

The purpose of the survey is to ensure that the NYS Department of Health has information on compliance with COVID-19 vaccination requirements for health care providers.

If you have any questions, please send an email to hcstatrpts@health.ny.gov.

CONTACT INFORMATION

Name of primary person responsible for completion of this survey:*

Phone number for primary person completing this survey (in xxx-xxx-xxxx format):*

Email Address:*

Evening Contact Name:*

Evening Contact Phone Number (in xxx-xxx-xxxx format):*

Evening Contact Email Address:*

LHCSA CAPACITY

How many patients are currently on census?*

Please indicate the number of patients who are classified as Level 1*

How many total hours of RN service did you provide yesterday? *

What was the number of RN service hours not filled yesterday? *

How many hours of aide service (PCA and HHA) were provided yesterday? *

What was the number of aide service (PCA and HHA) hours not filled yesterday? *

How many additional patient admissions can you accept? *

STAFFING

The purpose of these questions is to get a better understanding of the vaccination status of staff currently working at or for your agency. Staff is defined as anyone working at or for your agency including FT, PT, those with direct patient care responsibilities as well as those who come into contact with other staff with patient care responsibilities (e.g., office staff). Please include any volunteers, contract, per diem, and on call staff; DO NOT include staff that have left your organization through resignation or termination.

What is the total number of your staff? *

Direct patient care is defined as providing services to a patient in their home or community-based setting, including the provision of services and/or activities that could potentially expose patients to disease.

Instructions for following questions related to vaccination for COVID-19. DO NOT include staff that have left your agency. For vaccinations that require two-doses (for example, Pfizer and Moderna) or a one-dose

series, i.e., Johnson and Johnson, staff are considered to be fully vaccinated two or more weeks after the final dose.

Declined vaccination is defined as an individual who is offered the vaccine and is medically eligible to receive a vaccination but has chosen not to be vaccinated. Staff are medically eligible to receive the vaccine unless they have had a reaction to vaccination to COVID-19 vaccines or have been determined by a licensed physician or certified nurse practitioner that immunization with COVID-19 vaccine is detrimental to the health of a personnel member, based upon a pre-existing health condition.

How many of your total number of staff have direct patient care responsibilities? *

Of that total how many are Registered Nurses?*

Of the total number of your staff, how many are aides (PCA/HHA)?*

As of today, what is the total number of direct care staff who have received their initial (first dose of a two-dose regimen) vaccination?*

How many Registered Nurses have received their initial (1st dose of a two dose regimen) vaccination?*

How many aides (PCA/HHA) have received their initial (1st dose of a two dose regimen) vaccination?

*

As of today, what is the total number of direct care staff who have been fully vaccinated (two doses of a two dose or one of a single dose regimen)?*

How many Registered Nurses are fully vaccinated?*

How many aides (PCA/HHA) are fully vaccinated? *

As of today, what is the total number of direct care staff who have declined vaccination? *

How many Registered Nurses have declined to be vaccinated? *

How many aides (PCA/HHA) have declined to be vaccinated? *

MEDICAL AND OTHER EXEMPTIONS

A medical exemption is allowed when a licensed physician or certified nurse practitioner certifies that immunization with COVID-19 vaccine is detrimental to the health of a personnel member, based upon a pre-existing health condition. The requirements for COVID-19 immunization shall be inapplicable only until such immunization is found no longer to be detrimental to such personnel member's health. The nature and duration of the medical exemption must be stated in the personnel employment medical record, or other appropriate record, and must be in accordance with generally accepted medical standards.

As of today, what is the total number of direct care staff with an allowable medical exemption?*

How many Registered Nurses have allowable medical exemptions?*

How many aides (PCA/HHA) have allowable medical exemptions? *

Instructions: "Other"; Exemption is defined as any other vaccination exemption not otherwise covered above.

As of today what is the total number of direct care staff with an "Other"; Exemption from the COVID-19 vaccination?*

How many Registered Nurses have an "other"; exemption from the COVID-19 vaccination? *

How many aides (PCA/HHA) have an "other"; exemption from the COVID-19 vaccination? *

*Required Fields. ** Repeatable Sections.

Form Rules:

- [1] Phone number for primary person completing this survey (in xxx-xxx-xxxx format): IS IN A FORMAT OF phone_number(999-999-9999)
- [2] Email Address: IS IN A FORMAT OF Valid_Email_Address
- [3] Evening Contact Phone Number (in xxx-xxx-xxxx format): IS IN A FORMAT OF phone_number(999-999-9999)
- [4] Evening Contact Email Address: IS IN A FORMAT OF Valid_Email_Address
- [5] How many of your total number of staff have direct patient care responsibilities? CANNOT BE GREATER THAN What is the total number of your staff?