NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
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Guidance for inventory caches of critical PPE & ancillary vaccination supplies

The New York State Department of Health (NYSDOH) is planning for Phase 1A of the COVID-19 vaccination program. Hospitals and other vaccination sites must prepare inventory caches of critical supplies in order to meet the demands of the vaccination program.

While the Phase 1A roll-out will address a much smaller subset of the population, vaccination sites must have the supplies prepared to administer the initial supply of vaccine. To this end, the NYSDOH is directing hospitals and vaccination sites to create and maintain critical supply caches to serve as emergency supply backstops throughout the duration of the vaccination program. These supply caches must include PPE and ancillary supplies needed to administer vaccinations.

NYSDOH developed inventory guidance based on the supply requirements for each of the leading vaccine candidates, which is in this document.

Expected Provision from U.S. Government/Operation Warp Speed

The U.S. government has committed to supplying several critical supplies alongside each shipment of vaccines. These supplies will be shipped in kits, which will contain a combination of ancillary vaccination supplies and PPE. These shipments will include a small surplus of additional supplies, which may or may not be sufficient to administer all doses, reinforcing the importance for hospitals and vaccination sites to develop their own independent supply caches.

Each Pfizer vaccination "mega" kit is intended to support the administration of 1,000 doses of vaccine. For shipments of the Pfizer vaccine, mega kits will be delivered separately from the vaccine.

Each Moderna vaccination kit is intended to support the administration of 100 doses of vaccine. For shipments of the Moderna vaccine, kits will be delivered with the vaccine, at the same time, by McKesson.

Currently, the expected provisions within each vaccination kit are:

Table 1a – Ancillary supply & PPE provisions – for Pfizer vaccine mega kit

Ancillary Supply Item	Expected provision from USG/OWS
Syringes (1mL)	1,029 per mega kit
Needles (22-25G)	1,024 per mega kit
Alcohol Prep Pads	2,458 per mega kit
Mixing	
Syringes, mixing (3mL/5mL)	205 per mega kit
Needles, mixing (21-25G)	205 per mega kit
Diluent (vials of 0.9% saline solution)	200 per mega kit
PPE	
Face shields	20 per mega kit
Surgical masks	40 per mega kit
Other	
Cryogenic Freezer Gloves	1 per dry ice kit (for initial dry ice replenishment)

Table 1b – Ancillary supply & PPE provisions – for Moderna vaccine kit

Ancillary Supply Item	Expected provision from USG/OWS
Syringes (1mL)	105 per kit
Needles (22-25 G)	105 per kit
Alcohol Prep Pads	210 per kit
PPE	
Face shields	2 per kit
Surgical masks	4 per kit

Table 1c – Additional expected ancillary supply & PPE provisions – for Moderna mixing kit

Supply Item	Expected provision from USG/OWS
Syringes (5mL/6mL)	11 per kit
Needles (19-21 G)	11 per kit
Alcohol Prep Pads	22 per kit

PPE for Vaccination Cache

As hospitals and vaccination sites prepare caches to support ongoing vaccination requirements, the facility must procure the following PPE to ensure safe and compliant vaccine administration:

- Medical examination gloves
- Face shields
- Surgical/procedural masks

Analysis conducted by the NYSDOH indicates that these items are critical to the vaccination process. Moreover, some of these items are facing possible shortages or other supply chain threats. As such, it's critical for hospitals and vaccination sites to adequately prepare a supply cache in the event of shortages, shipment issues or other problems that may impact the availability of PPE.

Please note that the recommended caches are not to be taken from the 90-day surge PPE stockpiles, which are to be separately maintained as required by 10 NYCRR 405.11 (g).

The recommended cache volumes for each PPE item are as follows:

Table 2 – Recommended minimum PPE cache for Vx

PPE item	# Required for Vaccine Administration	Recommended Minimum Cache
Medical exam gloves	1 per dose	3x medical staff coverage*
Face shields	1 per staffer	Estimate the number of staff your facility will have involved in administering vaccines and multiply by the anticipated number of shifts they will each work over the next 3 months. This will determine your facility's recommended backup supply of face shields
Surgical masks	1 per staffer	Estimate the number of staff your facility will have involved in administering vaccines and multiply by the anticipated number of shifts they will each work over

		the next 3 months. This will determine your facility's recommended backup supply of surgical masks

*Over the course of Phase 1A, hospitals and vaccination sites will be expected to vaccinate their own staff, and potentially other individuals including local EMS workers. Therefore, this 3x buffer is intended to cover 100% of a given site's staff, plus the additional individuals that a facility may also be responsible for vaccinating.

