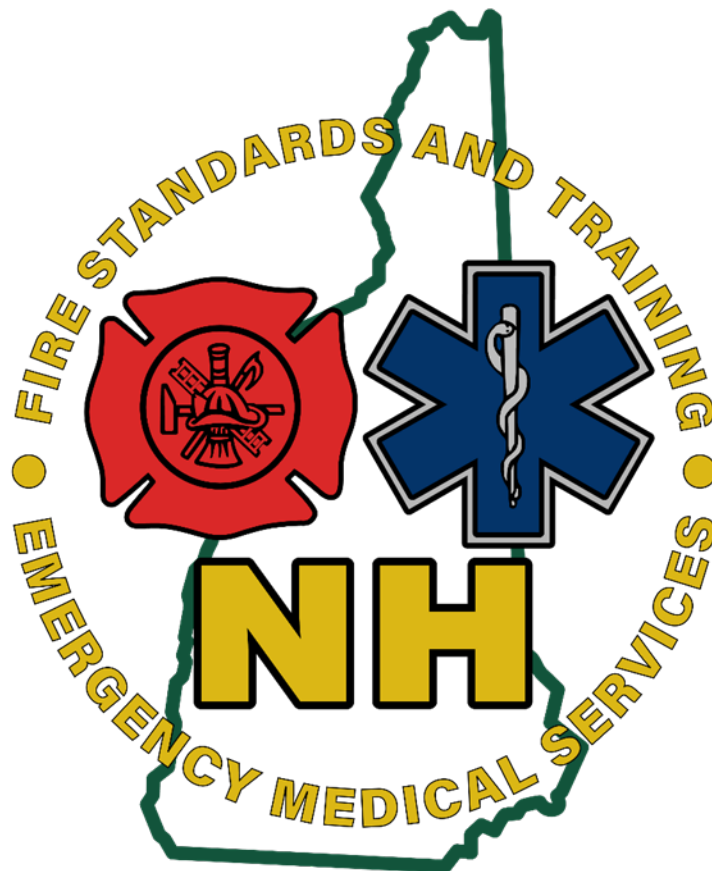


New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services

Immunization
Prerequisite Protocol
Administrative Packet
2024





NH Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services
Prerequisite Protocol
Application Form

EMS Unit Information

EMS Unit Name:

Address:

Head of Unit:

Title:

Email:

Telephone:

Fax:

Clinical Coordinator (PIFT):

Email:

Telephone:

Medical Direction

Medical Resource Hospital:

Medical Director:

Email:

Telephone:

Prerequisite Protocols (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Advanced Sepsis, 7.0 | <input type="radio"/> Operational K9, 7.5 |
| <input type="radio"/> Critical Care Transport, 7.1 | <input type="radio"/> Pilot, 7.6 |
| <input type="radio"/> Immunization, 7.2 | <input type="radio"/> Point of Care Ultrasound (POCUS), 7.7 |
| <input type="radio"/> Interfacility Transport (PIFT), 7.3 | <input type="radio"/> Rapid Sequence Intubation (RSI), 7.8 |
| <input type="radio"/> Mobile Integrated Healthcare (MIH), 7.4 | |

Required Documents

1. Written recommendation from the Medical Director.
2. Written recommendation from the EMS Unit leader and testament that the providers completed the required training.
3. Provide list of eligible providers.
4. Provide copy of your Quality Management plan as it pertains to the prerequisite protocol(s) applying for.
5. Any additional documentation required specific to the individual prerequisite protocol.

Unit Head's Signature: _____ Date: _____

Medical Director's Signature: _____ Date: _____

Immunization Prerequisite Protocol

LICENSURE:

- NH licensed Advanced Emergency Medical Technician (AEMT) or Paramedic.

EXPERIENCE:

- None.

EDUCATION:

- Education that meets or exceeds the requirements outlined in this prerequisite protocol.

MEDICAL DIRECTION:

- Medical Director approval.
- Medical oversight at the point of distribution (POD).

RECOMMENDATIONS:

- The Medical Director and the EMS Unit leader must mutually agree to participate in the program.
- Written recommendation from the Medical Director.
- Written recommendation from the EMS Unit leader and testament that the providers completed the required training.

QUALITY MANAGEMENT:

- The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5921.

REPORTING:

- The EMS Unit will participate in electronic data collection as required by the FSTEMS and as specified in Administrative Rule Saf-C 5902.08.
- Units utilizing this prerequisite protocol must document medications and procedures performed in their respective NEMSIS fields I.e. (eMedication.03/eProcedures.03).

