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Guidance for The New York State COVID-19 Vaccination Program

Effective January 11, 2021

Purpose and Background:

Limited amounts of COVID-19 vaccine are available for New York's COVID-19 Vaccination Program. The amount of vaccine the state receives is based upon the allocation made to New York by the federal government. The New York State Department of Health (NYSDOH) then determines state allocations to providers and entities who have enrolled to administer vaccine. The NYSDOH continues to expand on its prioritization and allocation framework based on recommendations from the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP). Providers must prioritize their health care workers, and hospitals must continue to prioritize unvaccinated health care workers from the 1A group, but may vaccinate any eligible person in 1A or 1B. Retail pharmacies or physician network or practice groups, after vaccinating their own patient-facing staff, should only vaccinate persons aged 75 years or older. Local Health Departments must prioritize the essential worker population in 1B.

New York is mandating social equity and fair distribution among the priority groups now eligible to ensure fair treatment and proportionate allocations both by group and by region.

All vaccine providers in New York State, including those located in the City of New York, must follow New York State Department of Health (NYSDOH) guidance regarding vaccine prioritization, as well as any other directives. Hospitals and other health care providers must continue to prioritize their high-risk staff and other healthcare workers, as set forth in previous guidance and Appendix A, but cannot limit their vaccination program only to those workers.

Eligible individuals:

Appendix A summarizes populations newly eligible to be vaccinated, including groups prioritized in Weeks 1 through 4 of the NYS COVID-19 Vaccination Program, who continue to be eligible.

Vaccine Provider Responsibilities:

- COVID-19 vaccine must be given according to the prioritization plan established by the NYSDOH. The vaccine cannot be used for any other populations or groups other than those listed as eligible in NYSDOH guidance, pursuant to [Executive Order 202.88](#).
- All facilities, entities, and practices receiving vaccine doses have an obligation to quickly utilize all doses, per New York's "Use it or Lose it" policy. If any vaccine is not administered within seven days of receipt, remaining doses may be removed, and entities may not be allocated future vaccine doses.

- Any provider or entity not on track to administer all received doses to eligible populations within the week of receipt, must notify the state no later than the fifth day after receipt, at CovidVaccineNotUsed@health.ny.gov
- Vaccine cannot be redistributed to another facility, provider, practice, or department without prior approval and consent of the NYSDOH. Facilities needing to redistribute vaccine must submit a [completed redistribution form](#) to COVIDVaccineRedistribution@health.ny.gov and must not redistribute until NYSDOH approval.
- You may transport vaccine to another location for the purpose of holding a limited duration vaccination clinic without prior approval from the NYSDOH; however, any unused vaccine must be transported back to the original location at the conclusion of the clinic that day. Any group holding a limited duration vaccination clinic must adhere to all COVID-19 immunization reporting requirements. You must retain possession and control of the vaccine for the duration of the transport and administration.
- Those who are administering the vaccine should be prioritized to receive vaccine as soon as doses are available.
- Providers should confirm that the exact number of recipients from eligible populations is available to be vaccinated before drawing the first dose from a new vial.
- All providers must keep a daily list of “stand by” eligible individuals to be notified of open appointments for vaccine administration on short notice. As soon as providers are aware that there are more doses than people to be vaccinated, “standby” eligible individuals should be called, or other steps must be taken to bring additional eligible recipients to the facility or clinic before the acceptable use period expires. (see page 3 for further guidance.)
- Providers should not prefill more syringes than they can use within one hour. Prefilled syringes must be used within 6 hours of filling. Excess prefilling can lead to waste if a clinic must end early or an excessive number of recipients fail medical screening or do not show up for their appointment. Please see [Guidance on Use of COVID-19 Vaccine Doses Remaining at End of Day or Clinic for Providers Participating in the New York State COVID-19 Vaccination Program](#) for more information.
- All facilities or practices are required to track vaccine uptake among their staff and must furnish uptake data to the NYSDOH upon request.
- For pharmacies, physician networks and practice groups only, individuals eligible to be vaccinated in such facilities are those 75 years of age and older. All other eligible individuals should contact other enrolled providers to schedule vaccination.
- Local Health Departments must prioritize essential workers (police, fire, teachers, public transit, etc. See Appendix A.).
- Hospitals, FQHC and urgent care or ambulatory care providers should continue to prioritize the 1A population but may vaccinate any eligible recipient.

Each facility that receives vaccine:

- Will be notified about how much vaccine will be received.
- Must use all vaccine doses in the week received by rapidly deploying it to the eligible populations.
- Must prioritize which of their own staff receives vaccination first.
- Must prioritize vaccinating those who are administering the vaccine.
- Must allocate vaccine for individuals who do not work at the facility.

