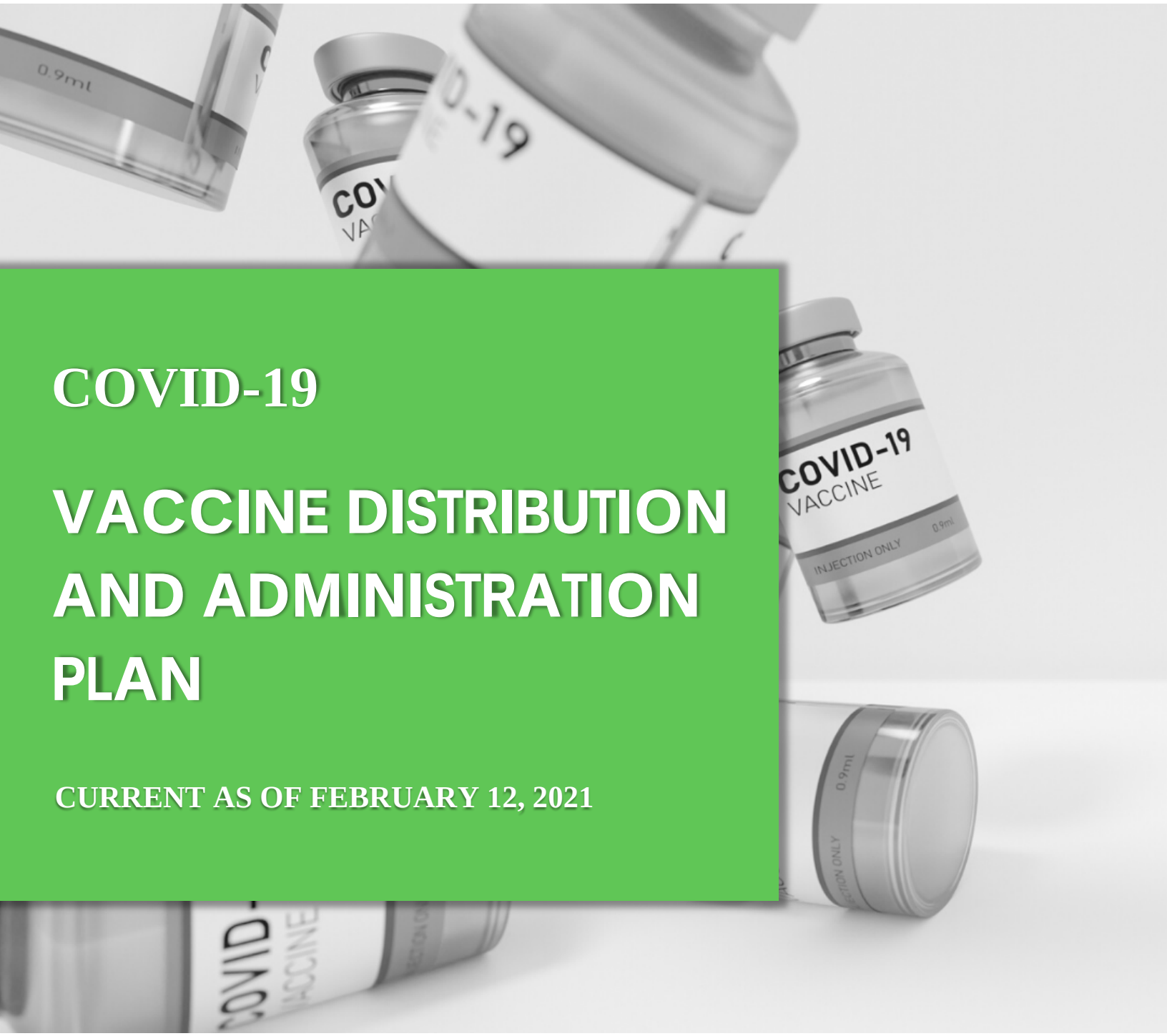

COVID-19

VACCINE DISTRIBUTION AND ADMINISTRATION PLAN

CURRENT AS OF FEBRUARY 12, 2021

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Version	Version Date	Amendment(s)
1 – Original	February 12, 2021	

This Vaccine Distribution and Administration Plan (VDAP) is an evergreen document, which will be adapted as new direction and information becomes available.

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INTRODUCTION

COVID-19 was declared a global pandemic in March 2020 and continues to impact our economic, social and emotional wellbeing, particularly the health and lives of those most at risk due to age, illness and sociodemographic circumstances. Effective and efficient delivery of the COVID-19 vaccines is the key means by which we will overcome this pandemic.

As part of the COVID-19 response, all public health units in Ontario have been asked to develop a COVID-19 immunization plan for their catchment area. Renfrew County and District Health Unit (RCDHU) has expertise in delivering annual influenza mass immunization clinics, distributing vaccine to community partners, overseeing vaccine cold chain, and judiciously managing vaccine inventory and wastage. The H1N1 pandemic demonstrated that well planned and executed mass vaccination efforts, are an effective method for addressing and slowing the spread of disease resulting from a naturally occurring pandemic. As well, seasonal influenza immunization campaigns have provided an opportunity to develop and practice approaches that may be used for the anticipated COVID-19 immunization program and to ensure consideration of the diverse needs of population groups based on vulnerability, and other socioeconomic and demographic factors.

RCDHU is well positioned to oversee the COVID-19 vaccination program and will execute this responsibility in close collaboration with healthcare, community partners and Algonquins of Pikwàkanagàn First Nation. RCDHU is partnering with local hospitals, primary care providers, County of Renfrew Paramedic Service, other healthcare and community partners, including municipalities to achieve this monumental task. Through these established partnerships and following guidance from the Ontario Ministry of Health and Public Health Agency of Canada (PHAC), RCDHU is working to achieve the goal of having 75% of our community vaccinated against COVID-19 in 2021.

PURPOSE

The purpose of the RCDHU COVID-19 Vaccine Distribution and Administration Plan (VDAP) is to provide a comprehensive and collaborative framework to immunize people in RCD with COVID-19 vaccines. This document is informed by: Ministry guidance and requirements; consultations and collaboration with our community partners; the unique needs of our region; and lessons learned from our previous immunization clinics.

This is an evergreen document. Ongoing provincial direction, partner consultations and improvement processes will guide periodic reviews and revision of the plan.

COMMUNITY SNAPSHOT

Renfrew County and District (RCD) is located in the Ottawa Valley in Eastern Ontario, Canada. It comprises the County of Renfrew, the City of Pembroke, the Township of South Algonquin and most of Algonquin Provincial Park. The total land area including Algonquin Provincial Park is 14,980 square kilometres. RCDHU serves 19 municipalities with a total of 109,087 residents (projected for 2021)[1]. Almost half (48%) of the population lives in rural areas.[2]

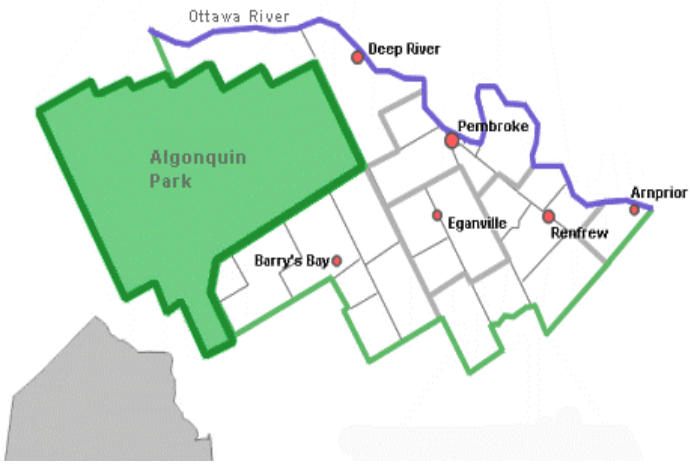


Figure 1: Map of Renfrew County and District

The 2016 Census provides the most recent information regarding age and culture in the local RCD context.[3] The median age of RCD residents is 45 years and approximately 1 out of 5 residents (21,650 persons) are aged 65 years or older.[3] About 2.5% (2,640 persons) in RCD belong to a visible minority, which is much lower than the provincial level of 29.3%.[3]

The Algonquins of Pikwàkanagàn First Nation is situated on the shores of the Bonnechere River and Golden Lake and has an estimated population of 440.[3,4] Roughly 2.7% of RCD residents (2,730 persons) have Registered or Treaty Indian status and 8.7% (8,705 persons) claim Aboriginal identity.[3]

OBJECTIVES

The objectives of the RCDHU COVID-19 VDAP are as follows:

- To provide safe and effective vaccines as quickly as possible to all who want them;
- To allocate, distribute and administer vaccines as efficiently, equitably, and effectively as possible;
- To ensure regular and clear communications to partners and the public regarding information about the vaccine and its rollout, and implement community reach efforts; and
- To be transparent in decision-making and maintain public confidence.

PLANNING ASSUMPTIONS

The COVID-19 vaccine environment is very dynamic with many key elements either not yet known or rapidly evolving. Assumptions are therefore required to make planning possible. This plan will be adapted as the following assumptions are confirmed or otherwise amended:

1. COVID-19 vaccines will be supplied by the province.

2. We anticipate fluctuations between demand of vaccine and supply, requiring nimble logistical responses and communications.

3. The province will provide direction on how doses are to be sequenced and will determine when and how much vaccine will be available to residents in our service area.

4. Notwithstanding the above, it is assumed that the provincial *Ethical Framework for COVID-19 Vaccine Distribution* (Government of Ontario), which includes important equity principles, along with the provincial *COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination* (Ontario Ministry of Health), will need to be applied by Renfrew County and District Health Unit to our local context to refine sequencing decisions.

5. The first two vaccines anticipated to be available, Pfizer-BioNTech and Moderna, have specific storage and handling requirements. All products will need to be carefully handled with wastage minimized and security ensured.

