



Guidance for Hospitals and Federally Qualified Health Centers Staff for COVID-19 Vaccination Week 2

Prioritization of Healthcare Personnel and Other Populations for COVID-19 Vaccination

Limited amounts of COVID-19 vaccine will be available during the first phase of the COVID-19 vaccination program in New York. The New York State Department of Health is developing a prioritization and allocation framework based on guidance from the Advisory Committee on Immunization Practices (ACIP). During this first phase, ACIP recommends that vaccines be provided to critical populations according to three sub-phases:

- Phase 1A: Healthcare personnel (i.e. paid and unpaid personnel working in a healthcare setting), first responders in medical roles such as emergency medical services providers, Medical Examiners and Coroners, funeral workers, and persons living in and working in Long Term Care Facilities (LTCFs) including congregate settings overseen by OPWDD, OMH and OASAS
- Phase 1B: Other essential workers
- Phase 1C: Adults with high-risk medical conditions and people 65 years of age or older not already vaccinated in earlier phases

The total number of healthcare personnel in New York State (including New York City) is estimated at more than 2 million, spanning a diverse group of settings such as hospitals, long term care facilities, home care, emergency medical services, and ambulatory care. Hospitals must be prepared for an initial supply of vaccine that will not cover the entire health care workforce at once. The NYSDOH is directing hospitals and health systems to follow this guidance for prioritization of their workforce during the initial period of limited supply.

Prioritization for the Second Week of COVID-19 Vaccination

For the week of December 21, 2020, hospitals and Federally Qualified Health Centers (FQHCs) will receive the Moderna COVID-19 vaccine. The following populations are prioritized for vaccination:

- High-risk hospital and FQHC staff, including OMH psychiatric centers
- Emergency Medical Services (EMS) personnel
- Medical Examiners and Coroners
- Funeral workers who have direct contact with infectious material and bodily fluids
- Agency staff and residents in congregate living situations run by the Office of People with Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH)
- Office of Addiction Services and Supports (OASAS) staff.

The table below summarizes which groups are prioritized and who is responsible for vaccinating them. This includes residents of congregate settings where duration of stay makes it possible to vaccinate.

Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them – NYC
All EMS	Hospitals	Hospitals FDNY (only for members of department) New York City Department of Health and Mental Hygiene (NYCDOHMH) with NYC REMSCO
All FQHC Staff following the clinical risk assessment guidance	FQHC	FQHC NYCDOHMH
OPWDD – Staff and residents	Hospitals or FQHCs	Hospitals or FQHCs or Affiliated Physicians or YAI Premier Health Care
OMH State Operated – Staff and residents	OMH Psychiatric Centers	OMH Psychiatric Centers
OMH Voluntary Operated – Staff and Residents	Hospitals or FQHCs	Hospitals or FQHCs or Affiliated Physicians or YAI Premiere Health Care
OASAS State Operated – Staff	OMH Psychiatric Hospitals	OMH Psychiatric Hospitals
OASAS Voluntary Operated -Staff	Hospitals or FQHCs or OMH Psychiatric Hospitals	Hospitals or FQHCs or Affiliated Physicians or YAI Premier Health Care or OMH Psychiatric Hospitals
All medical examiners and coroners, funeral workers,	Hospitals	Hospitals and OCME/NYCDOHMH
Hospital high-risk staff, following the clinical risk assessment guidance	Hospitals	Hospitals

Hospital and FQHC Responsibilities

This guidance describes how each hospital and FQHC must prioritize which staff receives the vaccination first and how to schedule other priority populations for vaccination within your facility. The prioritization process applies to every hospital and FQHC in New York State, however, not every hospital and FQHC will receive a vaccine shipment. In addition, long term care facilities, Emergency Medical Services providers, or additional employers of high-risk personnel will not receive direct shipments of the vaccine. Rather, hospitals and FQHCs with vaccine allocations will function as centers at which prioritized staff working or living at hospitals, other health facilities, targeted populations or congregate settings outside their system will be vaccinated. Key points include that each hospital and FQHC:

- will be notified about how much of the vaccine received will be allocated for staff within that hospital.
- will be notified about which additional facilities or agencies will be sending staff or residents to be vaccinated.
- will be required to provide a schedule for vaccine administration to individuals outside their facility beginning December 23, 2020 via a survey provided by the Department of Health.
- will be provided access to the Department's Countermeasure Data Management System (CDMS) where the priority populations outside the facility will be scheduled for vaccinations in times provided by the hospital or FQHC.
- may not be able to vaccinate their entire Phase 1A staff from the same shipment. Hospitals and FQHCs will not be able to move to the next level of prioritization unless and until explicit permission is granted by New York State.

Identify staff prioritized for vaccine within the hospital or FQHC

The first group to be vaccinated will be health care personnel within the hospital or FQHC at high risk for transmitting or becoming infected with COVID-19. This group includes not only clinicians, but any staff who work in settings where transmission is likely, or who are at higher risk of transmitting the virus to patients who are at elevated risk of severe morbidity or mortality. This includes those who are paid and unpaid and who have the potential for direct or indirect exposure to patients or infectious materials.

