

Chapter 7

Community Health Care Service

Blood Pressure Screening

Rational:

Many agencies offer blood pressure screening to our community. Blood pressure checks assist citizens to identify hypertension or to monitoring their medical conditions and the efficacy of their medications.

Assessment Checklist

- This patient may have no medical problem
- Headache
- CVA
- Hypertension
- Hypertensive crisis
- Communicable disease such as flu, cold, or tuberculosis

Level I:

- Have customer sign in per departmental policy.
- Assess the patient's blood pressure.
- If the pressure is acutely abnormal, continue to appropriate protocol.
- Obtain a refusal for treatment/transport if patient is acutely hypertensive with signs/symptoms or BP above 220/120 and patient is unwilling to be transported to a medical facility.

Level II:

- None

Level III:

- None

Community COVID-19 Vaccinations

Rationale:

This information pertains to community vaccinations and the three manufactures or the COVID-19 vaccine collectively.

Background: In the case of viral pandemics such as the H1N1 influenza pandemic and the present SARS-Cov-2 (COVID-19) pandemic when rapid wide scale immunization is necessary, Paramedics, while serving at EMS agency community outreach events, are authorized under Florida statute 401, rule 64J to administer vaccinations to their agency personnel and the community. EMTs have been authorized by the Florida Department of Health and the Governor of the state of Florida to administer vaccinations with appropriate training and under the supervision of a paramedic but not to draw-up vaccines in a syringe.

INDICATIONS:

The COVID-19 vaccine may be administered to an individual who:

- Is 18 years of age or older until clinical trials of vaccines for children have been shown to be effective.

The seasonal INFLUENZA vaccine may be administrated to an individual who:

- Is 12 years of age or older.
- Has not been previously vaccinated with the current seasonal influenza vaccine.

CONTRAINDICATIONS:

- Hx of severe allergic reaction to the vaccine or its ingredients; Polyethylene glycol
- Hx of Epi-Pen use for anaphylaxis.
- COVID-19 positive test within the last 2 weeks (if moderate to severe symptoms including fever > 103F, respiratory distress, Emergency Department or hospital care) then it is advisable to wait from 60 to 90 days from the start of the infection before receiving a COVID- 19 vaccination influenza positive test.
- Symptoms of COVID-19 or influenza within the last 10 days," sick" today with or without fever.

Vaccine guidance questions:

- Hx of Allergies to Food, Medicine, Latex, Insect Envenomation + if yes close monitoring post vaccination for a minimum of 30 minutes Immunocompromised or on medicines that affect the immune system + if yes advise that the vaccine may offer lower chance of protection.

- Hx of Bleeding Disorder or on Blood Thinner + If yes worn and monitor for Signs/Sx of hematoma at injection site.
- Hx of Prior COVID-19 Vaccine Injection + if a second injection is required by the vaccine manufacture, the second Injection of vaccine must be from the same vaccine manufacturer + if a second injection is required by the vaccine manufacturers and the vaccine recipient developed a moderate to severe COVID-19 infection after the first vaccination then it is advisable to wait 60 to 90 days after the start of the COVID-19 infection before receiving the second vaccination + if the second injection is required by the vaccine manufacturer and the vaccine recipient developed significant side effects from the first vaccine injection (including fever greater than 103 F, severe/debilitating muscle and joint pain or urticaria covering most of the skin surface > 4 hours after the vaccine was administered) then it is advisable to wait 60 to 90 days before receiving the second vaccination.

DOSAGE:

- Moderna- 0.5ml IM in the deltoid muscle to be repeated x 1 in 28 days.
- Pfizer- 0.5 ml IM in the deltoid muscle to be repeated x 1 in 21 days.
- Johnson and Johnson- 0.5 ml IM in the deltoid muscle; no repeat injection necessary.

SEVERE ADVERSE REACTION:

- If Anaphylaxis or severe Angioedema of the upper airway treat with Epinephrine (See Anaphylaxis Protocol) and transport to the nearest emergency department.
- Inform the medical director, infectious disease officer within 24 hours.
- If generalized urticaria-offer antihistamines, H2 blocker and steroids and transport to the nearest emergency department.

Influenza and Pneumococcal Disease Vaccination (Flu and Pneumonia Vaccination)

Rational:

Influenza and pneumococcal infections are seasonal infections that may be epidemic. Annual vaccinations can reduce the incidence of infection and is prophylactic wellness care. EMS providers may be directed to administer vaccinations as a public service.

Checklist

- High risk group
- Recent illness or fever
- Past pneumonia vaccination (any customer who has received a pneumonia vaccination in the past must contact their current physician for re-vaccination.)
- Quadrivalent vaccines are safe for pregnant women.

Level I:

- Have the customer read vaccination information sheet and sign consent form (see appendices).
- Assess vital signs including temperature. (A temperature above 99.0 precludes vaccination).
- Verify the patient is over 18 years old, has no recent flu-like illness, is not allergic to eggs or egg products and has not had another pneumonia vaccination within the last year.

Level II:

- Prep patient for an intramuscular injection.
- Administer 0.5 ml of influenza vaccine in the arm.
- Administer 0.5 ml of pneumococcal vaccine in the opposite arm.
- Have the patient remain for 20 minutes and observe for any allergic reaction.
- If an allergic reaction occurs, then continue to the allergic reaction protocol.

Level III:

- Past Pneumonia vaccination consults with physician.