
OVERVIEW OF SECRETARY OF HEALTH'S ORDER FOR COVID-19 VACCINE PROVIDERS IN PHASE 1A

BACKGROUND

Getting Pennsylvanians immunized with a safe and effective COVID-19 vaccine is an essential step in reducing the number of virus-related cases, hospitalizations and deaths. The Pennsylvania Department of Health (Department) guides the distribution and administration of the COVID-19 vaccine throughout 66 of the 67 counties in the Commonwealth of Pennsylvania. Philadelphia County receives independent federal funding and is establishing its own COVID-19 vaccination administration plan.

The Department's goals are to prioritize persons, while the vaccine supply remains limited, who receive the vaccine to maximize benefits and minimize harms caused by the virus, promote justice, mitigate health inequities, and promote transparency. In Phase 1A of [Pennsylvania's COVID-19 Interim Vaccination Plan](#), the Department needs providers enrolled to provide the COVID-19 vaccine, which are hospitals, health systems, Federally Qualified Health Centers (FQHCs), and pharmacies, to vaccinate healthcare personnel not affiliated with a hospital, health system or a Long-Term Care facility.

Hospitals, health systems, FQHCs, and pharmacies that are allotted vaccine from the federal government's Operation Warp Speed through the Department **shall designate at least 10% of each vaccine shipment for vaccination of Phase 1A healthcare personnel who are not affiliated with a hospital or health system.**

RESPONSIBILITIES OF HOSPITALS, HEALTH SYSTEMS, FEDERALLY QUALIFIED HEALTH CENTERS, AND PHARMACIES

Enrolled COVID-19 vaccine providers have been directed in the [Vaccination of Community Healthcare Personnel Order](#) to **designate at least 10 percent of each vaccine shipment for vaccination of Phase 1A healthcare personnel who are not affiliated with a hospital or health system.**

1. QUANTIFY PERCENTAGE OF VACCINE ORDER THAT WILL BE PROVIDED TO NON-AFFILIATED HEALTHCARE PERSONNEL

Although the Secretary's Order requires enrolled vaccine providers to designate at least 10% of their vaccine orders for non-affiliated healthcare personnel, vaccine providers may allocate more than 10% of each allotment, particularly as all affiliated healthcare personnel are fully vaccinated.

- Enrolled vaccine providers should review upcoming allocations and dedicate at least 10% of the vaccine to be used for vaccinating non-affiliated healthcare personnel.
- At this time, enrolled vaccine providers should prioritize vaccination of healthcare personnel who meet the definition of Phase 1A healthcare personnel in the [PA DOH Interim COVID-19 Vaccination Plan](#).
 - “Healthcare personnel” are defined by ACIP as paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. These healthcare personnel may include, but are not limited to, emergency medical services personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, direct support professionals, clinical personnel in school settings or correctional facilities, contractual staff not employed by the healthcare 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 healthcare personnel and patients.
 - “Healthcare settings” refers to the CDC definition of the places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term care facilities, inpatient rehabilitation facilities, nursing home and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, adult day facilities and others.
- Enrolled vaccine providers should sub-prioritize “COVID-19 facing healthcare personnel” and vaccinate them first. In the event that there is insufficient supply, “high-risk” COVID-19-facing healthcare personnel should be further sub-prioritized.
 - This includes healthcare personnel who work in COVID-19-facing units, who also have direct contact (within 6 feet) of patients to initially receive the vaccination, and who have not been infected with COVID-19 in the past 90 days. A “COVID-19-facing unit” is an area of a healthcare facility that is expected to care for individuals with COVID-19. This includes emergency departments, intensive care units, inpatient medical or surgical floors in acute care facilities, emergency medical services units, outpatient respiratory care clinics, and urgent care centers.
 - In the event that there is insufficient supply to cover all COVID-19-facing healthcare personnel, “high-risk” COVID-19-facing healthcare personnel should be further sub-prioritized. COVID-19-facing healthcare personnel who are 65 years of age or older or have underlying medical conditions causing increased risk for severe COVID-19, as [identified by the CDC](#), are the highest-risk COVID-19-facing healthcare personnel.
 - Enrolled providers should consider infusion centers providing monoclonal antibody treatment for COVID-19 and healthcare personnel collecting samples for COVID-19 testing.

- Each week enrolled vaccine providers should rotate vaccine stock to ensure that all vaccine is used in a timely manner. In no case may vaccine designated for vaccination of non-affiliated healthcare personnel be held over for longer than two weeks without use, and at the end of two weeks should be rotated into the general use cache.

2. COMMUNICATE

Enrolled vaccine providers have been directed in the [Vaccination of Community Healthcare Personnel Order](#) to post on their public-facing website a point-of-contact for non-affiliated healthcare personnel eligible for vaccination under Phase 1A, information on the vaccine and how to schedule an appointment.

- Enrolled vaccine providers may use existing scheduling tools, such as an online appointment tool or an existing central scheduling call-center as the required point-of-contact.
- Enrolled vaccine providers may use survey tools when scheduling to sub-prioritize non-affiliated healthcare personnel using the COVID-19 Vaccine Hospital Decision Tool for Phase 1A (Appendix 8) in [Pennsylvania's COVID-19 Interim Vaccination Plan](#). This includes starting with COVID-19-facing health care personnel.
- Enrolled vaccine providers should communicate to their affiliated personnel the current percentage of vaccine allocation allotted for non-affiliated health care personnel and the enrolled vaccine provider's approach to sub-prioritization in Phase 1A.

3. ESTABLISH A PROCESS TO VACCINATE NON-AFFILIATED HEALTHCARE PERSONNEL

Vaccination should be conducted at the enrolled provider's vaccination clinic site. Non-affiliated healthcare personnel have the responsibility to arrange with the enrolled provider for appointments in order to prevent overloading an enrolled vaccine provider's capacity and are encouraged to have a single point of contact from their practice to arrange appointments.

- Emergency Medical Services (EMS) organizations identified in Phase 1A should work with the hospital with which they have a primary affiliation or to which they routinely transport patients.
- All other healthcare personnel in Phase 1A not affiliated with a hospital or health system should work with a participating health system, hospital, FQHC, or pharmacy in their jurisdiction.

4. MAKE AVAILABLE APPOINTMENTS TO SCHEDULE FULL VACCINE REGIMEN

To the extent possible, vaccine providers should make arrangements to schedule second vaccine doses; however, it is the responsibility of the non-affiliated healthcare personnel to complete the full two-dose vaccine regimen.

- Both the Moderna and the Pfizer BioNTech vaccines require two doses: a priming dose, followed by a booster shot. The interval between Moderna doses is 28 days; for the Pfizer vaccine, the interval is 21 days.
- It is recommended that to the extent possible, individuals should receive their first and second vaccination from the same enrolled provider.

5. REPORT VACCINATION IN PENNSYLVANIA STATEWIDE IMMUIZATION SYSTEM (SIIS)

All enrolled vaccine providers receiving vaccine must report vaccinations and the information required in the Secretary's [Order Requiring Reporting of Data Related to Each Administration of an Immunization for COVID-19](#), dated December 15, 2020, on each vaccine administered for each person vaccinated, whether that person is affiliated with the vaccine provider.

In addition to the reporting requirements in Subsection A of the December 15 Order, vaccine providers and pharmacies shall report the number of eligible Phase 1A non-hospital affiliated healthcare personnel who have been vaccinated each week to the Department in a manner indicated by the Department.

RESOURCES FOR MORE INFORMATION

The Pennsylvania's COVID-19 Interim Vaccination Plan can be found on the Department's [website](#).
More information on COVID-19 can be found on the Department's website: www.health.pa.gov