

COVID-19 Vaccination Readiness: Supporting Retirement Homes for Onsite Immunization

January 12, 2021

FEATURING:

- **Marsha Pinto**, Acting Director, Retirement Homes Regulatory and Oversight Branch, Ministry for Seniors and Accessibility
- **Marnie MacKinnon**, Director, Ministry of Health
- **Dr. Diane Lu**, Public Health Physician/Medical Epidemiologist, Public Health Ontario
- **Louise Doyon**, Head, Community, Mental Health and Addictions and Long-Term Care I&IT Solutions - Ministry of Health
- **Lindsay Wingham-Smith**, Vice President, Home & Community Care, System Flow & Capacity, Toronto Central LHIN
- **Theresa Marentette**, Chief Executive Officer/Chief Nursing Officer, Windsor-Essex County Health Unit
- **Augustin James**, Interim Director of Quality and Innovation, Schlegel Villages



WEBINAR HOUSEKEEPING

Your Participation:

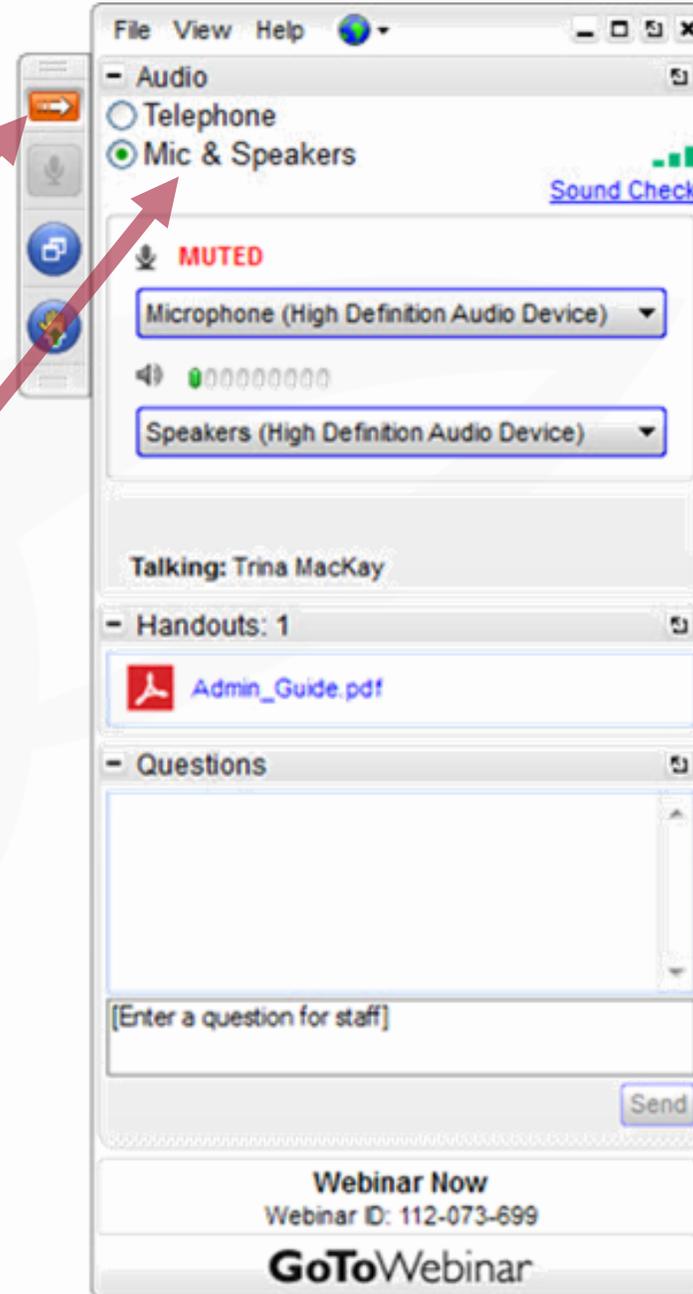
- Open and close your control panel

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- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

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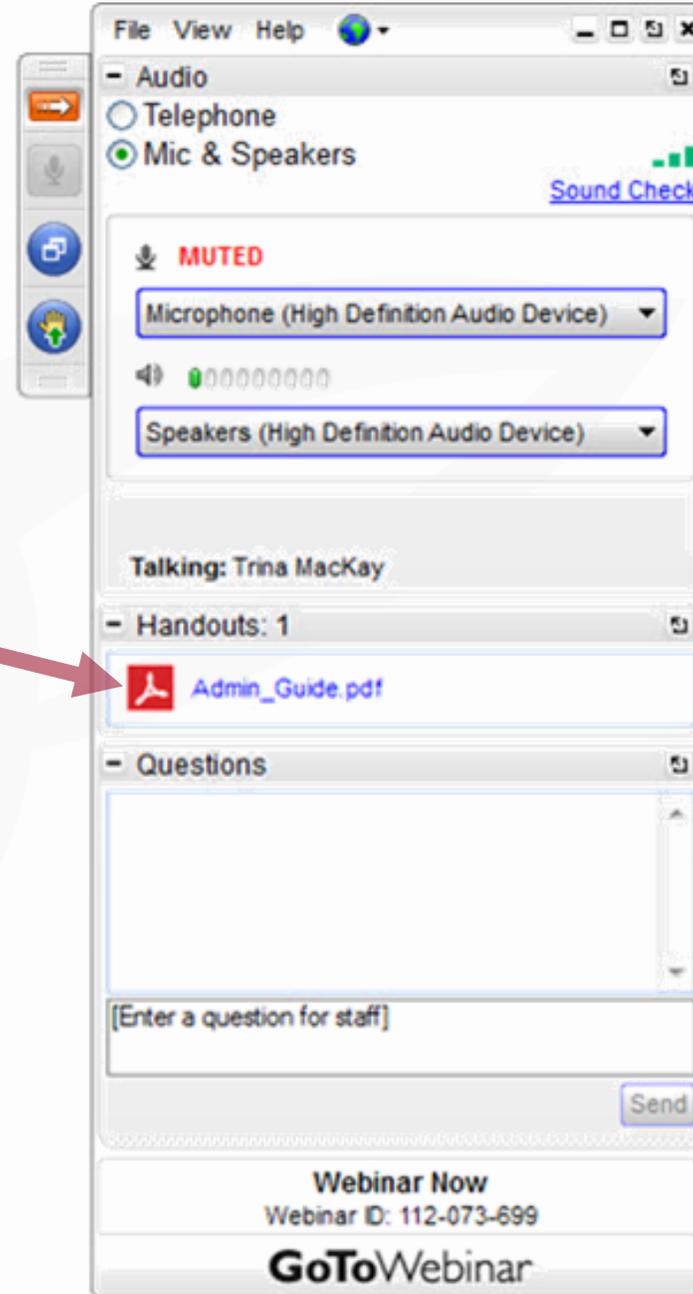


WEBINAR HOUSEKEEPING

Resources:

- Resources for today's webinar are located in the 'Handouts' section.
- Please remember to complete the webinar evaluation.