6. The 2021 projected area population of those aged 16 and over is 90,742. To achieve a vaccine coverage rate of 75% (68,057 residents), a total of 136,114 vaccine doses will be required if a 2-dose series.[1]

7. Vaccine hesitancy will be present and will require careful management to help ensure or establish vaccine confidence.

8. The local vaccination program will intersect with future waves of local cases and outbreaks, requiring ongoing public health measures for the entire population, and will stretch local public health capacity.

9. Transparent decision making and clear communication to all parties will be critical to ensure public confidence and a successful vaccination program. This is particularly challenging given the supply and demand dynamics, the need for transparent, ethical, and equity-based decisions on who receives the vaccine, the newness and complexity of the products, anticipated supply chain issues, vaccine schedules, multiple providers and their own stretched capacities during the pandemic, and the need to ensure ongoing COVID-19 public health prevention measures.

GOVERNANCE

Several partners will be engaged in the process of immunizing RCD residents with COVID-19 vaccines. Clear roles and responsibilities will be determined and documented in relation to the COVID-19 immunization implementation.

RCDHU is establishing an Incident Management Structure (IMS). The Renfrew County and District Command Table is providing overall direction in the preparation, launch and operations of the vaccination campaign. They will work to ensure that all resources are available and ready to support the immunization of residents with approved COVID-19 vaccines.

RENFREW COUNTY AND DISTRICT COMMAND TABLE

The RCD Command Table is led by RCDHU and is comprised of senior health sector leaders from across our area. The Command Table is responsible for coordinating all

aspects of the RCD COVID-19 VDAP, and giving direction to all other committees, and tables. Membership may expand to include other leaders as the process evolves. Currently, membership includes:

- RCDHU – Chair
- County of Renfrew Paramedic Service (Paramedics) Representative
- Congregate Care (e.g. Long-term Care/Retirement Home Representative)
- Hospital Representative
- Primary Care Representative
- Algonquins of Pikwàkanagàn First Nation Representative

Algonquins of Pikwàkanagàn First Nation

RCDHU recognizes the autonomy of our First Nations community. We are committed to working with them to support their vaccine plans. Algonquins of Pikwàkanagàn First Nation will be important partners on the RCD Command Table and Prioritization Committee.

COMMITTEES

Renfrew County and District Prioritization Committee

This committee will receive direction from the RCD Command Table. Their focus will be to guide each phase of vaccine distribution, by setting priorities, based on expert opinion, local data, and Provincial direction. This will be of particular importance while vaccine supply is limited. The Prioritization Committee will use the principles outlined in the Provincial Ethical Framework for Covid-19 Vaccine Distribution to guide decision-making. This committee will include representation from various groups including, but not limited to, Algonquins of Pikwàkanagàn First Nation, Primary Care, Hospital, Ethics, Epidemiology, and RCDHU.

Regional Leads Table

This table is constructed of a physician lead and administrative lead from the five designated areas: Pembroke, Deep River, Renfrew, Barry's Bay, Arnprior and their surrounding areas. A representative from RCDHU, pharmacy, and Paramedics will also have membership at the table. A municipal representative will also be included.

The Regional Leads Table will receive overall direction from the RCD Command Table and will also be guided by the RCD Prioritization Committee to help set priorities with regards to immunization of sub-populations.

Communications Committee

The Communications Committee comprised of internal and external organizations' communications leads will receive direction from RCDHU and the RCD Command Table and will help inform the Regional Leads Table and the public of key updates and education. The Communications Committee will centralize communications and align approaches across all organizations involved, to minimize confusion among messaging to partners and residents across RCD.

Local Planning Tables

Each of the five designated areas will have their own local planning table. Each local table will be led by a physician and administrative lead. Additional members should include representatives from RCDHU, Paramedics, hospital, primary care, community health centre, municipalities, pharmacy and other sectors as needed.

RCD is a large area, covering 14,980 square kilometres with diverse communities. RCDHU recognizes that the needs and resources in each area are not always the same; therefore, tailored plans for each area are required to ensure a successful and equitable rollout of the COVID-19 vaccine. Local Planning Tables will be responsible for identifying what resources exist within their community, and for involving those resources in the planning and operation of COVID-19 vaccination clinics. Local Planning Tables should use the Local Planning Toolkit (Appendix A), and additional educational documents (Appendix B) to help guide their planning.

The progress of Local Planning Tables will be reported back to the RCD Command Table by the designated clinical or administrative lead.

Renfrew County and District COVID-19 Vaccine Distribution Governance Structure

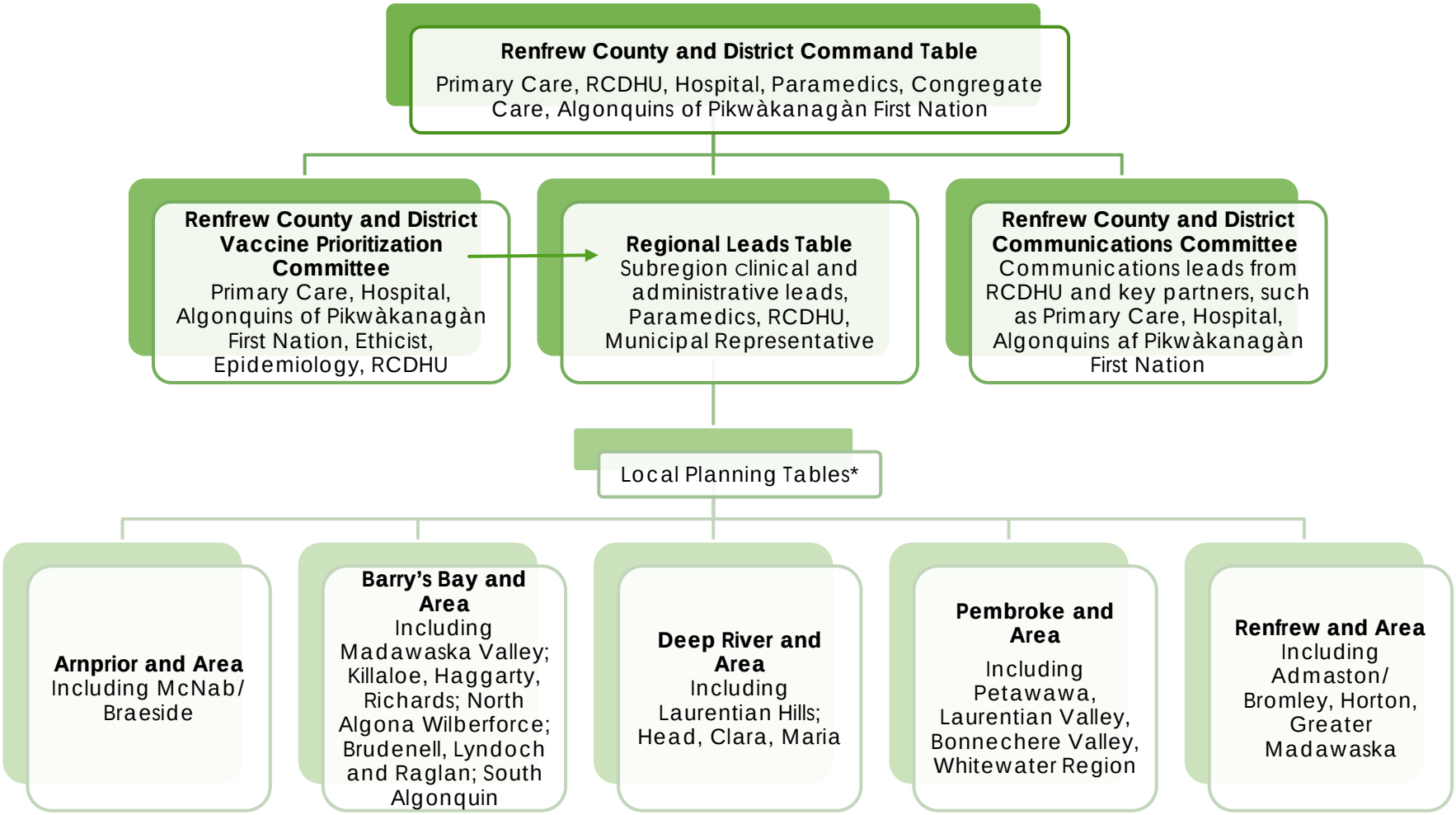


Figure 2: COVID-19 Vaccine Distribution Governance Structure for RCD

* Local Planning Tables include representatives of: RCDHU, County of Renfrew Paramedics, hospitals, municipalities, primary care, Community Health Centres, and pharmacies.

COMMUNICATIONS AND COMMUNITY ENGAGEMENT APPROACH

RCDHU will provide communications and engagement activities that will be proactive, clear, concise, and timely to ensure the residents of RCD are aware of what actions are being taken to administer the vaccines.

RCDHU recognizes the importance of clear communication and education about the safety, efficacy, and availability of the COVID-19 vaccines. In order to combat challenges, RCDHU will consider perceptions about the vaccines, the ability to impact or change behavior, and ensure important logistical information is communicated in a clear and timely way.

RCDHU will leverage current partnerships and communications groups established during the COVID-19 pandemic and influenza campaigns, to establish a Communications Committee of internal and external organizations' communications leads. Creating a Communications Committee will allow RCDHU to take the leadership in centralizing communications and aligning approaches across all organizations involved, to minimize confusion among messaging to partners and residents across RCD.

In order to prepare appropriate public health messages, resources and strategies that are effective, culturally sensitive and meaningful, the information needs of all audiences will be assessed. All information will be based on the principles of good risk communications – by putting the risk of the situation into context in a way that allows the audience to make the necessary decisions to protect themselves, their families, and the community at large.

COVID-19 vaccination campaign communications strategies will be developed in consultation with internal and external stakeholders, the health sector etc. to ensure the common goal of protecting the health of RCD residents. Activities will align with provincial, national and World Health Organization (WHO) communications strategies.

