



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.