



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



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.