The goal of RCDHU's comprehensive communications plan is to ensure timely, accurate, accessible, and transparent information about the COVID-19 vaccination program to build trust, alleviate apprehensions, and ensure the vaccines' acceptance and uptake in RCD. This goal aligns with neighbouring public health units to ensure consistent messaging across regions.

RCDHU's communication objectives are as follows:

- Increase awareness and understanding about the effectiveness and safety of the COVID-19 vaccines.
- Address vaccine hesitancy (i.e., apprehensions around vaccine safety, efficacy, and any other myths and misconceptions) to increase vaccine confidence.
- Support the continued adherence to key public health measures (e.g., wearing a mask, physical distancing, hand washing, etc.) to reduce the spread of COVID-19 and risk of infection.
- Provide information on potential risks and mitigate unintended crisis (e.g., adverse effects following immunization, delay in vaccine rollout, vaccine availability, etc.).
- Collaborate with partners to respond quickly to evolving issues and to support partners to amplify the key messages required to ensure the health and safety of residents in RCD.

RCDHU communications will also focus on the guiding principles provided in the *Public Health Playbook for the COVID-19 Vaccination Program*, to support the vaccine rollout:

- Consider the audience. Communications will be inclusive to reach and engage members of the public from diverse backgrounds, ages, etc.
- Communicate clearly the facts about the benefits of receiving the vaccine (i.e., creation of FAQs, utilizing messages through multiple channels; social media, video messaging (YouTube), print copies (mail outs), etc.).
- Reassure and ensure trust in the safety and efficacy of the vaccines and address misinformation (i.e., creation of FAQs, utilizing messages through multiple channels; social media, video messaging (YouTube), print copies (mail outs), telephone, etc.).
- Identify and address barriers to vaccination.
- Communicate clearly the who, what, when, where and how of vaccine administration to reassure the public that the healthcare system can safely and effectively administer the vaccine(s) (i.e., creation of FAQs, utilizing messages through multiple channels; social media, video messaging (YouTube), print copies (mail out), etc.).
- Ensure transparency with the public on the plans for distribution, including acknowledging the unknowns through media releases, telephone inquiries, email responses, etc.
- Educate the public on the types of vaccines available and expectations throughout the process (including when more than one dose is indicated).

- Balance other public health measures throughout the process (e.g., continue to communicate the need for ongoing mask wearing, hand hygiene, limiting interactions to household, and staying home when sick).
- Consider the role of science (facts, information) and emotion (perceptions, feelings).
- Develop change management strategies and communications guidance, such as FAQs, for addressing vaccine hesitancy and address commonly raised issues.
- Monitor communication strategies by other local public health agencies in similar contexts who are ahead in their rollout process in order to build on these learnings.
- Leverage existing relationships at regional and provincial levels. Work together to ensure consistent communications and sharing resources with other local public health agencies and partners.
- Target engagement with those eligible to receive the vaccine as rollout continues.
- Communicate and engage regularly with targeted populations. For example, continual communication and engagement with LTCH and RH operators including weekly calls to answer questions and address barriers.
- Work with Primary Care to increase vaccine confidence.

RCD is currently developing a comprehensive Communication Plan that will identify specific strategies and tactics for Phases 1, 2, and 3 of COVID-19 VDAP. RCDHU intends to utilize a multi-media approach to ensure diversity, inclusion, engagement and reach across RCD.

PARTNERSHIP AND ENGAGEMENT

RCDHU realizes that relationships between public health and community partners is key to building trust with the broader population. RCDHU will leverage existing and develop new partnerships to promote clear communications and promotion networks for the residents of RCD. Our community partners will take on a shared responsibility to ensure that the needs of our targeted populations are met through each phase of the COVID-19 VDAP.

RCDHU will engage community partners to create committees to support:

- Prioritization on COVID-19 vaccinations

- Immunization clinic planning
- Comprehensive communication planning

Committee members will include community partners, as shown in **Table 1**.

Table 1: Community Partners' Proposed Roles in COVID-19 Vaccination Rollout

Community Partner	Proposed Roles
Municipalities	o Participate in planning as appropriate (i.e., Emergency Control Group structures). o Provide venue to host mass immunization clinics. o Provide staff support in administrative or other support for vaccination clinics (traffic flow, set up and take down of clinics, security). o Share communications on COVID-19 vaccine rollout.
Local public health	Provide local leadership in the planning and implementation of the provincial COVID-19 vaccination rollout by: o Chair of RCD COVID-19 Command Table, RCD Vaccine Prioritization Committee, RCD Communications Committee, and Regional Leads Table Co-Chair o Coordinating vaccine distribution equitably for each phase of the provincial COVID-19 vaccine rollout. o Provide education resources to community partners to ensure the safe storage and handling and transportation of vaccine, as well as the safe administration of COVID-19 vaccines. o Lead communications to ensure consistent and concise messaging in relation to vaccine and vaccine availability. o Participate on Local Planning Tables to plan and implement immunization clinics. o Collaborate with partners to provide vaccine including primary care.

Community Partner	Proposed Roles
	o Report and investigate adverse events following immunization (AEFI). o Conduct ongoing surveillance. o Provide requested data to the Ministry of Health and Public Health Ontario. o Lead and/or participate in evaluations.
Hospitals	o Participate in RCD COVID-19 Command Table, RCD Vaccine Prioritization Committee and Local Planning Tables. o Work in partnership with Public Health to roll out fixed site immunization clinics accessible to non-hospital individuals (e.g., long-term care staff), as applicable. o Provide immunization to hospital staff. o Support fixed immunization/mobile clinics through administrative support and immunization, as required. o Participate in communication campaigns.
Renfrew County Paramedics	o Participate in RCD COVID-19 Command Table, Regional Leads Table and Local Planning Tables. o Provide transportation of vaccine to clinic sites. o Support immunization clinics coordinated by public health through administrative support, post immunization observation and security. o Provide immunization services as required through mobile and fixed immunization style clinics. o Participate in communication campaigns.

Community Partner	Proposed Roles
First Nations	o Provide immunization services to residents of First Nation community. o Provide Communications to residents of First Nations community. o Participate in RCD COVID-19 Command Table and RCD COVID-19 Vaccine Prioritization Committee.
Long-term Care Homes and Retirement Homes and Congregate Care	o Immunize residents and staff in partnership with other community partners as needed. o Participate in RCD COVID-19 Command Table.
Primary care providers o Family Health Teams o Community Health Centers	o Immunize patients in office settings. o Support fixed immunization/mobile clinics through administrative support and immunization as required. o Participate in communication campaigns. o Participate in COVID-19 Command Table, Vaccine Prioritization Committee, Regional Leads Table and Local Planning Tables.
Pharmacies	o Immunize residents of RCD through fixed immunization/mobile clinic as required.
Ontario Health	o Provide list of Service Provider Organizations. o Identify number of adult chronic home care recipients. o Identify number of people awaiting long-term care beds in hospital and community.

Community Partner	Proposed Roles
	o Share communications on vaccine rollout to Service Provider Organizations and chronic home care recipients.

LOCAL PRIORITIZATION OF POPULATIONS

Three phases of execution are presented in this Plan, in accordance with Ontario's Vaccine Distribution Implementation Plan. The Province's three-phase plan focuses first on high-risk populations, then moves to mass vaccination and eventually, to a steady state for any remaining Ontarians who want the vaccine (see **Figure 3**).

The information in this section is subject to change as new developments about vaccines and the provincial distribution plans emerge.

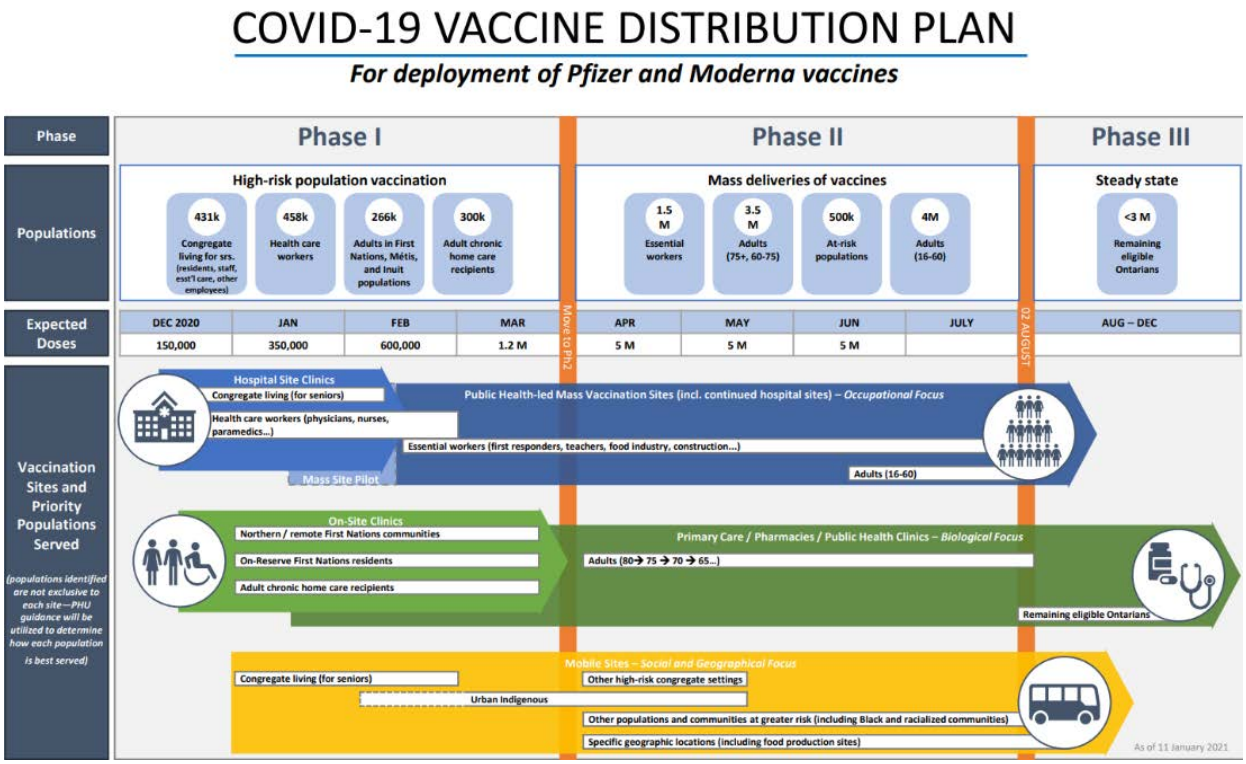


Figure 3: Province of Ontario COVID-19 Distribution Plan

PHASE 1: HIGH-RISK POPULATION IMMUNIZATION

Phase 1 includes the immunization of RCD's high-risk populations and is anticipated to run from January 2021 through March 2021. Specific populations identified by the Ministry of Health to receive a COVID-19 vaccine during this phase are:

