

# Definition of the Tier 1(a) Healthcare Workers

## WISCONSIN

Individuals who provide direct patient service (compensated and uncompensated) in 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

AND are unable to mitigate risk to themselves through workplace accommodations for example work from home policies

**Recommendation: remove family settings from the definition as this does not generate significant benefit for society. Move to phase 1 b essential workers.**

## ACIP

All Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure for patients or infectious materials.

Includes persons not directly inpatient care, but potentially exposed to infectious agents while working in healthcare settings.

## NASM

Frontline healthcare workers (in hospitals, nursing homes or providing home care) who either: (1) work in situations where risk of SARS-CoV-2 transmission is high, or (2) are at elevated risk of transmitting the infection to patients at high risk of morbidity and mortality.

Must meet phase 1a risk: caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted and treated, performing procedures with high risk of aerosolization such as endotracheal intubation, bronchoscopy, suctioning, turning the patient to prone position, disconnecting the patient from the ventilator, invasive dental procedures and exams, invasive specimen collection, and cardiopulmonary resuscitation, handling dead bodies.

## JOHNS HOPKINS

(Phase 1 not tiered)

Essential in sustaining the ongoing COVID-19 response:

- Frontline health workers providing care for COVID-19 patients
- Frontline emergency medical services personnel
- Pandemic vaccine manufacturing and supply chain personnel
- COVID-19 diagnostic and immunization teams
- Public health workers carrying out critical, frontline interventions in the community

# Prioritization within Tier 1 Healthcare Workers

## WISCONSIN

- COVID-19/ICU prioritized over non-COVID-19/ICU
- Individuals with risk factors (age, race, ethnicity, underlying health condition) prioritized over individuals without risk factors
- Settings lacking PPE may be prioritized over settings with adequate PPE
- Individuals with prolonged exposure prioritize over individuals without prolonged exposure
- Direct exposure to patients may be prioritized over exposure to infectious material
- Priority may be given to individuals from sectors experiencing significant loss

## ACIP

Frontline HCWs in hospitals, nursing homes, home care who i) work where transmission is high or ii) at increased risk of transmitting to pts at high risk of severe morbidity and mortality

### Includes

- Clinicians
- Environmental services
- Nursing assistants
- Staff in assisted living, long term care and group care
- Home caregivers if meet 1a risk criteria

## NASM

- Reliance on public transit
- Living in multigenerational homes
- Personal risk factors (race, older age, etc.)
- Working with populations with higher rates of comorbid conditions
- Decreased access to PPE

## JOHNS HOPKINS

(Phase 1 not tiered)

- Any comorbidities
- Living with someone in the High-Risk category
- Density of workplace
- Age (could prioritize older for risk or younger for longer lifespan with survival)
- How essential a job is and how challenging it would be to restaff
- Whether the workers can be protected by other means besides vaccination
- Equity considerations: For example, priority could be given to those worker groups with higher rates of Black and Latinx people, or higher rates of people from other social groups at higher risk of infection and death.

# Wisconsin Ethical Framework

## Promoting the Common Good

Fairly maximize benefits and responsibly manage risks by

- equitably preventing illness and death
- caring for the vulnerable
- and protecting societal activities, including education and opportunities to sustain livelihoods.

## Unity

“We’re all in this together.”

- recognize the mutual interdependence of all Wisconsinites
- highlight common responsibilities and interests, purpose and action.
- mutual obligation to care for one another
- prioritize the common good over individual self-interest.

## Equity

The ethical goal of eliminating barriers to living healthy lives.

- mitigate or avoid perpetuating health inequities
- respond to social differences in background health risks
- respond to the ways in which these differences affect different social groups’ vulnerability to new and ongoing threats to health.

Health equity calls for cooperation among organizations and systems to mitigate the effects of power imbalances that unfairly disadvantage some to the benefit of others.

## Respect for Persons

Everyone must be considered and treated as having equal dignity, worth and value.

- No one person is intrinsically more valuable or worthy of regard than another.
- The individual must give informed consent for treatment (no matter the type) and retains the right to refuse treatment.
- To the extent possible, an individual’s choice of provider and/or place of treatment should be honored.
- Each person must know regardless of their choices, they will always be respected and treated with fairness.

## Fairness

Transparency, consistency, accountability and protections to avoid practices that sustain unjust discrimination

Health care resources must be allocated using criteria based only on relevant characteristics, using impartial procedures for allocation and distribution:

Age, race, color, disability, gender, immigration or citizenship status, incarceration status, national origin, religion, sexual orientation and gender identity, socioeconomic status including the ability to pay.

## Reasonableness

The public has a basic right to be assured that health care decisions are just and sound.

Resource allocation decisions are to be based on:

- Science
- Evidence
- Practice
- Experiences
- Ethical principles

while taking into account personal, social, cultural, and linguistic differences.

Groups	Promoting Common Good	Unity	Equity	Respect for Persons	Fairness	Reasonableness
Frontline healthcare workers with direct contact with COVID-19 patients while performing high risk procedures (eg. intubation)						
Frontline healthcare workers with direct contact with COVID-19 patients without high risk procedures)						
Frontline emergency service workers with potential contact with COVID-19						
Frontline workers handling infected tissue, equipment, medical supplies and refuse.						
Workers caring for vulnerable populations who may suffer significant consequences if exposed to SARS-CoV-2						