Equipment (PPE) for all staff
 - Adequate supplies should be prepared to do all of the following for the quantity of vaccine to be given (spare masks for patients, FDA EUA fact sheets or vaccine information statements, as applicable, vaccination record card to be given to those who were vaccinated, 2 needles per dose, the required doses of vaccine, adequate alcohol preps, one band aid per dose, adequate sharps containers), as well as immediate emergency response equipment (to treat reactions until EMS arrives for non EMS staff see CDC [management of Anaphylaxis at COVID-19 Vaccination Sites](#)), recording vaccine administration, collecting data for IIS entries, cleaning and disinfection supplies to clean any potentially contaminated areas. The federal government is providing vaccination kits with the doses, at no cost, which includes the needles, syringes, and limited PPE needed for safe administration of COVID-19 vaccines.

- Staffing Costs
 - Although the COVID-19 vaccines (and limited ancillary supplies in vaccination kits) are being provided at no cost to enrolled COVID-19 vaccination providers by the federal government there are costs that your agency will incur for staff time, administrative support, and additional supplies.
 - Public health agencies, hospitals and emergency management may be eligible for relief funding that EMS agencies do not qualify for.
 - It is critical to have discussions about reimbursement of costs before the implementation of vaccination programs to identify how EMS can be compensated for their assistance.

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- Overtime funds should be prepared for staff to plan, setup, administer vaccinations, document vaccinations, and break down POD.
- Medical staffing and equipment for an immediate adverse event.
- FEMA recently put out this resource: [FEMA COVID-19 Vaccination Planning FAQ](#)

- Liability
 - ” The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services (the Secretary) to issue a Declaration to provide liability immunity to certain individuals and entities (Covered Persons) against any claim of loss caused by, arising out of, relating to, or resulting from the manufacture, distribution, administration, or use of medical countermeasures (Covered Countermeasures), except for claims involving “willful misconduct” as defined in the PREP Act. This Declaration is subject to amendment as circumstances warrant.” ([Citation](#)). Please review the PREP Act and its multiple amendments. [Public Readiness and Emergency Preparedness Act](#)

- Resources
 - [CDC: COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, page 30.](#)
 - [CDC: Getting Vaccinated.](#)
 - [CDC COVID-19 Vaccination Program Provider Enrollment: Guidance for Providers.](#)
 - [CDC: COVID-19 Vaccine Implementation Planning Update, page 14.](#)
 - [HHS Announcement: Ancillary Support Kit List of Items.](#)
 - [FEMA: FY 2020 Emergency Management Performance Grant Program - COVID-19 Supplemental \(EMPG-S\).](#)
 - [FEMA: COVID-19 Healthcare Recovery Resource Roadmap.](#)

Vaccine Point of Distribution (POD) Setup Considerations

It is always preferable, given cold chain concerns, to have vaccine(s) shipped directly to the clinic site instead of transporting them from another facility. Therefore, if possible, select a

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location with on-site equipment that can secure and store vaccines at appropriate temperatures. Plans must be in place to ensure staff can check the shipment immediately upon arrival to ensure there has been no temperature excursion, place the vaccines in storage unit(s), and regularly monitor vaccine temperatures.

If direct shipment is not possible, plans must be made to ensure vaccines can be handled safely and the cold chain can be maintained during transport and throughout the clinic workday. Vaccine must be transported in a stable storage unit and monitored with an approved temperature monitoring device.

Regardless of whether vaccines are delivered to the site or transported there, plans must include regular monitoring of vaccine temperature before, during, and after the clinic.

Vaccines cannot be administered if they are not kept at appropriate temperatures based on information in the EUA Fact Sheet for Vaccination Providers and CDC guidance. Clinicians must follow practices described in the CDC [Vaccine Storage and Handling Toolkit](#).