- Residents, essential caregivers, staff and other employees of long-term care homes (LTCHs), retirement homes (RHs), and other congregate settings caring for seniors
- Eligible health care workers (in accordance with the Ministry of Health's Guidance for Prioritizing Health Care Workers) where priority may be given to those with:
    - Risk of exposure to COVID-19 within a health care setting based on health care worker role or responsibility
    - Risk of severe disease or outcomes from COVID-19 among patient population served
    - Criticality to health system capacity
- Adults in First Nations, Métis and Inuit populations
- Adult chronic home care recipients

Table 2: Key strategies for Phase 1 of vaccination

Key Strategies for Phase 1
• Focus efforts on the initial populations at higher risk of COVID-19 infection to achieve vaccine coverage
• Apply an ethical framework to prioritize within or across groups
• Identify locations of LTCHs/RHs and other senior congregate living residences (enumerate staff, residents and essential care providers; establish point of contact; identify key messages; conduct stakeholder engagement sessions)
• Monitor and adjust strategies to address low vaccine uptake
• Address vaccine hesitancy through community engagement, role modelling, shared practices

- Provide immunization services at the closest point-of-dispensing to where people work and live (e.g., hospitals, LTCHs)
- Mobilize mobile vaccination teams to LTCHs, RHs and congregate care homes where needed (to immunize residents, assist with registration, provide logistics support, manage client flow)
- Engage Indigenous Leaders in planning, including involvement of Indigenous health service providers in vaccinating members of their communities

PHASE 2: MASS DELIVIERIES OF VACCINE

Phase 2 includes mass deliveries of vaccines and is anticipated to run from March through August 2021. Specific populations identified by the Ministry of Health to receive a COVID-19 vaccine during this phase are:

- Older adults, beginning with those 80 years of age and older and decreasing in five-year increments over the course of the vaccine rollout
- Individuals living and working in remaining high-risk congregate settings
- Frontline essential workers (e.g., first responders, teachers, food processing industry)
- Individuals with high-risk chronic conditions and their caregivers
- Other populations and communities facing barriers related to the determinants of health across Ontario who are at greater COVID-19 risk

Table 3: Key strategies for Phase 2 vaccination

Key Strategies for Phase 2
• Provide equitable access to vaccine for all specific identified populations
• Deploy mobile vaccination teams where needed

- Monitor vaccine supply used by various providers and support providers to minimize vaccine wastage across all sites
- Identify locations of other congregate living residences (enumerate staff, residents and essential care providers; establish points of contact; identify key messages; conduct stakeholder engagement sessions)
- Deploy mobile vaccination teams to congregate settings where needed
- Increase vaccine providers and locations to improve access
- Expand number of immunization sites, including community immunization clinics, hospital sites, pharmacies, clinics, primary care settings, and community locations with Indigenous health service providers
- Promote availability through retail pharmacies
- Monitor vaccine access and coverage for populations at higher risk of COVID-19 infection
- Adjust strategies to address low vaccine uptake
- Partner with primary care providers and physicians including those serving populations at higher risk of COVID-19

PHASE 3: STEADY STATE

Phase 3 is anticipated to begin in August 2021 and will see RCD complete the mass vaccination and enter a steady state. All remaining RCD residents will be eligible to receive the vaccine (based on type of vaccine) during this phase.

Table 4: Key strategies for Phase 3 vaccination

Key Strategies for Phase 3
• Adjust number of vaccine providers and locations as needed to address demand and use supplied vaccine as rapidly as possible o Continue to utilize mobile and/or fixed immunization clinics for the general population until demand begins to subside
• Continue to advance equitable immunization access by focusing efforts on: o Rapid response to local outbreaks or clusters in workplaces or other settings identified through surveillance o Populations at higher risk of COVID-19 infection
• Monitor vaccine supply used by various providers and support providers to minimize vaccine wastage across all sites
• Monitor vaccine coverage and adjust strategies to reach populations with lower immunization uptake
• Monitor coverage on populations at higher risk of COVID-19 infection

PRIORITIZATION IN THE LOCAL CONTEXT

RCDHU has utilized and adapted Ontario's Vaccine Distribution Implementation Plan to meet specific needs of RCD's local context. RCDHU will work closely with local partners before and during each phase of the plan to develop promotion campaigns and ensure transparency with the public. RCDHU also aims to be flexible and adapt to evolving situations that may arise over the coming weeks and months. The RCD Vaccine Prioritization Committee will be assembled to facilitate decision-making in a consistent

and ethical manner. As per the provincial Ethical Framework for Covid-19 Vaccine Distribution, decision-making will be guided by the following principles:

- Minimize harms and maximize benefits
- Equity
- Fairness
- Transparency
- Legitimacy

Figure 4 in the Vaccination Rollout Model section summarizes priority populations in RCD, population estimates for each group, and vaccination model and/or delivery method for each phase.

LOCAL EPIDEMIOLOGY

As of February 11, 2021 (12:00p.m.), in Renfrew County and District:

- 309 people have tested positive for COVID-19 (284.5 cases per 100,000 residents)
  - 300 people have recovered from COVID-19
  - 5 people are self-isolating with an active COVID-19 status
  - 2 people are hospitalized with complications from COVID-19
  - 2 people have died after contracting COVID-19

The RCD Vaccine Prioritization Committee will consider epidemiological information, in addition to other factors, in its assessment of priority populations. For instance, Census 2016 data has been used to estimate both the total number of individuals and those aged 65 years or older in various regions of RCD. The following table summarizes the number of RCD residents in each 5-year range starting at ages 65-69 years.

Table 5: Population of RCD residents aged 65+ by 5-year intervals[3]

65 to 69 years	70 to 74 years	75 to 79 years	80 to 84 years	85 to 89 years	90 to 94 years	95 to 99 years	100+ years	Total 65+
7,065	5,100	3,800	2,810	1,755	875	220	25	21,650

The RCD Vaccine Prioritization Committee may also assess how social determinants of health may disproportionately impact the risk of COVID-19 for various populations. To date, RCDHU has declared a total of 21 outbreaks. Outbreak trends over time and/or emerging outbreaks may also guide decision-making in the vaccination rollout.

VACCINATION ROLLOUT MODEL

By leveraging previous fixed immunization and mobile clinic experience, RCDHU will provide leadership in the planning and implementation of all vaccination approaches for the residents of RCD. The Regional Leads Table will work collaboratively to effectively plan various immunization clinic platforms for RCD residents to access the COVID-19 vaccine. For each targeted population within RCD, RCDHU, in collaboration with local planning tables, will determine the most effective model of vaccination clinic to offer based on the population health status, geographical location, accessibility, and local resources available. Vaccination delivery models that will be explored will include, mobile vaccination clinics, fixed immunization clinics, and drive through clinics.

Mobile Clinics: Multidisciplinary teams of local health care providers (Public health staff, paramedics, local physicians, local health care workers, etc.) go into a facility/organization and work with the host to deliver vaccine on site.

Fixed Site Clinics: Mass immunization clinic locations set up in various locations throughout Renfrew County and District that will be in place for weeks to months. They will be staffed by multidisciplinary teams of local health care providers.

The Regional Leads Table will use both Ministry of Health, and the Public Health Agency of Canada resources to support best practices in the planning of various immunization clinic platforms. RCDHU staff have developed a best practice check list document to support our community partners in the management of mass immunization style clinics.

PHASE 1

For Phase 1 of the provincial vaccine rollout, RCDHU has partnered with Long-term Care Homes (LTCH), Retirement Homes (RH), Paramedics, Hospitals, and Primary Care as a minimum to ensure that staff, residents and essential caregivers from LTCH and RH will have access to immunization clinics. RCDHU staff will support the set up and coordination of planning mobile immunization clinics for LTCHs and RHs, as well as support hospitals in the planning, and implementation of their fixed site immunization clinics. Other congregate care facilities for seniors will be supported in a mirrored approach to the LTCH and RH with consideration of a mobile clinic model.

PHASES 2 AND 3

Fixed immunization clinics, for Phase 2 and 3 of the provincial plan will run collaboratively with the support of our primary care, pharmacies, paramedics, hospitals and municipalities as a minimum to support the immunization and administration needs for these clinics. Our municipalities will be a key partner in providing venues to host fixed immunization style clinics, as well as support with set up, take down of clinics, and traffic flow. Clinics will be hosted across the region and planned by the Local Planning Tables. The clinics will be geographically spread out and mobile vaccination teams and temporary sites will be explored to ensure maximum uptake of vaccine. Fixed immunization style clinics will be hosted in the following five regions of RCD:

- Arnprior and area
- Renfrew and area
- Barry's Bay and area
- Pembroke and area
- Deep River and area

RCDHU recognizes that each phase of the COVID-19 vaccine rollout is dependent on availability of COVID-19 vaccine, and therefore is subject to change.

This local vaccination approach is outlined in the **Figure 4** and is based on the latest COVID-19 Vaccination update from the Ministry of Health.