Ancillary Vaccination Supply Cache

As hospitals and vaccination sites prepare caches to support ongoing vaccination requirements, they must procure the following ancillary vaccination supplies:

- Syringes (1mL)
- Syringes (3mL/5mL)
- Needles (22-25 G)
- Needles (21 G)
- Alcohol Prep Pads
- 2mL Vials of 0.9% Saline Solution

Please note that is not an exhaustive list of all the supplies that hospitals and vaccination sites will need; rather, it is a short list of the critical items that will need to be cached. Since the NYSDOH anticipates the distribution of multiple vaccines, hospitals and vaccination sites will need to procure supplies with the specific vaccine requirements in mind.

While McKesson will deliver shipments of Moderna's vaccine together with ancillary vaccination supplies, this will not be the case for Pfizer's vaccine. For Pfizer's vaccine, the OWS kitting site will send supply shipments separately from the vaccine. It's possible that due to unforeseen circumstances, deliveries of supplies may be delayed and arrive later than the vaccine. To make sure this does not hold up the process of vaccination, hospitals and vaccination sites must keep enough ancillary supply on-hand to administer one entire tray of Pfizer's vaccine — which contains 975 doses. In order to ensure sufficient supplies, plan for enough supplies for 1000 doses. This translates to:

Table 3a – Recommended minimum cache for ancillary Vx supply items (Pfizer)

Ancillary Supply Item	Required for PFI Vaccine	Recommended Minimum Cache
Syringes (1mL)	1 per dose	1000
Syringes (3mL/5mL)	1 per dilution*	200
Needles (22-25 G)	1 per dose	1000
Needles (21 G)	1 per dilution*	200
Alcohol Prep Pads	2 per dose; 1 per dilution*	2200
2mL Vial of 0.9% Saline Solution	1 per dilution*	200
Cryogenic Freezer Gloves	1 pair per vaccination site	*Variable based on scale of operation*

* Every 5 doses must be diluted and mixed using a 2mL vial of 0.9% Saline Solution

Since McKesson will ship Moderna's vaccine along with supplies, there is less of a concern that a shipment may arrive without the adequate supplies to administer it. Despite this, hospitals and vaccination sites need to ensure that they have an adequate cache in the event of insufficient supply. For Moderna's vaccine, hospitals and vaccination sites should maintain a cache of the ancillary supplies required to administer 1000 doses. This translates to:

Table 3b – Recommended minimum cache for ancillary Vx supply items (Moderna)

Ancillary Supply Item	Required for MRNA Vaccine	Recommended Minimum Cache
Syringes (1mL)	1 per dose	1000
Needles (22-25 G)	1 per dose	1000
Alcohol Prep Pads	2 per dose	2000

Developing a Plan

NYSDOH developed PPE and ancillary supply requirements for the NYS health system. A summary of the guidance outlined in this document is attached. Please note that the provided guidance only recommends minimum cache requirements. Hospitals and vaccination sites should feel free to stockpile more supplies above this threshold as they see fit.

In some scenarios, a hospital or vaccination site may find itself short on critical PPE or ancillary vaccination supplies. If a facility needs immediate assistance, NYSDOH recommends that these facilities request backup supplies from their respective county Office of Emergency Management (OEM). Otherwise, hospitals and vaccination sites can request backup supplies through their local health department or the NYSDOH.

Identify the individuals responsible for building a site's vaccination supply cache and communicate your plan. In addition, hospitals must track the status of their caches on an ongoing basis and keep records of any items they are facing difficulty procuring.

NEW YORK STATE OF OPPORTUNITY. Department of Health

New York State COVID-19 Vaccination Program
Request to Re-Direct Vaccine Between Priority Populations Within Current Phase

Providers must submit this form to request approval to redirect vaccine

Limited amounts of the COVID-19 vaccine will be available during the first phase of the COVID-19 vaccination program in New York. Adherence to the NYS prioritization and allocation framework is an essential part of maintaining equity and fairness throughout the distribution process. Therefore, vaccine may only be re-directed to a target population within the current phase priority groups.

