



HOMEBOUND HOOSIER EMS VACCINE ADMINISTRATION PROGRAM MANUAL



TABLE OF CONTENTS

INTRODUCTION	3
GOALS	4
SCOPE OF PRACTICE	5
VACCINE STORAGE AND HANDLING	5
REQUIRED EQUIPMENT	6
PROTOCOLS AND PROCEDURES	6
ALLERGIC REACTIONS AND ANAPHYLAXIS	19
WAIVERS AND GENERAL ORDERS	21
EDUCATION	22
HOMEBOUND HOOSIER PROCEDURE AND PROTOCOL	23
REIMBURSEMENT OPTIONS FOR VACCINE ADMINISTRATION	26
DOCUMENTATION AND DATA COLLECTION	32
CONTACT NUMBERS FOR QUESTIONS AND ASSISTANCE	29
IDHS AND IDOH DISTRICT MAP	33
FSSA AREA AGENCIES ON AGING MAP	35
VACCINE INFORMATION FOR PATIENTS	36



INTRODUCTION

USE OF EMERGENCY MEDICAL SERVICES PERSONNEL IN HOME VACCINATIONS

With the outbreak of the influenza A (H1N1) virus in 2009, federal and state governmental agencies, along with both state and local public health departments (LPHDs), have been encouraged to use non-traditional resources such as local EMS personnel to participate in the vaccination process. This initiative becomes more important with the most recent pandemic outbreak of COVID-19. EMS provider agencies will be able to assist LPHDs and the Indiana Department of Health (IDOH) with vaccinations using specific parameters. It is essential that EMS agencies and personnel work closely with their medical director, local health officer, IDHS and IDOH to assist in the vaccination process. This initiative is intended to link available vaccine from hospitals and LPHDs with homebound Hoosiers who are non-ambulatory or unable to travel to fixed vaccination sites. EMS will be instrumental in obtaining the vaccine, traveling to the individual's residence, administering vaccine, monitoring for and treating reactions, and returning the appropriate documentation to the vaccine providing entity.

COVID vaccination delivery and administration is now underway across Indiana. Because of the unique distribution and storage requirements for COVID vaccines, to date, vaccine clinic sites are all located within or attached to the traditional healthcare system setting or operated as part of a LPHD. It is realized that certain at-risk populations either don't have access to these vaccination clinics, or the ability to travel to and from those sites present challenges. As such, IDOH is working with IDHS and LPHDs and other organizations to create a vaccine distribution and administration system capable of identifying available vaccine in real time, pairing it with homebound individuals in similar geographic locations, and administering the vaccine in the person's home.

The term LPHD is used throughout this document to **any vaccination site** authorized by a local public health department or the Indiana Department of Health and authorized by the FSSA to participate in the Hoosier Homebound program with access to the FSSA Homebound Hoosier Database (HHD). These can include LPHD clinic sites but **also includes Federally Qualified Health Centers (FQHC) and Indiana hospitals**. FSSA may further expand the program to other entities as well.

GOALS

This IDHS EMS vaccination guidance describes IDHS’s strategic focus and key roles in achieving the goals of promoting EMS engagement in public health, across all areas of work and all levels in the state of Indiana. The strategic and intentional directions described in this document are consistent with ongoing EMS reform and alignment of all three domains of public safety, public health, and healthcare. IDHS’s vision and mission for the advancement of EMS, including community paramedicine, illustrates how the organization plans to evolve its critical role in vaccinations as part of that progression. By sharing this with partners and stakeholders, IDHS will show how the Indiana EMS system will actively work toward this new goal for EMS and public safety agencies.

Overall IDHS Vaccination Project Mission: To protect people of all ages from vaccine-preventable diseases by:

- Strengthening the immunization infrastructure in the state of Indiana
- Raising awareness of the critical need for vaccinations
- Working with local and state public health agencies to increase vaccine availability
- Offering vaccinations in non-emergency care settings
- Improving access to vaccinations in a cost-effective manner

The specific goal of the Homebound Hoosier vaccine project is to administer emergency use authorized COVID vaccines to at-risk, hard to reach, or otherwise immobile or homebound individuals using fire/EMS assets and personnel available in the community.

The goals of the EMS provider personnel acting as part of the Homebound Hoosier vaccine project will be to:

- Obtain vaccine from the identified supply
- Pair that with homebound individuals within the community
- Administer COVID vaccine
- Observe, recognize, treat and stabilize individuals with any allergic or anaphylactic reaction to the vaccine
- Return the appropriate documentation to the proper entity (hospital or health department)

SCOPE OF PRACTICE

Note that paramedics and advanced EMTs are the only EMS providers who may administer a vaccination under the adopted Indiana scope of practice for EMS professionals. Basic EMTs also can administer COVID vaccine while working as part of a certified EMS provider agency under an executive order for the duration of the declared pandemic emergency.

Vaccination Program Participation Requirements for Agencies and Individuals:

- Certified EMS provider agency
- Licensed or certified as a paramedic, advanced EMT, or EMT
- IDHS vaccination education module completion or local equivalent
- Local EMS medical director credentialing and approval
- Experience with IM injection and up-to-date skills training
- Reporting and record keeping compliance for all vaccinations administered

While no additional certification or endorsement is required for vaccine administration participation, EMS personnel will be required to show compliance with these requirements for participation in any vaccine administration program.

VACCINE STORAGE AND HANDLING

PFIZER-BIONTECH COVID-19 VACCINE

- Pfizer has conducted physical and chemical stability studies to show the vaccine maintains all its measured quality attributes when diluted vaccine is stored in polycarbonate and polypropylene syringes with stainless steel needles for six (6) hours at 2°C to 25°C (35.6°F to 77°F) after the source vial is diluted.
- Microbiological risk was assessed through a microbiological challenge study which showed that microbiological growth has a greater potential to occur after six (6) hours. The hold time of six (6) hours, from the time the source vial is diluted, is not specifically tied to a preparation environment and can be applied to doses prepared outside of ISO Class 5 environment (PEC).
- Keep out of direct sunlight.

MODERNA COVID-19 VACCINE

- According to the Chemistry, Manufacturing and Control (CMC) Department at Moderna, pre-drawn syringes can be either stored in the refrigerator at 2°C to 8°C (36°F to 46°F) or at ambient room temperature at 15°C to 25°C (59°F to 77°F) provided they are administered within six (6) hours of the first time the source vial is punctured.
- Per the manufacturer, common disposable syringes made of polypropylene or polycarbonate are suitable for use.
- Keep out of direct sunlight.

REQUIRED EQUIPMENT

This equipment must be present on site with the EMS team during any time or location that vaccinations are being administered.

Portable Oxygen D Cylinder Oxygen Regulator O2 Wrenches Non-Rebreather Oxygen Masks Oxygen Nasal Cannulas Oral-pharyngeal Airway Kits Nasal-pharyngeal Airway Kits Bag Valve Masks Nebulizers T Style Nebulizer Masks	Supraglottic Airway Devices of Various Sizes Tube Holders Albuterol Finger-tip Pulse Oximeters AED or Cardiac Monitor Tape Band-aids Alcohol Preps Sharps Container
--	---

Epi Kits, 1CC Syringe w/ 25Ga x 1in or epi auto inject

- Kit Includes: and made for <\$25.00
 1. (1) Epinephrine 1mg/1ml Vial
 2. (1) *Vanish Point Syringe 1ml with 25G needle
 3. (2) Alcohol prep pad
 4. (1) Bandage 1 in x 3 in
 5. All in a clear styrene box

PROTOCOLS AND PROCEDURES

All protocols and procedures must be endorsed by the EMS provider agency's physician medical director. Sample protocols are provided here and may be adopted in part or in whole by the agency physician medical director. EMS protocols are provided below for both the Pfizer-BioNtech and Moderna vaccines. This manual will be updated as additional vaccines become available. It is imperative that the EMS provider administering the vaccines understands the procedures, indications, contraindications, and all other pertinent administration information including side effects, reactions, and life-saving measures.

CLINICAL PROCEDURE - EMS COVID-19 VACCINE ADMINISTRATION

PFIZER mRNA BNT162b2

INDICATIONS

This medicinal product has been given Emergency Use Authorization by the FDA for active immunization in individuals 16 years of age and older to prevent COVID-19 caused by SARS-CoV-2 virus.