- May need to schedule and accommodate other priority populations for vaccination within the facility.
- Will be provided access to the Department’s Countermeasure Data Management System (CDMS) tool upon request, to schedule vaccinations at times provided by the facility, however, use of CDMS is not mandatory.
- All vaccine administered must be reported, using the New York State Immunization Information System (NYSIIS) or the Citywide Immunization Registry (CIR) in New York City, within 24 hours of administration.
- Vaccine Administrators must also report additional information on all those vaccinated on a daily basis using the [COVID-19 Vaccine Tracker](#).

Vaccinating individuals from outside your facility or practice:

The NYSDOH will clearly communicate to all facilities or practices as to the allocation of vaccine (e.g. if a certain vaccine allocation is for the purpose of vaccinating individuals outside of the facility or practice) and will provide upon request vaccine appointment scheduling support through CDMS. You may utilize your own appointment scheduling system if you prefer. If you are unsure as to the intended priority population for any vaccine allocation, you should email the NYSDOH at COVID19Vaccine@health.ny.gov. All must ensure that those they are vaccinating are eligible to receive the vaccine as required by [Executive Order 202.86](#).

The Second COVID-19 Vaccine Dose:

The second dose must be administered 21 days (Pfizer-BioNTech vaccine) or 28 days (Moderna vaccine) after the first dose. To facilitate this, all providers **must** make schedule the second dose appointment for recipients **at the time the first dose is administered**. Those who receive the vaccine must return to the same location to receive the second dose. Individuals must receive two doses of the same vaccine (e.g., you must receive two doses of the Pfizer-BioNTech vaccine or two doses of the Moderna vaccine). They are **not** interchangeable. Please see [Guidance for Administration of the Second Dose of COVID-19 Vaccine](#) for additional information regarding administration of the second dose.

Planning for a second dose, including making an appointment for the second dose, will need to occur for all facility staff and those coming from outside the facility. However, please note the initial allocation is for the first dose of the vaccine. **Do not reserve first dose vaccine for the second dose**. A second dose allocation will be shipped to your facility in time for administration of the second dose at the required interval. **The second shipment must be reserved for second doses**. Facilities will be notified of the timing and quantity of the second dose shipment so that it can be separated from first doses in your inventory.

Extra Doses of Pfizer-BioNTech and Moderna:

Vials of both Pfizer-BioNTech and Moderna may contain extra doses of vaccine. Vaccine administrators may use any extra vaccine that can be easily drawn up in a syringe to meet the dose requirements. Extra vaccine fluid from more than one vial **CANNOT** be combined to produce extra doses. This is particularly important because the vaccination doesn’t contain preservatives. Enter all vaccines given into NYSIIS/CIR, including any additional vaccines given, however do not modify inventory in anticipation of extra doses. For additional information please see [Pfizer-BioNTech](#) guidance and [Moderna](#) guidance for extra doses.

Remaining COVID-19 Vaccine Doses:

All vaccine providers must plan accordingly to ensure every dose of vaccine is administered. Proper planning to avoid waste includes confirming the exact number of recipients from a priority population available to be vaccinated before drawing the first dose from a new vial.

All providers must keep a daily list of “stand by” eligible individuals to be notified of open appointments for vaccine administration on short notice. As soon as providers are aware that there are more doses than people to be vaccinated, “standby” eligible individuals should be called, or other steps must be taken to bring additional eligible recipients to the facility or clinic before the acceptable use period expires. However, there may be times due to inclement weather, cancellations, or extra doses in vial, that there are doses of vaccine that remain at the close of business or the end of a vaccine clinic and no one from the priority population can come in before the doses expire. At these times and **only** under these circumstances, providers are authorized by the NYSDOH to administer vaccine to other public facing employees. As an example, commercial pharmacists in this situation who had already vaccinated eligible populations, everyone public facing in the pharmacy department and the “stand by” list they can then move on to vaccinate store clerks, cashiers, stock workers and delivery staff, rather than letting doses expire. This exception is **ONLY** for the purpose of ensuring vaccine is not wasted.

As the NYS COVID-19 Vaccination Program opens to more populations, the need for this exception should greatly diminish. If this exception is utilized, providers must:

- Require anyone receiving the COVID-19 vaccine to complete the New York State COVID-19 Vaccine Form pursuant to Executive Order 202.86.
- Record any vaccine dose administered in NYSIS/CIR within 24 hours of administration.
- Maintain a separate tracking sheet so that the amount of vaccine used for different groups is clearly documented, as well as to whom it was administered.
- Make all attempts to schedule a second dose at the time of administration.
- Contact the local Department of Health to determine if any eligible individuals can be contacted to receive the vaccine before discarding any vaccine.

Vaccine Form:

All individuals receiving the COVID-19 vaccine must complete the [New York State COVID-19 Vaccine Form](#) for the first dose, pursuant to Executive Order 202.86, and attest that they are eligible to be vaccinated. Practices, providers, and entities must confirm adherence to this requirement at the time of vaccine administration.

Proof of Occupation or Eligibility:

Individuals being administered vaccine must produce proof of eligibility. Such proof may include:

- an employee ID card or badge,
- a letter from an employer or affiliated organization, or
- a pay stub, depending on the specific priority status.

