REQUEST FOR APPROVAL of OPTIONAL SCOPE OF PRACTICE

Check One: ■ **Local Optional Scope of Practice** ☐ **Trial Study**

EMS Medical Director: _____ **Date:** _____

Local EMS Agency: _____

Proposed Procedure or Medication: EMT, Advanced EMT, and Paramedic administered intramuscular COVID-19 and influenza vaccinations (for persons 12 years of age or older without contraindications)

Please provide the following information. For information provided, check "yes" and describe. For information not provided, check "no" and state the reason it is not provided.

Yes	No	
☑	☐	**1. Description of the procedure or medication requested:** EMT, A-EMT, EMT-P administration of intramuscular COVID-19 and influenza vaccinations in coordination with county health dept. and an RN or higher level provider.
☑	☐	**2. Description of the medical conditions for which the procedure/medication will be utilized:** During vaccine campaigns and times when local health systems are impacted due to COVID-19 outbreaks allowing for continued expansion of immunization efforts.
☑	☐	**3. Patient population that will benefit:** Patients twelve (12) years of age or older.
☐	☑	**4. Description of proposed study design including the scope of the study, research question, method of evaluating the effectiveness of the procedures or medications and the expected outcome.** Not a trial study
☑	☐	**5. Alternatives (Please describe any alternate therapy(ies) considered for the same conditions and any advantages and disadvantages.** Vaccine administration by registered nurses or pharmacists.
☑	☐	**6. Estimated frequency of utilization:** To be determined based on need and COVID-19 vaccination rates and preventative efforts for seasonal influenza
☑	☐	**7. Other factors or exceptional circumstances:** The ability to quickly respond to disease outbreaks by optimizing community health through immunization will mitigate disease impact. Use of EMT, Advanced EMT, or paramedic allows for expansion of immunization efforts.

Please attach the following documents. Check "yes" for each document attached; for documents not attached, check "no" and state the reason it is not attached.

Yes	No	
☑	☐	**8. Any supporting data, including relevant studies and medical literature:** EMT, Advanced EMT, or paramedic already have been employed to provide intramuscular injections. EMT, Advanced EMT, or paramedic can be trained to safely administer immunizations.
☑	☐	**9. Recommended policies/procedures to be instituted regarding:**
☑	☐	**Use**
☑	☐	**Medical Control**
☑	☐	**Treatment Protocols**
☑	☐	**Quality assurance of the procedure or medication**
☑	☐	**10. Description of the training and competency testing required to implement the procedure or medication:** EMTs, Advanced EMTs and Paramedics will be provided online training modules for each vaccine procedure and provide proper documentation of competency
☑	☐	**11. Copy of the local EMS System Evaluation and Quality Improvement Program plan for this request:** On file with EMSA
☐	☑	**12. Make up of local medical advisory committee, appointed by the medical director, to assist with the evaluation of the trial study:** Not a trial study