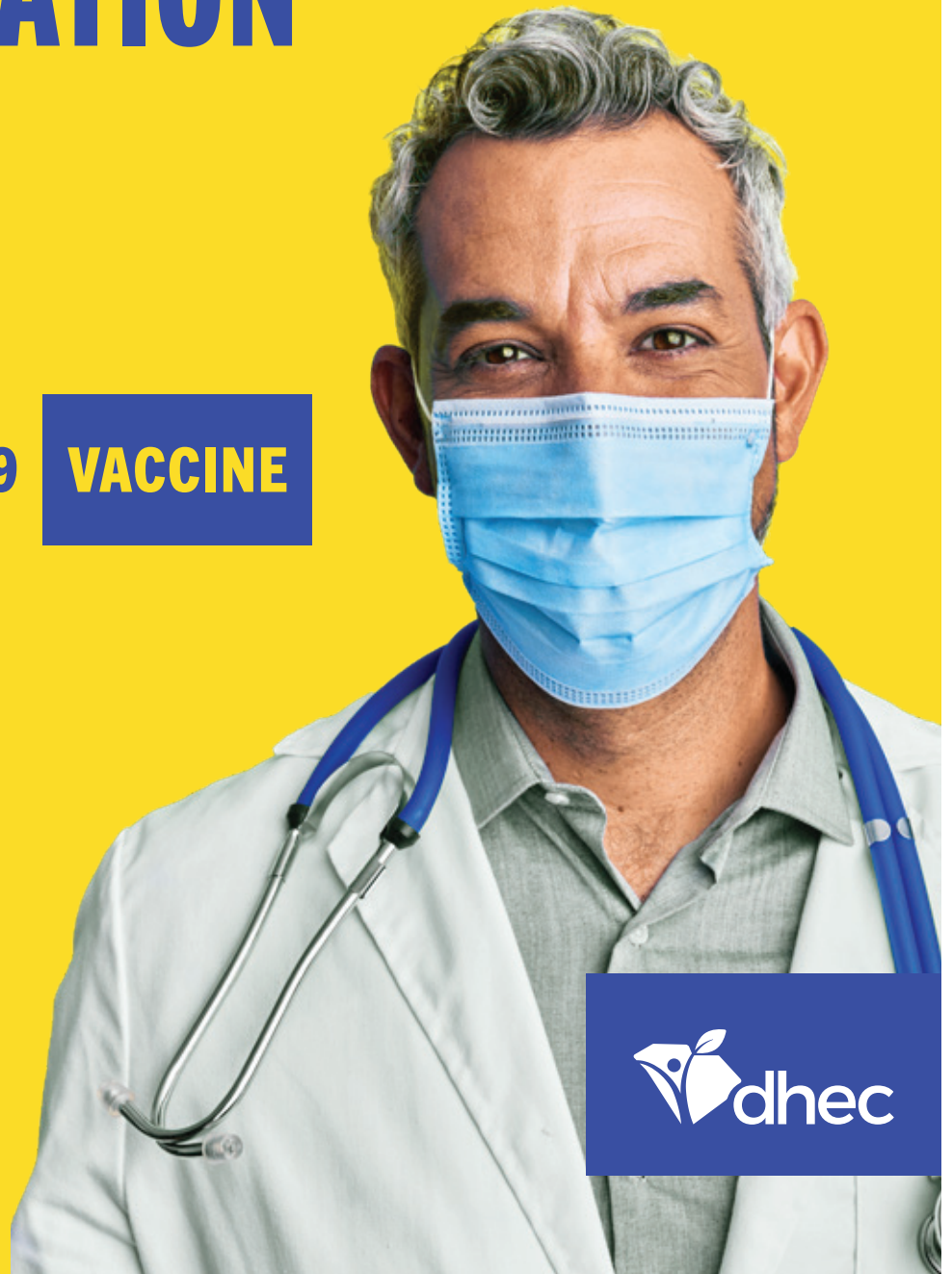


PHASE 1A
GUIDANCE FOR
COVID-19 VACCINE
ALLOCATION

THE COVID-19 **VACCINE**



OVERVIEW

The South Carolina COVID-19 Vaccine Plan includes three phases of vaccine distribution and administration. In Phase 1, vaccine supply will be limited, and efforts will be focused on rapidly reaching targeted populations, including healthcare personnel, people at high risk, and critical infrastructure workers.

Phase 1 will be divided into two sub-phases: Phase 1a and 1b.

In Phase 1a, vaccine allocation will be prioritized to subsets outlined by the Centers for Disease Control and Prevention (CDC) to include staff and residents of nursing homes and long-term care facilities and people serving in healthcare settings. The purpose is to maximize vaccinations for those serving in roles that reduce COVID-19 morbidity and mortality and to reduce the burden on strained healthcare capacity and facilities. Phase 1a will likely continue for many weeks, if not months.

Hospitals will receive vaccinations in the first weeks of Phase 1a, followed by other enrolled and approved providers. The purpose of this document is to provide guidance to those facilities that will vaccinate people eligible in Phase 1a.