- Facilities in New York State must administer the COVID-19 vaccine according to the NYS prioritization plan. The plan is organized by phases determined by ACIP and the Centers for Disease Control and Prevention (CDC) and includes sub-prioritization of populations within each phase.
- If a facility predicts that it will not be able to administer all of the vaccine allocated to the current priority target populations within the facility and any other facilities' staff that have been assigned to receive vaccinations at the site, and the facility has exhausted all outreach options designed to bring additional individuals in the priority target populations to the facility, a request to re-direct vaccine to one or more different target population groups within the current phase's priority groups may be submitted to the state for approval.
- Requests to re-direct the vaccine to a different priority population should be rare and critical. Requests will only be considered for re-directing from one target population to another target population within a current phase's priority groups. For example, among priority groups within phase 1a, within phase 1b, etc.

PROVIDER INFORMATION		
Facility Location Name: enter facility location here	**COVID Pin #:** enter pin # here	
Facility Contact Name: enter here	**Date of submission:** xx/xx/xx	
Email: enter email	**Phone #:** enter phone number	**Extension:** enter extension if applicable

RETARGETING COVID-19 VACCINE WITHIN PRIORITY GROUP PHASES

List Phase (1A, 1B, 1C, Other?): List phase you are redirecting vaccine within

FROM (TARGET GROUP NAME):	**TO (TARGET GROUP NAME):**	**# DOSES TO BE RE-DIRECTED**	
		From (mm/dd/yy)	**To (mm/dd/yy)**
From (name here of target group)	To (name here of target group)	Click or tap to enter a date.	Click or tap to enter a date.
From (name here of target group	To (name here of target group)	Click or tap to enter a date.	Click or tap to enter a date.
From (name here of target group	To (name here of target group)	Click or tap to enter a date.	Click or tap to enter a date.
From (name here of target group)	To (name here of target group)	Click or tap to enter a date.	Click or tap to enter a date.
Justification (explain in detail the reason for re-directing and any outreach to bring additional individuals into the facility):			

NEW YORK STATE OF OPPORTUNITY. Department of Health

New York State COVID-19 Vaccination Program
Request to Re-Distribute Vaccine Between Locations

Providers must submit this form to request approval to Re-Distribute vaccine

Approval to re-direct vaccine administration to a different target population is NOT the same as approval to re-distribute (i.e., ship or physically transfer) vaccine between locations. Re-distribution (i.e., shipping or physical transfer) of vaccine product from one location to another is strongly discouraged (due to cold chain storage requirements), requires pre-approval, and should be extremely rare.

- Re-distribution (i.e., shipping or physical transfer) of vaccine product from one location to another is strongly discouraged (due to cold chain storage requirements), requires pre-approval, and should be extremely rare. In general, re-distribution may be considered for large health care systems that need to manage the storage of supply for smaller affiliated locations.
- Re-distribution of the Pfizer vaccine in frozen state is not permitted at any time.
- Prior to requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, to prevent waste, facilities must conduct outreach to the target priority population group(s) to bring them in to the facility with the vaccine supply to administer the vaccine, and document such efforts.
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PROVIDER INFORMATION		
Facility Location Name: enter facility location here	**COVID Pin #:** enter pin # here	
Facility Contact Name: enter here	**Date of submission:** xx/xx/xx	
Email: enter email	**Phone #:** enter phone number	**Extension:** enter extension if applicable

RETARGETING COVID-19 VACCINE WITHIN PRIORITY GROUP PHASES

List Phase (1A, 1B, 1C, Other?): List phase you are redirecting vaccine within

FROM (Location):	**TO (Location):**	**# DOSES TO BE RE-DIRECTED**	
		From (mm/dd/yy)	**To (mm/dd/yy)**
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
Justification (explain in detail the reason for re-directing) and any outreach efforts to re-direct prior to making this request:			

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Executive Deputy Commissioner

December 10, 2020

Guidance for Prioritization of Healthcare Personnel in Hospitals 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)
- 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 nearly 1.5 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.

