



**Guidance for Emergency Medical Services Personnel to Receive COVID-19 Vaccination Weeks 1-4 (Through January 10, 2021)**

Limited amounts of COVID-19 vaccine will be available during the first phase of the COVID-19 Vaccination Program in New York. The New York State Department of Health (NYSDOH) is developing a prioritization and allocation framework based on guidance from the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP).

The total number of healthcare personnel in New York State (including New York City) is estimated at more than two million, spanning a diverse group of settings such as hospitals, long-term care facilities, home care, emergency medical service (EMS), and ambulatory care. EMS providers must be prepared to work with local hospitals and other health partners to manage the COVID-19 vaccine administration. It is likely that the initial supply of vaccine may not cover all EMS personnel at one time. The NYSDOH is directing all EMS providers to follow this guidance for prioritization of their workforce during the initial period of limited supply.

Vaccine Recipient Group	Who is vaccinating them - NYS	Who is vaccinating them – NYC
All EMS	Hospitals, FQHCs, Urgent Care Centers  <b>Beginning January 4, 2021:</b> Local Health Departments	Hospitals  FDNY (only members of FDNY)  New York City Department of Health and Mental Hygiene (NYCDOHMH) with NYC Regional Emergency Medical Services Council (NYC REMSCO)

**Scheduling Providers:**

- There is no mandate that EMS providers must be vaccinated.
- EMS providers should be scheduled within the county of their agency to the best of their ability EMS agencies that do not have an opportunity for vaccination at a health provider partner within their county should reach out to their designated regional hub to identify additional options for their personnel.
- Only one (1) EMS provider should be registered per appointment slot unless specifically stated otherwise.
- EMS providers should use the Clinical Data Management System (CDMS) to register for a vaccine appointment unless told otherwise. The system is updated regularly, with additional dates and times added as the vaccination sites make them available.

- EMS providers must receive their second dose at the same location they receive their first dose unless directed otherwise.
- A list with vaccination site registration links is released on a regular basis as additional sites are added. EMS agencies that are not receiving e-mail notifications with the list of active locations should contact [COVIDemsinfo@health.ny.gov](mailto:COVIDemsinfo@health.ny.gov) to be added to the e-mail list.
  - Please make sure to state your full name, agency or company, title, email address, cell phone in the email.
- If an EMS agency has any technical difficulties in scheduling providers through CDMS, they should contact the email address listed at the end of this document. If possible, please include a screen shot of the issue.

### **Responsibilities of EMS Agencies or Organizations**

This guidance describes how EMS agencies or organizations must prioritize which staff receives the vaccine first. Hospitals and health providers throughout New York State, local health departments, as well as the New York City Fire Department (FDNY) and the New York City Department of Health and Mental Hygiene (NYCDOHMH) will function as centers at which EMS personnel will be vaccinated, according to the chart below. The prioritization process acknowledges that not every vaccination site may receive enough vaccine to vaccinate all EMS personnel in their area at the same time. Key points include:

- EMS agencies will be notified where their primary vaccination distribution location(s) will be. EMS agencies should communicate with their EMS providers to determine where and when each provider should go for vaccination. Vaccination sites in Phase 1A will be in at hospitals, FQHCs, Urgent Care Centers and local health department PODs, except for those in New York City. New York City will have a separate site for municipal EMS providers, and two additional sites for non-hospital EMS providers, which will be operated by NYC DOHMH and NYC Regional Emergency Medical Services Council (REMSCO). Each EMS organization may not be able to have their entire Phase 1A staff vaccinated at the same time or from the same shipment. EMS agencies should create a schedule that send staff over a period of time to be vaccinated.
- EMS agency leadership should work with their local hospital partners, local health departments or the NYCDOHMH/NYC REMSCO to arrange and schedule vaccination.
- EMS providers will be notified about the link to CDMS that will be used to register for a time to receive a vaccine.

### **Identify staff prioritized for vaccine**

All EMS personnel who provide direct services to patients are prioritized to receive vaccine. This includes career staff and volunteers, who have the potential for direct or indirect exposure to patients. It also includes employed staff, Ambulance Emergency Vehicle Operators, contractors, Non-Certified Ambulance Assistants, and volunteers who meet the criteria of having direct patient contact. This does not include those who work in an office or who are dispatchers, for example.

EMS providers are those staff members of EMS agencies who:

1. Are an eligible certified provider, including Emergency Medical Technicians, Advanced Emergency Medical Technicians, Paramedics, Certified First Responders, Emergency Vehicle Operator (Ambulance), or Non-Certified Ambulance Assistant; and

2. Currently provide or assist in direct care to patients on an ambulance or in a first response role on a regular basis.

EMS providers may be career or volunteer and may work for a hospital EMS department, fire department, municipality, police department, volunteer ambulance company, a third service EMS agency or another similar agency model.

EMS Agencies included in Phase 1A include those who are licensed ambulance or recognized fire response agencies with certified providers who provide direct patient care on a regular basis.

It is important to recognize that some agencies may have certain members of their department who qualify in Phase 1A, while the remainder will be in Phase 1B. Examples include the following:

- A police department may have a specialized unit that has certified EMS providers who provide direct patient care on a regular basis in their law enforcement roles. Those EMS providers would be included in Phase 1A.
- Fire departments, where not every member of the department would qualify for Phase 1A, but a limited number of personnel may be in Phase 1A because they are members of a specialized unit that provides medical care.