Site Choice Considerations

- Ability to accommodate weather if it is a walk-through, curbside, drive-through, or mobile clinic
- Ability to maintain appropriate vaccine cold chain, storage and monitoring, as well as ability to resupply as needed
- Accessible restrooms
- Accessible waiting areas, if applicable
- Adequate entry and exit points, including the one-way clinic flow
- Adequate heating, cooling and ventilation
- Adequate lighting
- Capacity to adhere to infection prevention, equipment specifications, and public safety regulation requirements and protocols
- Compliance with Americans with Disabilities Act (ADA) standards, along with ease of accessibility by the elderly and those with disabilities and mobility issues
- Data collection and management strategy based on site capability (manual processes must be planned for temporary sites lacking specific infrastructure)
 - To include computer resources and applicable databases, registries, etc.
- Internet access

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- Access to client vaccination history (e.g., has a previous vaccination dose been administered? Which brand? On what date?)
- Reporting to an IIS or electronic health record (EHR) that links to such
- Enough power outlets and electrical capacity for clinic needs, including portable vaccine refrigerators and computers, if applicable
- Proximity to population centers and mass transit
- Space for clinic functions such as screening, registration, vaccine storage and preparation, vaccination, socially distanced waiting areas to monitor for adverse reactions after vaccination, and emergency care
 - Furniture, chairs, barriers, traffic flow guidance
- Traffic flow, parking, entry/exit, and line queue
- Outside
 - Drive through or walk through
 - [Considerations for Planning Curbside/Drive-Through Vaccination Clinics](#)
 - Staffing levels (outline positions which need to be filled for the specific clinic)
- Inside
 - Considerations of building structure and ability to social distance.
 - Staffing levels (outline positions which need to be filled for the specific clinic)
- Mobile
 - [CDC Vaccinating Homebound Persons with COVID-19 Vaccine](#)
 - Staffing levels (outline positions which need to be filled for the specific clinic)
- Security
 - As the demand for vaccines increases it will be important to have security in place and coordinate with local law enforcement or other security services.
 - The POD design needs to incorporate security from the start.
 - Security of unopened vials of vaccine will need to be maintained
 - Security will be required to regulate the flow and amount of personnel at the vaccination site.
 - Security may be needed to handle minor disputes and confrontations between stressed members of the public.
 - Highest priority of security should be to ensure the security of the staff and vaccinators.
- Vaccine storage
 - [Packing Vaccine for Transport in Emergencies](#)

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- [Keys to Storing your Vaccine Supply](#)
- [Vaccine Storage and Handling Toolkit](#)
- [At a Glance Vaccine Storage and Handling Guide](#)
- Long term
 - What impact will a long term vaccination event have on your staffing, the location or the logistics of the location?
 - Will staffing or equipment be pulled back to place of origin?
 - What are you displacing by using the location?
- Short term
 - How will you move from site to site?
- Throughput
 - It is critical to plan ahead so you have the right number of vaccinators, administrative staff, emergency response providers and security in place.
- Resources
 - [Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#)
 - [Satellite, Temporary, and Off-Site Vaccination Location Best Practices](#)
 - [Vaccine Administration Resource Library](#)

Handling and Preparing Vaccines Considerations

All vaccinators shall be trained in handling and preparing the specific vaccine(s) to be administered. In accordance with standards in the training, and manufacturer standards and specifications they will then administer the vaccines.

Documentation of Vaccination Considerations

COVID-19 vaccination clinicians must document vaccine administration in their medical record systems within 24 hours of administration, and use their best efforts to report administration data to the relevant system for the jurisdiction (i.e., IIS) as soon as practicable and no later than 72 hours after administration.

- [Vaccination Reporting Requirements](#)
- [After Action Report](#)

Post Vaccination Event Considerations

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- Scheduling the second dose (at the time the first dose is administered, if possible)
- [Vaccine Adverse Event Reporting System](#)
- Reimbursement paperwork and follow up
- Hotwash and After Action report to be utilized for future event planning.

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