



COVID-19 Vaccine Prioritization Considerations for Healthcare Personnel

November 25, 2020

Summary and Action Items

- Initial supply of COVID-19 vaccine will be limited.
- While healthcare personnel (HCP) will be among the first group recommended for vaccination, initial vaccine supply may be insufficient to vaccinate all HCP.
- To assist hospitals/health systems with prioritization and sub-prioritization decisions, CDPH has outlined the following considerations based on risk of exposure and risk of severe COVID-19 disease.

Background: Initial supply of COVID-19 vaccine will be limited. While healthcare personnel (HCP)* will be among the first group recommended for vaccination, initial vaccine supply may be insufficient to vaccinate all HCP. Thus, it will be necessary for hospitals and health systems to prioritize vaccination even among HCP within their facilities. To assist hospitals/health systems with prioritization and sub-prioritization decisions, CDPH has outlined the following considerations. Considerations are based on risk of exposure and risk of severe COVID-19 disease. Hospitals/health systems should consider all categories of HCP for vaccination in each tier, including non-traditional HCP considered hospital staff with prolonged public contact (e.g., security personnel). Trusted COVID-19 vaccine ambassadors of diverse roles, qualifications, and race/ethnicity should be selected within each hospital to communicate prioritization considerations of individual hospitals. The Advisory Committee on Immunization Practices (ACIP) may make additional recommendations related to prioritization in December that hospitals should also consider.

Initial Vaccine Prioritization Considerations:

Tier 1 – HCP routinely caring for COVID-19 patients/patients under investigation (PUIs) AND performing or attending aerosol generating procedures (AGP)**.

Tier 2 – HCP that may care for COVID-19 patients/PUIs and perform or attend AGPs.

Tier 3 – HCP that provide direct care to COVID-19 patients/PUIs but do not generally perform or attend AGPs.

Tier 4 – HCP with direct contact with material potentially contaminated with COVID-19 viral particles (depending on hospital protocols, could include phlebotomists, technicians, environmental and dietary services personnel).

Tier 5 – HCP that provide direct patient care to patients who are at low risk of COVID-19 and persons with indirect exposure to patients or infectious materials.

TIER	DIRECT COVID-19/PUI PATIENT CARE	AGP EXPOSURE	DIRECT CONTACT WITH CONTAMINATED MATERIAL
1	YES – routine	YES – routinely perform or attend	YES
2	YES – less than Tier 1	YES – may perform or attend	YES
3	YES	NO	YES
4	YES/NO	NO	YES/INDIRECT
5	LOW-RISK/INDIRECT	NO	UNLIKELY/INDIRECT

Vaccine Sub-prioritization Considerations:

Hospitals and health systems may not receive enough vaccine to vaccinate all staff within each tier outlined above at the same time. Hospitals and health systems should consider initial vaccination of the following groups within each tier:

- Personnel 60 years of age and older
 - Personnel with underlying health conditions who are at increased risk of severe COVID-19 disease
 - These conditions are outlined by CDC and can be found at:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
 - This may be followed by providers with health conditions who ***might be*** at increased risk for severe illness (see CDC link above for details)
-

*HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, respiratory therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted from HCP and patients.

(<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html>)

**Commonly performed medical procedures that are often considered aerosol generating procedures, or that create uncontrolled respiratory secretions, include: open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, and manual ventilation. Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as: nebulizer administration and high flow O2 delivery. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>)