

Covid-19 Vaccine Prioritization

Recommendations from the Lifespan Vaccine Task Force Prioritization Subcommittee

Subcommittee is comprised of physicians (including those on the Governor’s Vaccine Task Force and RIH Ethics Committee Chair), nurses, employee health, pharmacy, infection control, legal, human resources, and communications.

Given Lifespan’s expected allocation of vaccine, we are optimistic that we will be able to offer the vaccine to all providers and staff in the higher risk group and a majority in the moderate risk over the coming weeks, starting within hours of the vaccine arrival and RI Department of Health approval. We anticipate being able to offer vaccination to all employees in all groups over the next two to three months.

Questions on the prioritization groups should go to your manager or direct supervisor.

Prioritization Guiding Principles:

Vaccine administration should be prioritized to:

- 1) Protect individuals at greatest risk for exposure to virus.**
- 2) Ensure continuity and safety of patient care.**

Categories:

Higher Risk	Examples (not inclusive)
1. Individuals with significant amount of direct contact with Covid+ patients	Warm unit (ICU, non-ICU, and LAHS) and emergency department staff including RNs, MDs, residents, fellows, NPs, PAs, CNAs, unit secretaries and other clinical and support staff; MAB infusion RNs; COVID study research staff; COVID testing staff; LifePact ambulance service; urgent care staff, central transport; infection control staff
2. Individuals who perform aerosolized procedures	Respiratory therapists; anesthesia performing intubations; cardiology performing TEE; GI performing endoscopy
3. Individuals who have high contact with Covid+ infectious fluids or materials	Environmental services
4. Individuals who participate in code teams	Code blue; rapid response; code grey; cath lab; behavioral health intervention response; VIR
5. Individuals providing care to Covid + behavioral health patients with uncontrolled behaviors	Bradley staff managing Covid + patients; staff on BHU caring for unmasked patients
6. Individuals that staff in locations where Lifespan is experiencing clusters of hospital acquired Covid-19	Bradley and Gateway residential home staff
Moderate Risk	
1. Individuals providing onsite support for vaccination clinics	Vaccinators (EOHS, Pharmacy, RNs, LPNs) and onsite supportive staff for vaccine clinics
2. Individuals with moderate amount of contact with Covid+ patients	Nurses and supportive staff on non-warm units; staff in outpatient practices that care for Covid + patients; nursing home providers; procedural areas; nurses in non patient care roles that may be deployed to patient care
3. Individuals providing patient care related services that are essential for care, highly specialized, and have very limited options for coverage	Residents, fellows, APPs and attending physicians providing direct patient care in the inpatient setting; patient care equipment sterilization and distribution (CSD), supply chain staff involved with procuring PPE, diagnostic imaging staff (hospital-based)
4. Individuals serving in oversight roles critical to the overall emergency response and/or coordination and continuity of care	HICS team members; onsite IS/IT; onsite biomedical engineering; onsite facilities

5. Individuals with transient/minimal exposure to Covid+ patients	Pharmacy, PT/OT, hospital information desk; registration; admitting; phlebotomy; students (e.g., medical, nursing, pharmacy) patient-facing
6. Individuals who have low-to-moderate contact with Covid+ infectious fluids or materials	Laundry, microbiology
Lower Risk	
1. Individuals who have no direct contact with Covid+ or PUI patients or Covid+ infectious fluids or materials	Non-patient facing staff (all hospitals); dietary; diagnostic radiology; volunteers; off-site employees; students (e.g., medical, nursing, pharmacy) non-patient facing