Recordings available on:



AGENDA

Introduction and Vaccine Roll-out Update Including Prioritization

Marsha Pinto, Acting Director, Retirement Homes Regulatory and Oversight Branch, MSAA
Marnie MacKinnon, Director, Ministry of Health

COVID-19 Vaccines

Dr. Diane Lu, Public Health Physician/Medical Epidemiologist, Public Health Ontario

COVax Overview

Louise Doyon, Head, Community, Mental Health and Addictions and Long-Term Care I&IT Solutions, Ministry of Health

Moderna Pilot Sites - Toronto and Windsor-Essex Regions (Vaccine Playbook)

Lindsay Wingham-Smith, Vice President, Home & Community Care, System Flow & Capacity, Toronto Central LHIN

Theresa Marentette, Chief Executive Officer/Chief Nursing Officer, Windsor-Essex County Health Unit

Operator Experience & Learnings

Augustin James, Interim Director of Quality and Innovation, Schlegel Villages



Introduction & Vaccine Roll-out Update Including Prioritization

Marsha Pinto, Acting Director, Retirement Homes Regulatory and Oversight Branch, MSAA

Marnie MacKinnon, Director, Ministry of Health

Ontario's COVID-19 Vaccine Distribution Implementation Plan

January 12, 2020

Purpose

To provide an overview of:

1. Ontario's COVID-19 Vaccine Distribution Implementation Plan
2. Progress and Planning to Date
3. Four Implementation Pilots developing Mobile Teams

1. Ontario's COVID-19 Vaccine Distribution Implementation Plan

Context: Ethical Framework for COVID-19 Vaccine

This Framework will be used to guide decisions about vaccine prioritization, recognizing that the application of these principles will be context-dependent and that other information may be relevant to decision-making.

Minimize harms and maximize benefits

- Reduce overall illness and deaths related to COVID-19
- Protect those at greatest risk of serious illness and death due to biological, social, geographical, and occupational factors
- Protect critical infrastructure
- Promote social and economic well-being

Equity

- Respect the equal moral status of human rights of all individuals
- Distribute vaccines without stigma bias or discrimination (1)
- Do not create and actively work to reduce disparities in illness and death related to COVID-19, including disparities in the social determinants of health linked to risk of illness and deaths related to COVID-19 (2)
- Ensure benefits for groups experiencing greater burdens from the COVID-19 pandemic

Fairness

- Ensure that every individual within an equally prioritized group (and for who vaccines have been found safe and efficacious) has an equal opportunity to be vaccinated.
- Ensure jurisdictional ambiguity does not interfere with vaccine distribution (e.g. Jordan's Principle -3)
- Ensure inclusive, consistent and culturally safe and appropriate processes of decision-making, implementation, and communications

Transparency

- Ensure the underlying principles and rationale, decision-making processes, and plans for COVID-19 vaccine prioritization and distribution are clear, understandable and communicated publicly

Legitimacy

- Make decisions based on the best available scientific evidence, shared values and input from affected parties, including those historically under-represented
- Account for feasibility and viability to better ensure decisions have intended impact
- To the extent possible given the urgency of vaccine distribution, facilitate the participation of affected parties in the creation and review of decisions and decision-making processes



1. See Ontario's [Human Rights Code](#) and specifically Part 1 for Code-protected groups. 2. Consider applying the Ministry of Health's [Health Equity Impact Assessment](#) decision support tool to identify potential health equity impacts. 3. See [Jordan's Principle](#)

Three-phased Vaccine Implementation Plan

- **Phase One** of Ontario's three-phased vaccine distribution implementation plan began on December 15, 2020 at two hospital sites, and increased to 17 additional sites the following week, with the delivery of 90,000 Pfizer-BioNTech doses.
- On December 23, 2020, Health Canada approved Moderna's COVID-19 vaccine – the province received over about 53,000 doses at the end of 2020.
- **The province announced key populations to receive the vaccine first**, including:
 - **Residents, staff, essential caregivers, and other employees of congregate living settings (e.g., long-term care homes and retirement homes) that provide care for seniors as they are at higher risk of infection and serious illness from COVID-19;**
 - Health care workers, including hospital employees, other staff who work or study in hospitals, and other health care personnel;
 - Adults in Indigenous communities, including fly in and communities where risk of transmission is high; and
 - Adult recipients of chronic home health care.
- The province will shift to Phase Two of its vaccination implementation plan, which is expected to begin later in the winter of 2021, when more vaccines become available to Ontario. **During Phase Two vaccinations will continue for health care workers**, long-term care homes, retirement homes, home care patients with chronic conditions, and additional First Nation communities and Indigenous populations, including Métis and Inuit individuals.
- **Ontario will enter Phase Three when vaccines are more widely available** for everyone who wishes to be immunized.

Plans are underway to develop a prioritization approach for Phase Two and Three.

Health Care Worker Prioritization: Overview

The following steps will be taken to prioritize health care workers for vaccination in Phase 1:



1. Prioritize health care sectors (all paid/unpaid workers and contractors) and health care workers that provide care in other settings (e.g., congregate settings; schools) - All health care workers are priority for phase 1; however, some sectors and settings will receive primary priority (criteria included on the next slide).

- The sector prioritization is a guide for PHUs; PHUs would ultimately determine prioritization within and across the sectors based on local data and needs.



2. Prioritize communities for access - Public Health Units (PHUs) are responsible for identifying communities where workers who are practicing in priority health care sectors will receive greater priority access to vaccinations. PHUs will prioritize communities experiencing greater disadvantage due to COVID-19 and/or other structural and socioeconomic factors as well as local staffing criticality.



3. Prioritize individual workers - PHUs together with local delivery sites/ institutions/ sectors/ employers, identify priority workers *within* priority health care sectors and settings, if needed. This would include all paid, unpaid and contract workers in health care settings (e.g., cleaners in a hospital); and workers that provide care in other sectors (e.g., school nurse; health workers in shelters). PHUs would engage non-health care settings to identify workers that should be prioritized.

2. Progress and Planning to Date

Vaccine Planning – BioNTech/Pfizer

Delivery Model

- Delivery sites
 - Jan 4 – 19 hospitals and 1 PHU
 - Jan 11 & 18 – 24 hospitals and 1 PHU
 - Jan 25 – 26 hospital sites and 2 PHUs
- Recipients: Long-term care home and high-risk retirement home staff, and ECG as priority, as well as hospital workers
- MOH has developed protocols to safely move the Pfizer-BioNTech vaccine beyond the point of delivery starting the week of January 11

Vaccine Planning - Moderna

- 1st delivery - 53,000 doses - week of December 28, 2020.
- 2nd delivery 56,000 doses week of January 11, 2021.
- Deliveries expected every three weeks.
- Delivery to Toronto, Peel, York, and Windsor-Essex with a focus on delivering LTC and high risk RH home residents, staff and ECG
- Expansion to additional 3 PHUs the week of January 11, 2021.

3. Four Implementation Pilots developing Mobile Teams

Vaccine Planning - Moderna

- 4 PHU's identified for an implementation pilot in Toronto, Peel, York and Windsor Essex
- Developed mobile teams model to go into LTC and high-risk RH to administer vaccines to residents, ECG, and staff
- Premier's directive to prioritize LTC by January 21 and then high-risk RH by end of January 2021
- PHU/Hospital Engagement and planning with homes is essential with focus on time to obtain consents, staff awareness and promotion, information sessions, develop team (roles and responsibilities) to administer vaccine and collect data
- PHU/Hospital and Homes to plan for 2nd dose and maintenance plan
- Staff and ECG can still go to local hospital

