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Oregon's Phase 1a Vaccine Sequencing Plan

I. Background

Oregon has flexibility to define who is included in each phase of vaccine distribution as well as the general sequencing within each phase as needed. While the number of vaccine doses and timing of receipt remain unclear, this Phase 1a vaccine sequencing plan is urgent and will allow Oregon to further delineate logistical details for the distribution of incoming vaccine.

The Advisory Committee on Immunization Practices (ACIP) recommends the following broad groups be included in the initial phase of COVID-19 vaccine distribution ("Phase 1a")[1]:

- ***Health care personnel (HCP)***[2]: HCP include paid and unpaid persons serving in health care settings[3] who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue and specific body fluids); contaminated medical supplies, devices and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service (EMS) personnel, nurses, nursing assistants, home health care personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing and volunteer personnel).

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[1] Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep. ePub: 3 December 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6949e1

[2] As defined by the CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360694408

[3] Per the CDC, health care settings refers to "places where health care is delivered and includes, but is not limited to, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home health care, vehicles where health care is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others." See https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

- ***Long-Term Care Facility (LTCF) residents***[4]: LTCF residents include adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently.

In future Phase 1 distribution efforts (i.e., Phase 1b and beyond), the ACIP recommends vaccine be prioritized for the following groups:

- Critical workers
- People at high risk for severe COVID-19 illness due to underlying medical conditions
- People 65 years and older

As part of planning and decision-making regarding COVID-19 vaccine distribution, OHA is consulting with Oregon's Nine Federally Recognized Tribes and conferring with the Urban Indian Health Program on COVID-19 vaccine issues that may impact the Tribes (and the health of their members) who have chosen to receive the state vaccine allocation.

Future phases of vaccine distribution will also be informed by the advice of Oregon's soon-to-be established COVID Vaccine Advisory Committee.

II. Health Equity

Health equity must be at the center when considering the allocation of scarce, critical resources in the face of a public health crisis such as COVID-19. As developed by the Oregon Health Policy Board's Health Equity Committee, OHA defines health equity as follows:

> Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being, and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
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> Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
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> - The equitable distribution or redistribution of resources and power; and
> - Recognizing, reconciling and rectifying historical and contemporary injustices.

The principle of health equity, must be paired with the principles of non-discrimination, patient-led decision-making and transparent communication when considering the distribution of resources in constrained environments.[5]

In addition to defining in more detail the groups within Phase 1a, OHA is also working to ensure that during vaccine distribution:

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[4] As referenced in Dooling K, et al. DOI: http://dx.doi.org/10.15585/mmwr.mm6949e1
[5] See OHA's "Principles in Promoting Health Equity During Resource Constrained Events" at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3513.pdf

- ***Vaccine is accessible*** for those who are included and want to be vaccinated in Phase 1a.
- ***Informed consent*** takes place.
- ***Linguistically accessible and culturally responsive information*** is available about the COVID-19 vaccine(s).

These priorities are critical to being responsive to the diversity of people living in Oregon, and to mitigate historical and contemporary injustice and stigma of communities of color, tribal communities, people with disabilities, and longstanding mistrust of the system and distrust of vaccines.

III. Vaccine Distribution and Sequencing Framework

Within this Phase 1a plan, considerations for who is included in the initial vaccine distribution phase as well as sequencing recommendations for vaccine distribution are guided by the framework within this section. The framework includes equity, individual, environmental and activity factors that suggest increased risk for contracting or spreading the virus or experiencing especially serious health consequences from the virus. Each factor can be assessed along a continuum of lesser or greater risk or severity. Because these factors often interact with one another, sequencing recommendations include consideration of all four factors.

As an example, about half of the COVID-19 fatalities in Oregon have taken place among residents in long-term care facilities. The increased risk for hospitalization and death among this group is in part due to the fragile health status often experienced by facility residents. But these heightened individual health risks are also amplified by the congregate care environment in which these residents live as well as the physically close interactions required for the provision of care from health care workers. By the nature of their duties, staff working in these facilities are at elevated risk for exposure to the virus as well as spreading it among facility residents.

Health equity must be considered in vaccine distribution and sequencing, and thus supports and informs this framework. A health equity-framed approach recognizes that systemic discrimination and racism have deeply and pervasively affected individual and community health before this pandemic. In addition, barriers in the system to communities of color, tribal communities and people with disabilities, along with the potential of underlying or chronic conditions, are linked to critical inequities in access to needed health care, safe and supportive housing, adequate food and nutrition, and more. People of color are also disproportionately represented in some essential worker categories. Therefore, Oregon's communities of color, tribal communities and people with disabilities are more vulnerable to serious health consequences from the virus while sometimes having less access to needed, culturally responsive and unbiased care.