**In situations in which departments are unsure if their personnel are in Phase 1A or 1B based on their functions, they should contact the NYSDOH Bureau of EMS for additional assistance.**

Within your agency, it may be difficult to prioritize EMS providers who respond in the field according to risk of possible exposure or procedures performed. EMS agencies must consider prioritizing providers who are at increased risk due to age or co-morbidities. It is advisable to divide staff into two or three groups to get vaccinated at different times during Phase 1A. This will maintain staffing levels should those who were vaccinated experience side effects that keep them from working. Providers who would have the longest exposure to patients should be prioritized at the highest level. For example, providers who will transport a patient to the hospitals and will spend a prolonged period in the back of an ambulance less than six feet away from the patient should be vaccinated first. When you divide the staff into two or three groups, try to blend the groups. If you are a career agency, blend full-time staff with part-time staff.

Volunteer agencies should consider sending some very active staff with some less-active staff. If you are a combination department, blend some career staff with some volunteers. This blended vaccination plan will ensure not all of one category will be vaccinated at the same time and will help ensure operational sustainability.

Members who are under the age of 18 AND provide direct patient care, such as a 17-year-old certified EMT, are eligible for the vaccine. These providers must do additional research in the region to identify a vaccine location that is offering the Pfizer vaccine. The Moderna vaccine is approved for individuals 18 years of age and older. A parent or legal guardian may be required to be with the minor to obtain the vaccination.

EMS providers who tested positive for COVID-19 should wait at least 10 days from date testing positive if asymptomatic, or 10 days from the date of onset of symptoms, and be fever-free and have improving symptoms prior to getting the vaccine.

Providers who are scheduled to receive either the first or second dose of the vaccine and receive quarantine orders prior to their vaccination appointment should remain quarantined and be rescheduled for the vaccine.

## **Plan for Second Dose of COVID-19 Vaccine**

EMS providers are strongly encouraged to make appointments for the second COVID-19 vaccine dose 21 (Pfizer-BioNTech vaccine) or 28 days (Moderna vaccine) after the first dose is administered or once the ability to make an appointment is available. It is important to send frequent reminders about when and where to receive the second dose. All vaccinated providers must be tracked to ensure they get the second dose of the same vaccine type according to current recommendations. Individuals must receive two doses of the same vaccine (i.e., you must receive two doses of the Pfizer vaccine or two doses of the Moderna vaccine; they are not interchangeable).

Sites administering vaccine may consider setting up a process for scheduling second doses when the patient receives their first dose. NYSDOH is working on streamlining scheduling for second doses, and will offer additional, more detailed guidance shortly.

## **Proof of Occupation**

Since the vaccine is scarce, it is important to bring proof of working/volunteering as an EMS provider to the vaccination site. This could include an EMS agency ID card, a letter from an EMS agency, or a pay stub.

Alternatively, employers or organizations can provide to the vaccinating entity a list of staff who meet the criteria for vaccination.

All certified providers must have proof of New York State EMS certification and agency affiliation with them when they go to be vaccinated.

## **Vaccine Safety**

Post-vaccination monitoring is an essential part of the COVID-19 vaccination campaign. The Centers for Disease Control and Prevention (CDC) is promoting and encouraging all those being vaccinated to participate in V-Safe, a smart-phone based application that will allow those vaccinated to enter their symptoms in the days after vaccination using text messaging. V-Safe also provides reminders for the second dose and telephone follow-up for anyone who reports medically significant adverse events. V-Safe materials can be found at <http://www.cdc.gov/vsafe>, including a V-Safe information sheet. Please print out the information sheet and hand to each person vaccinated.

## **Vaccination Site**

If an EMS provider has an issue when they get to a vaccine site, including but not limited to being told by the site they are not vaccinating EMS providers, please contact the NYSDOH Bureau of EMS via email at [COVIDemsinfo@health.ny.gov](mailto:COVIDemsinfo@health.ny.gov) with details of the incident and contact information.

## **After Vaccination**

EMS providers who have been vaccinated are still required to follow all COVID-19 guidance, including quarantine and/or travel guidance, that is in effect.

## **Equity**

All EMS personnel who meet criteria for vaccination must be included, regardless of title. For example, employed staff, emergency vehicle operators (non-certified drivers), contractors, and volunteers who meet the criteria and who have direct contact patients should all be eligible for vaccination at the same time.

## **Insurance Information**

EMS providers may be asked for insurance information when they go for the vaccine. Vaccination sites are permitted to bill insurance plans a vaccination administration fee. Vaccination sites are not permitted to charge co-pays to those getting vaccinated.

## **EMS Providers as Vaccinators**

Executive Order 202.82 permits EMS providers who are EMT-B and above to administer COVID-19 vaccinations, provided that they meet certain requirements. Additional information can be obtained by having leadership of the EMS agency or vaccination organization that intends to use EMS providers as vaccinators e-mail [COVIDemsinfo@health.ny.gov](mailto:COVIDemsinfo@health.ny.gov) for more information.

Individual providers should not contact the NYSDOH Bureau of EMS regarding becoming vaccinators.

## **Communicating the Plan**

Clearly communicate how prioritization will work to staff. Identify those who meet the prioritization criteria and communicate to them your plan for offering COVID-19 vaccine. Organizations should consider implementing an appointment schedule to make it possible to complete the first dose of the vaccine series. While vaccination information will be submitted to the NYSDOH or the NYCDOHMH by the partnering vaccination providers, all EMS organizations must track up take among their staff and keep records of staff who decline vaccination.

This guidance is in effect from the date of issuance until it is updated, or additional guidance is issued by NYSDOH. For questions, please contact the New York State Department of Health at [COVID19vaccine@health.ny.gov](mailto:COVID19vaccine@health.ny.gov) or [COVIDemsinfo@health.ny.gov](mailto:COVIDemsinfo@health.ny.gov) for assistance.