Thank You

COVID-19 Vaccines

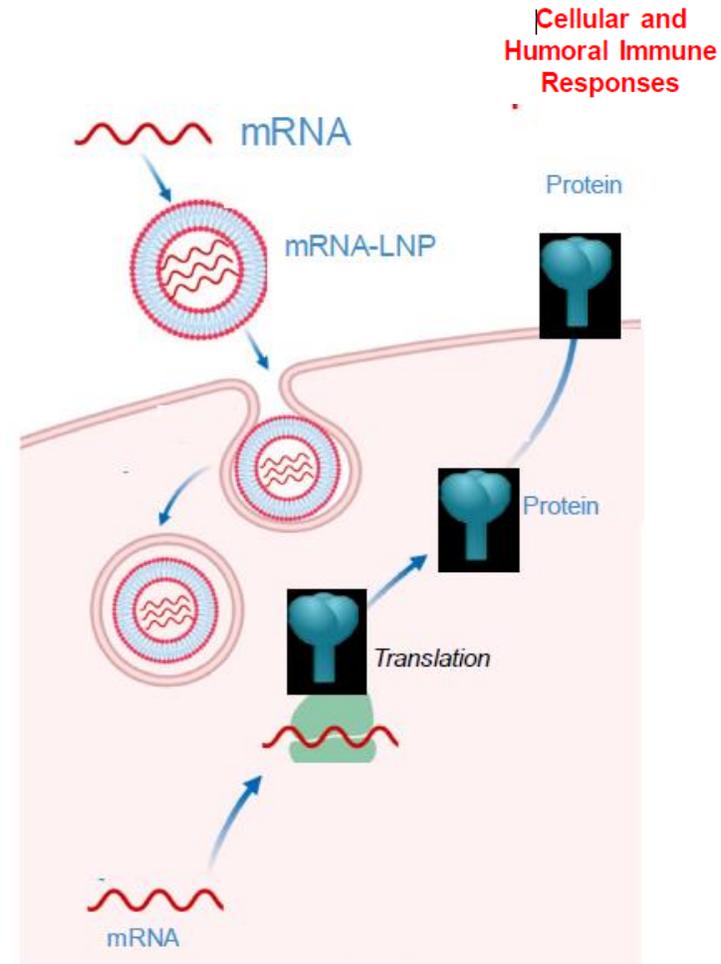
Dr. Diane Lu

January 12, 2021

Declaration of Interests – Dr. Diane Lu

- Nothing to declare

mRNA Vaccines



Source: Adapted from Wadhwa A, Aljabbari A, Lokras A, Foged C, Thakur A. Opportunities and challenges in the delivery of mRNA-based vaccines. *Pharmaceutics*. 2020;12(2):102. Figure 1. Mechanism of action of mRNA vaccines. Available from: <https://doi.org/10.3390/pharmaceutics12020102>. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>).

Key facts: mRNA vaccines

- **You cannot get COVID-19 from an mRNA vaccine**
 - mRNA COVID-19 vaccines do not contain whole or live SARS-CoV-2 virus, therefore there is no risk of infection
- **mRNA vaccines do not affect or interact with our DNA**
 - mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept
- **mRNA vaccines are a new vaccine platform, but not a new technology**
 - mRNA therapeutics have been studied for over two decades

Moderna mRNA Vaccine

- Age indication: 18+
- Schedule: 2 doses (0, 28 days)
- Clinical trial:
 - 30,000 participants
 - 94% efficacy assessed 2 weeks after the 2nd dose

Common side effects

- In general, the side effects observed during the clinical trials are similar to what you might have with other vaccines
- The side effects that followed vaccine administration in clinical trials were mild or moderate, lasting only few days
 - pain at the site of injection
 - headaches, muscle aches, fatigue, feeling feverish/chills
- These are common side effects of vaccines and do not pose a risk to health
- No serious adverse events were detected in either of the two mRNA clinical trials

Vaccine safety

- As for all vaccines, Ontario will investigate adverse events following immunization (AEFIs) and submit these to the Public Health Agency of Canada to ensuring ongoing monitoring of vaccine safety
- All vaccine manufacturers are legally required to submit reports of adverse events and other safety information to Health Canada
- Both manufacturers plan to follow clinical trial participants for at least 2 years after the second dose of the vaccine is given

Vaccine Hesitancy Resources

- Centers for Disease Control and Prevention. Making a strong recommendation for COVID-19 vaccination: engaging in effective COVID-19 conversations [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2020 [cited 2021 Jan 11]. Available from: <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>
- Constantinescu C, Ivers N, Grindrod K; Centre for Effective Practice, Alberta Department of Pediatrics. PrOTCT plan for the COVID-19 vaccine discussion [Internet]. Toronto, ON: Centre for Effective Practice; 2020 [cited 2021 Jan 11]. Available from: https://tools.cep.health/wp-content/uploads/2020/12/CEP_COVID-Framework_2020.12.18.pdf?utm_source=link.cep.health&utm_medium=urlshortener&utm_campaign=covid-vaccine
- MacDonald NE, Dubé E. Addressing vaccine hesitancy in immunization programs, clinics and practices. Paediatr Child Health. 2018;23(8):559-60. Available from: <https://doi.org/10.1093/pch/pxy131>
- SAGE Vaccine Hesitancy Working Group. What influences vaccine acceptance: a model of determinants of vaccine hesitancy [Internet]. Geneva: World Health Organization; 2013 [cited 2021 Jan 11]. Available from: https://www.who.int/immunization/sage/meetings/2013/april/1_Model_analyze_driversofvaccineConfidence_22_March.pdf

COVax_{ON} Overview



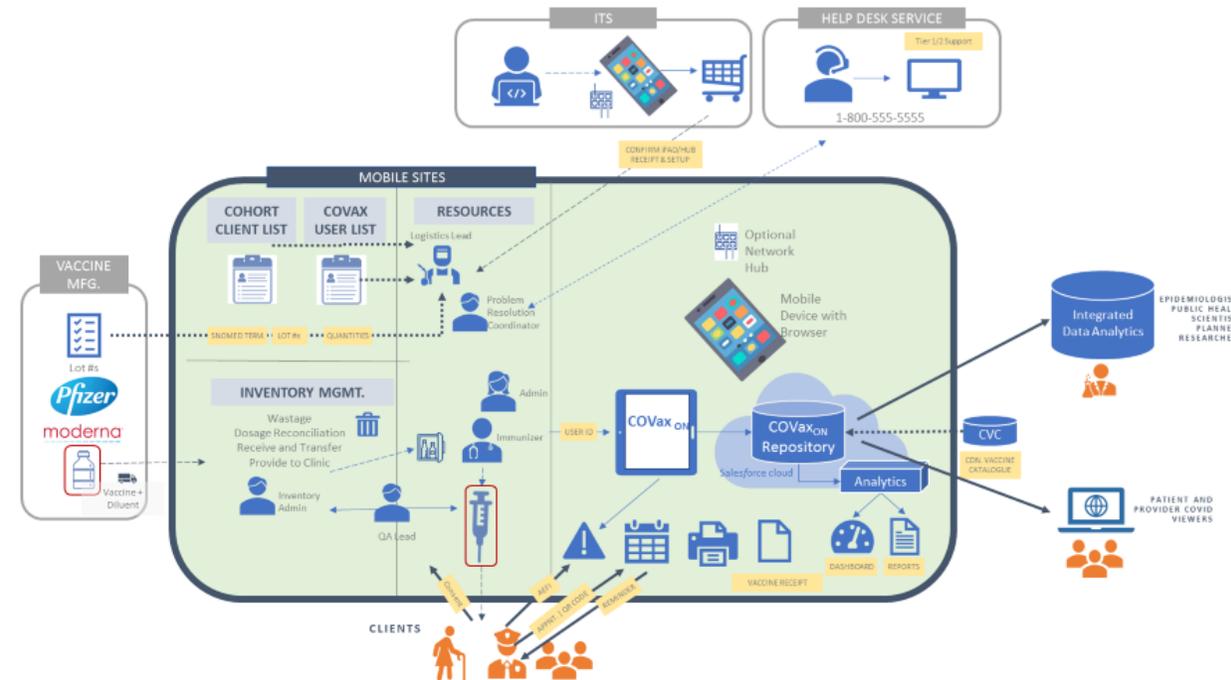
**ORCA COVID-19
Vaccination Planning:
Supporting Retirement
Home Readiness for Onsite
Immunization**
January 12, 2021

