



## **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.

<b>Vaccine Recipient Group</b>	<b>Who is vaccinating them - NYS</b>	<b>Who is vaccinating them – NYC</b>
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](mailto:COVID19vaccine@health.ny.gov).



**Guidance for the NYS Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and Office of Addiction Services and Support (OASAS)**

**Prioritization of Essential Healthcare and Direct Support Personnel as well as High Risk 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 (NYSDOH) 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) and long-term, 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. OPWDD, OMH and OASAS must be prepared to work with local hospitals, Federally Qualified Health Centers (FQHCs) or other health service providers that have enrolled in the NYS COVID-19 Vaccination Program to administer COVID-19 vaccine in their efforts to provide access to vaccinations to staff and residents. It is likely that the initial supply of vaccine will not cover all health care workers, or, for OMH and OPWDD, all persons living in or being cared for by facilities overseen by the agency, at once. The NYSDOH is directing OPWDD, OMH and OASAS to follow this guidance for prioritization of their workforce, and in some cases, priority populations, 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 FQHCs will receive the Moderna COVID-19 vaccine. The following populations are prioritized for vaccination during week two:

- High-risk hospital staff including staff at State-operated OMH psychiatric centers
- Emergency medical services personnel
- Medical Examiners and Coroners
- Funeral workers who have direct contact with infectious material and bodily fluids

- Health care or other high-risk direct care essential staff working in LTCFs and congregate settings overseen by OPWDD, OMH and OASAS, as outlined below
- Persons living in or being cared for at LTCFs and those congregate settings overseen by OPWDD and OMH

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 or FQHC
- will be required to set aside vaccine to be used for OPWDD, OMH and OASAS populations.
- 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) which the priority populations outside the facility will use to schedule vaccination during 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.

The table below summarizes which groups are prioritized and who is responsible for vaccinating them.

Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them – NYC
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 Premier Health Care
OASAS – Staff of ATCs co-located with OMH State PCs	OMH Psychiatric Hospitals	OMH Psychiatric Hospitals
OASAS – All Other 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

## **Responsibilities of OPWDD, OMH and OASAS**

This guidance describes how OPWDD, OMH and OASAS must prioritize which staff receive the vaccination first and how to work with hospitals or FQHCs to schedule vaccination appointments for prioritized staff. The prioritization process acknowledges that there may not be enough vaccine to vaccinate all designated staff at the same time. Vaccination providers (FQHCs and Hospitals to start) will function as centers at which prioritized populations will be vaccinated. Key points include:

- Vaccination providers will be asked to set aside vaccine to be used for OPWDD, OMH and OASAS populations and notified about which additional facilities or agencies will be sending staff or residents to be vaccinated.
- OPWDD, OMH and OASAS facilities will be directed to contact designated vaccination providers to schedule vaccinations for prioritized staff and residents.
- OPWDD, OMH and OASAS facilities may not be able to have their entire Phase 1A staff or residents vaccinated at once. Facilities must not move to the next level of prioritization until explicit permission is granted by their respective state agency and, if needed the NYSDOH.
- It is not the responsibility of the vaccination provider to reach out to populations outside of their facility to arrange scheduling. OPWDD, OMH and OASAS will be provided links to the designated vaccine provider by the Department. Agencies and facilities should work with vaccination provider partners (hospitals and FQHCs) on arranging and scheduling vaccine efforts.

## **Prioritized staff for vaccine**

The first group to be vaccinated will be health care or other high-risk direct care essential staff working in long term, congregate settings overseen by OPWDD, OMH and OASAS that are at high risk for transmitting or becoming infected with COVID-19. This group includes any staff who work in settings where transmission is likely, or who are at higher risk of transmitting the virus to residents/patients who are at elevated risk of severe morbidity or mortality. This includes staff who are paid and unpaid and who have the potential for direct or indirect exposure to patients, residents or infectious materials.

### **1. Identify and rank high-risk residential and treatment facilities within the Agency network. This will include residential facilities where:**

- Patients or residents with suspected or confirmed COVID-19 are provided with direct care;
- Aerosolizing procedures are performed;
- Exposure to the public cannot be controlled (reception areas, cafeterias etc.);
- There are patients or residents with a greater risk of morbidity and mortality if exposed; or
- There are employed staff, voluntary staff, contractors and volunteers who meet the criteria.

