



Administration of COVID-19 vaccines in remote communities

Effective March 18, 2021

While we move through the COVID-19 vaccine distribution, into vaccinating seniors and those living with chronic medical conditions, it becomes more important to provide accessibility to individuals who are in rural and frontier counties or homebound.

With these considerations in mind, COVID-19 vaccines can be administered to homebound individuals or those in rural residential settings safely if vaccine providers (those qualified personnel administering vaccines to individuals) follow these recommendations:

- Be familiar with the information in the EUA Fact Sheet for Immunization providers and have completed the [required trainings](#).
- Review and complete the [pre-vaccination checklist](#) published by CDC to assess for history of allergies.
- Have on-site access to the [Oregon Immunization Program's Guidelines for Managing Severe Adverse Events Following Immunization](#). Please pay close attention to page 8 for oxygen supplies for Rural Areas or where Emergency Medical Service (EMS) response may be delayed.
- For persons, including those homebound individuals, who might be at increased risk for anaphylaxis following vaccination (i.e., persons with a history of anaphylaxis due to any cause), vaccinate in a setting where medical care is immediately available if they experience anaphylaxis following vaccination.
 - If home vaccination is the only option for these persons and, through risk assessment, it is determined that the benefits of vaccination outweigh the potential risk for anaphylaxis, home vaccination providers must be able to manage anaphylaxis. This includes appropriate screening; post-vaccination observation; medications and supplies; staff qualifications for recognition and treatment of anaphylaxis; and ability to contact and availability of emergency medical services in the area.
- Observe patients following COVID-19 vaccination for the following time periods:
 - 30 minutes for persons with a history of an immediate allergic reaction (within 4 hours) of any severity to a vaccine or injectable therapy, and persons with a history of anaphylaxis due to any cause.)
 - 15 minutes for all other persons

- If travel time to nearest medical center is expected to exceed 30 minutes, the vaccination site and/or EMS must be skilled and equipped to provide definitive treatment of anaphylaxis while in transit.

In settings (e.g., remote areas, rural homes) where EMS response may be delayed, providers should have the following medications and supplies at the vaccination site for assessing and managing anaphylaxis:

Equipment list for providers administering vaccine where EMS is not readily available

Required	Suggested
1 multi-dose vial of epinephrine or 3 prefilled syringes or autoinjectors*	Bronchodilator (e.g., albuterol)
Pulse oximeter	H1 antihistamine (e.g., diphenhydramine)
Oxygen	H2 antihistamine (e.g., famotidine, cimetidine)
Nasal cannula	Intravenous fluids
Oxygen face mask/shield with one-way valve	Adult-sized pocket mask with one-way valve (also known as cardiopulmonary resuscitation [CPR] mask)
Breathing bag with mask with O2 regulator	
Oral airways	
Blood pressure cuff	
Stethoscope	

* Providers must be able to respond to early signs of anaphylaxis, with access to Emergency Medical Services as noted above.

* For any cases of anaphylaxis, EMS may need to respond with additional doses of epinephrine and will need to transport patient to the nearest medical center for further evaluation and management.

References

[CDC Vaccinating Homebound Persons With COVID-19 Vaccine](#)

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us