- Welcome
- IT Overview
- *We Come to You* – Mobile Administration
- Administration Models
- Solution Paths
- Onboarding
- USERS Template
- CLIENTS Template

- Ontario has a secure cloud-based central provincial solution, **COVax_{ON}**, supporting COVID-19 vaccine clinics and administration sites. This system allows for standard processes and a common set of digital tools (e.g., client management, recording administered doses, inventory management, receipt of vaccination) to ensure standardized timely high-quality data for the provincial response.
- Health Card Number along with other forms of identification are provisioned in the system to safely track information for Ontarians including second dose and adverse events.
- Each individual vaccinated can receive a printed receipt of vaccination from the provincial solution and, if they consent to receive information electronically and provide the needed details, they will receive a digital receipt electronically. Work is underway to further identify how this 'digital receipt' can be used for proof of COVID-19 vaccination.
- Supporting activities will include privacy and security measures along with threat risk assessments.
- The system is available **real-time anywhere, anytime** as long as the user has **IT equipment, browser and connectivity**.
- Different models for administration have been provisioned:
 - **You Come To Us** – Mass Immunization Clinics (Hospitals, PHUs, convention centres etc.) – operational today in 29 clinics with addition of scheduling/booking underway
 - **We Come To You** – Mobile (LTC Homes, Retirement Homes, First Nation North, etc.) – operational today for LTCHs and high risk Retirement Homes with enhanced process flows and designs
 - **You Give to Us** – Integration Hub (Pharmacies, Primary Care, Home Care, etc.) – **analysis underway**

- COVax_{ON}, a real-time web-based Salesforce/Accenture health cloud service available along with support services (open-call virtual support and help desk services) for mobile immunization clinics.
- The system is available **real-time anywhere, anytime** as long as the user has IT equipment, browser and connectivity.
- iPads for vaccine administration.
- Other delivery options under review includes a ‘**COVax Partner Program**’. The partner would take on all the training, support and delivery at mobile sites.

Conceptual Diagram | Mobile Administration



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Challenges and Approaches

Paper model is not the desired approach but was essential to support an accelerated schedule.

Process/workflows were designed for mass immunization clinic and have needed to shift to multi-pronged approach for LTCHs/RHs.

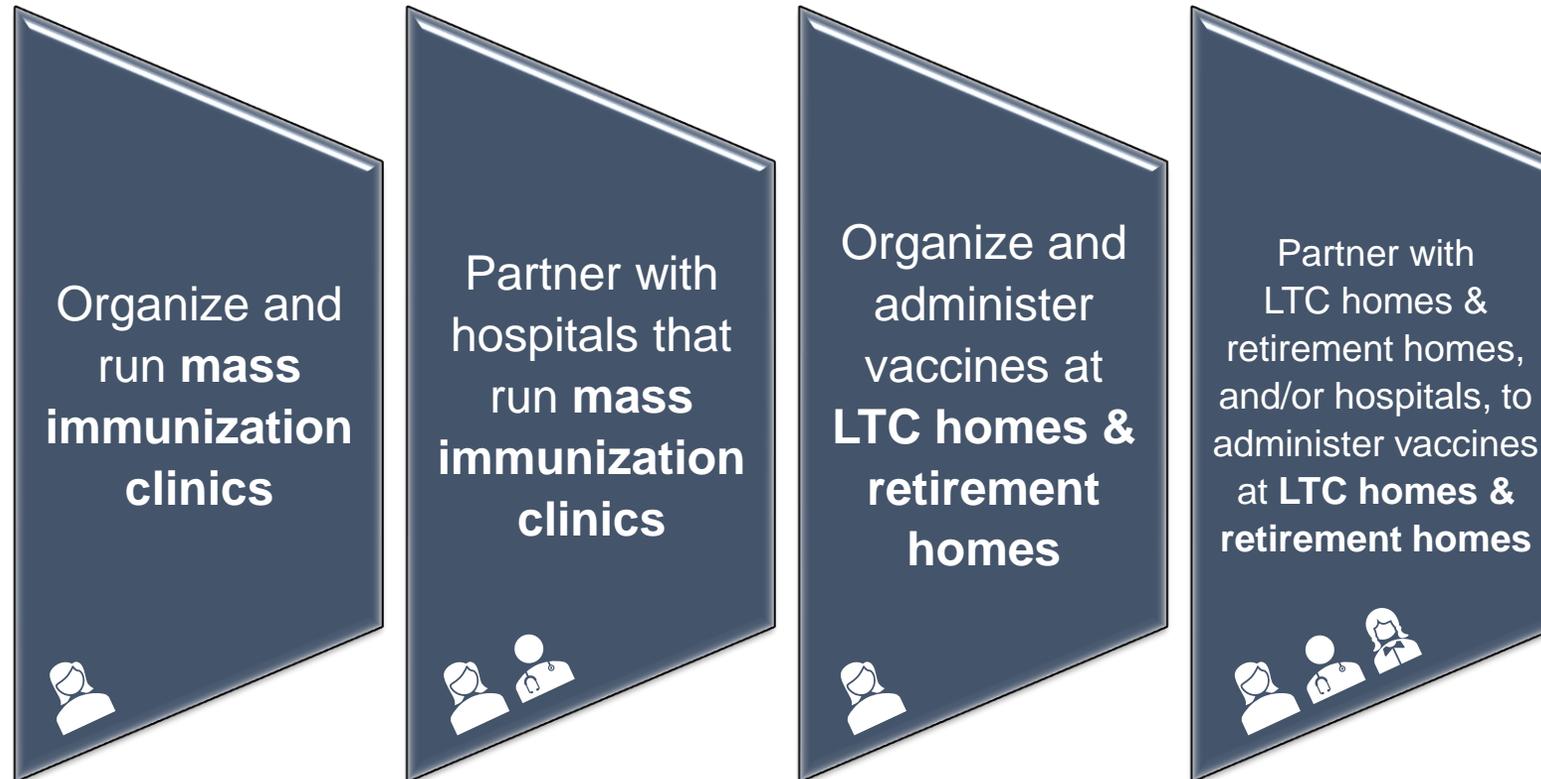
Working with the Logistics Team to strengthen the on-boarding process, identify site QA and inventory leads.

Investigating solution options such as pre-populating the dose data.

Other challenges resulting in paper include:

- the comfort level of some users using technology (it really varies)
- the network connectivity in some of the facilities (we have offered hubs)
- the data authorities to enter the data into a provincial system
- inability to provide on-site support in the homes
- equipment or system issues

Currently, Public Health Units (PHUs) participate in COVID-19 vaccination clinics in the following ways:



Note: In the future, PHU may also support and participate in other models such as partnering with pharmacies or primary care collectives.

It is also important to determine the path you will use to capture administered dose information:

Mass Immunization Clinics

Mobile Approach: Real-time data entry into COVax_{ON}

Description:

During a mass immunization clinic, vaccinators will use the organization's iPads, tablets or laptops (or Clinic-in-a-Box for hospitals), along with a hub and portable printer (if required), to enter client and administered dose data into COVax_{ON} in real-time, and to print the receipt of vaccination.

When to Use:

If reliable internet is available at the clinic or a hub is available to use.

Requirements:

- Equipment that meets minimum system requirements with access to COVax_{ON} or Clinic-in-a-Box
- Reliable internet access or a hub is available
- Staff trained to use COVax_{ON} for client and dose data entry

LTC Homes & Retirement Homes

Mobile Approach: Real-time data entry into COVax_{ON}

Description:

While in each resident's room, vaccinators will use the organization's iPads, tablets or laptops, along with a network hub and portable printer (if required), to enter client and administered dose data into COVax_{ON} in real-time (moving from room-to-room), and to print the receipt of vaccination (if required).

