Introduction, Background, and Frequently Asked Questions regarding the use of Certified and Licensed Emergency Medical Personnel in COVID-19 Vaccination Program(s)

OSDH has identified a need to increase the number of health care providers that can:
1) support a mass immunization program, and
2) administer the actual vaccine during a mass immunization program.

Certified and Licensed Emergency Medical Personnel is a workforce resource that can support a vaccination event or program. The OSDH Certified and Licensed Emergency Medical Personnel include:

1) Certified Emergency Medical Responders (EMR);
2) Licensed Emergency Medical Technicians (EMT);
3) Licensed Intermediates;
4) Licensed Advanced Emergency Medical Technicians (AEMT); and
5) Licensed Paramedics

In order for certified and licensed personnel to provide these vaccinations, the certification or license holder will need to work with a “vaccine provider” for their training, credentialing, and oversight of their activities.

There are different ways that personnel and/or EMS Agencies (transport and non-transport) can support vaccination events or projects.

A “vaccine provider” establishes a relationship with certified and licensed individuals.

Current regulations allow for the use of personnel in “health care facilities”. (See attached) While associated or working in these facilities, the personnel will work within a defined “job description” that is approved by a physician. The Personnel are not independent practitioners and require physician oversight to work and perform duties. Through the “job description”, personnel can perform skills that are outside of their normal level or scope of practice. However, the facility will need to ensure they are oriented, trained, and competent to perform these skills.

It is under this regulatory provision that personnel can perform the immunization. From a training and experience point of view, Paramedic is the level of licensure with the experience of providing IM (intramuscular) injections. However, the other levels can do this skill after training and competency verification; supported by the job description and medical authority.
In order for the Department to use the personnel, several steps have to be completed to ensure statutory and regulatory compliance. The “vaccine provider” will need to:

- Identify a Medical Director (or several if selection and training will be decentralized) that will provide the job description and oversight for the immunizations.
- Define the content and limits of the job description.
- Develop or ensure the delivery of an orientation and training module for the personnel.
- Modify or design a communication infrastructure for the personnel to be scheduled or notified of when and where personnel resources are needed.
- Select appropriate personnel to support the project.

A “vaccine provider” establishes a relationship with an EMS Agency Medical Director (Transport or Non-Transport)

If a “vaccine provider” wants to use the agency medical director as the person to provide the medical authority for personnel, similar steps and processes would need to be followed. The Agency Medical Director would:

- Obtain or provide a job description and oversight for the immunizations;
- the job description would be separate from the job description or credentialing that is present at the EMS Agency;
- define the content and limits of the job description;
- develop or ensure the delivery of an orientation and training module for the personnel; and
- select appropriate personnel to support the project;

This would be a direct relationship between the personnel and the physician. However, in this case, the physician is the medical director for the agency.

This is also the process for an EMS Agency (transport or non-transport) to be able to administer vaccinations within the agency. The personnel providing vaccinations may work and provide care at the agency, but the immunization events or projects will occur through a separate set of credentials and authorizations. The reason to establish a separate credential and authorization process is detailed in the regulations below (See paragraph (b) (2)).
Use of Emergency Medical Personnel for support activities at “Events or “Points of Administration”

Certified or Licensed emergency medical personnel can support vaccination activities without medical authorization. However, the support activities will be limited to:

- Assisting with forms and screening;
- Assessment and Vital Signs (as limited by First Aid provisions);
- Other activities that do not involve vaccine injections;

EMS Agencies (transport and non-transport) can also be on standby at events or projects in the event of an emergency within the limits of their current certification or license.

The specific regulation is on page 4 of this memo.

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(a) Emergency medical personnel, licensed, certified, or otherwise authorized by the act, shall comply with 63 O.S. Section 1-2506, relating to the medical authority to perform medical procedures.
(b) Emergency medical personnel may be utilized by hospitals, health care facilities, ambulance services, and emergency medical response agencies. Health care facilities may include, but not limited to, nursing homes, doctor offices or clinics, organized industrial or private health facility services, athletic training facilities, or any other organized group who may legally render patient care.

(1) While employed or associated with a hospital and/or a health care facility, emergency medical personnel shall be limited to authorized procedures of a specific written "job description" approved by a physician.

(2) While employed or associated with a licensed ambulance service or certified emergency medical response agency, emergency medical personnel may perform medical director authorized procedures not to exceed the level of license or certification without Department approval.

(c) Certified and licensed emergency medical personnel associated or employed at agencies or services shall have an authorized procedure list.

(1) The list is to define the medications, procedures, and protocols a certified and licensed person has been authorized to perform at a specific agency or service by the medical director.

(2) With medical control approval, the authorized procedure list will enable a certified or licensed agency at a lower level to utilize higher level personnel within their scope of practice.

(3) The medical control physician has the authority to limit the authorized procedures without Department approval. The authorized procedure list is to be used to document the limitations on the individual's scope of practice at the agency or service.

(4) The authorized procedure list, which establishes the individual protocols of each certified or licensed employee or associate at an agency or service, shall be maintained at the agency or service.

(d) When certified or licensed emergency medical personnel are asked to perform or intercede in events while not on duty with their agency or facility, and without medical control, their authorized scope of practice is limited to basic first aid, CPR, and the use of an AED.