



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

Guidance for the NYS Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and Office of Addiction Services and Supports (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 amount of vaccine the state receives is based upon the allocation made to New York by the Federal Government. However, the state determines who needs it most. The New York State Department of Health (NYSDOH) continues to expand its prioritization and allocation framework based on guidance from the Centers for Disease Control and Prevention's (CDC's) 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. 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 that they license/certify and oversee to follow this guidance for prioritization of their workforce and priority populations.

Prioritization for the Fourth Week of COVID-19 Vaccination

For the week of January 4, 2021, the following populations are newly prioritized for vaccination during week four:

- Outpatient/Ambulatory front-line, high-risk health care workers of any age who provide direct in-person patient care, or other staff in a position in which they have direct contact with patients (i.e., intake staff). Additional information will be provided by each agency to operationalize this priority for their workforce.
- All front-line, high-risk public health workers who have direct contact with patients, including those conducting COVID-19 tests, handling COVID-19 specimens and COVID-19 vaccinations.
- Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers.

- Staff of nursing homes, skilled nursing facilities, and adult care facilities who did not receive COVID-19 vaccination through the Pharmacy Partnership for Long-Term Care Program.

Health care or other high-risk essential staff who come into contact with residents/patients working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH and OASAS, and residents in congregate living situations, run by OPWDD, OMH, and OASAS are eligible to receive vaccine.

Previously issued guidance is summarized on the DOH website and can be found [here](#).

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 of prioritized congregate settings	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments	Hospitals or FQHCs or Affiliated Physicians or YAI Premier Health Care
OMH State Operated – Staff and residents of prioritized congregate settings	OMH Psychiatric Centers	OMH Psychiatric Centers
OMH Voluntary Operated – Staff and Residents of prioritized congregate settings	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments	Hospitals or FQHCs or Affiliated Physicians or YAI Premier Health Care
OASAS State Operated – Staff and residents of prioritized congregate settings**	OMH Psychiatric Centers	OMH Psychiatric Centers
OASAS Community Based Settings -Staff and residents of prioritized congregate settings	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments	Hospitals or FQHCs or Affiliated Physicians or YAI Premier Health Care
Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments	Enrolled vaccination providers, including local PODs
Staff of nursing homes, skilled nursing facilities, and adult care facilities	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments	Enrolled vaccination providers, including local PODs

** Except State operated facilities not on ground of OMH Psychiatric Center; other arrangements made by OASAS

Responsibilities of OPWDD, OMH, and OASAS and providers

This guidance describes how OPWDD, OMH and OASAS and the community providers they license/certify and oversee must prioritize which staff receive the vaccination first and how to work with vaccine providers 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. Key points include:

- OPWDD, OMH and OASAS settings that are accessing vaccine through hospitals and FQHCs will be directed to utilize CDMS to schedule vaccination during times provided by the hospital or FQHC. Additionally the following link can be used to make appointments for employees and their residents: <https://am-i-eligible-qa.covid19vaccine.health.ny.gov/>.
- OPWDD, OMH and OASAS facilities may not be able to have their entire Phase 1A staff or residents vaccinated at once.
- 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 on arranging and scheduling vaccine efforts.

Prioritized staff for vaccine

The first group to be vaccinated will be health care or other high-risk essential staff working in prioritized settings (listed above) licensed/certified, operated or 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 service recipients 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 settings within the Agency network. This will include settings where:

- Patients or residents/service recipients 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/service recipients with a greater risk of morbidity and mortality if exposed; or
- There are employed staff, voluntary staff, contractors and volunteers who meet the criteria.

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/service recipients or the public in a way that may increase the risk of transmission; and
- Staff who touch shared surfaces or common items.

Plan immediately for the second COVID-19 dose

Work with providers 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 comorbidities, and severity of existing disease or comorbidities. Residential or inpatient 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 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. 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 as soon as possible. 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.