When to Use:

If reliable internet is available in all resident rooms or a hub is available to use.

Requirements:

- Equipment that meets minimum system requirements with access to COVax_{ON}
- Reliable internet access in all resident rooms or a hub is available
- Staff trained to use COVax_{ON} for client and dose data entry

It is also important to determine the path you will use to capture administered dose information:

Non-Mobile Approach: Paper Form + batch data entry into COVax_{ON}

Description:

Paper forms will be completed by vaccinators after immunization of residents, as they move from room-to-room. Vaccinators (or designated staff) will then use the organization's laptop/desktop to enter the administered dose data from the paper forms into COVax_{ON} at various times during the day, OR

The home will make arrangements to send the paper forms (e.g., secure fax or scan) to the organization identified to enter data into COVax_{ON} if they do not have connectivity, equipment or capacity. Please note that the is planning to offer this service.

When to Use:

If reliable internet is available at the home but it is not necessarily available in each resident's room, and the site/organization does not have a hub or the mobile equipment to move from room-to-room, OR if there is no available IT equipment, capacity, or internet connectivity at the home.

Requirements:

- Staff trained to use the paper form

If home is doing own data entry:

- Equipment that meets minimum system requirements with access to COVax_{ON}
- Reliable internet access at the home's site
- Vaccinators and/or data entry staff trained to use COVax_{ON} for client and dose data entry

- **PHU Engagement**

- The Emergency Operations Centre (EOC) table provides the Health Services Cluster (HSC) IT team with a list of PHUs involved in the next phase of the rollout
- IT Leads from in-scope PHUs are identified in the list, and a PHU Readiness Checklist is also provided
- Occasionally, PHUs not involved in the current rollout phase contact the HSC with ad hoc queries

Mass immunization clinic? PHUs will work with Misbah Menezes during the onboarding process

Clinic at LTC home or retirement home? PHUs will work with Preet Sekhon during the onboarding process

- **PHU Onboarding Process**

- The HSC project lead invites the PHU IT Leads to a kick-off session that includes:
 - Team introductions
 - Walkthrough of user and client templates, and manual entry paper form
 - Discussion of the process for creating user accounts and authentication in COVax_{ON}
 - Introduction to other resources (training calendar, SharePoint, training environment)
 - Support model, including an introduction to the support forum and Public Health Solutions (PHS) service desk

- **PHU Onboarding Process (con't.)**

- Follow-up communication is sent to the IT Leads, including templates, manual data entry form, training calendar, SharePoint access instructions, training environment details, etc.
- Provision of SharePoint access and training for all IT Leads

- **Users Onboarding Process**

- PHUs, hospitals and/or LTCHs/RHs submit completed USERS template, which are validated by the PHS service desk before being uploaded into COVax_{ON}
 - Follow the instructions on the templates for where to email the USERS template once completed
 - User accounts are provisioned in COVax_{ON} by PHS
- Users are provided with training (end-to-end training and roles-based training)

- **Support Model**

- Support forums are available to assist users with password resets, client data upload issues, etc.:
Monday to Friday (8am-6pm) and Saturday to Sunday (8am-4pm)
- The PHS service desk is available for inquiries and issues:
Monday to Sunday (8am-10pm)

- First, you must provide us with a list of users (individuals who will be need access to COVax_{ON}) using the USERS template

There are 3 flavours:

- USERS_LOAD_TEMPLATE
- USERS_LTCH_LOAD_TEMPATE
- USERS_RH_LOAD_TEMPLATE

What's the difference?
ORG and SDL picklists are filtered for specific sector

1 - Instructions

2 – Data Elements

COLUMN	TYPE	DESCRIPTION
Last Name	Free text	The user's last name
First Name	Free text	The user's first name
Service Delivery Location	Default	The location where the vaccination clinic will be conducted (may not be the same as 'Organization')
Profile	Pick list	The user's profile or role in the system. The choices are: COVax Site Staff: Provides the user with (1) create/read/edit access to Client screen and data via Client Search across all sites; (2) create/read/edit access to Check-in and Check-out screens, and data across all sites; (3) read access to Vaccine Administration screens and data across all sites; (4) read access to Inventory screens and data across all sites. COVax Vaccinator: Provides the user with (1) create/read/edit access to Client screen and data via Client Search across all sites; (2) create/read/edit access to Check-in and Check-out screens, and data across all sites; (3) create/read/edit access to Vaccine Administration screens, and data across all sites; (4) read access to Inventory screens, and data across all sites. COVax Inventory Manager: Provides the user with create/read/edit access to Inventory screens and data for own site. COVax Dashboard: Provides the user with read access to Dashboard across all sites. COVax Site Super User: Provides the user with the permissions of Site Staff, Vaccinator, and Inventory Manager combined, as well as the ability to move data (e.g., clients).
Email	Free text *	The user's email address; (it must be an institutional email address (not personal))
Organization	Free text	The organization where the user works (may be different from the 'Service Delivery Location')
Department	Free text	The department where the user works in your organization (e.g., ICU)
Title	Free text	The user's title (e.g., ICU Nurse)
Work Phone	Free text *	The user's phone number (land line)
Mobile	Free text *	The user's mobile phone number
Employee Number	Free text	The user's employee number at the organization where they work

A brief description of each data element in the 'spreadsheet', including the data type (e.g., free-text, pick list) and required fields.

3 – Defaults

A page to define your 'defaults' – auto-population of fields to minimize repetitive data entry

Please note that the generic USERS list has more limited defaults than the LTCH & RH USERS lists.

5 – Validation

Before emailing to the ministry, check the validation page to make sure you have complete and accurate data.

Step-by-step instructions to complete and submit the template. It provides business rules and tips for use.

Please note that the generic USERS list is submitted to a different email address than the LTCH & RH USERS lists.

4 – User List

Last Name	First Name	Service Delivery Location	Profile	Email
Enter the user's LAST name	Enter the person's FIRST name	This field will AUTO-POPULATE based on the default selected	< Select > the user's role in using the system	Enter the user's email (IT MUST be an institutional not personal email)

The 'list' of users. Data validation has been applied to many fields to ensure consistent data format and quality.

User Profiles

Function	Site Staff	Vaccinator	Inventory Manager	Super User	Dashboard
Client Search	■	■		■	
Check-in	■	■		■	
Check-out	■	■		■	
Dose Admin	□	■		■	
Inventory	□	□	■	■	
Dashboard	□	□	□		□
Client Uploads				■	

Data across all sites ■ Create, edit, view

- Next, you must provide us with a list of clients (individuals who will be receiving the vaccination) using the CLIENTS template

There are 3 flavours:

- CLIENTS_LOAD_TEMPLATE
- CLIENTS_LTCH_LOAD_TEMPATE
- CLIENTS_RH_LOAD_TEMPLATE

What's the difference?
ORG and SDL picklists are filtered for specific sector

1 - Instructions

2 - Data Elements

3 - Defaults

5 - Validation

CLIENTS_LOAD_TEMPLATE For Uploading Clients to COVax_{ON} for COVID-19 Vaccination Clinics

1 - Instructions

Purpose
This template lays out the fields for creating a file of client records to upload to COVax_{ON}.

Business Rules

- Use one (1) spreadsheet per Service Delivery Location (SDL).
- Each row represents the data for one (1) client.
- For fields with a pick list, only one (1) value from the list can be selected.
- You can upload multiple client files; however, please ensure each client appears on only one (1) list.
- Don't forget to save (Ctrl + S) your spreadsheet frequently to ensure you do not lose accidental data loss.