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

COVID-19 Vaccination Distribution and Administration Plan (VDAP)*

February 12, 2021 *Subject to change as new developments about vaccines and provincial distribution plans evolve

Phase	Phase 1 High-risk population immunization	Phase 2 Mass deliveries of vaccines	Phase 3 Steady state
Priority Populations Numbers are approximate and may be double-counted	**4,900a** Residents, staff, essential caregivers, and other employees of long-term care homes, retirement homes, and congregate living settings for seniors **4,000b** Eligible health care workers **Estimate in progress** • High-risk individuals from Indigenous populations (First Nations, Métis, and Inuit) • Adult chronic home care recipients	**21,650b** Older adults aged 65+ (beginning with those aged 80 years+ and decreasing in 5-year increments) **Estimate in progress** • People who live and work in remaining high-risk congregate settings • Frontline essential workers • People with high-risk chronic conditions and their caregivers • Other high-risk populations	**65,000b** Individuals aged 16+ Remaining eligible residents of Renfrew County and District
Expected Timelines	These timelines are for planning purposes only and are tentative. Delays in receiving vaccine supplies will result in timelines being adjusted.		
	January to March 2021	March to August 2021	August 2021 onward
Vaccination Delivery Approaches	Mobile clinics →		
	Fixed Site Clinics →		

a Data source: Local partners and internal data
b Data source: Statistics Canada. 2017. Renfrew County and District Health Unit, [Health region, December 2017], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa.

Figure 4: COVID-19 Vaccination Distribution and Administration Plan (VDAP)

SUPPLIES MANAGEMENT AND DISTRIBUTION

RCDHU recognizes the criticality of proper vaccine storage and handling practices to minimize waste and preserve vaccine efficacy. RCDHU staff will act as an expert in the supply management and distribution of the COVID-19 vaccine by ensuring storage and handling practices reflect the Ministry of Health *Vaccine Storage and Handling Guidelines*. RCDHU will leverage its existing Universal Influenza Immunization distribution plan and will work with key community partners in the planning and development of a COVID –19 vaccine distribution system. The distribution system will be dependent on vaccine storage and handling requirements for each of the vaccines, as well as local resources to support these requirements. Distribution plans will be tailored to the type of vaccine and based on vaccine quantities.

RCDHU has updated the current Vaccine Storage and Handling policies, procedures, and education modules to support the additional needs for:

- Scheduling and receiving deliveries
- Vaccine inventory
- Unpacking vaccine
- Vaccine ordering
- Vaccine disposal
- Vaccine preparation (for administration)
- Storage facility security
- Equipment maintenance
- Transportation of the COVID-19 vaccine

RCDHU staff will ensure care and control of the COVID-19 vaccines and support our community partners in the education required to successfully handle and store all approved COVID-19 vaccines (as applicable), as per both the Ministry of Health and manufacturers guidelines. RCDHU will support community partners in the event of cold chain incidents and will follow up with the MOH as required.

RCDHU meets the following vaccine storage and temperature monitoring requirements:

- *Use purpose-built or pharmaceutical-grade equipment to store vaccines.* RCDHU has secured a Ministry-approved facility to store supplies of Pfizer-BioNtech vaccine in an ultra-low temperature freezer. RCDHU has received a freezer for -20°C vaccine storage.
- *Set-up temperature monitoring devices.* Monitoring includes temperature range surveillance, out of range alarms, and low battery alarms. RCDHU has live vaccine monitoring for on and off-site vaccines. Through this system, temperatures will be monitored 24/7.
- *Ensure uninterrupted power supply.* All vaccine refrigerators and freezers are connected to back up generators for uninterrupted power.
- *Conduct regular maintenance of storage units and temperature monitoring devices.* RCDHU conducts regular maintenance for all vaccine refrigerators and freezers and require that any organization with publicly funded vaccine pass annual education and inspection.
- *Identify alternate storage if primary unit(s) cannot be repaired or replaced.* Partnerships are being established for alternative options for vaccine storage and monitoring.
- RCDHU meets facility vaccine storage requirements. Appropriate space is designated for vaccine fridges and freezers, both on- and off-site, including back-up power, temperature control, security, monitoring.

TRANSPORTATION OF VACCINES

RCDHU has partnered with Paramedics to ensure the safe transportation of the COVID-19 vaccine to immunization clinics across RCD for Phase 1 of the vaccination rollout. RCDHU will explore various transportation options for Phases 2 and 3. All recommended precautions will be taken to protect the vaccine supply. Vaccines will only be transported using appropriate packing materials that provide maximum protection and in accordance with provincial guidelines. Plans and protocols are in place that include:

- Ensuring that vaccine only be transported at the temperature conditions recommended by the manufacturer.
- Temperature excursions will be assessed for further evaluation/investigation using a risk-based approach that considers guidance from the

vaccine manufacturers, the length of the temperature excursion(s), and the real-time temperature data available

NON-VACCINE SUPPLY MANAGEMENT

RCDHU will ensure the acquisition of vaccine supplies (needle, syringes, etc.) and will use our existing inventory management system, as well as existing procedures to support the effective management of receiving and dispensing immunization supplies to our partners for vaccination rollout.

RCDHU has a secure location for the storage of non-vaccine supplies (syringes, sharps, swabs, etc.) required for immunization clinics. The set-up includes a dedicated space for sharps, including a plan for proper sharps storage and disposal.

HUMAN RESOURCES

The success of the RCDHU COVID-19 vaccination program depends on having a strong adequate network of trained, technically competent COVID-19 immunization providers throughout all sub-regions in RCD. COVID-19 immunization provider recruitment is critical to the rollout of the vaccination program.

RCDHU IMMUNIZATION PROVIDER RECRUITMENT AND TRAINING

RCDHU acknowledges that the number of health unit personnel normally assigned to routine public health immunization programs will be insufficient to respond to COVID-19 immunization requirements. Therefore, it will be necessary to secure additional health human resources. RCDHU will conduct ongoing assessments of human resource needs and address needs accordingly; for example, through the redeployment of case management and contact tracing PHU staff, if possible and/or recruitment of staff to support the vaccination program, if funding permits.

Role-specific training and orientation will be provided to RCDHU immunization providers assisting with vaccination clinics. Training and orientation will include independent

review, virtual review, and in-person training. Training and orientation will be ongoing and as needed, starting in January 2021. Completion of each session will be dependent on module progress, knowledge of the key concepts, and comfort with assigned roles.

RCDHU Immunization provider training will include any or all of the following topics:

- Information about the vaccine to be administered (formulation, side effects, contraindications, etc.)
- Information about informed consent, documentation, medical directives
- Handling and cold chain requirements
- Sites for administration, landmarking, technique, etc.
- Management and reporting of adverse events (fainting, anaphylaxis)
- Infection Control practices
- Clinic set-up and flow
- Documentation (COVax training)
- Practice in vaccine administration
- IPAC training

ALTERNATE IMMUNIZATION PROVIDER RECRUITMENT AND TRAINING

RCDHU will work with the Local Planning Tables to determine the number of immunization providers needed, roles and responsibilities, etc. throughout all phases of the COVID-19 VDAP. RCDHU will assist partner agencies of the Local Planning Tables with COVID-19 immunization provider recruitment strategies. For example, RCDHU will maintain and share a rostered list of primary care practitioners who have expressed interest in supporting the vaccine rollout, including but not limited to retired nurses/physicians and nursing students.

RCDHU has initiated outreach efforts to Alternate Immunization Providers/Agents that can maximize reach to priority populations in various settings across RCD. Other agents that may deliver COVID-19 vaccines, include but are not limited to:

- Hospitals, long term care homes, retirement homes health care providers
- Primary care providers (physicians, nurse practitioners)
- Paramedics
- Indigenous agency (i.e. Algonquins of Pikwàkanagàn Community Health Centre)
- Pharmacies
- Workplace clinics (including in health care settings)
- Home care providers

Other healthcare provider roles for these groups may include post-immunization observation, clinic oversight including orientation, and support of clinic staff.

In addition to immunization providers, Local Planning Tables will explore recruitment of non-healthcare providers to support the COVID-19 vaccine rollout as needed. These non-healthcare providers may include volunteers who can support vaccination clinic logistics, including greeter roles, flow monitor and runner roles, parking/traffic control roles etc.

RCDHU will provide access to education and training resources to all Alternate Immunization Providers. Topics included but not limited to for the training will cover:

- The role of Health Canada in authorizing vaccines and National Advisory Committee on Immunization (NACI) in providing advice on the use of available vaccines for Canadians;
- The different technologies used to develop the vaccines that may be available in Canada (e.g., viral vector, mRNA, protein subunit);
- The administration of COVID-19 vaccines in a culturally safe manner;
- Vaccine eligibility and contraindications;
- Storage and handling;
- How to administer, mix, needle size, anatomic sites, avoiding injury related to vaccine administration and attention to infection prevention and control (IPAC) requirements;
- Documentation and reporting;
- Scheduling second dose;
- Reporting wastage; and
- Monitoring and reporting adverse events.

The above strategies will ensure a strong network of immunization providers that can rapidly immunize initial populations of focus, additional priority populations and ultimately large-scale fixed immunization clinics.

DATA MANAGEMENT, REPORTING AND TECHNOLOGY

Throughout the COVID-19 vaccination rollout, data will be collected for various purposes including to support real time continuous implementation improvement and evaluation. Information collected will be reported and shared in a timely fashion (e.g. website dashboard). It is expected that data fields and methods of collection will be articulated and coordinated by the province.

For the purposes of the COVID-19 VDAP, it will be important to identify the methods to collect, manage, store and transport data, and to establish appropriate systems to support secure data management, based on jurisdictional legislative and policy requirements. Staff training will emphasize the maintenance of privacy and confidentiality.

RCDHU has policies and procedures in place for vaccine monitoring, surveillance, and reporting, including those related to vaccine safety surveillance, adverse events, and client vaccination data. Vaccine storage and handling policies and procedures are in place, including inventory and vaccine transportation monitoring logs. Types of data that will be collected include administrative data such as information on clinic staff, staff scheduling, clinic data (e.g. daily clinic summary), and client data (e.g. consent form).

