

DRAFT Vaccine Distribution Prioritization for Health Care Workers within Georgia DPH Phase 1 A

Foundational Aspects:

- Submit complete provider enrollment application to GA DPH and obtain authorization to receive and deploy vaccine
- Ensure GRITS feed for recording and submission of vaccine administration to the state is working as designed. GRITS reporting is mandatory and additional doses will be allocated to providers based on availability and usage of earlier allocations
- Ensure organization has required vaccine storage facilities and has developed a robust vaccine administration and distribution process, including 2nd dose notification. For Pfizer vaccine, ultracold storage is required; however for facilities without ultracold freezers, the Pfizer shipping containers may be replenished with dry ice every five days up to three times.
- All enrolled providers will receive additional communication and an electronic survey from Georgia DPH week of Dec. 7 to request anticipated dose estimates. Initial allocations will be based on supplies allocated to Georgia DPH for Phase 1 A (for HCW and extended care facility residents and staff).

Environmental Factors:

- Healthcare workers (HCWs) and extended care facility (ECF) residents and staff are in the first priority group for vaccination nationally
- Initial vaccine allocation will likely be smaller than the total number of HCWs and ECF residents, and so there will be a need to prioritize the order in which vaccination will occur
- All HCWs will be offered vaccine eventually

Guiding Principles:

- Maximizing benefits and minimizing harm
- Mitigate health inequities
- Promote justice
- Promote transparency

Assessing Risk:

- Risk of acquiring infection
- Risk of severe morbidity and mortality
- Risk of negative societal impact
- Risk of transmitting disease to others

Authorities who have Jurisdiction (AHJs):

Need to ensure that our recommendations for vaccine prioritization are aligned with AHJs which include CDC and DPH. At this time, there is limited CDC guidance available regarding sub-prioritization within Tier 1-A (Health Care Workers, as defined below) when supply is low, but the CDC has provided interim guidance at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>.

Health Care Worker (HCW) Definition:

All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials (CDC). Includes persons not directly involved in patient care but potentially exposed to infectious agents while working in healthcare.

Priority Grouping Rationale:

Since it is expected that the initial supply of vaccine will be less than the number of HCWs interested in receiving the vaccination, each healthcare entity needs develop a rationale that makes sense in their organization – sample noted below:

- Preserving healthcare delivery
 - Maintaining healthcare capacity so that even during a COVID surge, there are staff and providers available to provide excellent clinical care to patients with both COVID and other life-threatening conditions without delays
- Protecting HCWs essential to the delivery of care
 - Those in roles where they may interact with patients at their presentation to care without clinical PPE (e.g. valet parking, guest services, patient transport, door screeners, and security)
 - Those who may have increased risk of COVID acquisition because of the number of people (patients and other staff) they need to interact with in very close proximity in order to provide clinical care on a daily basis
- Protecting people at higher risk of acquiring infection, and transmitting it
 - Ensuring that providers and staff who work with vulnerable long-term care facility patients, especially those in residential facilities with increased nursing needs, have a decreased likelihood of bringing the virus into these facilities
- Staff and community reassurance
 - The vaccine appears safe and highly-effective in early studies, but national surveys suggest there is reluctance to participate from at least 1/3 of the population
 - Having frontline clinical leaders, healthcare administrators, and subject matter experts get vaccinated early sends an important message about our view that vaccination is both critically-important and safe

Factors to consider in prioritization within HCW:

- Geography (e.g., ER, COVID Units)
- Risk factors (e.g., age, underlying health conditions)
- Essentiality to preserving ability to deliver care (e.g., clinical RN, respiratory care, lab tech)
- Necessity of working onsite as opposed to telework

HCW Prioritization Grouping	Work Locations (non-exhaustive list)	Job Titles (non-exhaustive list)
A	<ul style="list-style-type: none"> • Acute Care Inpatient Units • Clinical Essential Services (e.g. Laboratory, OT/PT/Speech Therapies, Pharmacy, Radiology, Respiratory Therapy) • Emergency Department • Employee Health & Injury Management • Environmental Services • Food & Nutrition Services • GI Lab • Inpatient Rehabilitation Care Units • Intensive Care Units • Interventional Cardiology • L&D / OB • Long-term Acute Care Units • Outpatient Clinics and Departments • Patient Access / Registration • Perioperative Services • Skilled Nursing Units 	<ul style="list-style-type: none"> • Administration • Advanced Practice Providers (NP/PA) • Bed Management • Case Management • Certified Nurse Assistant • Chaplain / Spiritual Health • Facility & Bio Med Engineering • Fellows • Infection Prevention & Control • Materials Management • Medical Assistants • Nursing (RN / LPN) • Physicians • Residents • Security • Social Work • Students and volunteers in direct contact or proximity to patients • Transport • Valet
B	<ul style="list-style-type: none"> • Non-clinical healthcare infrastructure personnel (e.g. IS, Quality, Finance, HR) • All other remote workers • Students who are not in direct contact or proximity to patients. 	

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