IMPORTANT! Please read

- This template changes frequently. Please check SharePoint to ensure you have the latest version.
- This template is for creating clients in COVax_{ON}. If you need to modify a client record that was already uploaded, you must modify that record manually in COVax_{ON}.
- Please do not modify any of the columns on the 4_Client_List tab. You could remove data validation that has been applied to maintain data entry errors.

Process

- Save your template with a new file name
Before you begin, please save your CLIENTS_LOAD_TEMPLATE with a new name in the following format: CLIENTS_<IDNumber>-<YearName>-YYMMDD-xxx
For example: CLIENTS_Willowdale_June2021_2021222-xxx
- Familiarize yourself with the data elements to be collected
Refer to the 2_Data_Elements tab for a complete list of the data elements to be collected and their descriptions.
- Set your defaults
To minimize repetitive data entry, you can enter certain information (i.e., defaults) once on the 4_Defaults tab and this data will be used to automatically populate those fields on the 4_Client_List spreadsheet. Additional instructions are provided on the 4_Defaults tab.
- Add clients to your list
Go to the 4_Client_List spreadsheet and enter the data elements for each client. In order to minimize horizontal scrolling, the columns are arranged (from left to right) in the following order: Mandatory fields, then optional fields, and final fields that are pre-populated by the default values you set in Step 3.

Tip: Click on any column heading to view a user-friendly column name and instructions for data entry.

Tip: If the clients receiving the vaccine from a HOSPITAL, Service Delivery Location, and their ORGANIZATION is not the same, then use the picklist on the bottom of the 4_Defaults tab, select an Organization name from this list and copy & paste into the 'Organization_C' field on the 4_Client_List spreadsheet. We need an EXACT match on the name for the upload to work.

- Validate your data entry
Go to the 5_Validate tab to review the results of your data entry. Common anomalies that may impact data quality are highlighted. Please correct or update your data on the 4_Client_List spreadsheet before entering the file as a csv file.
- Submit your file for upload into COVax_{ON}
Now that the client data has been created and validated, follow the steps in the Mass Data Load Job Aid which outlines the next steps for uploading the client data into COVax_{ON}.

CLIENTS_LOAD_TEMPLATE For Uploading Clients to COVax_{ON} for COVID-19 Vaccination Clinics

2 - Data Elements

COLUMN	TYPE	DESCRIPTION
Last Name	Free text *	The client's current or legal family name.
First Name	Free text *	The current legal first name of the client.
Middle Name	Free text *	The middle name or initial of the client.
Date of Birth	Free text *	The client's date of birth per valid government identification.
Gender	Pick list *	The client's self-identified gender.
Consent for Data Collection	Pick list *	Indicates if the client (or their proxy) consents to data collection.
Consent for Email Contact	Pick list *	Indicates if the client (or their proxy) consents to receiving communications via email.
Consent for Text/SMS Contact	Pick list *	Indicates if the client (or their proxy) consents to receiving communications via text/SMS.
Consent for Research Email Contact	Pick list *	Indicates if the client (or their proxy) consents to receiving communications regarding COVID-19 research studies via email.
Consent for Research Text/SMS Contact	Pick list *	Indicates if the client (or their proxy) consents to receiving communications regarding COVID-19 research studies via text/SMS.
Reason for Immunization	Pick list (default)	The reason the client is receiving the vaccination (primary grouping).
OH Health Card #	Free text *	In Ontario, it is a number on the health card issued by the province's Ministry of Health. The spreadsheet will only allow entry of 16 digits with no spaces and no dashes.
Alternate ID Type	Pick list *	The type of alternate ID (as entered in the Alternate ID field).
Proxy Name	Free text *	The name of the (proxy) person who will be providing consent for the client.
Proxy Phone	Free text *	The phone number of the (proxy) person.
Proxy Relationship	Pick list *	The relationship of the (proxy) person to the client.
Home Phone	Free text *	The client's home phone number.
Mobile Phone	Free text *	The client's mobile phone number (11 and SMS text messages for second dose reminders, if consented).
Street	Free text *	The client's street (to send text messages for second dose reminders, if consented).
Street	Free text (default)	The street number, name, unit, etc. of the client's mailing address.
City	Free text (default)	The city associated with the mailing address.
Province	Pick list (default)	The province associated with the mailing address.
Postal Code	Free text (7 default)	The postal code of the address (A1A 1A1 or A1A1A1).
Organization ID	Auto-populated	The ID associated with the organization in the system, populated when uploading the file.
Service Delivery Location ID	Auto-populated	The ID associated with the service delivery location in the system, populated when uploading the file.

A brief description of each data element in the 'spreadsheet', including the data type (e.g., free-text, pick list) and required fields.

CLIENTS_LOAD_TEMPLATE For Uploading Clients to COVax_{ON} for COVID-19 Vaccination Clinics

3 - Defaults

Data entered as defaults below will be auto-populated into the equivalent fields on the 4_Client_List spreadsheet. Note: Only the 4_Client_List spreadsheet will appear on the spreadsheet.

Service Delivery Location (Mandatory)

As this spreadsheet must include only clients that will be vaccinated at the same Service Delivery Location (SDL) or clinic location, please select ONE (1) location from only ONE (1) Sector: Select ONE (1) Service Delivery Location from the list for the Sector you selected.

Service Delivery Location Name:

Organization (Optional)

Note: For Long-Term Care Homes and Retirement Homes, the selected Organization must be the name of the home where the resident resides. Please select ONE (1) default Organization from only ONE (1) Sector:

Organization:

If the client is receiving the vaccine from a HOSPITAL, Service Delivery Location, and their ORGANIZATION is not the same, then select a name from this list and copy & paste the ORG ID into the 'Organization_C' field on the 4_Client_List spreadsheet for that single record/row.

Organization:

Long-Term Care Homes and Retirement Homes (Optional)

As residents in Long-Term Care Homes and Retirement Homes live at the same address, enter the address information, as well as the Reason for Immunization, below to auto-populate these fields.

Street (Mailing Address):

City:

Province:

Postal Code:

Home Phone:

Reason for Inocine:

A page to define your 'defaults' – auto-population of fields to minimize repetitive data entry

4 - Client List

LastName	FirstName	MiddleName	PersonBirthdate	Gender__c	Consent_for_Data_Collection	Email_Communication_c	Phone_SMS_Communication_c	Email_Notification_C	Sms_Notification_Cov
					Consent for Data Collection				
					SELECT "TRUE" if the person or proxy provides consent for data collection				

Click on column heading for a user-friendly field name, and instructions for data entry.

Step-by-step instructions to complete and submit the template. It provides business rules and tips for use.

Refer to the **07 – Mass Data Load Job Aid** for detailed instructions on uploading the client list into COVax_{ON}.

Before uploading to COVax_{ON}, check the validation page to make sure you have complete and accurate data.

The 'list' of clients (residents). Data validation has been applied to many fields to ensure consistent data format and quality.

COVID-19 Vaccine Playbook for Long Term Care and Retirement Homes

Version: 4.0

Last Updated: January 6, 2021; 1400hrs

Developed by:



In partnership with:



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Models of Delivery

Key models tested in pilot to LTC and Retirement Homes

1. Mobile Clinic - Hospital partner provides vaccination delivery support

- Leverage hospital staff to support attached hub homes to do drawing up of doses and vaccinating of residents. LTC homes do everything else (monitor, porter, document, logistics, etc)
- Mobile swat teams provide centralized support team to homes (call with home day before, walks thru detailed checklist, delivery accompanied with home support presence, single point of contact)

2. Mobile clinic - Hospital partnered with community providers (i.e. - primary care, Service Provider Organizations) to provide clinic/support

- Hospital Nursing Lead Outreach Team (NLOT) personnel act as site leads too coordinate mobile clinic – pre-existing relationships, knew people.
- Leveraged community primary care (East-FPN partners) to deliver vaccine in home – similar to mobile team (Deliver 200 residents 2 hours), home's and team's doctor on floors to monitor.
- Working relationships with community physicians, support with go live meeting, identified gaps/preference in comfort with on the ground support and increase support (physicians and nurses to provide guidance)
- Minimal staffing – ensure people for runners (residents or students) especially for data collection

3. Home independent

- Belmont RH – administered themselves. UHN touched base, walked through checklist, provided onsite support.