The framework outlined below has informed vaccine sequencing recommendations within this Phase 1a plan. The framework can also be used to inform sequencing decisions for situations or settings not addressed in this plan as well as to elevate individual cases where exceptional circumstances bring heightened risks. The framework may also be useful in informing recommendations in later phases but will be brought to the Vaccine Advisory Committee for consideration.

The framework allows multiple, often interacting factors to be considered, allowing for the sequencing of the types of personnel or individuals in the highest risk environments, or performing the highest risk activities to be sequenced ahead of individuals and personnel with lower risk factors, with equity an overarching factor considered. The framework includes the following factors:

a. **Equity**. This framework recognizes equity as a primary factor in the allocation of life-saving health care resources. The need for an equity focus arises from the effects of historic and current structural racism, oppression and trauma experienced by Oregon's communities of color, which deeply affect population health and access to health care.

b. **Individual factors**. Individual factors or conditions that elevate an individual's risk for serious health consequences if COVID-19 is contracted were considered. Individual factors must also take into account the longstanding systemic racism and health inequities that have contributed to poorer health for communities of color, tribal communities and individuals with disabilities.

c. **Environmental factors**. Environmental settings or factors that significantly contribute to risk of contracting the virus or exacerbate its health impacts were considered. Individuals from communities of color are more likely to live and work in environments where there are greater risks, and fewer protections.

d. **Activity factors**. Activity factors[6] that significantly increase risk of exposure to COVID-19 and/or spreading the virus among people especially vulnerable to serious health impacts were also considered. Individuals from communities of color are more likely to be engaged in employment or other obligated activities that put them at risk for contracting the virus. Infection rates for Oregon's communities or color range three to five times those of the dominant culture.

IV. Phase 1a Vaccine Distribution and Sequencing

With anticipation that Oregon will not have enough vaccine doses for all of Phase 1a recipients immediately, Oregon has established this sequencing plan for the next several months that takes into account a variety of factors, including but not limited to: the framework factors outlined above, hospital capacity, cold-chain storage requirements and other distribution logistics.

Some factors outside of Oregon's control may emerge and may require modifications to this sequencing approach (e.g., due to available vaccine quantities, storage requirements, federal pharmacy partnership parameters, etc.). However, this plan will help us affirm and communicate who is to be included in Phase 1a, our framework for Phase 1a decisions, as well as our roadmap for sequencing across Phase 1a groups ahead.

The following is OHA's plan for who has access to Phase 1a vaccine, as well as proposed sequencing starting with Group 1 and moving through each consecutive group if logistics allow, as outlined here:

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[6] This factor envisions activities that are required as part of a person's employment or other obligations.

- ***Group 1***: hospitals; urgent care; skilled nursing and memory care facility HCP and residents; tribal health programs; EMS providers and other first responders
- ***Group 2***: other LTCFs and congregate care sites including HCP and residents; hospice programs; mobile crisis care and related services; secure transport; individuals working in a correctional setting
- ***Group 3***: outpatient settings serving specific high-risk groups; in home care; day treatment services; non-emergency medical transport (NEMT)
- ***Group 4***: HCP in other outpatient, public health and early learning settings; death care workers

Note: Within each group, the types of individuals or settings are ***not*** listed in any particular order and do not indicate a planned "in group" sequence. Rather, distribution within a group outlined below is intended to be concurrent so long as logistics and vaccine dose availability allow. In addition, ***we will apply the broadest sense of HCP as defined by the CDC on page 1, which includes contractual staff not employed by a facility.***

Full details for how these groups are defined follow on the next several pages. In addition to the groups outlined below, any person administering vaccines for the groups outlined in each of these stages should also have access to COVID-19 vaccine.

a. **Group 1** (hospitals, urgent care, skilled nursing and memory care facility HCP and residents; tribal health programs; EMS providers and other first responders) includes:
   - All paid and unpaid HCP serving in a ***hospital, hospital satellite (e.g., freestanding emergency department) or urgent care clinic*** who have the potential for direct or indirect exposure to patients or infectious materials.
     - For the purposes of this plan, a ***hospital*** is defined as a ***general hospital***, ***low occupancy acute care hospital, acute care psychiatric hospital, hospital satellite, or a special inpatient care facility (SICF)***[7]***.***
   - All residents[8] plus all paid and unpaid persons providing care or other services who have the potential for direct or indirect exposure to residents or infectious materials serving in a ***skilled nursing facility***[9] or ***memory care facility***[10].