1. Identify and rank high-risk work locations within the hospital or FQHC. This will include locations where:

- Patients with COVID-19 are provided with direct care;
- Aerosolizing procedures are performed;
- Exposure to the public occurs in an uncontrolled way (reception areas, cafeterias etc.);
- There are patients with a greater risk of morbidity and mortality if exposed (oncology, pediatrics, etc.); or
- There are employed staff, voluntary staff, contractors and volunteers who meet the criteria.

This could include medical and pediatric intensive care units, emergency departments, COVID-19 wards (if applicable), internal medicine and pediatric floors, oncology floors, bone marrow transplant units, HIV units, labor and delivery, obstetrics, operating rooms, and others. For FQHCs this should include areas where

patients are seen in person. This does not include those staff who do telehealth only or those staff who are able to socially distance in an office or at home.

Rank all locations in the hospital or FQHC according to volume of COVID-19 patients seen, volume of all types of patients seen, acuity, numbers of patients at risk for severe COVID-19 disease, and numbers of procedures performed. Each ranking level may have several locations within it. Rank your locations from 1 (most at risk) to 5 (least at risk) using the matrix attached. Locations will be vaccinated in order from a score of lowest to highest.

2. Identify all job roles or job titles in each location that meet the following criteria:

- Staff who work directly with COVID-19 patients or infectious materials, for example, by providing direct care, cleaning rooms occupied by COVID-19 patients, handling the deceased bodies, delivering food or performing transport services.
- Staff who perform procedures with higher risk of aerosolization.
- Staff who have uncontrolled exposure to patients or the public in a way that may increase the risk of transmission.
- Staff who touch shared surfaces or common items.
- Staff who are unable to work remotely, such as those who provide direct patient care or are essential to the functioning of the ward such as clerks or secretaries who need to be on site.

Using the same scale of 1 (most at risk) to 5 (least at risk):

Step 1

- Score all staff who meet the above criteria and who work on the same floor or ward according to age and work or home location, using the attached matrix.
- Rank the individual staff members in each location according to their score from lowest to highest.
- Begin with those locations that score the lowest and proceed through all locations.

Step 2

- Divide staff into 3 groups on each ward, floor or location. Start by vaccinating staff with the lowest score, then proceed to those with higher scores, in order.
- If many staff have the same score, prioritize staff by age or comorbidities if known. Staff with the same score can also be randomly assigned to be vaccinated.

Step 3

- **You can stop** when 1/3 of the staff on a given floor or location are vaccinated. Vaccinating in three groups will enable each ward or floor to have adequate staff coverage if those who are vaccinated experience side effects that keep them from working. This is a suggestion and not a requirement.
- As vaccine becomes available and the first third of staff in each location are vaccinated, the second group (or third) can be vaccinated. Once all staff in group two are vaccinated, then group three can be vaccinated.

Plan immediately for the second COVID-19 dose

Make appointments for staff and those from other priority populations to receive the second dose 21 or 28 days (depending on which vaccine is used) later at the time the first dose is administered. It is important to send frequent reminders about when and where to receive the second dose. All vaccinated staff must be tracked to ensure they get the second matching dose on time. Individuals must receive two doses of the same vaccine (e.g., you must receive two doses of the Pfizer vaccine or two doses of the Moderna vaccine; they are not interchangeable).

Vaccination of those from outside of the facility

The New York State Department of Health (NYSDOH) will let you know which populations of staff or residents will be coming to your facility for vaccination from other agencies or priority groups. These persons will be vaccinated according to the instructions of the NYSDOH. It is not the responsibility of the hospital or FQHC to reach out to the populations outside of their facility as they will be provided links to the designated schedule by the Department.

Planning for a second dose will need to occur for all facility staff and, also, those coming from outside the facility. However, please note the initial allocation is for the first dose of the vaccine. Do not reserve vaccine for the second dose as these will be shipped to your facility separately.

Vaccine Safety

Post-vaccination monitoring is an essential part of the COVID-19 vaccination program. The Centers for Disease Control and Prevention (CDC) is promoting and encouraging all those being vaccinated to participate in V-Safe, a smart-phone based application that will allow those vaccinated to enter their symptoms in the days after vaccination using text messaging. V-Safe also provides reminders for the second dose and telephone follow up for anyone who reports medically significant adverse events. V-Safe materials can be found at <http://www.cdc.gov/vsafe>, including a V-Safe information sheet. Please print out the information sheet and hand to each person vaccinated.

Equity

All workers who meet criteria for vaccination must be included, regardless of job title. For example, doctors, registered nurses, licensed practical nurses, certified nursing assistants, personal care assistants, environmental workers, ward clerks, dietary workers, and others who work on the same floor or ward and who have direct contact with COVID-19 patients should all be eligible for vaccination at the same time.

Communicating the Plan

Please be sure to clearly communicate how prioritization will work to hospital staff. Identify the individuals who meet the prioritization criteria and communicate to them your plan for offering COVID-19 vaccine. Hospitals and FQHCs should consider implementing an appointment schedule to make it possible to

complete the first dose of the vaccine series for your high-risk personnel within 10 days of receiving the vaccine. All hospitals and FQHCs, whether administration sites or sending staff to another entity to receive the vaccine, are required to track uptake among their staff and keep records of staff that decline vaccination.

This guidance is in effect from the date of issuance until it is updated, or additional guidance is issued by NYSDOH. For questions, please contact the New York State Department of Health, Bureau of Immunization at COVID19vaccine@health.ny.gov.