

Healthcare Personnel Definitions for Phased COVID-19 Vaccination

Healthcare Personnel (HCP) and Frontline Essential workers are defined separately by the Centers for Disease Control (CDC):

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

To the following definitions are for guidance in providing vaccinations by Phase and sub-priority:

Phase 1a – Priority 1 Intent: keep critical healthcare infrastructure available and functioning

Hospitals:

Affiliated clinics and contractors are included in all of these definitions and our expectation is that the hospital will vaccinate these entities

All personnel working in dedicated COVID-19 units, ICU, emergency departments, designated COVID-19 urgent care clinics.

Includes, but not limited to: nurses and nursing assistants, doctors, advanced practice providers, respiratory therapists, lab/tech staff, and environmental services/maintenance staff.

LTCF (skilled nursing facilities and nursing homes): All personnel working in these facilities.

Emergency Medical Services Personnel: People providing direct patient care as part of the EMS system. This includes: Air Ambulance Pilots, Ground Ambulance Drivers, Physicians, Physician Assistants, Nurses, and those personnel certified or registered by the EMSRB: Paramedics, Advanced Emergency Medical Technicians, Emergency Medical Technicians, and Emergency Medical Responders.

First Responder Personnel: People who provide direct patient care to the general public in response to medical and/or trauma incidents in the performance of their job duties.

COVID testers: Personnel providing testing at large community testing centers.

COVID community vaccinators: Public health vaccinators and those administering COVID-19 vaccine in Phase 1a.

Examples: These are mainly COVID-19-focused HCP. This phase does not include people who are able to telework, onsite administrative staff, or other HCP that do not have direct patient contact.

Phase 1a – Priority 2 Intent: preventing outbreaks.

Hospitals: *Affiliated clinics and contractors are included in all of these definitions and our expectation is that the hospital will vaccinate these entities* All personnel not assigned to a dedicated COVID-19 unit and are providing direct patient services or handling infectious materials and not included in the first priority group. Onsite personnel that are unable to telework.

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LTCF (assisted living facilities/housing with services with an arranged Home Care Provider): All personnel working in these facilities.

Urgent care settings: All personnel providing direct patient services or handling infectious materials and not included in first priority group. This includes affiliated urgent care clinics.

Dialysis centers: All personnel providing direct patient services or handling infectious materials.

Examples: this includes staff who regularly come in and out of healthcare facilities: skilled nursing facility staff, psychiatric hospital staff, adult foster care center staff, home health care workers caring for high risk clients with larger patient loads (e.g. patients with a tracheostomy or ventilator at home). Also included are on-site staff that cannot perform their work via telework and are not able to maintain safe working distances (six feet apart).

Phase 1a – Priority 3 Intent: keep necessary (non-critical) healthcare infrastructure available and functioning.

Affiliated clinics and contractors are included in all of these definitions and our expectation is that the health care entity will vaccinate these entities

All remaining HCP not included in the first and second priority groups. This includes but is not limited to: HCP that work in hospitals, ambulatory and outpatient settings, home health settings, emergency shelters, LTCF, dental offices, pharmacies, public health clinics, public health labs, medical waste handlers, mental/behavioral health settings, correctional settings, group homes, medical transportation providers, mortuary personnel and coroner personnel.

This does not include healthcare personnel that are teleworkers, and onsite personnel who can maintain safe social distance (six feet apart) while working.

NOTE

Sub-prioritization was guided by the risk criteria presented in the Framework for Ethical Allocation of COVID-19 Vaccine, published by the National Academies of Sciences, Engineering and Medicine⁶.

- **Risk of infection:** People have higher prioritization because they work or live in settings with a higher risk of transmission occurring because SARS-CoV-2 is circulating.
- **Risk of severe morbidity and mortality:** People who are older and that have comorbid conditions are at higher risk of severe outcomes and death.
- **Risk of transmitting to others (at work and at home):** People have higher priority because they live or work in settings where transmission is more likely to occur.
- **Risk of negative societal impact:** People have higher priority due to the extent that society and other people's lives depend on them being healthy.