



PUBLIC HEALTH DIVISION
EMS and Trauma Systems

Kate Brown, Governor



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Oregon EMS Directors, and Medical Directors

Emergency Scope of Practice Change

In the event of an emergency declared by the Governor of Oregon, Emergency Medical Service providers may assist in patient care as directed by the supervising physician's standing orders and within the protocols established by the State of Oregon EMS Medical Director during the period of the declared emergency, subject to such limitations and conditions as the Governor or Oregon Medical Board may prescribe.

Under the direction of their supervising physician, EMTs, Advanced EMTs, EMT Intermediates, and Paramedics may prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order.

Prior to vaccine administration, EMS providers must be trained by their EMS Medical Director or designee.

Such training shall include but is not limited to:

1. Sterile technique
2. Familiarization with needed equipment
3. How to choose needle and syringe
4. Instruction on record keeping and completion of required consent forms
5. Indications and contraindications to the vaccine in question
6. How to prepare vaccine safely and sterilely
7. How to select and prepare vaccine injection site
8. Vaccine administration
9. Post injection site care
10. Post vaccine administration patient observation
11. Familiarization with instructions to give patient after vaccination

EMS agency must maintain records of training.

Protocol for immunization administration:

1. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine
2. Screen patient for contraindications
3. Provide an Emergency Use Authorization Fact Sheet for patients and caregivers and answer any questions (Pfizer) (Moderna)
4. Record all required data elements in the medical record
5. Verify needle length for IM injection
6. To avoid injury related to vaccine administration, make sure staff who administer vaccines recognize the anatomic landmarks for identifying the vastus lateralis or deltoid muscle and use proper IM administration technique
7. For Pfizer vaccine only, thaw and mix vaccine prior to administration
 - a. See Appendix B of Model Standing Orders for COVID-19 Vaccine
 - b. Administer a 0.3-mL dose of Pfizer COVID-19 vaccine according to vaccine package insert
8. For Moderna vaccine only, thaw vaccine prior to administration.
 - a. See Appendix C of Model Standing Orders for COVID-19 Vaccine
 - b. Administer a 0.5-mL dose of Moderna COVID-19 vaccine according to vaccine package insert
9. COVID-19 vaccines are not interchangeable
10. If patient is due for a second dose of COVID-19 vaccine, verify that staff are using the same vaccine brand that was administered for the first dose
11. COVID-19 vaccine appears to be highly reactogenic. Inform patient that symptoms of immune system activation are normal and should improve without intervention in 12–24 hours.
12. Anaphylaxis has been reported after COVID-19 vaccination. Vaccinator must be prepared to respond to a severe allergic reaction.
13. Ask patient to remain seated in the clinic for 15 minutes after vaccination to decrease the risk of injury should they faint. Patients with a history of severe allergic reactions should be asked to remain for 30 minutes.

For more information see:

[Model Standing Order for COVID-19 Vaccine \(Pfizer-BioNTech, Moderna\)](#)

For questions please visit healthoregon.org/coronavirus

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Emergency Medical Services & Trauma Systems