Elements of COVID-19 immunization surveillance include but are not limited to:

- Vaccine inventory, distribution, and wastage
- Vaccine administration and coverage
- Barriers to vaccine uptake
- Adverse events following immunization (AEFI)

COVax is a cloud-based electronic documentation system that has been implemented across Ontario for documentation, monitoring and surveillance purposes related to COVID-19 vaccination clinics. This system includes the ability to track deliveries and shipment of vaccine. While not yet available, a scheduling feature for first and second doses of vaccine is anticipated to be available in March 2021. COVax will allow for surveillance reporting such as: the number of total doses received, number of doses administered by date, who is receiving the vaccine (e.g. LTCH healthcare worker, RH

healthcare worker), and number of AEFIs. Immunization clinic staff will participate in COVax training as required.

CONTINGENCY PLANNING

Contingency planning is critical to ensuring that the COVID-19 vaccination program is maintained if unexpected challenges emerge. Continuity of operations depends on identifying and mitigating situations most at risk of disrupting the program rollout, such as staff absence, physical site security gaps, information system challenges and power supply outages. RCDHU, in collaboration with the RCD COVID-19 Command Table will ensure that contingency plans considering these elements are in place to ensure continuation of the vaccination program.

Contingency plans will be completed by each Local Planning Table for submission and approval by the RCD Command Table.

The following topics outline the continuity of operations elements and mitigation measures that will be considered in the RCD COVID-19 vaccination rollout.

Contingency Scenarios

- Scaling vaccine delivery to account for unexpected increases or decreases in vaccine supply
    - Procedures include, but are not limited to, aligning our plans with provincial direction, reassessing staffing and resource requirements, communicating accurately and timely with partners and residents, and optimizing the schedule of second doses to account for the anticipated vaccine available.
- Protecting vaccine supply during power outages, electrical disruption or refrigerator/freezer malfunction
    - Procedures include connecting vaccine storage appliances to an uninterruptable power supply or generator, identifying backup storage freezers/refrigerators should primary storage fail and establishing transport processes for securely moving vaccine supply to alternate sites when necessary.

- Addressing unexpected staff shortages

    - Procedures include using a reserve list of personnel who can be contacted to fill in for missing shifts on short notice, maintaining a system for cancelling clinics and notifying clients of the cancellation (also necessary in other situations where a clinic site needs to cease operations for any length of time), selecting alternate clinic locations in advance to mitigate the impact caused by loss of clinical space and using appropriate communication channels to notify impacted clients of, and direct them to, alternate clinic sites.

- Addressing COVID-19 clinic staff exposure(s)

    - Responses include RCDHU case and contact management, COVID-19 testing, IPAC support to investigate incident, back-up staff/team ready for deployment.

- Addressing a security threat

    - Procedures include establishing visible security in all vaccination clinics (with site and communication protocols set and provided to emergency responders in advance of site operation), detailing how vaccine and other clinic supplies are protected while in transit (if a supply must be moved between physical locations), and identifying alternate secure locations.

- Addressing an emergency

    - Procedures include working with community partners to leverage existing emergency procedures for the clinic venue that address an active threat, bomb threat, building evacuation, earthquake, fire, severe weather, etc.

All contingency plans are considered confidential, and breach of plan confidentiality is reported to RCDHU and the RCD COVID-19 Command Table immediately.

FINANCE

Boards of health are accountable for using funding efficiently as outlined by the fiduciary requirements domain of the organizational standards within the *Ontario Public Health Standards*. The Ministry of Health (MOH) must ensure that there is efficient use of public resources and ensuring value for money. Part of the requirements within the

standard are for local public health agencies (LPHA) to provide financial reports as requested to the MOH.

COVID-19 vaccination program costs will be tracked separately from the Board of Health approved cost-shared budget for reporting of costs associated with the COVID-19 vaccination program.

Cost being tracked will include but not be limited to:

- RCDHU staff costs in full time equivalents (FTEs) and dollar value of wages/benefits, including overtime costs.
- Materials and supplies, and other operating costs in dollar value.

MONITORING AND EVALUATION

RCDHU will ensure that an evaluation plan to assess the efficiency and effectiveness of its COVID-19 vaccination plan will be developed. RCDHU proposes that regularly scheduled real-time analyses be conducted to explore what is working well, potential challenges that may arise, and/or areas for improvement. The following monitoring and evaluative processes will be considered:

- Review of quantitative data at various timepoints and over time including:
  - Number of doses administered and number of people fully immunized, stratified by various demographics
  - Number of clinics held and clinic attendance (by location/date/time)
  - Adverse Event Following Immunization (AEFI) and Incident Reports (if any)
- Review of data collection tools and provincial data sources (e.g. COVax)
- Review of client, staff and volunteer feedback and/or anonymous survey responses (e.g. SurveyMonkey)
- Review of documentation from post-clinic debriefs (on-site discussions, emails, surveys, or scheduled virtual meetings)

In addition to these real-time analyses, RCDHU proposes that a summary report on evaluation outcomes and lessons learned be written to support future planning. This summary report may incorporate feedback from the general public, local partners, clients, staff and volunteers as well as review documents produced throughout the vaccine rollout (e.g. agenda, minutes, debriefs). Epidemiological analyses of data

obtained from COVax may also be included. See **Appendix C** for potential topics and outcome indicators to be explored during the creation of the summary report.

CONCLUSION

Planning for the implementation of the COVID-19 vaccination program is a challenging task that is made possible by RCDHU's experience and expertise in mass vaccination programs and the collaboration with health care and community partners, hospitals, primary care, Paramedics, CHCs, and municipalities. Successful planning and implementation of the COVID-19 vaccination program can only be achieved in collaboration with many partners and community members contributing from across RCD.

RCDHU is committed to leading and coordinating the vaccination program to ensure an effective rollout as determined by vaccine coverage rates and community trust in this work.

This COVID-19 VDAP is our framework to guide preparations as we progress through the COVID-19 vaccination program. Community engagement and partnerships will continue to shape the plan. It is an essential tool as we join our collective efforts to put the COVID-19 pandemic squarely in our rear-view mirror.

APPENDIX A

Local Clinic Planning Toolkit

Community Clinic Structure and Considerations

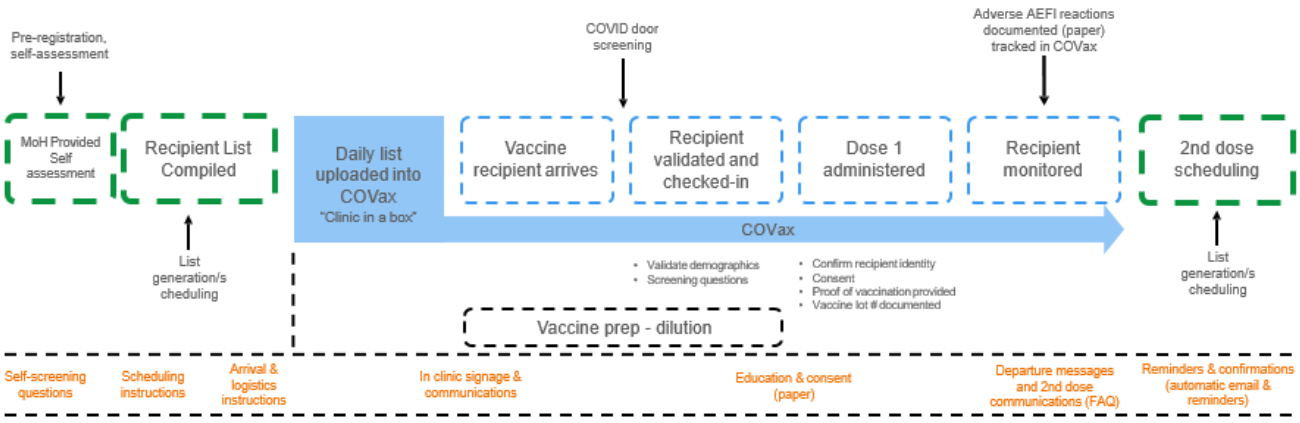
Immunization Clinic Checklist

The check list below presents the high-level activities that should be completed for the setup of a COVID-19 Immunization Clinic. Other activities may be required based on location needs.

- Identify key partners and prepare an engagement strategy
- Identify prioritized staff to receive immunization
- Set up a registration system for immunization recipients
- Organize space for the immunization clinics
- Establish a secure and robust vaccine management process
- Develop, model and implement clinical flow processes
- Identify staffing needs
- Develop and delivery training programs
- Ensure all necessary equipment is readily available
- Set up an Incident Management Structure (IMS)
- Set up a data analytics process and KPIs
- Prepare a documentation and reporting process

Clinic Process and Implementation

Overall Clinic Process:



UHN/TOH Playbook, Dec. 2020

Clinic Set-up Summary

While the set-up of every clinic will vary across community and sites, a few principles are recommended:

- Convenient location (accessible with parking)
- Accessibility AODA considerations
- Ample space to allow for supplies, pre-screening, screening, waiting, vaccine preparation, and vaccine administration – the space should also allow of appropriate distancing of 2meters between stations along with necessary barriers.
- LTE connectivity
- Well lit, clean, and secure.
- If the site is away from a hospital, it then recommended to have a physician/nurse practitioner on-site or an ambulance on stand-by.
- Sheltered or addition of a shelter to protect from weather.
- Access to cold-chain management if required for the vaccine.

