

General Supervision - Medical Assistant Administration of Influenza Vaccines

Approved October 14, 2020

The ongoing COVID-19 pandemic together with increased concerns about influenza warrants alternative measures to better protect the public. To increase the availability of influenza vaccinations and to decrease the risk of COVID-19 exposure to health care providers and patients, for the duration of the public health COVID-19 emergency the Division of Occupational and Professional Licensing modifies under the following circumstances the scope of practice of licensed physicians in Utah pursuant to Utah Code § 58-1-307. This temporary modification does not alter the applicable standard of care for any profession.

A physician licensed in good standing under Chapter 67, Utah Medical Practice Act or Chapter 68, Utah Osteopathic Medical Practice Act, who supervises a medical assistant as defined in Utah Code § 58-67-305(6) or Utah Code § 58-68-305(6), may provide **general supervision** to the medical assistant when the medical assistant is administering influenza vaccinations.

- “General supervision” is defined in Utah Admin Code R156-1-102a - Global Definitions of Levels of Supervision <https://rules.utah.gov/publicat/code/r156/r156-01.htm#T3>.
- The medical assistant shall be adequately trained and shall have demonstrated to a qualified trainer their ability to perform all skills identified at 100%. Documentation regarding the medical assistant’s training shall be signed by the trainer and the medical assistant, and kept in the medical assistant’s personnel file. The documentation shall be made available to the Division and to any surveyors (internal or external) of the medical assistant’s employer upon request.
- During general supervision, the physician shall ensure a written protocol is in place that the medical assistant shall follow to screen vaccine candidates and to deal with any adverse events after immunization. The written protocol shall include:

Patient Screening

Before a vaccination is administered:

1. the medical assistant shall question the vaccine candidate or legal guardian regarding the candidate's:
 - a. previous adverse events after immunization;
 - b. food or drug allergies;
 - c. current health conditions;
 - d. recent receipt of blood or antibody products;
 - e. immunosuppression;
 - f. pregnancy; and
 - g. underlying diseases;
2. the supervising physician shall review the vaccine, and the vaccine candidate's

screening information; and

3. the vaccine candidate or legal guardian shall be informed of the specific benefits and risks of the vaccine offered, and provided the appropriate Vaccine Information Statement.

Adverse Events

1. The clinic shall post in a prominent place in the clinic an emergency plan to be implemented in case of an adverse event after immunization, including the treatment of severe or potentially life-threatening systemic anaphylaxis. The plan shall include:
 - a. the phone number of the local EMS;
 - b. the phone number of the supervising physician;
 - c. the roles of:
 - i. the supervising physician;
 - ii. other participating health care providers; and
 - iii. the administering medical assistant; and
 - d. dosing instructions for epinephrine and diphenhydramine according to the protocol established by the supervising physician.

2. If an adverse event occurs, the supervising physician//medical assistant shall complete and submit the Vaccine Adverse Event Reporting System (VAERS) form to the supervising physician, to the CDC, and to the patient's primary care practitioner, if known.