Alternatively, employers or organizations can provide a list of staff who meet the eligibility criteria for vaccination. Do not vaccinate any person who does not have proof of their occupation, age, or priority status, as applicable. Executive Order 202.86 imposes monetary penalties for any provider vaccinating an individual who has not certified eligibility or for whom the provider otherwise has knowledge the individual is not a member of a priority group.

Additionally, the NYSDOH vaccine form includes a self-attestation regarding eligibility for vaccination, which must be completed prior to vaccination.

Vaccine Safety:

Post-vaccination monitoring is an essential part of the COVID-19 vaccination program. 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. You must report any adverse events that occur after vaccination to the Vaccine Adverse Events Reporting System (VAERS) at info@VAERS.org or by calling 1-800-822-7967.

Equity:

All workers who meet criteria for vaccination must be included, regardless of job title. For example, in a hospital, 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, ward, clinic or office and who have direct contact with COVID-19 patients must all be eligible for vaccination at the same time. All types of worker who meet the criteria for an essential frontline worker are eligible, regardless of job title, location or other status.

Effort must be made to do outreach to persons 75 years of age and older in all communities and settings. Persons in areas that have a high social vulnerability index are particularly vulnerable to COVID-19 and should be notified about how they can receive vaccine.

Communicating the Plan:

Please be sure to clearly communicate prioritization to all staff.

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.

New York State Vaccination Program Guidance
Appendix A
Priority Groups Eligible to be Vaccinated

New Eligible Priority Groups for Week 5:

- Age 75 and older¹
- First Responder or Support Staff for First Responder Agency
 - Fire
 - State Fire Service, including firefighters and investigators (professional and volunteer)
 - Local Fire Service, including firefighters and investigators (professional and volunteer)
 - Police and Investigations
 - State Police, including Troopers
 - State Park Police, DEC Police, Forest Rangers
 - SUNY Police
 - Sheriffs' Offices
 - County Police Departments and Police Districts
 - City, Town, and Village Police Departments
 - Transit of other Public Authority Police Departments
 - State Field Investigations, including DMV, SCOC, Justice Center, DFS, IG, Tax, OCFS, SLA
 - Public Safety Communications
 - Emergency Communication and PSAP Personnel, including dispatchers and technicians
 - Other Sworn and Civilian Personnel
 - Court Officer
 - Other Police or Peace Officer
 - Support or Civilian Staff for Any of the Above Services, Agencies, or Facilities
- Corrections
 - State DOCCS Personnel, including correction and parole officers
 - Local Correctional Facilities, including correction officers
 - Local Probation Departments, including probation officers
 - State Juvenile Detention and Rehabilitation Facilities
 - Local Juvenile Detention and Rehabilitation Facilities
- P-12 Schools
 - P-12 school or school district faculty or staff (includes all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff, and support staff including bus drivers)
 - Contractor working in a P-12 school or school district (including contracted bus drivers)
 - Licensed, registered, approved or legally exempt group childcare
- In-Person College Faculty and Instructors
- Employees or Support Staff of Licensed, Registered, Approved or Legally Exempt Group Childcare Settings
- Licensed, Registered, approved or legally exempt group Childcare Provider
- Public Transit
 - Airline and airport employee
 - Passenger railroad employee
 - Subway and mass transit employee (i.e., MTA, LIRR, Metro North, NYC Transit, Upstate transit)
 - Ferry employee
 - Port Authority employee
 - Public bus employee

- Public Facing Grocery Store Workers
- Individual living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of your household.
- Individual working (paid or unpaid) in a homeless shelter where sleeping, bathing or eating accommodations must be shared by individuals and families who are not part of the same household, in a position where there is potential for interaction with shelter residents.

Priority Groups Continuing to Be Eligible:

- Healthcare Workers
 - High-risk hospital and FQHC staff, including OMH psychiatric centers.
 - 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, OCFS and OASAS, and residents in congregate living situations, run by the OPWDD, OMH, OCFS and OASAS.
 - Staff of urgent care provider.
 - Staff who administer COVID-19 vaccine.
 - All 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),
 - This includes, but is not limited to, individuals who work in private medical practices; hospital-affiliated medical practices; public health clinics; specialty medical practices of all types; dental practices of all types; dialysis workers; diagnostic and treatment centers; occupational therapists; physical therapists; speech therapists; phlebotomists and blood workers; behavioral health workers; midwives and doulas; and student health workers.
 - 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.
- Certified NYS EMS provider, including but not limited to Certified First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician – Critical Care, Paramedic, Ambulance Emergency Vehicle Operator, or Non-Certified Ambulance Assistant.
- County Coroner or Medical Examiner, or employer or contractor thereof who is exposed to infectious material or bodily fluids.
- Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, who is exposed to infectious material or bodily fluids.
- Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers.
- Staff and residents of nursing homes, skilled nursing facilities, and adult care facilities.