

**COVID-19 Vaccine Prioritization at the Colorado Coalition for the Homeless, DRAFT, 12.31.2020 – Approved for distribution to other HCH organizations.**

- CCH was able to procure vaccine to everyone in Phase 1, all sub-tiers, at once, due to the generosity of community partners.
- See the ever-changing State of Colorado Phase Definitions for contexts.

The Colorado Coalition for the Homeless (CCH) is preparing for arrival of the COVID-19 vaccine (CO-Vax) in the coming weeks/months which will be in limited supply. This document describes the process we will use to ensure the most equitable distribution possible. CCH is following guidance from the Centers for Disease Control (CDC), local public health partners, and other national expert guidance bodies to prioritize vaccine supplies for staff working in areas of highest risk. Our approach will continue to be updated as more information becomes available.

**Vaccine Allocation Phases:**

The CDC, World Health Organization (WHO), and others have published guidance on the equitable allocation of vaccine supplies based on the ethical principles of saving the most lives possible and maintaining critical functions of society. With these goals in mind, Health Care Workers (HCWs) are in the highest priority group for receiving COVID-19 vaccine when it becomes available. However, initial vaccine supplies will be limited requiring further prioritization subsets of HCWs based on their care of patients who have suspected or confirmed COVID-19 infection.

HCWs are defined as individuals working in care settings who:

- Have direct patient care responsibilities. This would include, at CCH, entrance screeners, medical assistants, nurses, physicians, physician assistants, nurse practitioners, phlebotomists, dental providers, hygienists, dental assistants, etc.
- Have direct patient care responsibilities with less direct contact exposure. This includes CMs, BHPs, patient navigators, psychiatric providers, peers.
- Have clinical support responsibilities in patient care areas, such as clinical operations, security guard, etc.

Other personnel who work in CCH programs and facilities, but who do not routinely interact with clients or in a direct client care environment (such as administration, IT, , other business support departments and remote staff) will be prioritized with later groups.

**Subgroup Prioritization:**

Staff who deliver care to clients who are suspected or confirmed to have COVID-19, will be prioritized. If the initial vaccine supply does not allow for immunizing all highest risk workers in Phase 1, **the following subgroups have been developed based on risk:**

	Phase 1A.1	Phase 1A.2	Phase 1A.3	Phase 2
<b>Description</b>	<i>Direct client care*</i> and support staff, and <ul style="list-style-type: none"> <li>• Clients with known COVID are present in workspace</li> <li>• Work inside rooms of clients with COVID or in activated respite</li> </ul>	Direct client care or support <ul style="list-style-type: none"> <li>• Staff may be in COVID areas but not in COVID rooms</li> <li>• Job involves cumulative face-to-face client care of more than 15 min over 24h period</li> </ul>	Staff who interact with clients, and able to keep 6 ft distance and/or behind plexiglass protection.	Rest of CCH likely to be considered essential workers.
<b>Examples of CCH Staff positions</b>	Most MA, RN, PCP staff, all activated respite staff, staff who transport COVID + clients, others.	Dental and Aerosol Generating Procedures are highest here. Beacon Other MARN/PCP, Staff who do home visits, staff transporting COVID-unknown status, Front Desk.	Peers, Navigators, BHPs, Psych, CMs, pharmacy, RCC, Front Desk, people doing mostly telework, and <i>many others.</i>	<i>"Phase 3", for staff whose job is remote or admin only without direct contact of clients/staff.</i>
<b>Estimated number of staff</b>				

\*In Phase 1A.1, **direct patient care** is defined as job with cumulative face to face patient care, > 15 minutes in 24 hour period. This includes all staff who meet these criteria including environmental services and technicians.

**Please note – After vaccination, then what? → Continue universal masking, hand-washing, physical distancing.**

- At least 50 percent of the disease is spread by people without symptoms
- Vaccine boluses may be available to CCH staff in quantities of only 100 doses at a time.
- Non-CCH employees are not included here.
- We hope that vaccine supply will allow for simultaneous vaccine of more than just one group at a time.
- Our timeline for vaccination, and many more details, will be forthcoming from our partners at Denver Health and Denver Public Health.

#### Notification of Availability of Vaccine

- The COVID-19 vaccine is a 2-dose vaccine, 1 month apart.
- Communication will be forthcoming about where, when, and how you may receive vaccine will be forthcoming as rapidly as possible.

#### Uptake of COVID-19 Vaccine is Highly Recommended

- All staff, in order of the phases noted above, will be offered vaccine without any specific group being excluded, including in the setting of pregnancy.
- The vaccine is highly recommended but not mandatory.
- If you elect to get the 1<sup>st</sup> dose, it is recommended to get the 2<sup>nd</sup> dose as efficacy of the vaccine after 1 dose is unknown.

#### Vaccination and Staffing Assignments

- Vaccination will be voluntary but we highly encourage our staff to receive vaccine based on safety and efficacy data for protection against COVID-19.
- Getting the vaccine for COVID-19 does not change your job duties at CCH.
- We will continue to employ all safety measures to prevent vaccine spread, regardless of whether you choose to receive the CV-19 vaccine.

#### High Rate of Vaccine Side Effects

- Due to high rate of vaccine side effects, up to 20% individuals undergoing vaccination can expect injection site reaction (arm swelling, redness), muscle aches, fatigue, headache, and fever (up to 102 degrees F).
- It is likely that staff who cannot work remotely **may** continue working with these symptoms in the absence of respiratory symptoms (new sore throat, cough, rhinorrhea) and/or loss of taste or smell for 72 hours following vaccination. We are awaiting further Public Health Guidance on this issue. Of course, people should not come to work if they feel unwell and need to take the day off.

#### References:

Centers for Disease Control and Prevention. (2020, Oct 29). COVID-19 vaccination program interim playbook for jurisdiction operations. Atlanta, GA. [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf)

National Academies of Sciences Engineering and Medicine. (2020). Framework for equitable allocation of COVID-19 vaccine. Washington DC. <https://doi.org/10.17226/25917>

World Health Organization. (2020, Sep 14). WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination. Geneva, Switzerland. Available at: [https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE\\_Framework-Allocation\\_and\\_prioritization-2020.1-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1)

Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html>

And thanks to Dr. Karen Funk and Clinica Family Health for sharing many of their documents!