

A. Healthcare Personnel (HCP) Definition

Individuals who provide service (compensated and uncompensated) in broadly defined traditional and nontraditional healthcare settings (including family settings) and/or engage in healthcare services that place them into potential contact with

- patients who are able to transmit SARS-CoV-2, and/or
- infectious material containing SARS-CoV-2 virus, and/or
- individuals who may suffer significant consequences if exposed to SARS-CoV-2

B. Categories of HCP job titles and settings

- Nurse
- CNA/Nursing assistant/Nurse aide
- Patient aide/Care aide/Caregiver/Personal care assistant
- Phlebotomist/Technician
- Housekeeping/Maintenance
- Nursing home/LTCF/Assisted living
- In home care, including home health
- Social work/Behavioral health/Counseling/Spiritual care provider/Clinical ethicist
- Human resources/Administration
- Physician (MD/DO)/Physician assistant/Advanced practice nurse/Nurse practitioner
- Dentist/Dental hygienist
- Medical assistant
- Physical therapist/Occupational therapist/Speech therapist
- Chiropractor
- Emergency medical technician/Paramedic
- Food service
- Pharmacist/Pharmacist assistant
- Security personnel
- Respiratory therapist
- Environmental services
- Laboratory personnel
- Public health workers providing vaccines and testing for COVID-19
- Other healthcare personnel who have CDC defined exposure
- Other professionals and lay people who provide services as defined above

C. Considerations for within-category HCP prioritization

- Work on designated COVID-19 units/ICUs vs. non-COVID-19/ICU directed care
 - COVID-19/ICU prioritized over non-COVID-19/ICU
- An individual's risk factors (age, race, ethnicity, underlying health condition)
 - Individuals with risk factors prioritized over individuals without risk factors
- Availability of appropriate PPE with appropriate training for use
 - Settings lacking PPE may be prioritized over settings with adequate PPE
- Typical time spent with patients
 - Individuals with prolonged exposure prioritize over individuals without prolonged exposure

- Direct exposure to patients vs. exposure to potentially infectious material
 - Direct exposure to patients may be prioritized over exposure to infectious material
- Workforce realities
 - Priority may be given to individuals from sectors experiencing significant loss

D. Principles of vaccine distribution

- DO NOT WASTE VACCINE
 - Vaccine should be administered in accordance with the current priority group
 - However, in the event of possible waste, vaccine should be used, even if it means vaccinating outside of the priority group.
 - In the event of large amounts of vaccine being administered outside of the priority group, communication with DHS must take place.
- Provide local flexibility; fine tuning may be difficult to implement
- Assumption that demand will be greater than supply
 - There may be hesitancy; this is not likely to be uniformly distributed
 - Hesitancy will likely decrease as vaccine distributed
- Amount of vaccine may be dictated by factors other than need
 - Vaccine specific handling and packaging may dictate allotment