



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), Office of Children and Family Services (OCFS), Office of Temporary and Disability Assistance (OTDA) 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

January 12, 2021

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).

OPWDD, OMH, OCFS, OTDA, OASAS and/or the facilities and programs they license/certify, operate and oversee must be prepared to work with local hospitals, local health departments, Federally Qualified Health Centers (FQHCs), State and local Points of Distribution (PODS), 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 staff or all persons living in or being cared for by facilities licensed/certified, operated or overseen by the agencies. The NYSDOH is directing OPWDD, OMH, OCFS, OTDA, OASAS and the facilities and programs they license/certify, operate and oversee to follow this guidance for prioritization of their workforce and priority populations during the initial period of limited supply. The agencies 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 Fifth Week of COVID-19 Vaccination

For the week of January 11, 2021, the following populations are newly added to the prioritized populations for vaccination:

- Staff (paid and unpaid) with potential for interaction with residents of congregate living situations licensed/certified and operated by the OCFS including: residential juvenile justice placements, residential foster care programs, non-secure, secure, and specialized secure detention facilities, and residential programs for runaway and homeless youth.
- Staff (paid and unpaid) and residents of residential programs for victims of domestic violence and family-type homes for adults.

- Staff (paid and unpaid) with potential for interaction with the eligible residents and residents of congregate facilities designed to shelter individuals and families experiencing homelessness where residents must share sleeping quarters, restrooms and/or eating space.
- Staff (paid and unpaid) with potential for interaction with the adult residents and the adult residents of unlicensed congregate supportive housing.

Additional information about populations eligible for vaccination and other guidance 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
OCFS State Operated – Staff only	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments and State or locally operated PODS.	N/A
OCFS Licensed or Certified Residential Programs– Staff and Eligible Residents (as defined above)	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments and State or locally operated PODS.	In accordance with guidance issued by the City of New York.
Residential Programs for Victims of Domestic Violence and Family Type Home for Adults – Staff and Residents	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments and State or locally operated PODS.	In accordance with guidance issued by the City of New York.
Congregate shelters for the homeless (as defined above) – Staff and Residents	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments and State or locally operated PODS.	In accordance with guidance issued by the City of New York.
Unlicensed Congregate Supportive Housing – Staff and Residents	Hospitals, Urgent Care Centers, FQHCs or enrolled vaccination providers, including Local Health Departments and State or locally operated PODS.	In accordance with guidance issued by the City of New York.

Responsibilities of OPWDD, OMH, OCFS, OTDA and OASAS and providers

This guidance describes how OPWDD, OMH, OCFS, OTDA and OASAS and the community providers they license/certify and oversee must prioritize which staff, residents/patients receive the vaccination first and how to work with vaccine providers to schedule vaccination appointments for prioritized staff, residents/patients. The prioritization process acknowledges that there may not be enough vaccine to vaccinate all designated staff at the same time. Key points include:

- Prioritized settings and programs should work with their local health departments, hospitals and FQHCs to identify vaccination sites available to them and their staff. Additionally, the following link can be used to make appointments for eligible employees and service recipients/residents: <https://am-i-eligible.covid19vaccine.health.ny.gov/>
- OPWDD, OMH, OCFS, OTDA and OASAS facilities may not be able to have their entire Phase 1A staff or residents/patients 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, OCFS, OTDA and OASAS should direct their providers to make connections with their local health departments, hospitals, FQHCs and other enrolled vaccine providers and to use the above link in order to plan for the vaccination of their eligible staff and residents/service recipients.
- All agencies and facilities must track uptake among their staff (and patients/residents, if applicable) and keep records of staff that decline vaccination.

Prioritized staff for vaccine

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 housed or 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 below.

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.

Prioritized Residents and Patients for Vaccination

Since initial allocations of vaccine may not be enough to cover all residents/patients/service recipients 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, overseen and/or operated by OPWDD, OMH, OCFS, OTDA, 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, Code Blue shelters or other short-term housing should consider vaccination planning as part of discharge planning, 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.

Plan immediately for the second COVID-19 dose

Work with vaccine providers to make appointments for staff and eligible patients/residents/service recipients, 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).

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. 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.