Title: Pre Exposure Prophylactic Vaccinations and PPD Testing

01. **Purpose:**

The purpose of this policy is to establish guidelines to provide pre-exposure prophylactic vaccinations and PPD testing for qualified members of the jurisdictional fire/rescue/EMS community.

02. **Applicability:**

This procedure is applicable to all uniformed full-time and part-time employees of the Division of Emergency Services and all members of the Washington County Volunteer Fire and Rescue Association (WCVFRA).

03. **Definitions:**

a. Personal Information Sheet – Program form that contains the participant’s personal information.
b. Photo ID – Valid Driver’s License or ID card issued by a federal, State or local Government.
c. Program Coordinator – Individual appointed by the Director of DES to oversee the vaccination and testing program.
d. Vaccine Training Officer – The Paramedic(s) approved by the Jurisdictional Medical Director to administer vaccinations or tests as allowed by the Maryland Institute of Emergency Medical Services Systems (MIEMSS).

04. **Procedures:**

a. The MIEMSS Supplemental Vaccine Testing Protocol will be followed at all times.

b. Only authorized Paramedic licensed personnel will be allowed to administer vaccinations.

c. DES will coordinate the scheduling of vaccination sites.

d. The following personnel may participate and receive vaccinations or PPD testing:

   i. Members or employees of a Washington County volunteer fire/rescue/EMS Company.
   ii. Members of a Washington County volunteer fire/rescue/EMS Company auxiliary.
   iii. Employees of the Washington County Division of Emergency Services.
e. Participants in this program must verify the eligibility by:
   i. Photo ID AND
   ii. Membership card, Employee ID or letter on agency or corporation letterhead and signed by
       the sponsoring organization’s Chief or President verifying membership of the participant.

f. Participants must complete the following forms prior to receiving the vaccination or PPD testing. These
   forms will be available at the testing site, on line, at DES or at the local fire/rescue/EMS station. The
   completed forms must be presented at the testing site in order to receive the vaccination or test.
   i. Personal Information Form
   ii. Consent Form for appropriate vaccination or test

g. Participants must wait at the testing site for a period of 30 minutes after receiving the vaccination or test.

h. Storage of Vaccines and Testing Supplies
   i. All biological material will be stored in accordance with the manufacturer’s
      recommendations and any applicable local, state or federal guidelines.
      a. If refrigeration is required, no other items except for medications may be stored in the
         same refrigerator with the biological material.
      b. The temperature will be maintained to the manufacturer’s specifications and logged on
         the appropriate form on a weekly basis.
   ii. All biological material, syringes and needles will be secured at all times when not in use.
   iii. Biological material will be tracked using the Vaccination/PPD Inventory Control Form.

i. Site Operations
   i. The VTO will gain access to the vaccines stored at DES immediately prior to reporting to the
      testing site. Vaccines will remain refrigerated or stored as appropriate during transport and
      testing.
   ii. DES will ensure that a complete set of ALS equipment is available on site during the testing
      site’s operating hours.
   iii. All appropriate paperwork will be brought to the testing site. In order to ensure
      confidentiality, only paperwork needed for the selected site will be on hand.
   iv. At the testing site, the VTO will verify membership and completeness of paperwork prior to
      administering the vaccination or test. Allergies noted will be highlighted.

j. Record Keeping and Reporting
   i. All completed forms will be considered protected health information and will be stored in a
      manner consistent with state and federal regulations.
   ii. The Program Coordinator will be responsible for reporting any adverse reaction via the
      Vaccine Adverse Event Reporting System.
k. Quality Assurance

i. The Program Coordinator will be responsible for performing audits of the vaccination records and Inventory Control Forms on a quarterly basis.

ii. The Program Coordinator will provide a monthly report to the Jurisdictional Medical Director outlining the following:
   a. Number of personnel vaccinated
   b. Number of adverse reactions.

iii. The Jurisdictional Medical Director will perform audits of all files and perform random site visits to ensure compliance with the MIEMSS protocol.

Approved: James Sprecher Jr.,
WCVFRA: President

Approved: R. David Hays,
DES: Director

Approved: Janelle M.
Medical Director: Martin, MD