RESOURCES:

Needles, syringes, sharps containers, facemasks, gloves, eye protection, alcohol wipes, resuscitation equipment, vaccine, appropriate vaccine storage, standard vaccination screening paperwork from the CDC, patient information sheet, vaccination administration record.

EXPIRATION:

- 2 years to coincide with the Unit license.

Immunization Prerequisites Checklist

- _____ 1. APPLICATION
Provide completed prerequisite application signed by both Medical Director and EMS Unit leader.

- _____ 2. RECOMMENDATIONS:
Attach letters of recommendation from Medical Director and Head of EMS Unit.
Provide list of eligible providers and attestation of competencies.

- _____ 3. EDUCATION
Attach unit training plan and attestation that course meets all educational and training requirements.

- _____ 4. QUALITY MANAGEMENT
Provide a copy of your Immunization Quality Management Plan.

- _____ 5. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION
Report quarterly.

- _____ 6. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY
Provided documentation of MRH agreement with participating hospital which includes access to necessary inter-departments (ED, OR, Respiratory, etc.) and medications.
Equipment as needed.

Questions and completed applications should be directed to clinicalsystems@dos.nh.gov

Immunization Training and Education Requirements

OBJECTIVES:

To increase participant knowledge and comfort of the immune response.

To increase participant knowledge and comfort of vaccines and vaccine administration.

To increase participant knowledge and comfort of vaccine preventable diseases.

To assess, objectively measure and demonstrate competence in the skill of intramuscular injections.

AUDIENCE:

NH licensed Advanced Emergency Medical Technicians and Paramedics.

COURSE INSTRUCTION:

Course and instructor introduction.

Review:

<https://www.nh.gov/safety/divisions/fstems/ems/advlifesup/documents/youcalltheshots.pdf>

- You Call the Shots, Module 1: Understanding the Basics: General Best Practice Guidelines of Immunization.
- You Call the Shots, Module 18: Vaccine Administration.
- You Call the Shots, Modules specific to the vaccine preventable disease that will be administered.

Participant Participation:

- Participants to work with Medical Director or designee to develop psychomotor skills to perform intramuscular injection procedure proficiently.

INTRAMUSCULAR INJECTION

Candidate: _____

Date: _____

_____ **INITIAL** _____ **RETEST**

Evaluator: _____

Time allowed: 10 minutes

Start: _____

Stop: _____

Total Time: _____

	Points Possible	Points Awarded
SCENE SIZE UP AND BSI (scene information will be provided by the evaluator)		
Obtains patient allergies	1	
Explains procedure to patient	1	
Selects correct medication	1	
Checks label for correct drug, concentration and expiration date	1	
Checks medication for clarity and discoloration	1	
Prepares correct amount of medication	1	
List indications and contraindications to medication	1	
Chooses and cleanses injection site appropriately	1	
Re-questions patient on known allergies and rechecks medication and dose	1	
Stabilizes site and inserts needle at 90° angle	1	
Removes needle and applies dry sterile dressing over insertion site	1	
Massages site, if appropriate, while disposing of needle and syringe in proper container	1	
Reassess injection site and applies dressing	1	
Monitors patient for desired effects and potential complications	1	
Correctly documents administration and patient response	1	

TOTAL 15

Critical Criteria

_____ Contaminates equipment or site without appropriately correcting situation.

_____ Failure to adequately dispel air resulting in potential for air embolism.

_____ Injects improper drug or dosages (wrong drug, incorrect amount or pushes at inappropriate rate).

_____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container.

**DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS IMMUNIZATION PREREQUISITE
QUALITY MANAGEMENT
QUARTERLY REPORT FORM
PLEASE PRINT (BLACK INK) OR TYPE**

For the Quarter Ending (mm/dd/yyyy): _____/_____/_____

Unit Name _____ Unit License Number _____

Unit Leader _____ Contact # _____

Medical Resource Hospital _____

Medical Director or Designee _____ Contact # _____

Clinic Site Location _____
Location name

_____ city/town
street address

Vaccine type _____ Dose _____ Lot # _____

Number of participants _____ Male _____ Female _____ Age range _____ - _____
youngest oldest

Did any patients experience any adverse effects? No _____ Yes _____

If yes, please explain incident, corrective measures taken and attach documentation.

Please supply the following:

_____ List of licensed EMS providers who participated in the clinic.

Physician orders, Vaccination Administration Records (Adult Item P2023 or Children & Teen Item #P2022) along with Vaccination Information Sheets and screening tools are to be kept on file and made available to the NH Bureau of EMS upon request.