CONTRAINDICATIONS - MISSION SPECIFIC

- Age < 16 years
- Current illness (Current infection)
- Hx of severe allergic reaction to a previous dose of this vaccine or any vaccine ingredients
- Current pregnancy or chance of becoming pregnant (Refer patient to their PMD)
- Breastfeeding (Refer patient to their PMD)
- Testing positive for COVID-19 in the last 2 weeks
- Any of the following symptoms in the last ten (10) days: fever (>100.4°F), chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new altered sense of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea

CAUTIONS

- History of severe allergies or reactions to any medications, foods, vaccines, or latex → Monitor closely after administration (30 minutes minimum)
- Immunocompromised or on a medication that affects the immune system → Inform patient vaccine might not provide as strong an immune protection
- Bleeding disorder or taking blood thinners → Risk of hematoma at injection site
- Has received a first dose of another COVID-19 vaccine → Ensure same manufacturer as previous dose

PROCEDURE

Prepare patient and supplies:

- Ensure appropriate monitoring equipment and treatment supplies are available to manage any adverse reactions (e.g. anaphylaxis)
- Ensure correct patient identification
- Verify “Covid-19 Screening and Consent Form” has been completed
- Ensure “Notice of Privacy Practices” and “EUA Fact Sheet for Recipients and Caregivers” have been provided
- Re-confirm patient meets indications and has no contraindications

Thaw and prepare dose (if not already done)

Frozen vials should be transferred to 2°C to 8°C to thaw; a 195-vial pack may take three (3) hours to thaw.

Alternatively, frozen vials may also be thawed for 30 minutes at temperatures up to 25°C for immediate use.

Once thawed, the undiluted vaccine can be stored for up to five (5) days at 2°C to 8°C, and up to two (2) hours at temperatures up to 25°C.

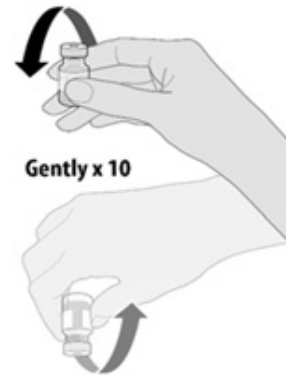


Allow the thawed vial to come to room temperature and gently invert 10 times prior to dilution.

DO NOT SHAKE!

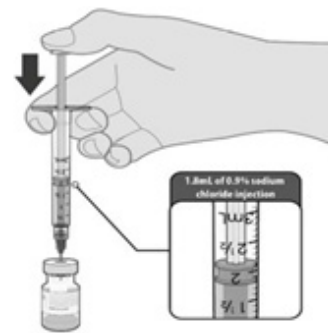
Prior to dilution, the vaccine should present as an off-white solution with no particulates visible.

Discard the vaccine if particulates or discoloration are present.

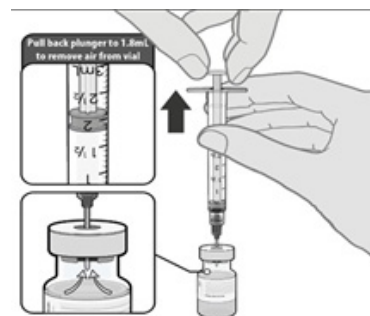


The thawed vaccine must be diluted in its original vial with 1.8 mL 0.9% sodium chloride for injection, using aseptic techniques.

Warning: Unpreserved 0.9% sodium chloride for injection is the only diluent that should be used. This diluent is not provided in the vaccine carton.



Equalize vial pressure before removing the needle from the vial by withdrawing 1.8 mL air into the empty diluent syringe.

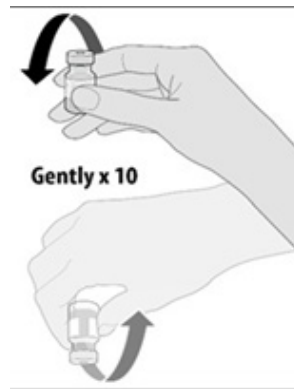


Gently invert the diluted solution ten (10) times.

DO NOT SHAKE!

The diluted vaccine should present as an off- white solution with no particulates visible.

Discard the diluted vaccine if particulates or discoloration are present.



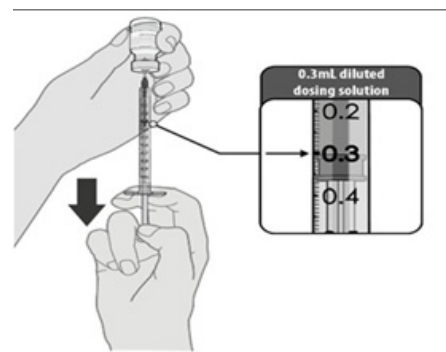
The diluted vials should be marked with the new discard date and time and stored between 2°C to 25°C.

Use immediately and within six (6) hours after dilution.



After dilution, the vial contains up to 6 doses of 0.3 mL.

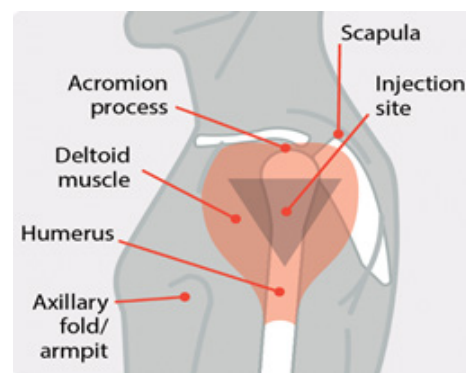
Withdraw the required 0.3 mL dose of diluted vaccine using a sterile needle and syringe and discard any unused vaccine within 6 hours after dilution.



Choose correct needle length (1" or 1.5") to reach muscle, prep skin with alcohol swab, and stabilize/stretch skin if excess soft tissue (do not bunch skin).

Inject 0.3 mL of the Pfizer COVID-19 mRNA Vaccine BNT162b2 vaccine intramuscularly in the deltoid muscle of the arm.

Cover injection site with bandage.



Monitor for adverse reactions (e.g., anaphylaxis) for minimum 15 minutes and initiate immediate treatment (below) as needed.

If mild injection site reaction or allergic reaction, consult ordering physician/On-Line Medical Control (OLMC) for management.

If signs of severe allergic reaction/anaphylaxis (dyspnea, stridor, severe urticaria, tachycardia, hypotension, or Altered Mental Status), activate emergency response system and initiate treatment if available:

- Epinephrine 0.3 mg (1mg/mL concentration) intramuscular (may use epinephrine auto-injector if available)
- Perform Airway Management as required per local EMS protocols
- Establish IV/IO access and initiate cardiac monitoring (or AED)
- Albuterol 2.5 mg nebulized if wheezing/dyspnea, may repeat x 1
- Initiate or request transport per local EMS protocols
- Report any adverse reactions
- Additional ALS management may be provided as available

Documentation: Use provided forms to document vaccine manufacturer, injection site, lot number and expiration date.

COMPLICATIONS

- Allergic/anaphylactic reaction
- Bleeding, local site pain, infection
- Common side effects (fever, headache, chills, muscle aches, fatigue)

REFERENCES

- PFIZER-BIONTECH COVID-19 VACCINE (BNT162, PF-07302048) VACCINES AND RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE BRIEFING DOCUMENT MEETING DATE: 10 December 2020
- <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>
- <https://www.cdc.gov/vaccines/hcp/vis/index.html>
- [CDC Vaccine Storage and Handling Toolkit - November 2020](#)

CLINICAL PROCEDURE - EMS COVID-19 VACCINE ADMINISTRATION

MODERNA mRNA cx-024414

INDICATIONS

This medicinal product has been given Emergency Use Authorization by the FDA for active immunization in individuals 18 years of age and older to prevent COVID-19 caused by SARS-CoV-2 virus.

