



IMMUNIZATION

Date: 10/30/2025

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BLS

ALS

LEMSA AUTHORIZATION REQUIRED

Immunization for influenza or COVID-19

- Provide education, required documentation, and answer any patient questions
- Screen for any pertinent contraindications, prior allergic reactions, and recent vaccinations
- May not mix or draw up vaccine
- Administer vaccine IM SO
- Observe for any allergic reactions PRN. Treat reactions per Allergy/Anaphylaxis S-122/S-162

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REPORTING REQUIREMENTS

California EMS Authority (EMSA)

- Report the EMS clinician's name/title and the vaccine recipient's race/ethnicity via the [CoSD EMS Vaccination Report](#), per EMSA requirements.

California Department of Public Health (CDPH)

- Document data on all vaccinations administered into the [California Immunization Registry \(CAIR2\)](#).

Adverse Reactions

- Report adverse reactions to the [Vaccine Adverse Event Reporting System \(VAERS\)](#).