



Department of Health

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Guidance for Facilities Receiving COVID-19 Vaccine

Weeks 1-4 New York State Vaccination Program

Phase 1A Only

Summary of key points:

- This guidance supersedes and replaces previously issued Week 1 and Week 2 Phase 1A Guidance.
- COVID-19 vaccine must be given according to the prioritization plan established by the New York State Department of Health (NYSDOH), based on ACIP recommendations.
- The first group to be vaccinated at any facility or vaccination site will be health care personnel within the facility at high risk for transmitting or becoming infected with COVID-19, including direct care, administrative staff, and food and housekeeping services staff who have contact with patients or infectious materials.
- After the front-line high-risk staff are vaccinated, facilities must vaccinate the next priority groups as detailed below. Facilities that are told to set aside allocations in order to vaccinate priority groups that do not have medical staff onsite must do so.
- The vaccine cannot be used for any other populations or groups other than those the facility is instructed to vaccinate at this time.
- If at any point, all eligible and appropriate staff as well as all prioritized groups have been vaccinated and there are vaccine doses remaining, facilities must contact the NYSDOH at COVID19vaccine@health.ny.gov.
- Vaccine cannot be transported to another location without the approval and consent of the NYSDOH. Facilities needing to transport vaccine should submit a completed redistribution form to COVID19vaccine@health.ny.gov and wait for approval.
- Those who are administering the vaccine should be prioritized to receive vaccine as soon as doses are available.
- Urgent Care Center staff will be eligible to receive COVID-19 vaccine in week 3, beginning December 28th.

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, ambulatory care providers, and persons living in and working in Long Term Care Facilities (LTCFs) including congregate settings overseen by Office of People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH) and Office of Addiction Service and Support (OASAS).
- Phase 1B: Essential frontline workers and those 75 years of age and older
- Phase 1C: Other essential workers, those 16 years of age and older with high-risk medical conditions and people 65 years of age and older.

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, LTCF, home care, emergency medical services, and ambulatory care. Vaccine providers must be prepared for an initial supply of vaccine that will not cover your entire health care workforce at once. The NYSDOH is directing all vaccine providers to follow this guidance for prioritization of their workforce during the initial period of limited supply.

The cover memo indicates new prioritization groups added this week. Table 1 at the end of the document shows prioritization by week. Table 2 displays where prioritized groups should go to be vaccinated.

Vaccinator Responsibilities

This guidance describes steps that each vaccinating facility must take as a condition to receiving COVID-19 vaccine.

Each facility that receives vaccine:

- will be notified about how much vaccine will be received.
- must prioritize which of their own staff receives vaccination first.
- must vaccinate those who are administering the vaccine.
- will need to schedule other priority populations for vaccination within the facility.
- 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 at times provided by the facility.
- may not be able to vaccinate their entire Phase 1A staff from the same shipment.
- may have enough vaccine to vaccinate those from priority populations outside the facility.

Identify staff prioritized for vaccine within the facility receiving vaccine

The first group to be vaccinated will be health care personnel within the facility 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.

Identify those staff who work 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.); and/or
- There are employed staff, voluntary staff, contractors and volunteers who meet the criteria.

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.

If there is insufficient vaccine to vaccinate all your front line, high-risk staff, it may be necessary to rank your employees according to age, high-risk medical conditions if known, or by randomly selecting those to 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 later (depending on which vaccine is used) 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 matching second 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. Priority groups will receive the second dose in the same order as the first dose was administered.

Vaccination of those from outside of the facility

The 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 facility receiving vaccine 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. Again, all vaccine must be used in**

the week you receive it.

Proof of Occupation

Since vaccine is scarce, it is important that individuals being vaccinated that come from outside the facility bring proof of working as a health care staff member or in a prioritized profession 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 or organizations can provide a list of staff who meet the criteria for vaccination.

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 all staff and provide updates. Identify the individuals who meet the prioritization criteria and communicate to them your plan for offering COVID-19 vaccine. Facilities should consider implementing an appointment schedule to make it possible to complete the first dose of the vaccine series for your high-risk personnel as soon as possible after receiving the vaccine. All facilities are required to 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, Bureau of Immunization at COVID19vaccine@health.ny.gov.