Hospital Responsibilities

This guidance describes how each hospital should prioritize which staff receives the vaccination first. The prioritization process applies to every hospital in New York State, however, not every hospital 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 with vaccine allocations will function as centers at which prioritized staff working at hospitals or other health facilities outside their system will be vaccinated. Key points include:

- Hospitals will be notified about how much of the vaccine received will be allocated for staff within that hospital.
- Hospitals will be notified about which additional facilities will be sending staff to be vaccinated.
- Each hospital, whether it is direct recipient or not, may not be able to vaccinate their entire Phase 1A staff from the same shipment. Hospitals will not able to move to the next level of staff prioritization until explicit permission is granted by New York State

Identify staff prioritized for vaccine within the hospital

The first group to be vaccinated will be health care personnel within the hospital at high risk for transmitting or becoming infected with COIVD-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. 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.)
    - 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 they exist, internal medicine and pediatric floors, oncology floors, bone marrow transplant units, HIV units, labor and delivery, obstetrics, operating rooms, reception, triage, cafeterias, etc.

Rank all locations in the hospital 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 routinely touch shared surfaces or common items.
- Staff who are unable to work remotely, not providing direct patient care but are essential to the functioning of the ward such as clerks or secretaries who need to be on site and are in contact with clinicians who are routinely providing direct care.

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, you may prioritize staff by age or comorbidities, if known, or develop a methodology (i.e. alphabetical). Staff with the same score can also be randomly assigned to be vaccinated.

Step 3

- **Stop** when 1/3 of the staff on a given floor or location are vaccinated. Vaccinating in three groups is a precaution to ensure that there is more than adequate staff coverage in the event those who are initially vaccinated experience side effects that keep them from working.
- As vaccine becomes available after 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

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. 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.

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

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 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, whether it is itself an administration site or is sending staff to another hospital to receive the vaccine, must track uptake among staff and keep a record 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 (518) 473-4437.

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Guidance for Hospitals to Request Re-direction of COVID-19 Vaccine Between Priority Populations within Current Priority Phase Target Populations

Limited amounts of the COVID-19 vaccine will be available during the first phase of the COVID-19 vaccination program in New York. Therefore, the New York State Department of Health developed a prioritization and allocation framework based on guidance from the Advisory Committee on Immunization Practices (ACIP). Facilities in New York State must administer the COVID-19 vaccine according to the NYS prioritization plan. The plan is organized by phases determined by ACIP and the Centers for Disease Control and Prevention (CDC) and includes sub-prioritization of populations within each phase. Adherence to this plan across New York State is an essential part of maintaining equity and fairness throughout the distribution process.

Re-direction Requests (re-direct vaccine administration to a different target population)

If, at any time, a facility predicts that it will not be able to administer all of the vaccine allocated to the current priority target populations within the facility and any other facilities' staff that have been assigned to receive vaccinations at the site, **and** the facility has exhausted all outreach options designed to bring additional individuals in the priority target populations to the facility, a request to re-direct vaccine to one or more different target population groups within the current phase's priority groups may be submitted to the state for approval.

Requests to re-direct the vaccine to a different priority population should be rare and critical. Requests will only be considered for re-directing from one target population to another target population within a current phase's priority groups. For example, among priority groups within phase 1a, within phase 1b, etc.

Providers requesting re-direction must obtain prior approval by submitting a Target Re-Direction Form.

Re-distribution Requests (ship or physically transfer vaccine from one location to another)

Re-distribution (i.e., shipping or physical transfer) of vaccine product from one location to another is strongly discouraged (due to cold-chain storage considerations), requires pre-approval, and should be extremely rare. In general, re-distribution may be considered for large health care systems that need to manage the storage of supply for smaller affiliated locations.

Re-distribution of the Pfizer vaccine in frozen state is not permitted at any time.

Rather than requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, to prevent waste, facilities must conduct outreach to the target priority population group(s) to bring them in to the facility with the vaccine supply to administer the vaccine and document such efforts prior to contacting the Department of Health with a request for approval. However, in the event this fails and re-distribution is viewed as necessary, providers must obtain prior approval by submitting a Target Re-Distribution Form.