4. Public Health-led model

- Utilize flu campaign model – LTC homes responsible to administer vaccines
- Offer on-site support as required

Moderna pilot Key Lessons Learned

- **Key success factor is a well prepared home** - email info package to site in advance via OH or hospital partner and ensure they have the most up to date documentation.
- Homes need to get **consent process going ASAP** – send consent package in advance
- **Leveraged strong existing hospital hub partner relationships** by holding info meetings reduce staff and resident hesitancy. Calls with families and residents, LTC physicians and staff with overview helped to increase consent
- **Conduct eligibility in advance** – sites went through list of allergies ahead of time and on-the-ground checklists laid out for home area (i.e. – unit-based checklist)
- Public Health Units and hospitals are guests in LTCH and Retirement homes and will benefit from their preparedness, hard work and expertise on their home residents and process. **Homes know the resident baseline**, and it can be reassuring for residents to see familiar faces (Some homes brought in their extra staff to act as porters, observers, etc). Team work and all hands on deck approach.
- **Take care of your teams** - send them with lunch packs
- **Efficiency of process can be impacted** by active outbreak, homes with more overcrowding, language barriers (home should know language interpreter needs and arrange for translation), all consent done in advance.
- Leveraged **buddy system** (site and vaccinator pairing), home support staff acted as porters to lead residents to sections – served as familiar faces to residents
- Completed vaccinations by floor/unit - first with mobile residents, then went to bedside vaccination for non-ambulatory residents

“Please confirm you have a process to ensure physician assessment for eligibility for vaccination for each resident by a physician. If not, please confirm a health professional on your team is reviewing eligibility and if a client answers a question that makes them ineligible, we will not be vaccinating them.”

“It’s the homes that make it successful.”

6 key planning elements

Planning – Home Readiness Assessment

PROCESS STEPS

1. OH region provides information package, including Home Vaccine Readiness Checklist to Homes
2. Homes review the Readiness Checklist and engages with on-site or corporate clinical supports, and their hospital hub
3. Homes start on critical path items: requesting access for COVax users and completing COVax training, obtaining consent and pre-populating COVax client upload template
4. Homes complete the Readiness Checklist and submits to central point of contact (OH region) for triaging and copy homes local PHU key contact
5. TPH follows up with homes to identify next steps

RESOURCES

- Home Vaccine Readiness Checklist (includes key local PHU contacts)
- COVax-ON USERS LOAD TEMPLATE
- COVax-ON CLIENTS LOAD TEMPLATE
- Homes begin loading the COVax-ON template with information of consented residents. This information must be uploaded to the COVax-ON system by the homes' identified users

Planning – Data Management and IT Readiness

PROCESS STEPS

Vaccination data must be entered into the COVax-ON system. In the short term, homes must indicate who is responsible for this function (if getting support from hospital or community. Long term expectations are that all homes are required to perform this function.

1. Local PHU completes MOH COVax Access agreement
2. Homes verify IT meets system and hardware requirements for utilizing the COVax-ON vaccine documentation system on site.
3. Homes start on critical path items: requesting access for COVax users and registering for and completing COVax training.
4. As homes obtain consent, begin pre-populating COVax client upload template
5. Homes begin loading the COVax template with information of consented residents. This information will be uploaded to the COVax-ON system prior to the vaccination date by the homes' identified users.
6. Emergency manual backup documentation system should be planned for (paper version with later data entry into COVax system by homes)

INTERIM PROCESS:
For sites that don't yet have access to COVax, the hospital supports the client upload and inventory management in COVax. The site enters in dosage info for each resident.

RESOURCES

- PHU/MOH agreement: IT system and hardware compatibility for COVax
- COVax-ON Sharepoint – access to training, resources, support, etc.
- COVax-ON USERS_LOAD_TEMPLATE_V4
- COVax-ON CLIENTS_LOAD_TEMPLATE_V6
- IT System compatibility
- Emergency backup documentation forms on COVax Sharepoint

Planning – Readiness to Deliver

EXPECTATIONS

- Home to ensure ready for delivery and has the capacity to plan for and implement a two-dose COVID-19 immunization series to residents. The plan for doses one and two are to be 28 days apart.
- First shipment of vaccine will only be receiving enough vaccine for the first dose. The vaccine for dose #2 will be shipped automatically from first dose with home's confirmation of the number of doses.
- Moderna COVID-19 vaccine comes in a multi-dose vial format of 10 doses per vial. Once punctured, Moderna vaccine is stable for 6 hours (as per Monograph). Human resources capacity to accommodate vaccine administration in factors of at least 10 in order to prevent vaccine wastage.
- Open vaccines cannot be returned and should be used to vaccinate staff and/or essential caregivers to minimize wastage.
- Target to finish all consented vaccinations within 72 hours of first dose being administered.

RESOURCES

- Contact list for TPH Operations Leads and hospital hub partners
- 2020 12-31 Vaccine Clinic Security Guide

PROCESS STEPS

1. Homes request from their local PHU contact only the number of vaccinations that can be completed within 72 hours
2. In collaboration with hospital partners, homes confirm the planned method of delivery for the vaccine (either direct shipment to home via hospital depot (UHN), or shipment to home via a hospital hub partner)
3. Moving the vaccine from UHN to other hospitals with appropriate oversight/accountability and cold chain
4. Homes ensure dedicated registered health care professional staff available to accept delivery of the vaccine

Planning – Consent and Eligibility

PROCESS STEPS

Starting to obtain consent as soon as possible is a key success factor for home readiness. Efforts are underway to streamline the process for obtaining PGT consent.

1. Homes share vaccine info received from O/TPH with residents, families and caregivers
2. Homes obtain informed consent has been obtained (self, Substitute Decision Maker (SDM), or PGT) for residents, outstanding staff and essential caregivers
3. Confirm resident's eligibility for Moderna vaccine - ensure resident's allergy history and other contraindications have been reviewed

RESOURCES

- MOH Pre and Post Vaccine Documents:**
- COVID-19 Pfizer and Moderna Vaccine Information Sheet
 - COVID-19 After Care Sheet
 - COVID-19 Prepackage Fact Sheet
 - COVID-19 Pfizer Moderna Consent Form

Planning – Equipment and Supplies

PROCESS STEPS

Vaccination data must be entered into the COVax-ON system. In the short term, homes must indicate who is responsible for this function (if getting support from hospital or community. Long term expectations are that all homes are required to perform this function.

1. Homes ensure dedicated vaccine refrigerator that meets requirements and has submitted the temperature log for the past 14 days to a Toronto Public Health Operations Lead.
2. Homes confirm that the fridge is stored in an area with limited access
3. Homes ensure sufficient supplies to deliver the vaccine, per MOH checklist, or confirms if mobile vaccine team bringing (hospital, etc.).
4. If homes or their supporting vaccination partners (hospital hubs, community partners) require any Personal Protective Equipment or vaccine ancillary supplies, complete request for Vaccine Ancillary Supplies Order Form from MOH through the [Remedy supply ordering tool](#)

**** Best practice note:** A 1.5-inch / 23-gauge needle can enable drawing 1-2 extra doses per vial of Moderna vaccine (compared to getting a standard 10 doses per vial when using a 1-inch needle).