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[7] Includes the Children's Farm Home.
[8] "Resident" means any individual residing in a facility who receives residential care, treatment or training as defined in purposes of ORS 443.400 to 443.455.
[9] "Skilled nursing facility" has the meaning given that term in ORS 442.015 and means "a facility or a distinct part of a facility, that is primarily engaged in providing to inpatients skilled nursing care and related services for patients who require medical or nursing care, or an institution that provides rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities."
[10] Memory care facility means a residential care, assisted living, or nursing facility that offers or provides care to residents with dementias in a memory care community and who has obtained an endorsement on its facility license from the Oregon Department of Human Services under OAR 411, Division 57.

- All paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials serving at ***Tribal Health Programs*** for tribes who have chosen to receive the state vaccine allocation.
- ***Emergency Medical Services Providers***[11] ***and other first responders***[12]***.***
- ***Traditional Health Workers***[13] and ***Health Care Interpreters*** working in any of the settings above.
- HCP providing ***culturally specific health care services*** in any of these settings, including tribal-based practices.

b. **Group 2** (other residential facilities[14] and congregate care sites including residents, HCP, all staff and contractors; hospice programs; behavioral health mobile crisis care; secure transport; individuals working in a correctional setting) includes:

- All residents[15] plus all paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials serving in ***long-term care facilities*** that are not skilled nursing facilities and memory care facilities.
  - Includes ***residential care facilities*** and ***assisted living facilities***[16]***.***
- All paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials serving in ***hospice programs***[17]***.***
  - Includes all hospice service providers regardless of the setting where services are delivered, inpatient or outpatient.
- All residents plus all paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials serving in ***adult foster homes.***
  - Includes ***behavioral health adult foster care homes.***
- All residents who meet the age eligibility for vaccines per the FDA, plus all paid and unpaid HCP/direct care personnel who have the potential for direct or indirect exposure to residents or infectious materials serving in ***group homes for children or adults with intellectual and developmental disabilities (I/DD)***.

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[11] An EMSP is an individual licensed under ORS 682.216 and OAR 333, Division 265.
[12] Includes fire and law enforcement.
[13] As defined in ORS 410-180-0305. For more information about Traditional Health Workers, see https://www.oregon.gov/oha/OEI/Pages/About-Traditional-Health-Workers.aspx
[14] 443.400 (8):
"Residential facility" means a residential care facility, residential training facility, residential treatment facility, residential training home, residential treatment home or conversion facility.
[15] "Resident" means any individual residing in a facility who receives residential care, treatment or training as defined in purposes of ORS 443.400 to 443.455.
[16] "Residential care facility" and "assisted living facility" are defined in OAR 411, Division 54.
[17] Hospice program as defined in ORS 333-035-0050

- All residents plus all paid and unpaid HCP who have the potential for direct or indirect exposure to patients or infectious materials serving in ***licensed residential behavioral health treatment settings***, including:
    - ***Residential Treatment Homes (RTH), Residential Treatment Facilities (RTF) and Secure Residential Treatment Facilities (SRTF)***
    - ***Substance Use Disorder and Problem Gambling Residential and Recovery Services***
    - ***Alcohol Detoxification Programs***
    - ***Psychiatric Residential Treatment Services facilities***
- ***Secure transport and transport custody providers*** serving patients in the behavioral health system.
- All paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials providing ***mobile crisis care and related services, including but not limited to Assertive Community Treatment (ACT)***.
- All residents plus all paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials serving in ***licensed Community-Based Structured Housing (CBSH) facilities*** (i.e., congregate housing).
- All paid and unpaid personnel (including DOC staff and contractors) who have the potential for direct or indirect exposure to residents or infectious materials serving in ***Oregon Department of Corrections (DOC) facilities***.
    - Includes all employees, including correctional officers and transport personnel serving adults in custody.
- All paid and unpaid personnel (including OYA staff and contractors) who have the potential for direct or indirect exposure to residents or infectious materials serving in ***Oregon Youth Authority (OYA) facilities***.
    - Includes all employees, including security and parole officers and transport personnel serving youth in custody.
- All paid and unpaid personnel who have the potential for direct or indirect exposure to residents or infectious materials serving in ***OYA-certified community residential programs***.
- All paid and unpaid personnel, including contractors, who have the potential for direct or indirect exposure to residents or infectious materials serving in the ***county jail system***, including those providing physical, behavioral, oral/dental health and pharmacy services.
    - Includes all employees including transport personnel serving adults in custody.
- ***Traditional Health Workers*** and ***Health Care Interpreters*** working in any of these settings.
- HCP providing ***culturally specific health care services*** in any of these settings, including tribal-based practices.