New York State Vaccination Program Guidance
Week-By-Week Prioritization and Vaccination Location
Phase 1A Only

Table 1: Prioritization

Week:	Facilities receiving vaccine:	Populations prioritized:
1 (Beginning of campaign)	- Hospitals	- High-risk hospital staff, affiliates, volunteers and contract staff, following the clinical risk assessment guidance
2 (Beginning 12/21/20)	- Hospitals - FQHCs	- High-risk hospital staff including State-operated OMH psychiatric centers - Emergency Medical Services (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 - Persons living in LTCFs and in long-term congregate settings overseen by OPWDD and OMH
3 (Beginning 12/28/20)	- Hospitals - FQHCs - Urgent Care Centers (UCCs)	- High-risk hospital and FQHC staff, including OMH psychiatric centers - Emergency Medical Services (EMS) Personnel - Medical Examiners and Coroners - Agency staff and residents in congregate living situations run by the Office of People with Developmental Disabilities (OPWDD) the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS). - Urgent Care providers - Any staff administering COVID-19 Vaccinations -
4 (Beginning 1/4/21)	- Hospitals - FQHCs - Urgent Care Centers (UCCs)	All populations included in week 3, as well as: - All Outpatient/Ambulatory front line, high risk health care providers who provide direct in-person patient care or other staff in a position where they have direct contact with patients, such as receptionists, of any age.

	- Regional Hubs and/or Local Health Departments	- All front line, high risk public health workers who have direct contact with patients, including those conducting COVID-19 Tests
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Table 2: Where to Be Vaccinated		
Detailed Vaccine Prioritized Groups & Responsibility for Vaccination – Week 1		
Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them - NYC
Hospital high-risk staff, following the clinical risk assessment guidance	- Hospitals	- Hospitals
Detailed Vaccine Prioritized Groups & Responsibility for Vaccination – Week 2		
Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them - NYC
All EMS	- Hospitals	- Hospitals - FDNY (only for members of the Department) - New York City Department of Health and Mental Hygiene (NYCDOHMH) with NYC REMSCO
All FQHC staff following the clinical risk assessment guidance	- FQHCs	- FQHCs - 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 Premier Health Care
OASAS State-operated – staff	- OMH Psychiatric Hospitals	- OMH Psychiatric Hospitals
OASAS voluntary operated – staff	- Hospitals or FQHCs	- 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 NYCDOHMH
Hospital high-risk staff, following the clinical risk assessment guidance	- Hospitals	- Hospitals

Detailed Vaccine Prioritized Groups & Responsibility for Vaccination – Week 3 & 4

Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them - NYC
All EMS	<ul style="list-style-type: none"> - Hospitals - UCCs -LHD PODs 	<ul style="list-style-type: none"> - Hospitals - FDNY (only for members of the Department) - New York City Department of Health and Mental Hygiene (NYCDOHMH) with NYC REMSCO - UCCs
All FQHC staff following the clinical risk assessment guidance	<ul style="list-style-type: none"> - FQHCs 	<ul style="list-style-type: none"> - FQHCs - NYCDOHMH
OPWDD – staff and residents	<ul style="list-style-type: none"> - Hospitals or FQHCs - UCCs - LHD PODs 	<ul style="list-style-type: none"> - Hospitals or FQHCs, or - Affiliated Physicians, or - YAI Premier Health Care - UCCs
OMH State-Operated – staff and residents	<ul style="list-style-type: none"> - OMH Psychiatric Centers 	<ul style="list-style-type: none"> - OMH Psychiatric Centers
OMH Voluntary Operated – staff and residents	<ul style="list-style-type: none"> - Hospitals or FQHCs - UCCs -LHD PODs 	<ul style="list-style-type: none"> - Hospitals or FQHCs, or - Affiliated Physicians, or - YAI Premier Health Care