RESOURCES

- <https://thealthtoronto.on.ca/en/health-care-professionals/vaccination-supplies/?a=request>
- MOH supplies checklist
- UHN mobile unit checklist

Planning – Site Preparation and Clinic Set and Flow

PROCESS STEPS

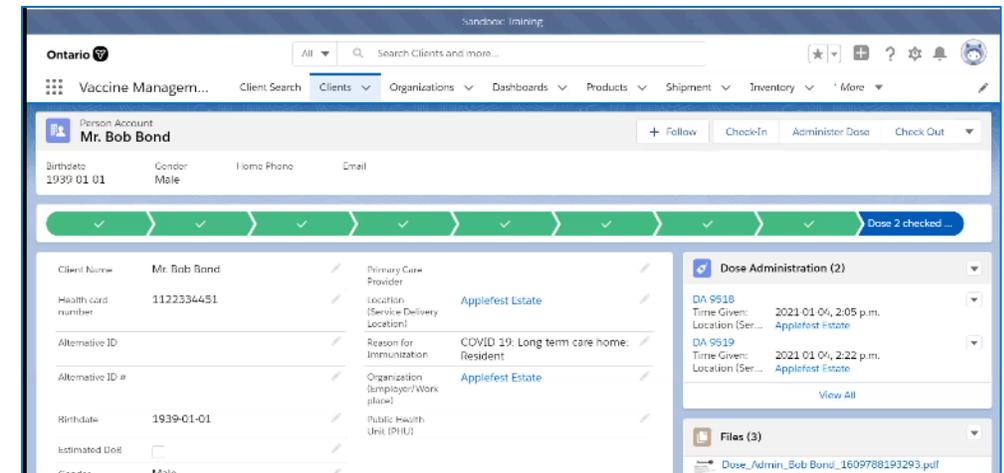
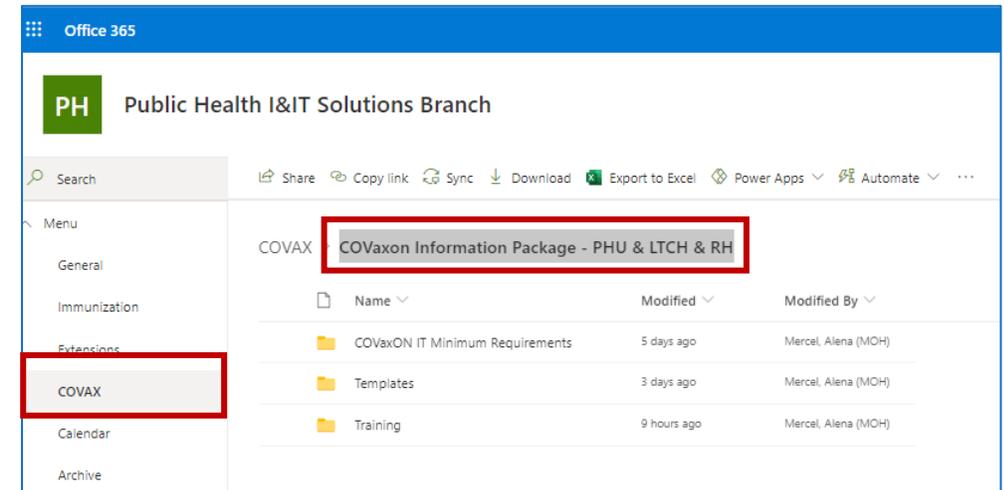
- Two tested models:
- Centralized model designated space for vaccination and for post-vaccination monitoring per floor/unit
 - Non-centralized model (room-to-room for non-ambulatory residents, outbreak floors, locked units, etc.)
1. If using a mobile clinic delivery model, homes and hospitals to hold a Go Live meeting the morning before to introduce the team and go through detailed questions on consent and documentation process, cold chain and adverse events, the process for the day, what roles home and hospital teams are playing, and what preparations are needed before mobile clinic arrives. (Use UHN Mobile Vaccination Go Live Meeting template)
 2. Leverage appropriate detailed checklists to ensure sites are well prepared to support the mobile vaccination team.
 3. Fill out the UHN Mobile Vaccination Checklist to give to the site and the mobile clinic team going onsite. It includes information for pre-visit, beginning of day, on site, end of day and vaccine delivery process

RESOURCES

- COVID-19 vaccines: Planning guidance for immunization clinics - Canada.ca
- UHN Mobile Vaccination Preparedness Support Checklist
- UHN Mobile Vaccination Go Live Meeting template
- UHN Mobile Vaccination Checklist

Materials, Training and Support for COVax-ON

- Step-by-step presentations, recorded training sessions and all materials are available on the MOH COVax **Sharepoint site** (Note: The Sharepoint access for the COVax site is limited and the MOH has requested PHUs to upload the resource materials from this site and disseminate to the homes)
- **Daily support room drop-in sessions** are scheduled daily (currently 7 days a week – 8 am to 4 pm). Home COVax users are invited to drop-in at any time during the session to ask questions and get support from COVax system experts.



Operator Experience & Learnings

Augustin James, Interim Director of Quality and Innovation,
Schlegel Villages

Insights on COVID-19 Vaccine Roll-out

PREPARATION:

- Know your numbers – residents, staff, essential caregivers, contractors
- Communicate out and answer questions
 - Town Halls
 - Leadership
 - Family Members
 - Peer Town Halls – including team members who have received vaccine
 - FAQ
 - Engage your team members to spread the good news (e.g., social media, TikTok challenge, stickers, t-shirts)



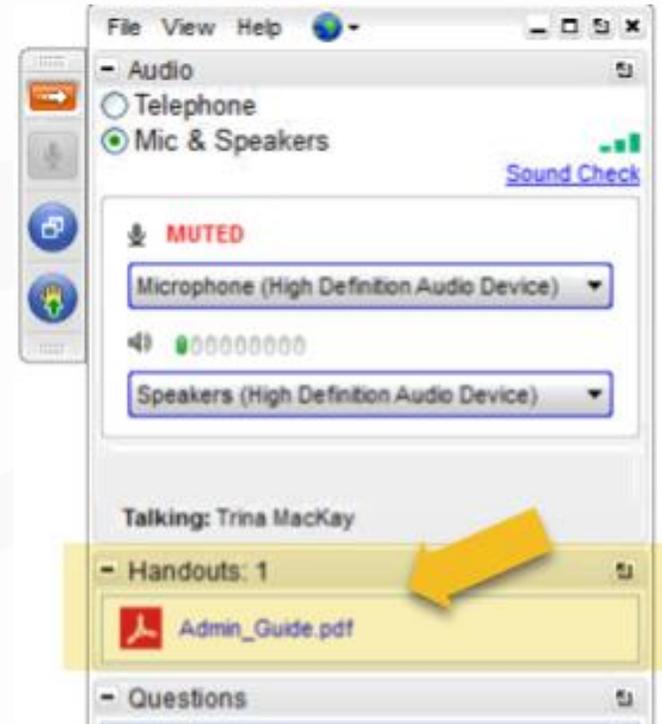
Other Learnings about Offsite and Onsite Immunization

Q&A

POST-WEBINAR ASSISTANCE:

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Note: Some perspectives or information expressed in this webinar may become rapidly out of date, as the COVID-19 situation is continuously evolving. The information shared in this webinar reflects perspectives/knowledge as of January 12, 2021.

Please refer to guidance from the Ministry of Health, Ministry for Seniors and Accessibility, RHRA and your local public health unit.