CONTRAINDICATIONS - MISSION SPECIFIC

- Age < 18 years
- Current illness (current infection)
- Hx of severe allergic reaction to a previous dose of this vaccine
- Current pregnancy or chance of becoming pregnant (Refer patient to their PMD)
- Breastfeeding (Refer patient to their PMD)
- Testing positive for COVID-19 in the last 12 weeks
- Any of the following symptoms in the last 10 days: fever (>100.4°F), chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new altered sense of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea

CAUTIONS

- History of severe allergies or reactions to any medications, foods, vaccines, or latex → Monitor closely after administration (30 minutes minimum)
- Immunocompromised or on a medication that affects the immune system → Inform patient vaccine might not provide as strong an immune protection
- Bleeding disorder or taking blood thinners → Risk of hematoma at injection site
- Has received a first dose of another COVID-19 Vaccine → Ensure same manufacturer as previous dose

PROCEDURE

Prepare patient and supplies:

- Ensure appropriate monitoring equipment and treatment supplies are available to manage any adverse reactions (e.g. anaphylaxis)
- Ensure correct patient identification
- Verify “Covid-19 Screening and Consent Form” has been completed
- Ensure “Notice of Privacy Practices” and “EUA Fact Sheet for Recipients and Caregivers” have been provided
- Re-confirm patient meets indications and has no contraindications

Thaw and prepare dose (if not already done)

Frozen vials should be transferred to 2°C to 8°C to thaw; a 10-pack of vials may take 2.5 hours to thaw. Unused vials may be stored between 2°C to 8°C for up to 30 days prior to first use.

Alternatively, frozen vials may also be thawed for 60 minutes at temperatures from 15°C to 25°C for immediate use.

Unpunctured vials kept between 8°C to 25°C may be stored for up to 12 hours.

Once thawed and used, the vaccine should be held between 2°C to 25°C for up to six (6) hours. Do NOT refreeze. Discard vial after six (6) hours.



Each vial contains 10 doses of 0.5 mls. Thawed vials should be marked with the discard date/time and stored between 2°C to 25°C.

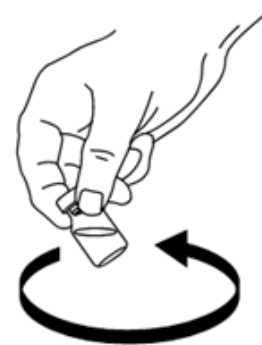
Use immediately, and within six (6) hours after first use.



Gently **swirl** the vial after thawing AND before withdrawing a dose.

DO NOT SHAKE!
DO NOT DILUTE!

Vaccine is a white to off-white colored suspension. Discard the vaccine if particulates or discoloration are present.



Withdraw the required 0.5 mL dose of vaccine using a sterile needle and syringe.

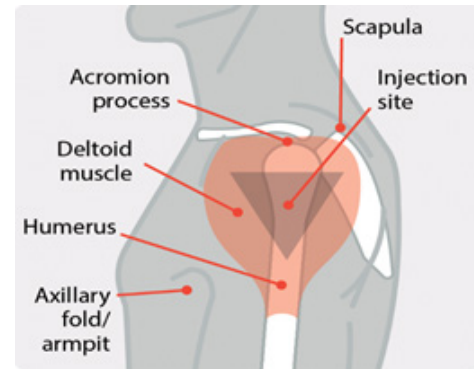
Check that there are no particulates or discolorations present in the vaccine prior to administration.



Choose correct needle length (1" or 1.5") to reach muscle, prep skin with alcohol swab, and stabilize/stretch skin if excess soft tissue (do not bunch skin).

Inject 0.5 mL of the Moderna COVID-19 mRNA Vaccine cx-024414 vaccine intramuscularly in the deltoid muscle of the arm.

Cover injection site with bandage.



Monitor for adverse reactions (e.g., anaphylaxis) for minimum 15 minutes and initiate immediate treatment (below) as needed,

If mild injection site reaction or allergic reaction, consult ordering physician/On-Line Medical Control (OLMC) for management.

If signs of severe allergic reaction/anaphylaxis (dyspnea, stridor, severe urticaria, tachycardia, hypotension, or Altered Mental Status), activate emergency response system and initiate treatment if available:

- Epinephrine 0.3 mg (1 mg/mL concentration) intramuscular (may use epinephrine auto-injector if available)
- Perform Airway Management as required per local EMS protocols
- Establish IV/IO access and initiate cardiac monitoring (or AED)
- Albuterol 2.5 mg nebulized if wheezing/dyspnea, may repeat x 1
- Initiate or request transport per local EMS protocols
- Report any adverse reactions
- Additional ALS management may be provided as available

Documentation: Use provided forms to document vaccine manufacturer, injection site, lot number and expiration date.

COMPLICATIONS

- Allergic/anaphylactic reaction
- Bleeding, local site pain, infection
- Common side effects (fever, headache, chills, muscle aches, fatigue)

REFERENCES

- [Vaccines and Related Biological Products Advisory Committee December 17, 2020 Meeting Presentation- FDA Review of Efficacy and Safety of Moderna COVID-19 Vaccine EUA](#)
- <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>
- <https://www.cdc.gov/vaccines/hcp/vis/index.html>
- [CDC Vaccine Storage and Handling Toolkit - November 2020](#)

CLINICAL PROCEDURE - EMS COVID-19 VACCINE ADMINISTRATION

Janssen mRNA Ad26.COV2.S

INDICATIONS

This medicinal product has been given Emergency Use Authorization by the FDA for active immunization in individuals 18 years of age and older to prevent COVID-19 caused by SARS-CoV-2 virus

CONTRAINDICATIONS

- Age < 18 years
- Current Illness (Current Infection)
- Hx of severe allergic reaction to a previous dose of this vaccine
- Testing positive for COVID-19 in the last 2 weeks
- Any of the following symptoms in the last 10 days: fever (>100.4F), chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new altered sense of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea

CAUTIONS

- History of severe allergies or reactions to any medications, foods, vaccines, or latex → Monitor closely after administration (30 minutes minimum)
- Immunocompromised or on a medication that affects the immune system → Inform patient vaccine might not provide as strong an immune protection
- Bleeding disorder or taking blood thinners → Risk of hematoma at injection site
- Has received a first dose of another COVID-19 Vaccine

PROCEDURE

Prepare patient and supplies:

- Ensure appropriate monitoring equipment and treatment supplies are available to manage any adverse reactions (e.g. Anaphylaxis)
- Ensure correct patient identification
- Verify “Covid-19 Screening and Consent Form” has been completed
- Ensure “Notice of Privacy Practices” and “EUA Fact Sheet for Recipients and Caregivers” have been provided
- Re-confirm patient meets indications and has no contraindications

Thaw and prepare dose (if not already done)

Vials are shipped at 2°C to 8°C; vials should be stored between 2 °C to 8 °C. Go to <https://vaxcheck.jnj> to check vial expirations.



Any frozen vials may also be thawed for 60 minutes at temperatures (Max 25°C) for immediate use.

Unpunctured vials kept between 9°C to 25°C may be stored for up to 12 hours.

Once thawed and used, the vaccine should be held between 2 to 8°C for up to 6 hours OR between 9 to 25°C for up to 2 hours. Do NOT refreeze. Discard vial after 6 hours.



Each vial contains 5 doses of 0.5 mls. Thawed vials should be marked with the discard date/time and stored between 2°C to 8°C.

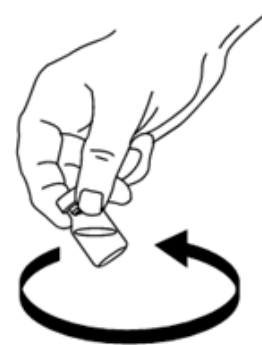
Discard within 6 hours after first use..



Gently **swirl** the vial after thawing AND before withdrawing a dose.

DO NOT SHAKE!
DO NOT DILUTE!

Vaccine is a white to off-white colored suspension. Discard the vaccine if particulates or discoloration are present.



Withdraw the required 0.5 mL dose of vaccine using a sterile needle and syringe.

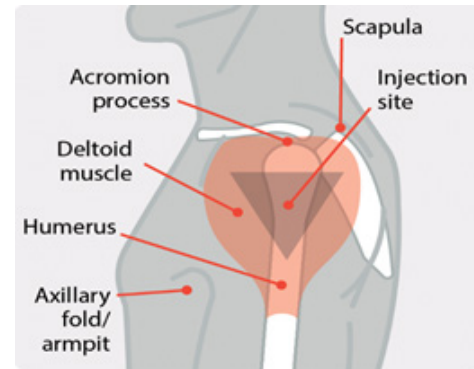
Check that there are no particulates or discolorations present in the vaccine prior to administration.



Choose correct needle length (1" or 1.5") to reach muscle, prep skin with alcohol swab, and stabilize/stretch skin if excess soft tissue (do not bunch skin).

Inject 0.5 mL of the Janssen COVID-19 vaccine intramuscularly in the deltoid muscle of the arm.