		- UCCs
OASAS State-Operated – staff	- OMH Psychiatric Hospitals	- OMH Psychiatric Hospitals
OASAS Voluntary Operated – staff and residents	- Hospitals or FQHCs - UCCs -LHD PODs	- Hospitals or FQHCs, or - Affiliated Physicians, or - YAI Premier Health Care, or - OMH Psychiatric Hospitals - UCCs
All medical examiners and coroners, funeral workers	- Hospitals - UCCs -LHD PODs	- Hospitals and NYCDOHMH
Hospital high-risk staff, following the clinical risk assessment guidance	- Hospitals	- Hospitals
Urgent Care Center Providers	- UCCs	- UCCs
Staff administering the COVID-19 vaccine	-TBD	-TBD
Outpatient, ambulatory front-line/high-risk healthcare personnel (Week 4 only)	-TBD	-TBD
All front-line, high-risk public health workers who have direct contact with patients (Week 4 only)	-TBD	-TBD

Health care workers at testing sites (Week 4 only)	- TBD	- TBD
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New York State COVID-19 Vaccination Provider Storage and Handling - Overview

A cold chain is a temperature-controlled supply chain that includes all vaccine-related equipment and procedures. As part of the agreement for COVID-19 vaccination providers, providers are required to:

- Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with EUA or vaccine package insert, manufacturer guidance, and CDC Guidance.
- Monitor storage unit temperatures at all times, using equipment and practices that comply with guidance in the [CDC Vaccine Storage and Handling Toolkit](#).
- Comply with [immunization program guidance](#) for handling temperature excursions (contact the manufacturer and also report to vaccinetempexcursion@health.ny.gov).
- Monitor and comply with COVID-19 vaccine expiration dates.
- Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

COVID-19 vaccination providers must have proper storage and temperature monitoring equipment to meet the specific needs of the COVID-19 vaccine product(s) they have in their inventory. This includes the correct vaccine storage unit(s), whether a refrigerator, regular freezer, or ultra-cold freezer.

- Purpose-built, also referred to as “pharmaceutical-grade,” units are preferred and designed specifically for storage of biologics, including vaccines.
- Household-grade units can be an acceptable alternative in some situations.
- Most standard freezer units do not meet ultra-cold freezer requirements for storing vaccine between -60° C and -80° C. However, at this time, CDC does not recommend COVID-19 vaccination providers purchase ultra-cold storage units because vaccines requiring these storage conditions are expected to be shipped in containers that can maintain ultra-cold temperatures for an extended period.
- Dorm style refrigerators are NOT permitted for vaccine storage.
- Food and beverages should never be stored in the unit with vaccines.
- It is essential for each vaccine storage unit to have a temperature monitoring device (TMD) to ensure that vaccines are stored within the correct temperature range. CDC recommends a specific type of TMD called a “digital data logger” (DDL).
- Providers must notify New York State DOH regarding any compromised doses or suspected compromise doses at COVID19vaccine@health.ny.gov along with the required to reporting to the New York State Immunization Information System (NYSIIS) or Citywide Immunization Registry (CIR).
- Reach out to your regional hospital hub or local health department if doses are going to expire to see if they can be used.

Upon arrival, shipments of refrigerated and frozen vaccine must be immediately examined for signs of damage, for indication of a temperature excursion during transit, and to guarantee receipt of the appropriate vaccine types and quantities. Before opening ultra-cold vaccine shipments, make sure the vaccine can be quickly placed in an ultra-cold freezer or that dry ice is available for re-icing the shipping container to ensure vaccine remains at the appropriate ultra-

cold temperature. Vaccines and diluents must be carefully examined, stored at recommended temperatures, and documented using your facility's vaccine inventory management process immediately after they arrive.

As part of the COVID-19 Vaccination Program, a minimum order size of COVID-19 vaccine, diluent, and ancillary supplies will be shipped directly to enrolled COVID-19 vaccination providers. In most instances, vaccine will be delivered directly to the facility where it will be administered to maintain the vaccine cold chain. However, there may be circumstances where COVID-19 vaccine needs to be redistributed or transported. In these cases, approval must be requested and granted prior to any redistribution or transport of vaccine.