c. **Group 3** (outpatient settings serving specific high-risk groups; in-home care; day treatment services; NEMT) includes:

- ***Home Care Workers***, ***Personal Support Workers*** and all paid and unpaid HCP/direct care personnel who have the potential for direct or indirect exposure to patients or infectious materials providing ***home health care***, ***in-home care including nursing services***, ***in-home supports and day services.***
- ***Parents,*** including ***foster parents,*** and ***other caregivers of medically fragile children or adults*** who live at home[18].
- ***Children*** who meet the age eligibility for vaccines per the FDA***, or adults who live at home and experience a medical condition or disability*** that requires outside health care personnel, or direct care personnel to deliver services in their home.
- All paid and unpaid HCP who have the potential for direct or indirect exposure to infectious materials working in a ***freestanding birth center*** or providing ***home midwifery services***.
- All paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials providing ***day treatment services.***
- All paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials providing ***dialysis services.***
- All paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials providing ***medication assisted treatment (MAT) services***.
- ***Non-emergency medical transportation*** (NEMT) personnel.
- ***Traditional Health Workers***[19] and ***Health Care Interpreters*** not captured in earlier Groups.
- HCP providing ***culturally specific health care services*** in any of these settings, including tribal-based practices.

d. **Group 4** (all other outpatient, public health, early learning sites and death care workers) includes:

- All other paid and unpaid HCP who have the potential for direct or indirect exposure to residents or infectious materials serving in ***outpatient settings****, including but not limited to*:
  - HCP serving in ambulatory surgery centers and outpatient infusion centers.

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[18] Need to work with program teams in Medicaid and ODDS to define who is captured in the terminology “medically fragile children and adults”

[19] Includes all THWs beyond those captured in Tier 1.2, as defined in ORS 410-180-0305. For more information about Traditional Health Workers, see https://www.oregon.gov/oha/OEI/Pages/About-Traditional-Health-Workers.aspx

- HCP providing out-patient physical, oral/dental health, addiction, mental health; veterinary care; laboratory, pharmacy, phlebotomy services.
- HCP providing integrative health services, including but not limited to chiropractic, naturopathic, massage and acupuncture services.
- School nurses, school-based health care center HCP and student health center HCP.
- HCP who provide direct service, including testing (e.g., public health, emergency response teams, community pharmacy partners and community-based organization staff).
- HCP providing services with blood donation organizations.

- HCP/direct care personnel not included above who provide ***direct service to people with I/DD*** and other high-risk populations.
- HCP serving in other ***public health*** or ***early learning settings.***
  - Includes HCP serving in WIC, Head Start sites and providing Home Visiting services.
- ***Death care workers*** – includes state and county medical examiners, autopsy technicians, forensic administrators, forensic anthropologists, medical-legal death investigators, morticians, funeral home workers and other death care professionals who have the potential for direct or indirect exposure to infectious materials.
- ***Traditional Health Workers***[20] and ***Health Care Interpreters*** not captured in earlier Groups.
- HCP providing ***culturally specific health care services*** in any of these settings, including tribal-based practices.

V. Implementation Process

The following steps, many already in progress, will continue to be urgent parts of the implementation process ahead:

- In all, OHA expects that between 300,000 and 400,000 individuals will have access to COVID-19 vaccination during Phase 1a. Work is in progress to further estimate the numbers of people within each of the Phase 1a groups.
- Work with our agency partners to communicate broadly about Phase 1a plans (in progress).
- Work with agency and community partners to develop detailed logistics/distribution plans for all potential Phase 1a recipients.
- Provide routine communications on status and progress.

[20] Includes all THWs beyond those captured in Tier 1.2, as defined in ORS 410-180-0305. For more information about Traditional Health Workers, see https://www.oregon.gov/oha/OEI/Pages/About-Traditional-Health-Workers.aspx

Revision History	
Date	**Changes**
12/18/2020	Renamed document. Document was previously titled: Oregon's Phase 1a Vaccine Sequencing Plan. Added Naturopaths. Moved footnote 20 definition of death care worker to the body of the document. Minor proof editing and style revisions.

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