



**OREGON  
Fire Marshals  
ASSOCIATION**

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# **OREGON FIRE SERVICE CORONAVIRUS TASKFORCE**

## **1/26/2021 Information Bulletin 2021-2 Fire Service and Phase 1a COVID-19 Vaccination**

The OFSCRT supports fire service industry association recommendations that firefighters and emergency medical personnel be vaccinated against the coronavirus (SARS-CoV-2) for their own protection and the protection of their coworkers, family members, friends and communities.

It is critical that first responders are protected through vaccinations to maintain their readiness to respond to COVID-19 and other emergencies, as the number of positive tests, hospitalizations and deaths from COVID-19 continue to rise.

### **Options for the Fire Service to Access COVID-19 Vaccinations**

The State of Oregon COVID vaccine guidance lists Fire, EMS, Law Enforcement and Death Care Workers as eligible for vaccination.

While OHA's vaccination strategy evolves with direction from both the Governor and the CDC, there are two general paths to obtain a vaccination:

1. Fire service agencies can enroll in the Alert Immunization Information System to request allocations directly from OHA. To receive an allocation, enrolled providers must be able to vaccinate at least 100 persons (could be a combination of their personnel and other health care workers in priority groups). Details about this opportunity are spelled out in the attached memo from OHA's EMS and Trauma Systems. Please access the weblinks and other contact information on the OHA EMS & Trauma Systems COVID-19 Vaccine for EMS Agencies memo attached.
  - a. 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.
  - b. Prior to vaccine administration, EMS providers must be trained by their EMS Medical Director or designee.
  - c. Please see the protocol for immunization administration on the OHA EMS & Trauma Systems Emergency Scope of Practice Change memo attached.

2. Fire service agencies that are not in a position to offer vaccinations to at least 100 persons (as described in Option #1) should partner with enrolled providers, such as their occupational health provider, fire service mutual aid partners, hospitals, clinics, and pharmacies in their community who are enrolled providers of vaccinations for Group 1. Fire agencies should make internal plans to receive vaccines directly from OHA or plan with local partners who are eligible to receive and administer the vaccine. Local Public Health Authorities can provide a list of enrolled vaccine providers in your area. The OHA notes that local public health agencies are in different stages of planning for vaccine access and collaboration.

## **OHA Request – Fire Service Access Planning Survey**

To support state and local planning, the Oregon Health Authority Vaccine Planning Unit would like to identify plans and gaps in vaccine access, especially for firefighters and emergency medical personnel. All Oregon fire agencies are being asked to please complete this very brief survey if you have not already done so:

### **Weekly COVID vaccination plans and status update survey**

**Note:** This survey is not a request for vaccination. It is a planning survey and the results will be shared with local public health agencies or other partners who may be able to address specific gaps. OHA will follow up within two weeks with an email to all survey respondents to provide an update on planning and what has been done with the responses.

### **Ongoing Assistance:**

Each week, early Friday, an e-mail will go out to the point of contact entered on the survey requesting updates. This will come as an automated e-mail from “Smart Sheets”. Please check spam folders if you do not see an invitation from Smartsheets.

It is important to provide these updates as vaccination allocations are based on this information. OHA does not want to be in a position where health departments or OHA over or under allocates vaccinations.

Immediately below is the e-mail you will see soliciting weekly updates.

“Thank you for completing OHA’s initial COVID vaccination plans and status survey. We appreciate your initial feedback. In order to continue to assist you with vaccination planning, we are asking you to update this information once a week. An automated reminder to update your information will be sent via Smartsheet every Friday at 9am. The information you enter will be used to generate a weekly report that will be sent to LPHAs by Monday morning.”

If you have any questions regarding the planning survey, please feel free to reach out to:

- **Katie Kopania** (Kathryn.Kopania@dhsaha.state.or.us), or
- **Peter Mackwell** (peter.mackwell@dhsaha.state.or.us)



December 21, 2020

## COVID-19 Vaccine for EMS Agencies

The governor has released [Oregon's Phase 1a COVID-19 vaccination plan](#). EMS and Fire are Phase 1a and a priority for receiving the COVID-19 vaccination. Oregon Health Authority (OHA) is currently working to operationalize this plan. We anticipate it will take several months to distribute enough vaccine to immunize all Phase 1a recipients. There will be four groups within Phase 1a. Group 1 will include front-line health care workers, including EMS, and other public safety officials such as firefighters, and police officers who will be the first to receive vaccine.

EMS agencies will have several pathways to obtain vaccinations for their personnel, and other Phase 1a, Group 1, personnel that they may choose to support such as police and fire.

EMS agencies that enroll in the [Alert Immunization Information System \(IIS\)](#) will be able to request allocations from OHA. To receive an allocation, enrolled providers must be able to vaccinate at least 100 persons (could be a combination of their personnel and other health care workers in priority groups).

EMS agencies that do not meet the above criteria may partner with enrolled providers, such as their occupational health provider, hospitals, clinics and pharmacies, in their community to be included in the enrolled providers allocation of vaccine for Group 1. EMS agencies should make internal plans to receive vaccines directly from OHA or plan with local partners who are eligible to receive and administer the vaccine. Your [Local Public Health Authority](#) will regularly provide a list of enrolled vaccine providers in your area. Please note that local public health agencies are in different stages of planning for vaccine access and collaboration.

More information about the vaccine distribution plan and how to become enrolled as a vaccine provider can be found at the [OHA healthcare partners page](#) under vaccine planning.

Vaccines won't end the pandemic, but vaccination will. These resources will support providers in COVID-19 vaccination efforts to achieve community immunity. Please refer specific questions about enrolling as a COVID-19 vaccination provider to [Vaccine.ProviderEnroll@dhsaha.state.or.us](mailto:Vaccine.ProviderEnroll@dhsaha.state.or.us)

If you have questions about accessing COVID-19 immunizations or other issues that are not directly related to the provider enrollment process, send those to [COVID19.Vaccine@dhsosha.state.or.us](mailto:COVID19.Vaccine@dhsosha.state.or.us)

For general information, visit the OHA COVID-19 Vaccine Website:

**OHA COVID-19 Vaccine Website:** <http://healthoregon.org/covidvaccine>

**Spanish:** <http://healthoregon.org/vacunacovid>

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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](https://healthoregon.org/coronavirus)

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