DO NOT CONTACT HOSPITALS TO BE VACCINATED. People included in the groups identified below as eligible for Phase 1a vaccinations should not contact any hospital or healthcare provider. Instead, contact the South Carolina Department of Health and Environmental Control (DHEC) as provided below for additional information. If you work for an enrolled and approved COVID-19 provider, your employer will contact you about being vaccinated. For all others in Phase 1a, DHEC will publish and communicate information in the coming weeks regarding how those who are eligible can be vaccinated.

PHASE 1A

The overarching principle in Phase 1a is averting deaths. For this initial phase DHEC recommends vaccinating frontline workers in a healthcare setting who are at highest risk of contracting COVID-19 and are essential to preventing mortality. If these persons were to become sick and unable to work, health care systems could become too overwhelmed to provide care, and mortality would increase. Other workers in healthcare settings who may be exposed to suspect or confirmed COVID-19 patients or infective materials are included in Phase 1a. However, administration of vaccine will need to be staggered within this first phase, depending on supply, facilities' staffing resources, and vaccine uptake.

In addition, because of the high mortality among long-term care facility (LTCF) residents, Phase 1a includes vaccination of LTCF residents and staff. A federal/pharmacy partnership will provide vaccination services to LTCFs; other vaccine providers will not need to vaccinate these people. At any phase, persons may initially decline vaccine and receive it at a later phase. Consider vaccinating vaccinators in 1a to reduce their risk of contracting COVID-19 from asymptomatic infected high-risk workers.

Within each Phase, all groups have equal priority. The bulleted lists below include groups eligible for Phase 1a vaccinations but are not intended to suggest hierarchy. There is, however,

diversity in the following 1a groups. **If insufficient vaccine is available to cover all 1a recipients in the first weeks of vaccine rollout, those least able to protect themselves and those caring for critically ill patients should be vaccinated first.**

As weekly vaccine allocations are received, persons identified in Phase 1a willing and available to receive vaccine will be vaccinated before DHEC begins transitioning to Phase 1b. Enrolled vaccine providers will develop procedures to verify eligibility of people to receive vaccination under this guidance and to coordinate scheduling of vaccinations.

Phase 1a mission-critical workers include:

- Persons performing direct medical care to suspected and/or confirmed COVID-19 patients: medical house staff (i.e., interns, residents, fellows), nurses, nurse's aides, physical therapists (PT), physicians, physician assistants, respiratory therapists (RT), speech pathologists providing swallowing assessments during a patient's infectious period, students (medical, nursing, PT, RT)
- Ancillary staff directly interacting with suspected and/or confirmed COVID-19 patients: laboratory personnel handling potentially infectious specimens, phlebotomists, and radiology technicians
- Emergency room staff in the above categories who provide direct patient care who are at high risk of exposure to undiagnosed, suspected and/or confirmed COVID-19 patients
- Paid and volunteer medical first responders (EMS, fire department, and law enforcement personnel who provide emergency medical services) and hospital transport personnel in direct contact with suspected and/or confirmed COVID-19 patients
- Persons providing direct medical care in correctional facilities
- Persons providing direct medical care in dialysis and infusion centers
- Workers in outpatient medical settings frequently treating persons with suspected or confirmed COVID-19 infection
- Workers in settings where monoclonal antibodies for COVID-19 infusions are given
- Home health and Hospice workers
- Public health nurses/personnel visiting facilities w/possible COVID-19 cases
- Autopsy room staff, coroners, embalmers, and funeral home staff at risk of exposure to bodily fluids

These critical workers in high-risk settings will vary in different settings depending in part on the resources within each facility and the communities they serve.

Please note: LTCFs may receive vaccination services directly from CVS and Walgreens via previous enrollment in the federal LTCF partnership program. Enrolled locations will be contacted by either Walgreens or CVS to arrange services. **Residents of LTCFs and LTCF staff involved in direct resident care, including janitorial/housekeeping/foodservice workers, are eligible to receive vaccines in Phase 1a.**

DHEC recommends facilities apply higher vaccination status priority for the following factors during these limited vaccine supply circumstances:

- Personnel with the highest exposure because of longest duration of hands-on patient care or involvement in aerosol-generating procedures
- Co-morbid conditions, including age ≥ 65 that place workers at higher risk of severe COVID-19 illness and death
- “Bench depth” or the number of workers available for a given skilled task

NOT recommended in Phase 1a:

Healthcare personnel who might be critical to operations but who do not have direct COVID-19 patient exposure and are not directly mission-critical to averting deaths are not recommended in Phase 1a. These include:

- Personnel who can avoid COVID-19 patient proximity: administrators, all staff who can telework, ancillary staff not involved in COVID-19 care, dentists and dental hygienists, and medical personnel who are treating confirmed SARS-CoV-2 negative patients (e.g., asymptomatic person with no known COVID-19 exposure who tested negative prior to an elective procedure such as colonoscopy)
- Volunteers, clergy, food/janitorial/environmental services staff would not be considered in Phase 1a if they are not exposed to suspect or confirmed COVID-19 infection or infectious materials.

CONTACT US

- For questions regarding phases of the COVID-19 Vaccination Plan, please email: ACC-Immunization@dhec.sc.gov.
- For questions relating to COVID provider enrollment, please email: COVIDproviderenrollment@dhec.sc.gov.
- If you an immunizer provider with questions related to the Vaccine Administration Management System, please email: VAMS@dhec.sc.gov.

