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December 10, 2020

TO: Acute Care Hospitals Licensed Pursuant to N.J.A.C. 8:43G

FROM: Judith M. Persichilli, R.N., B.S.N., M.A.
Commissioner

SUBJECT: Expectations for Population Prioritization at Hospital-Based COVID-19
Vaccination Points of Dispensing

The New Jersey Department of Health expects availability of COVID-19 vaccines as soon as December 14, 2020. This memo serves to outline key expectations for acute care hospitals that participate as Points of Dispensing (POD) regarding prioritizing eligible persons during Phase 1A. Thank you for your partnership in this initiative.

This memo supplements the CDC Provider Agreement. Facilities should be familiar with terms outlined in that document, New Jersey's Interim COVID-19 Vaccination Plan, and other materials circulated by NJDOH regarding the provision, delivery and administration of COVID-19 vaccines.
https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml

Start of Phase 1A: Governor Murphy and Commissioner Persichilli will announce when vaccinations may start in Phase 1A. This will occur after the Food and Drug Administration (FDA) has issued an emergency use authorization (EUA) and after the Centers for Disease Control and Prevention (CDC) has adopted recommendations of the Advisory Committee for Immunization Practices (ACIP).

Eligibility: During New Jersey's Phase 1A, individuals eligible to receive vaccination at acute care hospital facilities include any paid or and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home (see Appendix A).

Professional licensure is not required to be eligible to receive the vaccine. Individuals would be eligible if they live, work, or are being educated in New Jersey. Self-identification as meeting the eligibility criterion is sufficient and no supplemental eligibility verification documentation will be required.

Throughput: NJDOH expects that each POD will administer all doses within 21 days of receipt of the vaccine from the distributor. Booster/2nd doses will be sent at appropriate interval after prime/1st doses are administered.

Prioritization: When there are not enough doses to serve all eligible Phase 1A persons, PODs will implement prioritization. To ensure the orderly and equitable dispensing of scarce COVID-19 vaccines:

During the first four weeks that vaccines are made available to your facility, your POD may operate as a “Closed” POD. While in “**Closed**” POD status, your facility is only responsible for vaccinating your own personnel (paid and unpaid). Protocol as follows:

1. The facility identifies the universe of eligible paid and unpaid persons serving in the facility.
2. The facility shall categorize eligible persons by their risk of acquiring infection (higher, medium, lower).
 - o e.g. Highest would include those with the greatest likelihood of interfacing with COVID-19 known positive and COVID-19 unknown persons or materials.
3. The facility should then survey its personnel who were interested in being vaccinated, with the expectation that all surveyed shall be eligible within 30 days, pending vaccine availability.
4. If additional sub-prioritization is needed based on supply and demand, the facility should prioritize those who reside in areas of higher social vulnerability areas.
 - o The CDC Social Vulnerability Index with 2016 data is searchable here: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
5. Vaccine administration should start with those at highest risk and proceed stepwise to those with lowest risk.

Within four weeks of receiving vaccines, all acute care hospital-based PODS must become “Open” PODs. While in “**Open**” POD status, your facility is responsible for vaccinating anyone currently eligible by Phase or sub-Phase who registers to be vaccinated at your site. Protocol as follows:

1. All acute care hospitals shall participate in the statewide scheduling and consumer navigation system. More details will follow from NJDOH.
2. The State will announce eligible Phase 1A sub-populations.
3. As they self-identify as eligible for vaccination, eligible persons shall be directed to register through the appropriate scheduling software. NJDOH will support this through a designated state website and a forthcoming consumer call center.

Across all POD types, those administering vaccinations and staffing the PODs should be offered the opportunity to be vaccinated first.

As the POD sponsor, each acute care hospital that receives vaccines is responsible for registration, reporting, and 2nd dose follow-up of anyone vaccinated at their site and adhering to the requirements of the CDC COVID-19 Provider Agreement contract.

This guidance is informed by the Advisory Committee for Immunization Practices (ACIP), the National Academies of Sciences, Engineering, and Medicine (NASEM), and the NJDOH COVID-19 Professional Advisory Committee (PAC).


Judith Persichilli, R.N., B.S.N., M.A.
Commissioner

Appendix A: Phase 1A Examples of Healthcare Settings and Eligible Paid/Unpaid Persons

Who are “healthcare personnel” in Phase 1A?

Healthcare personnel are paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.

This includes any type of worker within a healthcare setting. Examples include, but are not limited to:

- ✓ licensed healthcare professionals like doctors, nurses, pharmacists, and dentists
- ✓ staff like receptionists, janitors, clergy, mortuary services, laboratory technicians
- ✓ consultants, per diem, and contractors who are not directly employed by the facility
- ✓ unpaid workers like health professional students, trainees, volunteers, and essential caregivers
- ✓ community health workers, doulas, and public health professionals like Medical Reserve Corps
- ✓ personnel with variable venues like EMS, paramedics, funeral staff, and autopsy workers
- ✓ other paid or unpaid people who work in a healthcare setting, who may have direct or indirect contact with infectious persons or materials, and who cannot work from home

Who are “unpaid” healthcare workers?

Persons who work within a healthcare setting, but are not paid. These include, but are not limited to health professional students, trainees, volunteers, and essential caregivers.

What are “healthcare settings” in Phase 1A?

For COVID-19 vaccination, any venue where healthcare occurs is a healthcare setting.

Examples include, but are not limited to:

- ✓ Acute, pediatric, and behavioral health hospitals and ambulatory surgical centers
- ✓ Health facilities like rehabilitation facilities, psychiatric facilities, and Federally Qualified Health Centers
- ✓ Clinic-based settings like urgent care clinics, dialysis centers, and family planning sites
- ✓ Long-term care settings like nursing homes, assisted living facilities, group homes, and others
- ✓ Occupational-based healthcare settings like health clinics within workplaces, shelters, jails, colleges and universities, and K-12 schools
- ✓ Community-based healthcare settings like PACE and Adult Living Community Nursing
- ✓ Home-based settings like hospice, home care, and visiting nurse services
- ✓ Office-based healthcare settings like physician and dental offices
- ✓ Public health settings like local health departments, LINCS agencies, harm reduction centers, and medicinal marijuana programs
- ✓ Retail, independent, and institutional pharmacies
- ✓ Other settings where healthcare is provided