Please use a separate sheet of paper to provide additional comments:

Please return to:
Captain of Clinical Systems
NH Department of Safety
Division of Fire Standards and Training and
Emergency Medical Service
33 Hazen Drive
Concord, NH 03055

Immunization Forms

We are providing you with copies of the most current immunization forms as of 2020. These forms are periodically updated and you should verify if you have the most current. Below is a list of the forms and links to the most current:

Checklist for Safe Vaccine Storage and Handling: <https://www.immunize.org/catg.d/p3035.pdf>.

Screening Checklist Contraindications Adult: <https://www.immunize.org/catg.d/p4065.pdf>.

Screening Checklist Contraindications Children & Teens:
<https://www.immunize.org/catg.d/p4060.pdf>.

Skills Checklist: <https://www.immunize.org/catg.d/p7010.pdf>.

Standing orders: <https://www.immunize.org/standing-orders/>.

Vaccine Administration Record for Adults: <https://www.immunize.org/catg.d/p2023.pdf>.

Vaccine Administration Record for Children and Teens:
<https://www.immunize.org/catg.d/p2022.pdf>.

Vaccine Information Sheets: <https://www.immunize.org/vis/>.

Vaccine Handling: <https://www.immunize.org/catg.d/p3048.pdf>.

What vaccine are recommended for you: <https://www.cdc.gov/vaccines/adults/rec-vac/index.html>.

You Must Provide Patients with VIS - It's the Law: <https://www.immunize.org/catg.d/p4065.pdf>.

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by the FSTEMS.

Prerequisite Required

This procedure is only to be used by Paramedics or AEMTs who are trained and credentialed to perform immunization by FSTEMS.

Indications:

Pre-hospital providers may be called upon to provide certain immunizations as necessary to assist state health officials in the event of a public health or public safety incident, or under the written order of a physician.

Non-Patient Specific Orders:

A non-patient specific order authorizes Paramedic or AEMT to administer specified immunizations for a specified period of time to an entire group of persons such as school children, employees, patients of a nursing home, etc.

Some examples of non-patient specific orders are:

Administer influenza vaccine 0.5 ml IM to all incoming freshmen students at X College who are eligible per protocol.

Administer influenza vaccine 0.5 ml IM to all employees of X organization who request it and who are eligible by protocol.

Administer influenza vaccine 0.5 ml IM to all X town residents who request it and who are eligible by protocol.

Administer hepatitis B series to all employees of X organization eligible per protocol.

Note: NH State EMS Medical Director may add immunizations in accordance with the recommendations of the Centers for Disease Control and Prevention and the New Hampshire Department of Health and Human Services.

Administration of Immunizations

The non-patient specific standing order and protocol must be authorized by a physician.

Public Health or Public Safety Incident Exception

Any Paramedic or AEMT may administer immunizations that are authorized by a non-patient specific standing order and protocol as part of an immunization program when the immunization program is instituted as a result of a public health or public safety incident by public health officials.

Protocol Requirements

- Ensure that the potential immunization recipient is assessed for contraindications to immunizations.
- Inform each potential immunization recipient of the potential side effects and adverse reactions, orally and in writing, prior to immunization, and inform each potential immunization recipient, in writing, of the appropriate course of action in the event of an untoward or adverse event. Vaccine Information Statements (VIS), developed by the Centers for Disease Control and prevention (CDC), United States Department of Health and Human Services are recommended for this use. <http://www.cdc.gov/vaccines/pubs/vis/>.

Protocol Continues 

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by FSTEMS.



Protocol Requirements continued

- Before the immunization is administered, obtain consent for the immunization from the potential recipient.
- In cases of minors and persons incapable of personally consenting to immunization consent may be gained by informing the legally responsible person of the potential side effects and adverse reactions in writing and obtaining a written consent prior to administering the immunization.
- Provide to each legally responsible immunization recipient a signed certificate of immunization noting the recipient's name, date of immunization, address, administering Paramedic or AEMT, immunizing agent, manufacturer and lot number.
- Have available on-site medications to treat anaphylaxis.
- Report all adverse immunization outcomes to the Vaccine Adverse Event Reporting System (VAERS) using the appropriate form from the Centers for Disease Control and Prevention, United States Department of Health and Human Services. <https://vaers.hhs.gov/esub/index>.
- Coordinate with program site managers to ensure that the record of all persons immunized includes: the non-patient specific standing order and protocol utilized, recipient's name, date, address of immunization site, immunization, manufacturer and lot number of administered vaccine(s), and recommendations for future immunizations.
- For the administration of the influenza vaccine to adults only it is acceptable to maintain a log of the names, addresses, and phone numbers of all adult patients immunized with the influenza vaccine under non-patient specific orders, in a dated file.
Coordinate with program site managers to ensure that a record is kept of all potential recipients, noting those who declined immunization.