Cover injection site with bandage.



Monitor for adverse reactions (e.g., anaphylaxis) for minimum 15 minutes and initiate immediate treatment (below) as needed,

If mild injection site reaction or allergic reaction, consult ordering physician/On-Line Medical Control (OLMC) for management.

If signs of severe allergic reaction/anaphylaxis (dyspnea, stridor, severe urticaria, tachycardia, hypotension, or Altered Mental Status), activate emergency response system and initiate treatment if available:

- Epinephrine 0.3 mg (1 mg/mL concentration) intramuscular (may use epinephrine auto-injector if available)
- Perform Airway Management as required per local EMS protocols
- Establish IV/IO access and initiate cardiac monitoring (or AED)
- Albuterol 2.5 mg nebulized if wheezing/dyspnea, may repeat x 1
- Initiate or request transport per local EMS protocols
- Report any adverse reactions
- Additional ALS management may be provided as available

Documentation: Use provided forms to document vaccine manufacturer, injection site, lot number and expiration date.

COMPLICATIONS

- Allergic/anaphylactic reaction
- Bleeding, local site pain, infection
- Common side effects (fever, headache, chills, muscle aches, fatigue)

REFERENCES

- <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine>
- <https://vaxcheck.nj.gov/>
- <https://www.cdc.gov/vaccines/hcp/vis/index.html>
- [CDC Vaccine Storage and Handling Toolkit - November 2020](#)

ALLERGIC REACTION AND ANAPHYLAXIS ALTERNATE PROTOCOL

BLS

- Begin “Initial Medical Care.”
- Follow “Airway Management” protocol.
- Follow “Oxygen Administration” protocol.
- Call for an ALS unit if patient has wheezing, stridor, or shows other signs of respiratory distress or nausea/vomiting.
- If patient has a prescribed Epi auto-injector and displays signs of anaphylaxis, assist patient with or administer one dose of the patient’s own Epi auto-injector.
- If patient does not have a prescribed Epi-auto injector and displays signs of anaphylaxis, administer epinephrine 1 mg/mL (1:1000) at the following dose and route:
 - Adult (25 kg or more) 0.3 mg IM in the anterolateral thigh
 - Pediatric (less than 25 kg) 0.15 mg in the anterolateral thigh
- If signs of anaphylaxis and hypoperfusion persist following the first dose of epinephrine, additional IM epinephrine can be repeated every 5-15 minutes at above noted doses.

ALS – IF SUSPECTED ANAPHYLAXIS, PROCEED DIRECTLY TO IM EPINEPHRINE ADMINISTRATION

- Establish a saline lock or an IV with 0.9% NaCl or LR. Titrate fluids to a SBP of 90 mmHg.
- Apply cardiac monitor.
- Medicate according to signs/symptoms as below.

ISOLATED ITCHY RASH/HIVES - ADULT

- Administer Diphenhydramine 25-50 mg IV or IM.

2 OR MORE BODY SYSTEMS INVOLVED, SUCH AS RASH/HIVES + WHEEZING - ADULT

- Administer 0.3 mg Epinephrine 1:1,000 IM.
- **If there is dyspnea or wheezing**, administer 2.5 mg nebulized Albuterol at a flow sufficient to produce of mist.
- Administer Diphenhydramine 25-50 mg IV or IM.

ISOLATED ITCHY RASH/HIVES - PEDIATRIC

- Administer Diphenhydramine 0.5 mg/kg IV or IM. (Max 50 mg)

2 OR MORE BODY SYSTEMS INVOLVED, SUCH AS RASH/HIVES + WHEEZING - PEDIATRIC

- Administer 0.01 mg/kg Epinephrine 1:1,000 IM. (Max 0.3 mg)
- **If there is dyspnea or wheezing**, administer 2.5 mg nebulized Albuterol at a flow sufficient to produce a mist.
- Administer Diphenhydramine 0.5 mg/kg IV or IM. (Max 50 mg)

STRIDOR &/OR HYPOTENSION - ADULT

- Administer 0.3 mg Epinephrine 1:1,000 IM.
- Administer 2.5 mg nebulized Albuterol.
- Administer Diphenhydramine 25-50 mg IV or IM.
- If condition remains unchanged or worsens after three (3) minutes, administer additional dose of 0.3 mg Epinephrine 1:1,000 IM.

STRIDOR &/OR HYPOTENSION - PEDIATRIC

- Administer 0.01 mg/kg Epinephrine 1:1,000 IM. (Max 0.3 mg)
- Administer 2.5 mg nebulized Albuterol.
- Be prepared for emergent airway management.
- Administer Diphenhydramine 0.5 mg/kg IV or IM. (Max 50 mg)
- If condition is unchanged after 3 minutes or worsens, administer additional dose of 0.01 mg/kg Epinephrine 1:1,000 IM.

Accepted by the local EMS Medical Director for use by the EMS provider agency.

X _____

Date: _____

EMERGENCY MEDICAL SERVICES (EMS)



EMTs approved to administer COVID-19 vaccinations

The Indiana EMS Commission today authorized EMTs to administer COVID-19 vaccinations, allowing a critical component to increase vaccination capacity in Indiana.

The Commission's Wednesday decision follows [Governor Holcomb's Executive Order 20-51](#), permitting the EMS Commission to take such action. The ruling amended the scope of practice for certified Indiana emergency medical technicians to allow for vaccinations.

As a result, EMTs may administer the vaccine when their EMS provider organization is offering vaccination locations authorized by the local health office or Indiana Department of Health.

COVID-19 VACCINE ADMINISTRATION TRAINING AND EDUCATION

Training modules are available for Indiana EMS providers with an Acadis Portal account. Please log in to Acadis to view these modules.

This overview is intended to assist healthcare providers in administering COVID-19 vaccines during the pandemic. This training module will be continually reassessed and updated based on the evolving epidemiology of COVID-19 as well as when new vaccines are introduced in the United States. Healthcare providers who administer vaccines should also consult guidance from state, tribal, local, and territorial health officials.

- <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf>
- [COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers](#)
- <https://www2.cdc.gov/vaccines/ed/covid19/>
- [Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know](#)
- <https://www2.cdc.gov/vaccines/ed/covid19/pfizer/10000.asp>
- Post Vaccine Considerations for Healthcare Personnel



- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>
- Additional CDC Educational Resources can be found here:



- <https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html>

PROCEDURE AND PROTOCOL FOR OBTAINING VACCINE FOR HOME DELIVERY AND ADMINISTRATION UNDER THE HOMEBOUND HOOSIER VACCINE PROJECT

FSSA PROGRAM FOR HOMEBOUND DELIVERY WORKFLOW

For this workflow, it is planned that IDHS EMS would arrange to have staffing for an SEOC position that would coordinate the operational aspects and is referred to broadly as “IDHS EMS.”

1. Indiana Department of Homeland Security (IDHS) will be activated by a local public health department (LPHD) or the vaccine-providing entity or hospital, notifying them that vaccine is available for administration via the Homebound Hoosier delivery program.
2. LPHD will note the location of the vaccine and determine the appropriate recipient by utilizing the FSSA home vaccine portal.
3. IDHS will determine available EMS provider agencies in the local area and place them in the Homebound Hoosier portal. All EMS provider agencies will be considered as participants in this program. This includes fire, governmental, and private provider types.
4. LPHD will contact each EMS provider organization with additional detail and instruction on intended recipient. This should include vaccine expiration time.
5. Note that this process is somewhat time-sensitive since vaccine must be administered within a specified time frame.
6. If none of the identified EMS provider organizations can deliver the available vaccine to the patient, then EMS should move to another patient who is not within the same EMS provider organization's response area until an appropriate provider agency has been identified. Likewise, the EMS provider agencies assigned to the Indiana Department of Health mobile vaccine units also may be considered as vaccinators for this program.
7. The intent of this workflow is to connect patients with timely delivery and administration of vaccine by EMS to the homebound patient. Time is of the essence!
8. EMS provider organizations that accept a mission must agree to the following requirements:
 - a. The provider organization will work with its LPHD to ensure timely and accurate administration of vaccine and reporting of data to CHIRP.
 - b. The provider organization will notify the LPHD when the vaccine had been administered, with the post-vaccine monitoring period completed, and the EMS unit is back in service with the mission complete.
 - c. EMS Provider organization individuals that complete the administration of vaccine shall complete the “Data Collection Sheet for Vaccine Administration” from the IDOH.
 - d. The EMS provider organization individual administering the initial vaccination shall schedule the second dose of the vaccine with the patient at the time the first dose is delivered. The follow-up appointment shall be written on the “Data Collection Sheet for Vaccine Administration.” The following are the date recommendations from the CDC by manufacturer:
 - Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart
 - Moderna (100 µg, 0.5 ml): 1 month (28 days) apart
 - e. All completed “Data Collection Sheet” forms need to be scanned and emailed to Victoria Bailey at IDOH at vbailey@isdh.in.gov for entry into the State CHIRP vaccine database.
 - f. The EMS provider organization shall calendar the second appointment and coordinate with the LPHD to deliver the second dose of the vaccine under this same workflow on the date agreed upon with the patient.
9. Additional responsibilities of both the LPHD and the EMS provider agency can be found next.