Clinic Operations Planning Checklist (MOH, 2020)- all links are included in the hyperlinked documents in **Appendix B.**

Item
Leadership & Coordination • Clinic plan has been created that identifies one person who will be in charge in your organization for the rollout of the clinic, what partnerships are required to run the clinic, and the plan delegates roles and responsibilities within the set up and running of the clinic See PHAC guidance on *Leadership & Coordination*
Immunization Campaign and Clinic Parameters • Clinic volume capacity has been analyzed for first and second dose administration. Staffing models and allocation plan for doses based on the Provincial Prioritization Framework have been created See PHAC guidance on *Immunization Campaign & Clinic Planning Parameters*

Immunization Clinic Site Identification

- Plan for an accessible clinic location is completed including analysis of anticipated challenges (e.g., storage space, waiting areas/inclement weather) (see *PHAC guidance on Immunization Clinic Site Identification*)
- Maintenance of critical facilities has been assessed including plans for back up power/alternate storage site if critical facilities malfunction
- Security protocols are in place (e.g., to manage clinic attendees, ensure safety of clinic staff, secure storage of vaccines at the clinic site)

Human Resources

- Human resource plan has been developed (including how to address staff resource issues, skill mix related to clinic tasks, translation services, and surge capacity) and roles and responsibilities across clinic operation have been outlined for both on and off-site clinic support positions (see PHAC guidance on Human Resources for sample staffing models and detailed Roles & Responsibilities outline)
- Orientation and Training programs have been created and tailored to COVID-19 vaccination with locations, timing, resources identified and reflect providing accessible services

Infection Prevention & Control and Occupational Health & Safety

- A comprehensive *Infection Prevention and Control* (IPAC) plan has been established with consideration for IPAC specialist engagement in plan development
- A safety plan has been created with engagement from the Joint Health and Safety Committee and/or the Health and Safety Representative. Policies are in place for safe handling of materials, PPE requirements, monitoring and acquisition and scheduling

Communications

- Lead spokesperson has been identified, an external communication campaign has been developed as well as an internal communication plan to efficiently disseminate timely and new information to clinic staff and volunteers

  See PHAC guidance on *Communication*.

Data Management

- Methods to collect, manage, store and transport data. This includes clinic-specific data reporting and client-specific data such as consent forms.

Supplies

- Clinic has coordinated with Ministry of Health on acquisition of vaccine ancillary supplies and PPE required for clinic operation, including PPE required for dry ice handling
- Storage and handling requirements of specific COVID-19 vaccines have been reviewed and aligned with clinic policies on security, quality assurance and wastage
- Accessible signage has been created to support screening and clinic flow (e.g. large print, high-colour contrast, sans serif font)
- Key documents for clinic function are complete:
  - Vaccine Information Sheet
  - Consent Form
  - After-Care Sheet
  - Client Immunization Record
  - Daily Clinic Summary
  - Medical Directives where appropriate (e.g. for consent and administration as well as managing anaphylaxis)
    Adverse Event Following Immunization(AEFI) Form
  - Incident Report
  - Post-clinic Evaluation forms (staff, volunteers, clients)
  - Supply/Re-supply lists

- Ensure that all measure required under 0. Reg 67/93, under the *Occupational Health and Safety Act* are written in organizational procedures/policies. These should include but are not limited to:
    - Safe work practices/safe working conditions
    - The control of infections
    - Immunization and inoculation against infectious diseases
    - The use, wearing and care of personal protective equipment and its limitations
    - The handling, cleaning and disposal of soiled linen, sharp objects and waste (including having a system for changeout of the sharps disposal boxes when they get full)

Clinic Operation

Ministry of Health guidance and the *PHAC guide for COVID-19 Immunization* have been consulted for Clinic Operations review. For

- example, processes are in place for reporting *Adverse Events Following Immunizations(AEFIs)* , (with an established site lead), scheduling/ booking clinic appointments (including a plan for booking clients unable to tolerate wearing a mask), recall/reminders for second doses, COVID-19 symptom screening protocols for all clients at building and/or clinic entrances, and screening protocols for vaccination eligibility

Equipment & Supplies

The Equipment and Supplies needed for the set-up of these Clinics will be dependent upon the location itself. As a general approach, there will need to be the following:

- Furniture for Waiting, Registration, Vaccine Administration, Recover and Supply Storage Areas
- IT Equipment, Vaccine Administration and any other items needed for clinical/operational support
- Supplies for both clinical and support functions to ensure ongoing operations throughout the Vaccination Patient Process and afterwards to ensure products are replenished and areas are kept clean

Sample Immunization Clinic Supply List:

Item	Qty	Supplier	Comments
Clinic Supplies			
Alcohol swabs			
Adhesive bandages			
Cotton balls or gauze			
Disposable non-latex gloves (assorted sizes) (note: not recommended for immunizing unless skin is not intact)			
Paper cups			
Table covers			
Masks for staff and if needed, for clients who do not have a mask.			
Face shields			
Tissue boxes			
Goggles			
Disposable gowns			
Paper towels			
Paper bags (lunch size)			
Hypoallergenic tape			
Disinfectant wipes			
Disinfectant solution			
Sharps containers (of appropriate sizes)			
Biohazard waste boxes			
Biohazard yellow bags			
Insulated coolers and bags			
Frozen packs			
Maximum-minimum thermometers			
Blood pressure cuff (adult)			
Disinfectant solution			
Stethoscope			
Adrenalin (epinephrine) 1:1000 or Epi- pens			
Flash liqht			
Baq valve mask			
Wheelchair			
Carry bags/totes			
Numbers for clients in waitinq lines			
Table numbers for immunizinq stations			

Flags for immunizers to indicate that they are ready for the next client			
Water bottles			
Face cloths for clients who feel faint			
Juice boxes for clients who feel faint			
Snacks for clients who feel faint			

Note: Appropriate equipment and PPE should be available to respond to medical emergencies

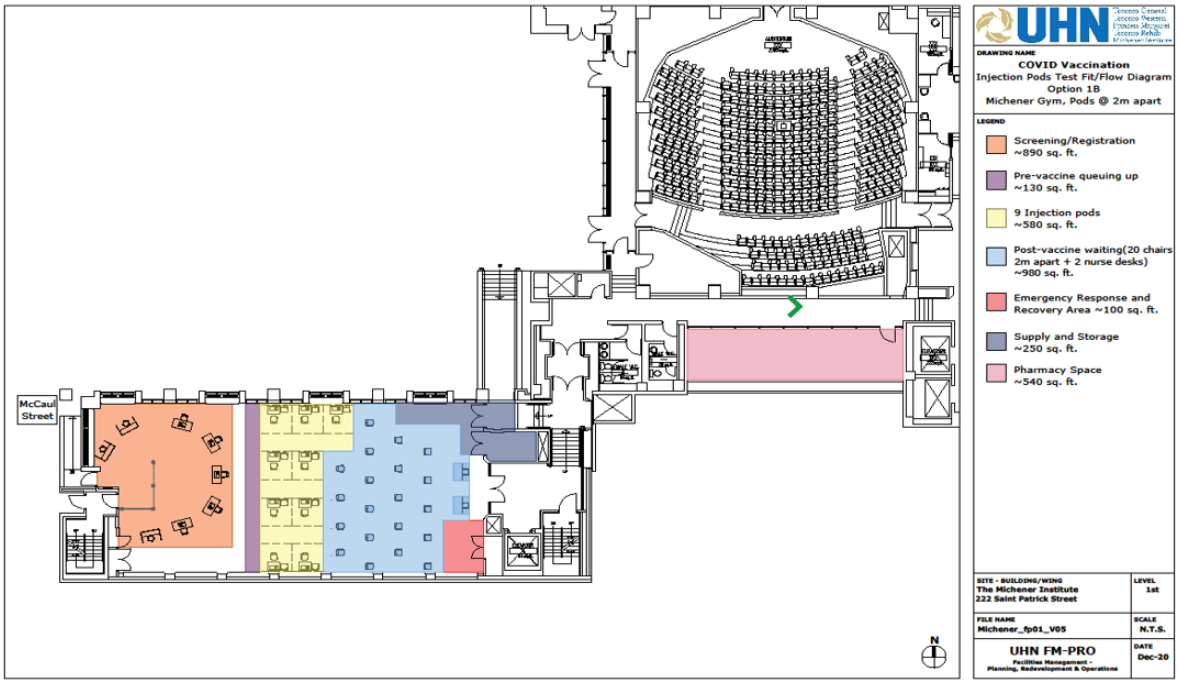
Administrative Supplies			
Pens			
Clipboard (quantity will depend on whether a paper-based system is beinq used)			
Paper, including paper for signs			
Dolly/cart			
Power bars			
Extension cords			
Scissors			
Highlighter			
Transparent tape and maskinq tape			
Rubber bands			
Stapler and staples			
Batteries			
Replacement ink cartridqes			
Larqe envelopes			
Date stamps			
Identification badqes			
Measuring tape to measure distance for furniture			
Tape to stick on floors to space out furniture and secure electrical cords			
Tables			
Chairs			

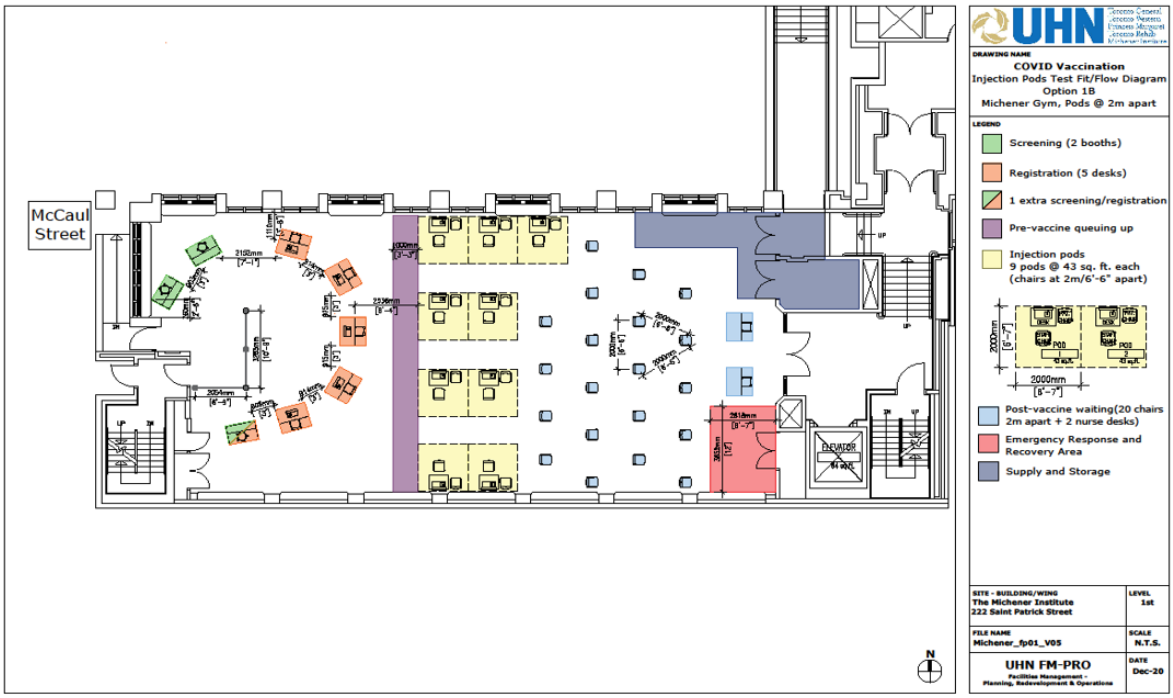
Forms			
Vaccine Information Sheet			
Consent Forms			