Rank all work locations/residence types in the Agency setting according to the above bulleted list, taking into consideration the volume of COVID-19 patients or residents being cared for or housed, the acuity of care provided, the numbers of patients or residents at risk for severe COVID-19 disease, and, if

applicable, the numbers of aerosolizing procedures performed. 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, delivering food or performing transport services;
- Staff who perform procedures with higher risk of aerosolization;
- Staff who have uncontrolled exposure to patients, residents or the public in a way that may increase the risk of transmission; and
- Staff who touch shared surfaces or common items.

**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 or within the same residence according to age and work location.
- 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 residence. 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 vaccinations when 1/3 of the staff on a given ward, floor or residence is vaccinated. Vaccinating in three groups will enable each location to have adequate staff coverage if those who are vaccinated experience side effects that keep them from working. This is a suggestion, not a recommendation.
- 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.

## **3. Plan immediately for the second COVID-19 dose**

Work with designated hospitals and FQHCs to make appointments for staff and, if applicable, patients and residents, 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 and residents 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).

## **For OPWDD and OMH: Prioritize Residents and Patients for Vaccination**

Since initial allocations of vaccine may not be enough to cover all residents or patients of any given facility at the same time, residents and patients must be prioritized by age, number of co-morbidities, and severity of existing disease or comorbidities. Settings overseen by OPWDD and OMH should work with their vaccination provider partners on vaccine efforts. Coordinated planning between the agencies and vaccination providers for both the first and second dose will need to occur to ensure full coverage over time for all patients/residents.

### **Vaccine Safety**

Post-vaccination monitoring is an essential part of the COVID-19 vaccination campaign. 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. Vaccination providers will provide an information sheet 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, direct support professionals, personal care assistants, environmental workers, ward clerks, dietary workers, and others who work on the same floor, ward and who have direct contact with COVID-19 patients should all be eligible for vaccination at the same time. For OPWDD and OMH, equity for all consenting patients and residents is also expected.

### **Communicating the Plan**

Please be sure to clearly communicate how prioritization will work to staff (and patients/residents/their legal guardians or representatives, if applicable). For staff, identify those who meet the prioritization criteria and communicate to them your plan for offering COVID-19 vaccine. Agencies 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. While vaccination information will be submitted to the NYSDOH by the partnering vaccination providers, all agencies and facilities must track uptake among their staff (and patients/residents, if applicable) 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](mailto:COVID19vaccine@health.ny.gov).



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### **Guidance for Emergency Medical Services Personnel to Receive 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 (NYSDOH) 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 (EMS) providers, Medical Examiners and Coroners, funeral workers, and persons living in and working in Long-Term Care Facilities (LTCFs)
- 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 two million, spanning a diverse group of settings such as hospitals, long-term care facilities, home care, EMS, and ambulatory care. EMS providers must be prepared to work with local hospitals and others to receive COVID-19 vaccine. It is possible that the initial supply of vaccine may not cover all emergency medical service providers at one time. The NYSDOH is directing all EMS personnel 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 during week two:

- High-risk hospital staff including State operated OMH psychiatric centers
- EMS personnel
- Medical Examiners and Coroners
- Funeral workers who have direct contact with infectious material and bodily fluids
- Health care or other high-risk direct care essential staff working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH and OASAS, as outlined below
- Persons living in LTCFs and in long term, congregate settings overseen by OPWDD and OMH

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 vaccine in times provided by the hospital or FQHC; and
- 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.

Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them – NYC
All EMS	Hospitals	Hospital  FDNY (only members of FDNY)  New York City Department of Health and Mental Hygiene (NYCDOHMH) with NYC REMSCO

**Responsibilities of EMS Employers or Organizations**

This guidance describes how EMS organizations must prioritize which staff receives the vaccine first. Hospitals throughout New York State, as well as the New York City Fire Department (FDNY) and the New York City Department of Health and Mental Hygiene (NYCDOHMH) will function as centers at which EMS personnel will be vaccinated according to the chart below. The prioritization process acknowledges that not every vaccination site may receive enough vaccine to vaccinate all EMS personnel in their area at the same time. Key points include:

- EMS agencies will be notified where their primary vaccination distribution location(s) will be. EMS agencies should communicate with their EMS providers to determine where and when each provider should go for vaccination. Most vaccination sites in Phase 1A will be in at a hospital, except for those in New York City. New York City will have a separate site for municipal EMS providers, and two additional sites for non-hospital EMS providers which will be operated by NYC DOHMH and NYC REMSCO.
- Each EMS organization may not be able to have their entire Phase 1A staff vaccinated at the same time or from the same shipment. EMS agencies should create a schedule that send staff over a period of time to be vaccinated.
- EMS agency leadership should work with their local hospital partners or the NYCDOHMH/NYC REMSCO to arrange and schedule vaccination.