PARTICIPANT RESPONSIBILITIES SUMMARY

LOCAL PUBLIC HEALTH DEPARTMENT (LPHD) RESPONSIBILITIES

- Identify quantity of available vaccine on any given day
- Determine need using FSSA Homebound Hoosier Database (HHD)
- If time and staffing permit, contact intended recipient to confirm availability and location
- Contact area EMS agency listed in HHD and find available provider
- Prepare vaccine for EMS agency pickup, noting time to expiration
- Prepare vaccine administration card for EMS to give to patient
- Schedule patient for second dose and note in HHD. If the LPHD prefers, they may provide a scheduled date for the second dose with the EMS organization upon their arrival.

EMS PROVIDER AGENCY RESPONSIBILITIES

- Answer call from LPHD to receive vaccine administration details
- Respond to LPHD
- Obtain vaccine and recipient information noting time to expiration
- Transport the vaccine in an appropriate manner to destination
- Make patient contact
- Review screening questions and complete the IDOH “Data Collection Sheet for Vaccine Administration”
- Obtain signed paper consent
- Administer vaccine and observe for appropriate period of time
- Give the patient a copy of the EUA fact sheet
- Ensure that the second dose administration is scheduled with the patient and recorded on the Data Collection Sheet.
- Scan and email the completed Data Collection Sheet to Victoria Bailey at IDOH at vbailey@isdh.in.gov within 24 hours of administration.
- Work with LPHD to schedule and administer second dose on the appropriate date

SUMMARY OF PROGRAM AND RESPONSIBILITIES



- LPHD identifies available vaccine
- Identifies intended recipient using FSSA portal
- Matches recipient with EMS provider agency in portal
- Prepares vaccine and supporting documentation for delivery
- Activates EMS agency to begin the process
- Register individual in Zotec for second dose

- EMS receives call
- Arrives to LPHD
- Ensures recipient is available before departing.
- Obtains vaccine
- Departs to recipient
- Makes contact with person

- Performs assessment
- Gathers data
- Obtains consent
- Administers vaccine
- Observes for reaction
- Confirms second dose date
- Completes and submits "Data Collection Sheet"
- EMS plans for and returns to administer second dose

REIMBURSEMENT INFORMATION FOR VACCINE ADMINISTRATION

IHCP WILL REIMBURSE EMS PROVIDER AGENCIES FOR ADMINISTRATION OF VACCINES

Effective for dates of service on or after October 7, 2020, the Indiana Health Coverage Programs (IHCP) will reimburse Emergency Medical Services (EMS) provider agencies for administering vaccines. This policy applies to both fee-for-service (FFS) and managed care delivery systems.

To receive reimbursement, the EMS provider agencies must be EMS-certified provider organizations and enrolled with the IHCP under provider specialty 260 – Ambulance. EMS provider agencies will be reimbursed only for the administration of the vaccine and only when provided by a paramedic, advanced emergency medical technician (AEMT) or emergency medical technician (EMT).

BILLING GUIDANCE

For vaccine administration, EMS provider agencies should bill using diagnosis code Z23 – Encounter for immunization and applicable procedure codes in Table 1:

Table 1 – Vaccine administration procedure codes allowed for EMS providers

Procedure code	Description
90471	Immunization admin
90472	Immunization admin each add
90473	Immunization admin oral/nasal
90474	Immunization admin oral/nasal add

Note: When billing vaccine administration for IHCP members 18 years of age and younger, EMS providers must include the SL modifier as described in the following section.

These procedure codes will be added to the Covered Procedure Codes for Ambulance Providers (Specialty 260) table in Transportation Services Codes, accessible from the Code Sets page at in.gov/medicaid/providers.

SPECIAL REQUIREMENTS FOR MEMBERS UNDER AGE 19

For members age 18 or younger, the IHCP reimburses for vaccine administration only if the vaccine was supplied through the Vaccines for Children (VFC) program. When billed for members under age 19, the procedure codes in Table 1 must include the SL modifier to indicate that the vaccine was supplied through the VFC program.

If an EMS provider agency is administering a VFC vaccine, the vaccine must be obtained from a VFC-enrolled provider and a representative from the VFC provider must be present during the administration.

EMS provider agencies may establish relationships with VFC-enrolled providers or may become a VFC provider. Providers can direct questions concerning VFC provider enrollment, patient eligibility for VFC, and vaccine orders and distribution to the Indiana state Department of Health (IDOH) at immunize@isdh.in.gov.

For more information about the VFC program, see the [Injections, Vaccines, and Other Physician-Administered Drugs](#) provider reference module available at in.gov/medicaid/providers.

REIMBURSEMENT RATES

Reimbursement rates for the vaccine administration procedure codes in Table 1, billed with or without the SL modifier indicating VFC stock, are available on the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

FOR MORE INFORMATION

Reimbursement and billing information applies to services delivered under the FFS delivery system. Questions about FFS billing should be directed to Customer Assistance at 1-800-457-4584.

Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

FEMA REIMBURSEMENT MAY ALSO BE AVAILABLE FOR COVID-RELATED INITIATIVES

COVID-19 PANDEMIC: VACCINATION PLANNING FAQ



The U.S. government must ensure access to a COVID-19 vaccine that meets FDA's rigorous and science-based standards, for all people in the United States who wish to be vaccinated. The U.S. Department of Health and Human Services (HHS), the U.S. Department of Defense (DOD), and other Federal partners are coordinating support requirements for the distribution, storage, and administration of COVID-19 vaccines. Details on the requirements associated with the distribution and administration of the vaccine are based on the vaccines that are expected to be reviewed, and potentially authorized, by the U.S. Food and Drug Administration (FDA).¹ Such requirements include the type of storage and handling necessary for each approved vaccine, transportation and distribution needs, and specific requirements for properly administering the vaccine. Links are provided at the end of this FAQ for more information and resources about general vaccine planning and support mechanisms.

1. HOW IS THE FEDERAL GOVERNMENT COORDINATING SUPPORT FOR COVID-19 VACCINATION ACROSS DEPARTMENTS AND AGENCIES?

Following FDA's determination that the vaccine has met the agency's rigorous and science-based standards for quality, safety, and effectiveness, Operation Warp Speed² is planning to deliver authorized COVID-19 vaccines to Americans as expeditiously as possible. Successful implementation of a national COVID-19 vaccination program requires precise and close coordination across the Federal government, as well as state, local, territorial, and tribal (SLTT) governments and among many public and private partners. Operation Warp Speed is a partnership among components of HHS, including the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), the HHS Assistant Secretary for Preparedness and Response (ASPR), and Biomedical Advanced Research and Development Authority (BARDA), as well as DOD, with the objective of a unified government approach in response to the ongoing COVID-19 pandemic. The goal is to produce and deliver 300 million doses of authorized vaccines, with the initial doses available by January 2021 (if not sooner) as part of a broader strategy to accelerate the development, manufacturing, and distribution of COVID-19 vaccines and therapeutics.³ The Federal Emergency Management Agency (FEMA) is also able to provide supplemental funding through the Public Assistance (PA) Program for eligible work and associated costs when necessary for the distribution and administration of COVID-19 vaccines.⁴

2. HOW IS THE FEDERAL GOVERNMENT COORDINATING SUPPORT FOR COVID-19 VACCINATION ACROSS DEPARTMENTS AND AGENCIES?

COVID-19 vaccines will be procured and distributed by the Federal government at no cost to enrolled COVID-19 vaccine providers.⁵ The vaccine will be administered primarily through established healthcare systems and distribution points approved by Operation Warp Speed. The cost for vaccine administration will be covered by private and public healthcare providers, most insurance, TRICARE, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and/or other HHS funding sources. Healthcare providers may be reimbursed for administering COVID-19 vaccines to uninsured individuals through HHS's [COVID-19 Uninsured Program](#). Additionally, vaccine providers will be able to charge an administration

fee to the program or entity providing reimbursement for COVID-19 vaccines.⁶ However, the CDC Provider Agreement⁷ 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.⁸ Vaccine providers may seek appropriate reimbursement from a program or health plan that covers COVID-19 vaccine administration fees for the individual receiving the vaccine⁹ (e.g., private insurance, Medicare, Medicaid, CHIP, etc.).

