



Department of Health

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ADVISORY FROM THE CENTER FOR EMS

#2021.04

To: EMS Service Chiefs, Coordinators, Medical Directors, Training Officers, EMS practitioners
From: Jason M. Rhodes, MPA, AEMT-C, Chief
Date: August 24, 2021
Re: COVID-19 Emergency Regulation

On August 17, 2021, [emergency regulation 216-RICR-20-15-8](#) was promulgated by the Director of Health. The requirements of this regulation pertain to Rhode Island health care workers, including all levels of EMS practitioners, as defined in the “health care worker” and “health care provider” sections.

All provisions of the emergency regulation are effective for all licensed EMS practitioners, as defined in the [Emergency Medical Services Regulation \[216-RICR-20-10-2\]](#), including emergency medical responders (EMRs), emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), advanced emergency medical technician- cardiacs (AEMT-Cs) and paramedics.

The emergency regulation does provide for medical exemptions for the required vaccination. Please follow the link to the [RIDOH COVID-19 vaccination medical exemption form](#), which explains what the allowable medical exemptions are. This form must be signed and verified by a prescribing health care provider (physician, physician’s assistant or advanced practice registered nurse).

The provision for unvaccinated personnel to begin twice-weekly testing is effective August 25, 2021. For further information regarding testing sites and how to receive vaccinations, please go to Rhode Island’s [COVID-19 Information Portal](#).

The goals of the emergency regulation are to protect Rhode Island’s invaluable health care workers and practitioners, including all personnel within the EMS system, to prevent person to person spread of the

highly transmissible delta variant of COVID-19 and to protect the health of all Rhode Islanders. Please continue to employ all other preventative measures.

Please address any questions to Chief Jason M. Rhodes at jason.rhodes@health.ri.gov.



Medical Immunization Exemption Certificate For Use in Health Care Facilities

Section 1: Health Care Facility and Worker Information

| | | | | |
|-------------------------------|-----------------|----------------|-----------|--------|
| NAME OF HEALTH CARE FACILITY: | STREET ADDRESS: | CITY: | ZIP CODE: | PHONE: |
| HEALTH CARE WORKER NAME: | | DATE OF BIRTH: | | |
| STREET ADDRESS: | CITY: | ZIP CODE: | PHONE: | |

Section 2: For Health Care Provider Use Only: Please provide name, address, vaccine contraindication(s), signature and date.

| | | | | |
|------------------------------|-----------------|-------|-----------|--------|
| NAME OF HEALTH CARE PROVIDER | STREET ADDRESS: | CITY: | ZIP CODE: | PHONE: |
|------------------------------|-----------------|-------|-----------|--------|

I certify that due to the contraindication(s) checked below the above-named individual is exempt from receiving the required vaccine(s):

COVID-19 Vaccine

| Vaccine | Contraindication(s) to vaccination |
|--|---|
| COVID-19 vaccine (any vaccine against COVID-19 that is authorized by the U.S. Food and Drug Administration or World Health Organization, and Novavax) | <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after previous dose or to a component of the vaccine <input type="checkbox"/> Immediate allergic reaction* of any severity after a previous dose or known (diagnosed) allergy to a component of the vaccine <input type="checkbox"/> History of myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine** <input type="checkbox"/> History of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination*** <p>*Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.</p> <p>** See "Considerations for vaccination of people with certain underlying medical conditions" in <i>CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</i> for more information https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions</p> <p>***People with a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination may receive COVID-19 vaccination after the episode of myocarditis or pericarditis has resolved. See "Considerations for vaccination of people with certain underlying medical conditions" in <i>CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</i> for more information https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions</p> <p>For all interim clinical considerations for use of COVID-19 vaccines currently authorized in the United States, please see: Interim Clinical Considerations for Use of COVID-19 Vaccines CDC</p> |

Health Care Provider Signature

Date