After-Care Sheet			
Client Immunization Record			
Daily Clinic Summary			
Medical Directive for Obtaining Consent and Administering Vaccine			
Medical Directive to Manage Anaphylaxis, including the Anaphylaxis Medication Quick Reference Dosage Chart			
Serious Event Forms - for clinic use			
Incident Reports			
Adverse Event Following Immunization (AEFI) form from Public Health Ontario			

(MOH, 2020)

CLINIC SET UP EXAMPLES:





Walking the Process

- Walk through floor plan several times while designing it before finalizing it (with tape and physical structures)
- Talk through each step, the client flow, queuing areas and task areas.
- Try different configurations - cohorting stations and joint/separate queues
- Maximize space while keeping physical distancing (i.e. chair spacing in vaccine station)
- Think about the phasing of the process - moving from registration to vaccine - how do clients get there?

Stations: Activity & Flow

Entrance Queue:

- Validate list of scheduled appointments
- Manage early and late arrivals
- Consider any paper work that can be filled out ahead of time (consent)
- Line sorted by scheduled appointment time
- Manage large volumes of arrival (bus arrivals)
- Be prepared to answer inquiries from general public

Screening:

- Screening as per Ministry protocol for COVID-19
- Standardized questions used
- Ensure client has OHIP and ID ready for registration
- Ensuring PPE provided, handwashing
- Flexibility to adopt registration role if needed

Registration:

- Safe handling of OHIP and/or ID through clear "baggies" (IPAC)
- Confirm ID
- Consent completed/verified
- Search and register client in COVax (requirements for COVax still to be shared – training will be provided)
- Instruct client to wait in queue for vaccine station (handed over to flow manager).

Vaccination Stations:

- Standard layout of vaccination station
  - Supply basket
  - Vaccine baskets (safe syringe storage)
  - Wipes, gloves, masks and shields
  - Sharps container and garbage
  - RN Script
- Document vaccination information in COVax
- Administer vaccine
- Instruct client to move to monitoring area - provided with "post-it note" with time of vaccination
- Instruct client to wait 15 min

Monitoring

- RN/EMS monitoring station - visibility to all seating
- Self-directed checkout time - using "post-it note" vaccination time (15min)
- Helpful to have a clock on the wall for clients to see and monitor wait time
- Anaphylactic kits available: Oxygen/stretcher/mat/BP machine/Privacy Screen
- MD/EMS on-site

Check-Out

- Staffed by RN/RPN's - Ask if any symptoms or reactions
- Check client out in COVax
- Print receipt and provide pt. with 2nd appt.

- Hand-out educational material, list of all COVID CACs in area, after-care instructions (Refer to Appendix B)
  - COVID-19 vaccine information sheet for Pfizer/BioNTech COVID-19 vaccine
  - COVID-19 vaccine after care sheet for Pfizer/BioNTech COVID-19 vaccine
  - *www.canada.ca/en/public-health/services/diseases/2019novelcoronavirus*

- Direct to Exit

Staffing

Staff and volunteers will need to arrive approximately an hour in advance to allow for set-up/organization and orientation.

Following Staffing Based on 3 Injectors:

Staffing Role	Staffing Type	Role	Min Amt.
Door Screener	Non-Clinical	COVID-19 Screening at entrance	**1**
Registration Staff	Non-Clinical	Registering patients/checking health cards	**2**
Immunizers	Nurses, physicians, paramedics, pharmacists	Assessing clients prior to immunization, answering questions, recording information, managing adverse events	**3**
Clinical Leader		Specialized support person to over-see clinic. Infection prevention and control, occupational health and safety, vaccine inventory and cold chain monitoring	**1**
Monitoring	Physician/Paramedics/Nursing	Post vaccine monitoring	**1-2**

Floater/Runner	Non-Clinical	Assist with supply top up. Direct patient flow.	**1**
Cleaners	Non-Clinical	2 cleaners for vaccination stations 2 cleaners for monitoring station	**4**

Area	**Space Needs**
Registration	2 people at registration station physically distanced
Wait area before vaccine administration	2 -3 people 2m apart behind ea. Immunization station (marked with tape where to stand – offer chair to sit and wait if needed)
Vaccine administration	3-4 physically distanced stations
Monitoring Area	30 physically distanced seats (depending on space)

Duration of each clinic

If possible, consider keeping clinics short, such as six hours (time when the clinic is open for providing immunizations). This helps to reduce fatigue among the staff and volunteers. If longer clinics are needed, consider having two sequential staff/volunteer shifts.

Example of the staffing to vaccinate approximately 300 people at a clinic. The example provided below is an estimate of the number of staff for the key functions that could be used to vaccinate approximately 300 people during an immunization clinic. It assumes that:

- The clinic is open to the public for six hours and each Immunizer has a half hour break.
- The vaccines are pre-loaded for the Immunizers and consent forms have already been completed.
- There is a continuous flow of clients.
- The immunization rate is 14 immunizations per Immunizer per hour, and there are 3 Immunizers.

These are rough estimates and may need to be adjusted to accommodate how the clinic is operating (e.g., online or onsite registration, pre-loaded syringes or syringes loaded by Immunizers), staff experience, the needs of the community, the size of the clinic site, and the available human resources.

Key Lessons Learned – UHN and TOH

- Start your IMS early – build your team and get meetings into calendars
- Trial entire process with small sample of recipients eg/ 20 vaccinations before full day launch
- Ensure role clarity among your team
- Identify roles within the clinic with colored vests eg. IT
- Use laminated cards to make requests of IT support, additional vaccine etc.
- Ensure adequate technical support on site (red coat strategy)
- Preparation of vaccine: Pharmacy adds sharp admin needle to avoid lure lock issues and limit practice variability
- Begin transition planning from "go live" to sustained operations
- Establish process for PDSA, QI and optimizing improvement
- Control media requests in first few days to ensure focus on clinic safety and efficiency and physical distancing requirements

APPENDIX B

Background and Education Power point slides

Directives and Vaccine Monographs/Fact Sheets:

- Controlled Acts Medical Directive
- Product Monograph Moderna
- Product Monograph Pfizer
- Moderna Fact Sheet
- Pzifer Fact Sheet

Pre and Post Vaccination Instructions (RCDHU) Clinic Set up and documents:

- Best Practice Guideline for Immunization Clinic (RCDHU)
- Vaccine Storage & Handling & Administration (Moderna and Pfizer)
- Ministry of Health – Covid Vaccine Clinic Operations Planning Checklist
- Vaccine Clinic – station outline (RVH document) – sample
- Infection Prevention and Control Measures
- COVID – 19 Vaccine Screening and Consent Form
- Medical Directive template
- Attestation template
- Adverse Reaction Reporting Form
- Sample Clinic Set ups
- Signage
  - Do Not Enter
  - Hand Sanitizer
  - Hand Sanitizer Station
  - Mask requirements and Physical Distancing
  - Physical Distancing

Clinic Set up – video of example in Salem

- https://vimeo.com/500637084

Appendix C

Potential topics and outcome indicators to be explored during the creation of the RCDHU COVID-19 Vaccine Distribution and Planning evaluation summary report.

Area	Topics	Potential outcome indicators
Vaccine planning and implementation	How effective was the vaccine and supply management and distribution?	o How many doses and supplies were received by RCDHU and distributed to healthcare providers? o Did clinics have adequate supplies?
	Were vaccination targets met?	o How long did clients wait at clinics? o How long did clients wait between their doses?
	How effective was the use of various clinic settings for administering the vaccines?	o Were clinics accessible? o Was staffing sufficient? o Were there sufficient IT supports and resources available? o Were best practices for IPAC and OH&S followed at clinics?
	How effective was communication?	o How effective was training sessions provided by RCDHU for external clinic staff? o How effective was internal communications in keeping staff and management informed about clinic operations? o How effective was external communication with the general public throughout the vaccination rollout?
Identification of priority populations and ethical vaccine distribution	How effective was the process of identifying priority populations?	o What were the demographics of priority populations who received the vaccine? o Was the identification of priority populations evidence-based?
	Was the vaccine distributed in an ethical manner?	o Was vaccine distribution guided by the principles outlined in the provincial Ethical Framework for Covid-19 Vaccine Distribution (minimize harms and maximize benefits, equity, fairness, transparency, legitimacy)?

Vaccine uptake and vaccine hesitancy in priority populations and in the general population?	What was the uptake of the vaccine?	o What were the demographics of those who took the vaccine? o Were there barriers to vaccination? o What was done to address these barriers?
	What was the level of vaccine hesitancy throughout the rollout?	o What were the demographics of those who were vaccine hesitant? o What factors contributed to vaccine hesitancy? o What was done to address vaccine hesitancy and what were the outcomes of those interventions?

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