Operation Warp Speed is also providing vaccination kits,¹⁰ at no cost, which includes the needles, syringes, and Personal Protective Equipment (PPE) needed for safe administration of COVID-19 vaccines. CDC has also allocated funding through established mechanisms to support the distribution of COVID-19 vaccines to SLTT public health departments and the SLTT plans for their administration. FEMA is also able to provide supplemental funding through the PA Program for eligible work and costs necessary for the distribution and administration of COVID-19 vaccines and consistent with PA program authorities. Funding may also be available through the [FY 2020 Emergency Management Performance Grant Program – COVID-19 Supplemental \(EMPG-S\)](#). Funding availability is dependent on the eligibility requirements of each program. With the support of interagency partners, FEMA has developed the [COVID-19 Healthcare Recovery Resource Roadmap](#) to assist SLTT leaders and stakeholders with navigating some of the challenges, as well as the resources, associated with the COVID-19 pandemic.

3. ARE COSTS INCURRED BY SLTT GOVERNMENTS FOR THE DISTRIBUTION AND ADMINISTRATION OF COVID-19 VACCINES ELIGIBLE FOR FEMA PA?

Work and associated costs to support the distribution and administration of COVID-19 vaccines may be eligible for PA. The work and associated costs must be in accordance with PA program eligibility requirements as outlined in the Public Assistance Program and Policy Guide (PAPPG).¹¹ For example, costs covered by another source of federal funding or insurance are not eligible for PA. The cost of the vaccine itself will be covered by the Federal government and Operation Warp Speed is providing vaccination kits with supplies to support the administration of the vaccine. The vaccine will be made available through established healthcare delivery and reimbursement systems and HHS has established mechanisms and program funding to support the COVID-19 vaccination effort. There may be additional costs incurred by SLTTs to support the distribution and administration of the vaccine. Such costs may be eligible for PA funding when they are necessary to effectively distribute and administer COVID-19 vaccines consistent with CDC guidance and PA program requirements.

4. WHAT KINDS OF WORK AND ASSOCIATED COSTS MAY BE ELIGIBLE UNDER FEMA PA FOR COVID-19 VACCINES?

Examples of eligible work and costs under FEMA PA include, but are not limited to:

- Personal protective equipment (PPE),¹² other equipment, and supplies required for storing, handling, distributing/transporting, and administering COVID-19 vaccines.
 - PPE includes items necessary for proper handling and administration of vaccines as well as handling dry ice for storage and transportation needs.
 - Equipment includes coolers, freezers, temperature monitoring devices, and portable vaccine storage units for transportation.
 - Supplies include emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), sharps containers (for medical waste), and supplies necessary for proper storage like cannisters of liquid nitrogen or dry ice.

- Transportation support includes refrigerated trucks and transport security when reasonable and necessary.
- Facility support costs, including leasing space for storage and/or administration of vaccines, utilities, maintenance, and security.
- Additional staff if necessary, including medical and support staff not paid for by another funding source, consistent with FEMA PA labor policies (see Chapter 2:V.A. Applicant (Force Account) Labor of the PAPPG (V3.1)).
- Onsite infection control measures including PPE for staff as well as cloth face coverings for patients, temperature scanners, physical barriers (e.g., plexiglass dividers), and disinfection of the facility in accordance with CDC guidance.
- Emergency medical care associated with vaccine administration (e.g., to address allergic reactions to the vaccine or other emergency medical needs that arise in the administration of the vaccine).
- Medical waste disposal.
- Communications to disseminate public information regarding vaccinations.¹³

5. ARE THERE WORK AND ASSOCIATED COSTS ELIGIBLE FOR FEMA PA THAT ARE ALSO ELIGIBLE FROM OTHER SOURCES OF FEDERAL FUNDING?

Eligibility among various programs of Federal assistance depends on the specific statutory and regulatory provisions and criteria that apply to each program. In some cases, there may be overlap among programs regarding what is eligible. FEMA will allow costs that are eligible under PA that are also eligible under other Federal programs as long as funding for the same item of work and associated costs is not provided by another source of Federal funding, insurance, or any other funding source. The FEMA fact sheet [Coronavirus Disease 2019 \(COVID-19\) Public Health Emergency: Coordinating Public Assistance and Other Sources of Federal Funding](#) provides information regarding the coordination of COVID-19 funding between FEMA PA and other sources of Federal funding.

6. WILL FEMA REQUIRE SLTT APPLICANTS TO SEEK REIMBURSEMENT OF COSTS THROUGH INSURANCE?

Costs for administering the vaccine to individuals may be covered by other mechanisms, including health insurance, TRICARE, Medicare, Medicaid, and other HHS funding sources for uninsured individuals (i.e., HHS COVID-19 Uninsured Program). Costs for which providers have received or will receive payments from health insurance, TRICARE, Medicare, Medicaid, CHIP, or other Federal programs are not eligible under PA. Applicants should follow their normal billing practices and must certify that they have not received and do not anticipate receiving assistance from these sources or any other source for the same work or costs.

7. IF OBTAINING REQUIRED RESOURCES IS BEYOND A SLTT GOVERNMENT'S CAPABILITY, CAN IT REQUEST DIRECT FEDERAL ASSISTANCE FOR THOSE RESOURCES?

When a SLTT government is unable to secure resources that are necessary to effectively distribute and administer COVID-19 vaccines, it may request the resources directly from the Federal government through Direct Federal Assistance (DFA). FEMA will evaluate such requests to determine if those resources are beyond the capability of SLTT jurisdictions and, if so, the best method of securing those resources. Vaccine distribution and administration activities are also an allowable activity under existing Title 32 Mission Assignments to Department of Defense for Title 32 National Guard deployments in response to the COVID-19 pandemic until the President's authorization expires.

8. WHAT IS THE BEST SOURCE OF INFORMATION FOR SLTT EMERGENCY MANAGERS REGARDING FEDERAL SUPPORT FOR COVID-19 VACCINE DISTRIBUTION AND ADMINISTRATION?

SLTT emergency management agencies should coordinate communications, planning, and logistics for vaccine distribution and administration with their public health director and through existing immunization programs. CDC is providing frequent updates to SLTTs and other jurisdictions through engagement with jurisdictional public health and emergency management staff. SLTT health departments have conducted pandemic vaccination planning with immunization and preparedness funding from CDC for over a decade and have been updating those plans specifically for COVID-19. HHS has also been holding regular calls with intergovernmental partners at the SLTT level with robust dialogue on how the Federal government will successfully partner with them on the COVID-19 vaccination program. At the Federal level, emergency managers may contact their regional HHS/ASPR point of contact for more information:

Region 1: ASPR.R1@hhs.gov Region 6: ASPR.R6@hhs.gov
Region 2: ASPR.R2@hhs.gov Region 7: ASPR.R7@hhs.gov
Region 3: ASPR.R3@hhs.gov Region 8: ASPR.R8@hhs.gov
Region 4: ASPR.R4@hhs.gov Region 9: ASPR.R9@hhs.gov
Region 5: ASPR.R5@hhs.gov Region 10: ASPR.R10@hhs.gov

Additional Federal information related to COVID-19 vaccine planning and distribution are provided below:

1. [CDC Interim Playbook](#) (provides vaccination response planning for SLTT partners)
2. Operation Warp Speed [Fact Sheet](#) and [Vaccine Distribution Strategy](#)
3. [CDC COVID-19 Vaccine FAQ](#)
4. [CDC: 8 Things to Know About Vaccine Planning](#)
5. [COVID-19 Recovery Resource Roadmaps](#)

¹The FDA is expected to authorize COVID-19 vaccines for use under an [Emergency Use Authorization](#) or licensed through the [Biologics License Application process](#).