- EMS providers will be notified about a link to CDMS that will be used to register for a time to receive a vaccine.

### **Identify staff prioritized for vaccine**

All EMS personnel who provide direct services to patients are prioritized to receive vaccine. This does not include those who work in an office or who are dispatchers, for example. This includes career staff and volunteers, who have the potential for direct or indirect exposure to patients. It also includes employed staff, Ambulance Emergency Vehicle Operators, contractors, Non-Certified Ambulance Assistants, and volunteers who meet the criteria of having direct patient contact.

Within your agency, it may be difficult to prioritize EMS providers who respond in the field according to risk of possible exposure or procedures performed. EMS agencies must consider prioritizing providers who are at increased risk due to age or co-morbidities. It may be advisable to divide staff into two or three groups to get vaccinated at different times during Phase 1A. This will maintain staffing levels should those who were vaccinated experience side effects that keep them from working. Providers who would have the longest exposure to patients should be prioritized at the highest level. For example, providers who will transport a patient to the hospitals and will spend a prolonged period in the back of an ambulance less than six feet away from the patient should be vaccinated first. After that group, those who provide direct patient care as part of first response, regardless of level of certification, should be vaccinated. When you divide the staff into two or three groups, try to blend the groups. If you are a career agency, blend full-time staff with part-time staff. Volunteer agencies should consider sending some very active staff with some less-active staff. If you are a combination department, blend some career staff with some volunteers. This blended vaccination plan will ensure not all of one category are going to be vaccinated at the same time and will help ensure operational sustainability.

### **Plan immediately for the second COVID-19 dose**

Make appointments for staff to receive the second dose 21 or 28 days (depending on which vaccine is used) later, at the time the first dose is administered and once the ability to make an appointment is available. 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).

### **Proof of Occupation**

EMS providers are considered those staff members of EMS agencies who provide or assist in direct care to patients on an ambulance or in a first response role. EMS providers may be career or volunteer and may work for a hospital EMS department, Fire Department, a municipality, volunteer ambulance company, a third service EMS agency or another similar agency model.

EMS Agencies included in Phase 1A include those who are licensed ambulance or recognized fire response agencies with certified providers who provide direct patient care on a regular basis.

Since the vaccine is scarce, it is important to bring proof of working/volunteering as an EMS provider to the vaccination site. This could include an EMS agency ID card, a letter from an EMS agency, or a pay stub. Alternatively, employers or organizations can provide a list of staff who meet the criteria for vaccination.

All certified providers must have proof of New York State certification and agency affiliation with them when they go to be vaccinated.

### **Vaccine Safety**

Post- vaccination monitoring is an essential part of the COVID-19 vaccination campaign. 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 EMS personnel who meet criteria for vaccination must be included, regardless of title. For example, employed staff, Emergency Vehicle Operators (non-certified drivers), contractors, and volunteers who meet the criteria 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 staff. Identify those who meet the prioritization criteria and communicate to them your plan for offering COVID-19 vaccine. Organizations should consider implementing an appointment schedule to make it possible to complete the first dose of the vaccine series. While vaccination information will be submitted to the NYSDOH or the NYCDOHMH by the partnering vaccination providers, all EMS organizations must track uptake among their staff and keep records of staff who 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 at [COVID19vaccine@health.ny.gov](mailto:COVID19vaccine@health.ny.gov).



## **Guidance for Medical Examiners, Coroners, and Funeral Workers to Receive 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 (NYSDOH) 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 (EMS) providers, Medical Examiners and Coroners, funeral workers, and persons living in and working in Long-Term Care Facilities (LTCFs)
- 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 two million, spanning a diverse group of settings such as hospitals, long-term care facilities, home care, EMS and funeral workers who work with infectious materials or bodily fluids. Medical Examiners, Coroners, and funeral workers must be prepared to work with local hospitals, the Office of the Chief Medical Examiner of the City of New York (OCME) or the New York City Department of Health and Mental Hygiene (NYCDOHMH) to receive COVID-19 vaccine. It is possible that the initial supply of vaccine may not cover all personnel in these categories. The NYSDOH is directing all included personnel and their organizations to work with the vaccinator designated in the chart below to arrange for vaccination of staff.

