

**CLINICAL PROCEDURE**  
**EMS COVID19 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
<ul style="list-style-type: none"> <li>• Age &lt; 18 years</li> <li>• Current Illness (Current Infection)</li> <li>• Hx of severe allergic reaction to a previous dose of this vaccine</li> <li>• Current pregnancy or chance of becoming pregnant (Refer patient to their PMD)</li> <li>• Breastfeeding (Refer patient to their PMD)</li> <li>• Testing positive for COVID-19 in the last 2 weeks</li> <li>• Any of the following symptoms in the last 10 days: fever (&gt;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</li> </ul>

Cautions
<ul style="list-style-type: none"> <li>• History of severe allergies or reactions to any medications, foods, vaccines, or latex → Monitor closely after administration (30 minutes minimum)</li> <li>• Immunocompromised or on a medication that affects the immune system → Inform patient vaccine might not provide as strong an immune protection</li> <li>• Bleeding disorder or taking blood thinners → Risk of hematoma at injection site</li> <li>• Has received a first dose of another COVID-19 Vaccine → Ensure same manufacturer as previous dose</li> </ul>

Procedure
<ul style="list-style-type: none"> <li>• <u>Prepare patient and supplies:</u> <ul style="list-style-type: none"> <li>○ Ensure appropriate monitoring equipment and treatment supplies are available to manage any adverse reactions (e.g. Anaphylaxis)</li> <li>○ Ensure correct patient identification</li> <li>○ Verify “Covid-19 Screening and Consent Form” has been completed</li> <li>○ Ensure “Notice of Privacy Practices” and “EUA Fact Sheet for Recipients and Caregivers” have been provided</li> <li>○ Re-confirm patient meets indications and has no contraindications</li> </ul> </li> </ul>

# COVID19 VACCINATION MODERNA mRNA cx-024414 PROCEDURE

- 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 to 25 °C for immediate use

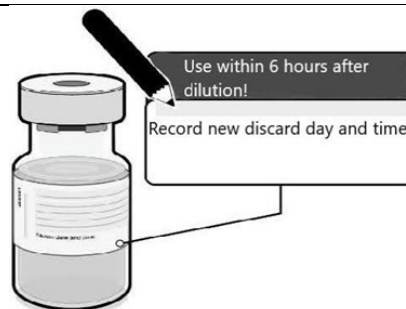
Unpunctured vials kept between 8 °C to 25 °C may be stored for up to 12 hours.

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



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

Use immediately, and within 6 hours after first use.

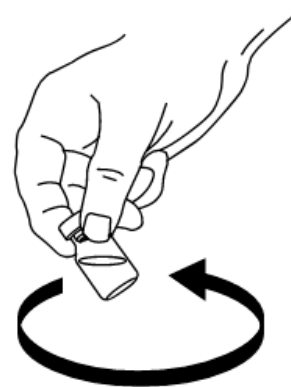


Gently **swirl** the vial after thawing AND before withdrawing a dose.

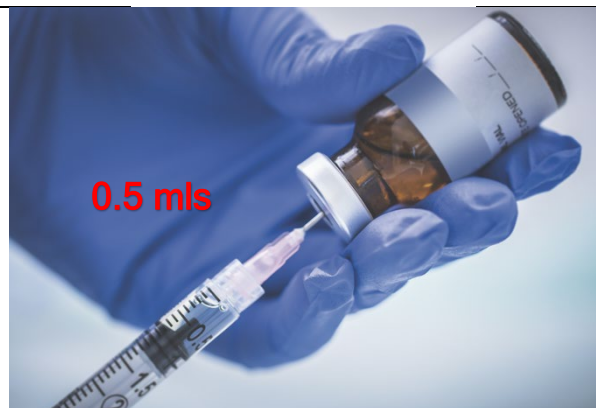
**DO NOT SHAKE!**

**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

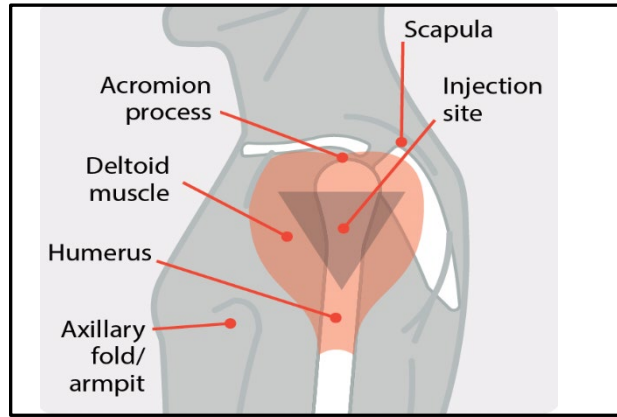


• Administer Vaccine Dose:

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 (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
  - Diphenhydramine 50 mg IV/IO or intramuscular
  - Albuterol 2.5 mg nebulized if wheezing/dyspnea, may repeat x 1
  - Initiate transport per local EMS protocols
  - Consult OLMC for additional epinephrine/push dose pressor as needed
  - Report any adverse reactions

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](#)