²Fact Sheet: Explaining Operation Warp Speed available at www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html.

³[Id.](#)

⁴Work and costs must in accordance with PA program eligibility requirements as outlined in the Public Assistance Program and Policy Guide (PAPPG). Version 3.1 of the PAPPG is applicable to all COVID-19 declarations and is available on the FEMA website at www.fema.gov/sites/default/files/2020-03/public-assistance-program-and-policy-guide_v3.1_4-26-2018.pdf.

⁵COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, page 30. www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf.

⁶Getting Vaccinated: www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html.

⁷The CDC COVID-19 Vaccination Program Provider Agreement is available at www.mhanet.com/mhaimages/COVID-19/COVID%20Vaccine%20Provider%20Agreement_Fillable.pdf.

⁸COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, number 4 at page 21. www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf.

⁹COVID-19 Vaccine Implementation Planning Update, page 14: www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-10/COVID-Routh.pdf.

¹⁰Each ancillary supply kit will contain enough supplies to administer up to 100 doses of vaccine. For a list of items, please visit www.hhs.gov/about/news/2020/10/30/trump-administration-producing-supply-kits-safely-administer-covid-19-vaccines-americans.html.

¹¹Version 3.1 of the PAPPG is applicable to all COVID-19 declarations and is available on the FEMA website at www.fema.gov/sites/default/files/2020-03/public-assistance-program-and-policy-guide_v3.1_4-26-2018.pdf.

¹²PPE includes items such as N95 and other filtering respirators, surgical masks, gloves, protective eyewear, face shields, and protective clothing (e.g., gowns).

¹³Dissemination of public information should be consistent with Chapter 2:VI.B of the PAPPG (V3.1) which lists “dissemination of information to the public to provide warnings and guidance about health and safety hazards using various strategies, such as flyers, public service announcements, or newspaper campaigns” as an eligible emergency protective measure.

DATA COLLECTION SHEET FOR VACCINE ADMINISTRATION



Indiana Department of Health

First M Last Name DOB Mobile

Address Email

Cit Stat Zip Code Gender M F Y N

Preferred Language: Preferred Preferred Employer Name

English	Hispanic or Latino/Spanish	Asian	
Spanish	Non-Hispanic or Latino/Spanish	Black or African American	
Other	Prefer not to Say	Native Hawaiian or Other Pacific Islander	
Prefer not to Say		White	
		Other Race	
		Prefer not to Say	

Is the patient sick today?
 Y N

Does the patient have allergies to medications, food, a vaccine component, or latex?
 Y N

Has the patient ever had a serious reaction after receiving a vaccination?
 Y N

Risk Factors (Circle all that apply)

Obesity
Over 65
Diabetes
s
Chronic Kidney Disease
COPD
Serious Heart Condition
Sickle Cell Disease

Reason for Vaccination (Circle all that apply)

Health Care Worker
Long Term Care Employee
Long Term Care Resident

PATIENT CONSENT FOR COVID-19 VACCINATION

Signature: Date:

Notice of Privacy Practices

Signature: Date:

Release of PHI to Employer

Signature: Date:

Vaccine

CXV

Lot Number

Manufacture

Second Dose Date

VIS/EUA

Expiration Date

Administration Site

Administration Route

Second Dose Time

Dosage

Administering Facility

Administration Date



CONTACT INFORMATION

INDIANA DEPARTMENT OF HEALTH

Megan Lytle

Director
Division of Emergency Preparedness
office: 317-233-3218
mobile: 317-439-9643
mlytle@isdh.in.gov
health.in.gov

Dave McCormick

Director
Immunization Division
office: 317-233-7010
mobile: 317-408-7438
dmccormick@isdh.in.gov
health.in.gov

INDIANA DEPARTMENT OF HOMELAND SECURITY

Robin Stump

EMS Section Chief
office: 317-234-4481
cell: 317-753-3750
rstump@dhs.in.gov
dhs.in.gov

Kraig Kinney

State Director and Counsel of EMS
office: 317-232-3983
cell: 317-864-3639
kkinney@dhs.in.gov
dhs.in.gov