### **Prioritization for the Second Week of COVID-19 Vaccination**

For the week of December 21, 2020, hospitals and FQHCs will receive the Moderna COVID-19 vaccine. The following populations are prioritized for vaccination during week two:

- High-risk hospital staff including State operated OMH psychiatric centers
- Emergency medical services personnel
- Medical Examiners and Coroners
- Funeral workers who have direct contact with infectious material and bodily fluids
- Health care or other high-risk direct care essential staff working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH and OASAS, as outlined below
- Persons living in LTCFs and in long term, congregate settings overseen by OPWDD and OMH

Key points include that each hospital, the OCME, or the NYCDOHMH:

- will be notified about how much of the vaccine received will be allocated for staff within that facility;
- 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 Disease Management System (CDMS) where the priority populations outside the facility will be scheduled for vaccine in times provided by the hospital or FQHC; and
- may not be able to vaccinate their entire Phase 1A staff from the same shipment. Vaccinators will not be able to move to the next level of prioritization unless and until explicit permission is granted by New York State.

The table below shows where groups will go to get vaccinated.

Vaccine Recipient Group	Who is vaccinating them – NYS	Who is vaccinating them – NYC
All medical examiners and coroners, funeral workers	Hospitals	Hospitals and OCME/NYCDOHMH

**Responsibilities of Medical Examiners, Coroners, and Funeral Workers**

Hospitals, the OCME, and the NYCDOHMH will function as centers at which personnel will be vaccinated. The prioritization process acknowledges that not every vaccination site may receive enough vaccine to vaccinate all Medical Examiners, Coroners or funeral workers in their area at the same time. Key points include:

- Hospitals, the OCME or the NYCDOHMH in the area in which you work will be vaccinating your staff.
- You will be informed about where you can expect to be vaccinated.
- Each vaccinating site may not be able to vaccinate the entire Phase 1A staff from the same shipment. If that happens, plan with your vaccinator to return for vaccine when vaccine is available.
- You will be provided with a schedule of times that are available for your members to be vaccinated.
- You will be provided a link to use CDMS to register for an appointment.

**Identify staff prioritized for vaccine**

All Medical Examiners, Coroners and funeral workers who have contact with infectious material and bodily fluids are prioritized to receive vaccine. This does not include those who work in an office, for example. This includes staff who are paid and unpaid and who have the potential for contact with infectious material and bodily fluids. It also includes employed staff, contractors and volunteers who meet the criteria.

It may not be possible to prioritize staff who meet these criteria, since all Medical Examiners, Coroners and funeral workers likely perform these duties. Therefore, personnel should be prioritized according to age or co-morbidities if known. If there are not enough doses to vaccinate all employees, it might be necessary to randomize staff to receive vaccine. It may be advisable to divide staff into two or three groups to get vaccinated at different times, in order to maintain staffing levels should those vaccinated experience side effects that keep them from working.

### **Plan immediately for the second COVID-19 dose**

Make appointments for staff to receive the second dose 21 or 28 days (depending on which vaccine is used) later, at the time the first dose is administered, if possible. 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).

### **Proof of Occupation**

Since the vaccine is scarce, it is important to bring proof of working as a Medical Examiner, Coroner, or funeral worker to the vaccination site. This could include an employee ID card, a letter from an employer or affiliated organization, or a pay stub. Alternatively, employers could create a list of staff who are eligible for vaccination with their vaccination partner.

### **Vaccine Safety**

Post vaccination monitoring is an essential part of the COVID-19 vaccination campaign. 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 ensure that each person vaccinated receives a copy.

### **Equity**

All medical examiners, coroners, and funeral workers who meet criteria for vaccination must be included, regardless of title and should all be eligible for vaccination at the same time, subject to this guidance.

### **Communicating the Plan**

Please be sure to clearly communicate to staff how prioritization will work. Identify those who meet the prioritization criteria and communicate to them your plan for having them receive COVID-19 vaccine. Organizations will need to let their staff know how to schedule an appointment using CDMS for first dose of the

vaccine series. While vaccination information will be submitted to the NYSDOH or the NYCDOHMH by the partnering vaccination providers, all organizations must track uptake among their staff and keep records of staff that decline vaccination.

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