Providers must adhere to all CDC and NYS COVID-19 Vaccination Program requirements, including, but not limited to, all storage and handling requirements, and failure to adhere to such requirements can result in termination from the program as well as any other penalties available under federal or New York State law.



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).

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, local health departments, 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, OASAS, and OPWDD, all persons living in or being cared for by facilities licensed/certified or operated by the agency, at once. The NYSDOH is directing OPWDD, OMH and OASAS to follow this guidance for prioritization of their workforce, and priority populations, during the initial period of limited supply. OPWDD, OMH and OASAS must direct the providers they license/certify to also follow this guidance for prioritization of their workforce and priority populations.

Prioritization for the Third Week of COVID-19 Vaccination

For the week of December 28, 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 essential staff working in hospitals, LTCFs, Urgent Care Clinics and congregate settings licensed/certified or operated by OPWDD, OMH and OASAS, as outlined below



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- Persons living in or being cared for at hospitals, LTCFs and those congregate settings licensed/certified or operated by OPWDD, OMH and OASAS, as outlined below

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 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. Vaccination for these populations will be administered at the hospital or FQHC.
- will work with hub hospitals, local health departments, and/or other health service providers that have enrolled in the NYS COVID-19 Vaccination Program on points of dispensing (PODs) that provide additional vaccination to those in priority and general populations with vaccine.

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 – State and Voluntary Operated 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 and residents**	OMH Psychiatric Centers	OMH Psychiatric Centers
OASAS Community Based Settings -Staff and residents	Hospitals or FQHCs	Hospitals or FQHCs or Affiliated Physicians or YAI Premiere Health Care

** except State-operated facilities not on grounds of OMH Psychiatric Center; other arrangements made by OASAS



Responsibilities of OPWDD, OMH and OASAS

This guidance describes how OPWDD, OMH and OASAS and the community providers they license/certify 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.
- OPWDD, OMH and OASAS facilities will be directed to utilize CDMS to schedule vaccination during times provided by the hospital or FQHC.
- 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.
- Additional vaccination opportunities will become available through the regional hub hospitals and / or local health department PODs.

Prioritized staff for vaccine

The first group to be vaccinated will be health care or other high-risk essential staff working in long term, congregate settings licensed/certified and operated 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.

Staff may be required to present photo ID and/or proof of employment at vaccination site.

- 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 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.

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).

Prioritized 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 licensed/certified and operated by OPWDD, OMH and OASAS 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.

Facilities with shorter lengths of stay, such as inpatient rehabilitation or short-term psychiatric stays, should consider vaccination planning as part of discharge, especially as these facilities cannot plan for and facilitate the second dose of vaccine due to the short length of stay. Vaccination planning should be a part of discharge planning for anyone not vaccinated during a short-term stay.

Vaccine Safety



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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. 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.



NEW FOR WEEKS 3 and 4

New York State Vaccination Program Guidance for Facilities Receiving COVID-19 Vaccine

Phase 1A Only

Prioritization for the Third and Fourth Week of COVID-19 Vaccination

Week 3

For the week of December 28, 2020, Urgent Care Centers (UCC), hospitals, and Federally Qualified Health Centers (FQHCs) will receive 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 OPWDD, OMH and OASAS.
- Urgent Care providers
- Staff administering the COVID-19 vaccine

Week 4

Beginning the week of January 4, 2021 and subject to additional allocations by the federal government, Urgent Care Centers (UCC), dialysis centers, ambulatory care sites, regional hubs and/or local health departments, hospitals, and Federally Qualified Health Centers (FQHCs) will receive vaccine. The following additional populations are prioritized for vaccination

- All Outpatient/Ambulatory front line, high risk health care providers who provide direct in-person patient care or other staff in a position where they have direct contact with patients, such as receptionists, of any age. This will include but is not limited to hospital and community based ambulatory care, primary care, outpatient behavioral health services, phlebotomists, physical and occupational therapists, and specialty clinics including dialysis centers.
- All front line, high risk public health workers who have direct contact with patients.
- Health care workers at testing sites.