**Michael A. Kaufmann, MD,
FACEP, FAEMS**

State EMS Medical Director
office: 317-514-6985
mkaufmann@dhs.in.gov
dhs.in.gov

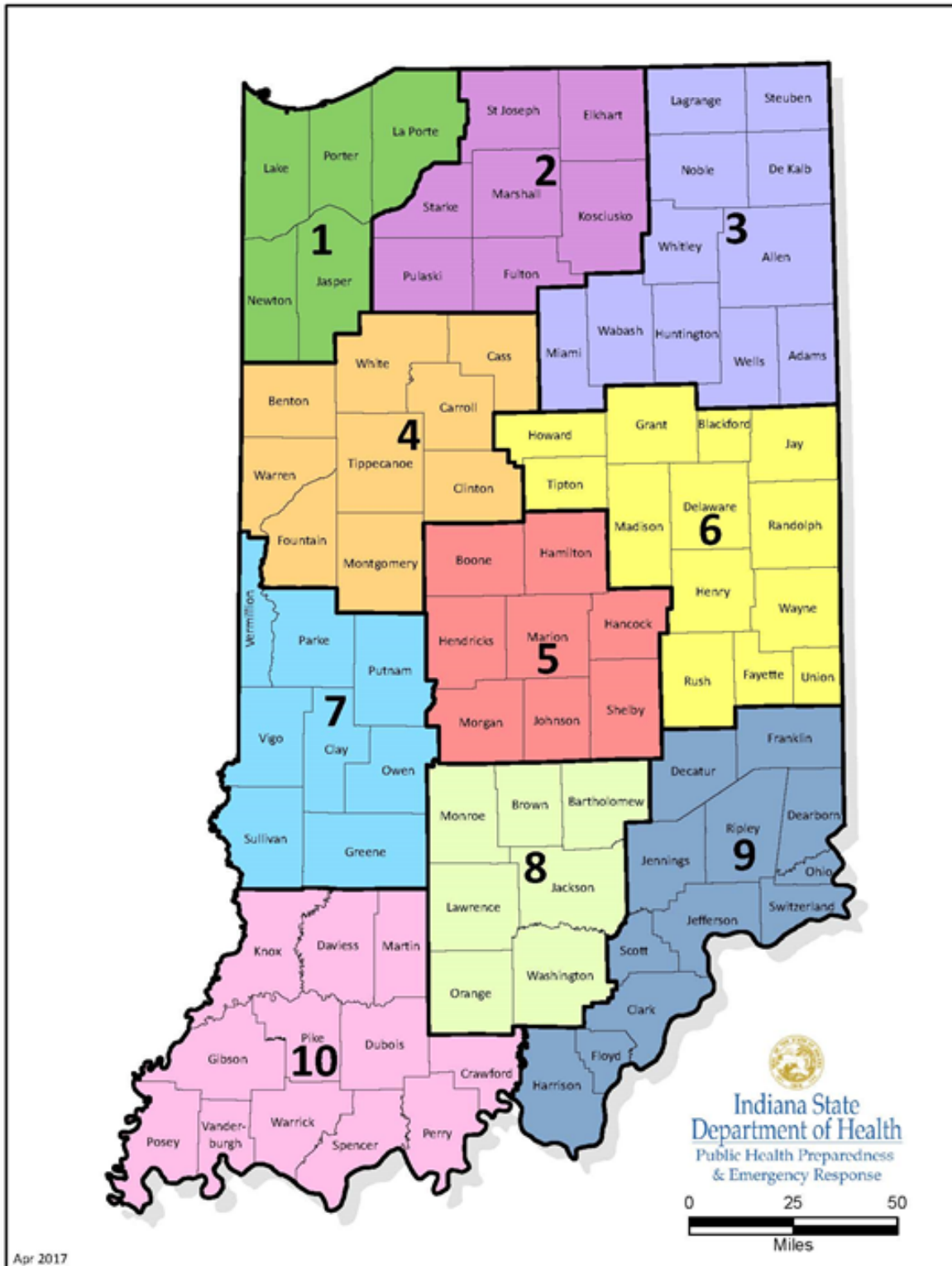
FAMILY SOCIAL SERVICES ADMINISTRATION

Jennifer Sullivan, MD MPH

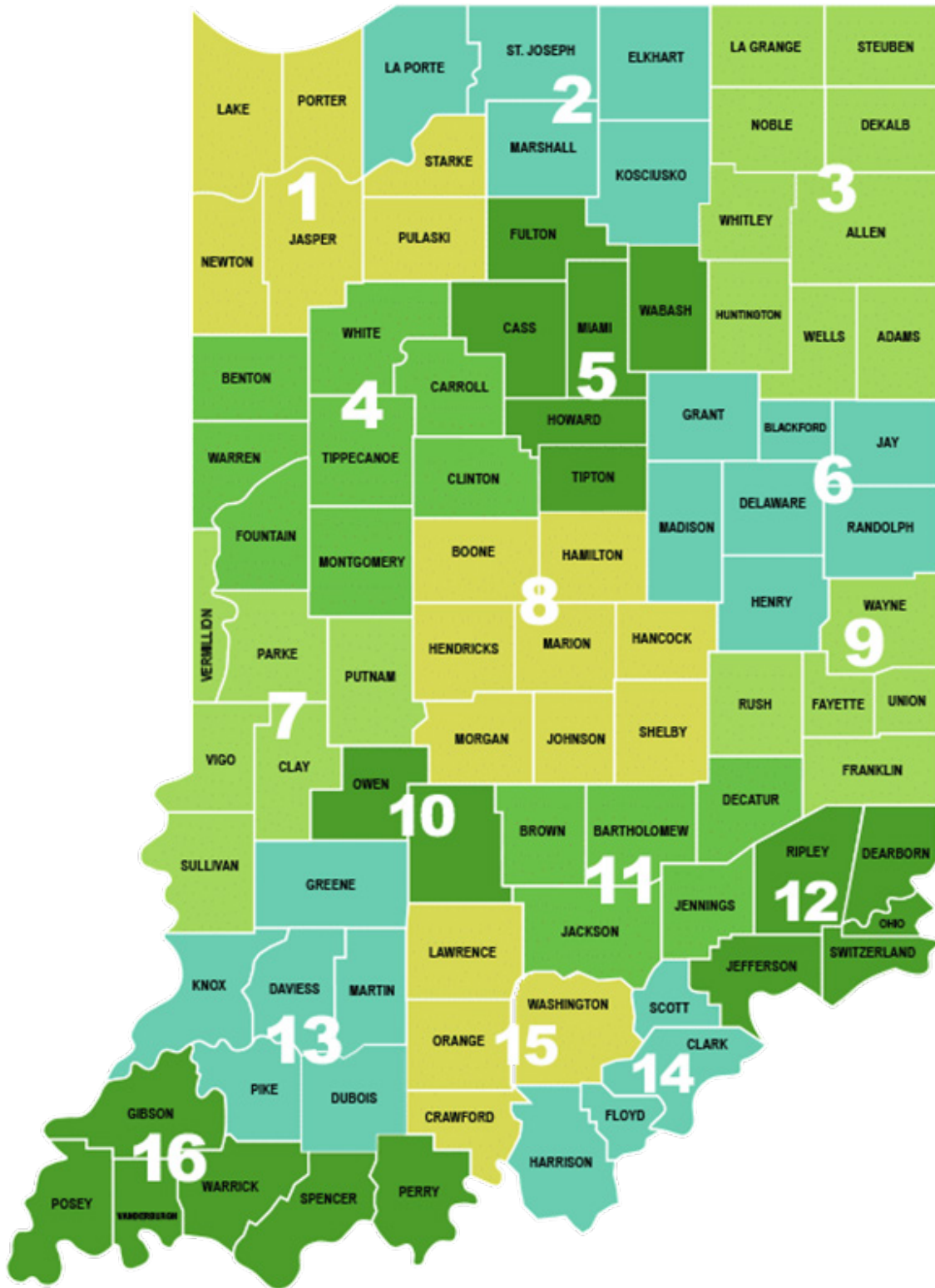
Secretary
402 W. Washington Street, IGC-S W461
Indianapolis, IN 46204
Jennifer.Sullivan@fssa.in.gov

IDHS AND IDOH DISTRICT MAP

INDIANA PUBLIC HEALTH PREPAREDNESS DISTRICTS



FSSA AREA AGENCIES ON AGING MAP



I received my COVID-19 vaccine!

What's Next?



You received the COVID-19 vaccine manufactured by Moderna. Aim the camera of your smartphone at the QR code to download the Fact Sheet.



You may have some side effects, including pain and swelling at the injection site. You may also experience fever, chills, tiredness and headache. These should only last a day or two, and are signs your body is building protection. It does not mean you have COVID-19.



Register for V-Safe at vsafe.cdc.gov. This smartphone-based tool checks in on you after your vaccination. Your participation helps keep vaccines safe for everyone.

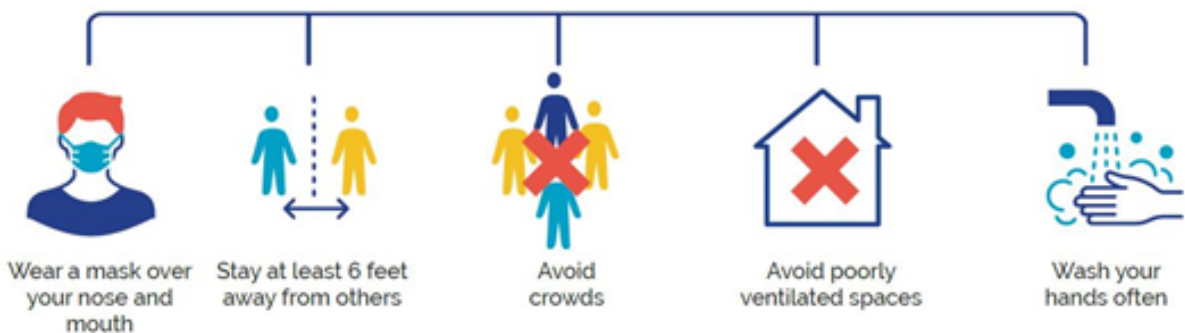
If you have any adverse side effects, report them to the Vaccine Adverse Effect Reporting System (VAERS) vaers.hhs.gov or call 800-822-7967. An "adverse event" is any health problem or significant side effect that happens after a vaccination.



Put your appointment for your second dose on your calendar! Your appointment date is on the vaccination card you received. Be sure to keep that card or take a picture of it with your smartphone and bring it with you to your second appointment.

IMPORTANT:

Even though you have received the vaccine, experts say to still follow these recommendations to protect yourself and others:



[Ourshot.in.gov](https://ourshot.in.gov)

Recibi mi vacuna COVID-19!

¿Que Sigue?



Recibí la vacuna COVID-19 manufacturada por Moderna. Apunta la cámara de su teléfono inteligente en el código QR para descargar la hoja informativa.



Puede tener algunos efectos secundarios que inculca dolor e hinchazón en el lugar de la inyección. También puede experimentar fiebre, escalofríos, cansancio y dolor de cabeza. Estos solo deben durar uno o dos días y son señales de que su cuerpo está construyendo protección. No significa que tengas COVID-19.



Regístrese en V-Safe en vsafe.cdc.gov. Esta herramienta basada en el teléfono inteligente se registra en usted después de su vacunación. Su participación ayuda a mantener las vacunas seguras para todos.

Si tiene algún efecto adverso, informe al sistema de Notificación de Efectos Adversos de Vacunas (VAERS) vaers.hhs.gov o llame al 800-822-7967. Un "evento adverso" es cualquier problema de salud o efecto secundario significativo que ocurre después de una vacunación.



¡Ponga su cita para su segunda dosis en su calendario! La fecha de su cita está en la tarjeta de vacunación que recibió. Asegúrese de guardar esa tarjeta o tomar una foto de ella con su teléfono inteligente y llevarlo con usted a su segunda cita.

IMPORTANTE:

A pesar de que usted ha recibido la vacuna, los expertos dicen que siga estas recomendaciones para protegerse a sí mismo y a los demás:



Llevar una máscara sobre la nariz y la boca



Mantenerse al menos a seis pies de distancia de los demás



Evitar multitudes



Evitar espacios mal ventilados



Lávese las manos con frecuencia



[Ourshot.in.gov](https://ourshot.in.gov)

*The Indiana Department of Homeland Security works 24/7
to protect the people, property and prosperity of Indiana.*



Indiana Department of Homeland Security
302 West Washington Street
Indiana Government Center South
Room E208
Indianapolis, IN 46204
317.232.2222 or 800.669.7362

