



Southwestern Public Health

- **COVID-19 Mass Vaccination Program Playbook**

February 22, 2021 – Version 1.1

VERSION	VERSION DATE	CHANGES OR COMMENTS
Original – Version 1.0	January 20, 2021	
Version 1.1	February 22, 2021	<ul style="list-style-type: none"> • Venue locations updated and staffing numbers adjusted. • Specifics around engagement with priority populations removed to allow for further internal discussion. • Added clarity to vision, goals and objectives. • Reflected changes to COVID19 Vaccination Advisory Committee Terms of reference.

Note: Southwestern Public Health’s COVID-19 Mass Vaccination Program Playbook is an evergreen document. As such, it will be adapted as new progress is made, as new directions become available, or as key information relevant to the plan changes.

Southwestern Public Health will make future adjustments to the plan as they develop.

Table of Contents

- Introduction and Background.....4
- Purpose and Objectives.....9
- Overarching Planning Assumptions.....11
- Governance.....13
- Communication and Community Engagement.....17
- Partnership and Engagement.....19
- Local Prioritization of Populations.....22
- Supplies Management and Distribution.....25
- Vaccination Approaches.....29
- Human Resources Planning for MICs.....33
- Recruitment of Human Resources.....37
- Documentation and Reporting.....38
- Contingency Planning.....43
- Finance.....45
- Evaluation Approaches.....47
- Concluding Statements.....50
- Appendix A: SWPH Mass Vaccination Advisory Committee Terms of Reference (External).....52
- Appendix B: SWPH’s Preliminary Communication Plan.....57
- Appendix C: SWPH – Roles and Responsibilities Table – Immunization Clinic Operations.....65
- Appendix D: SWPH – Examples of Possible Clinic Staffing Plans.....72
- Appendix E: SWPH – Examples of Orientation and Training Plans.....75
- Appendix F: SWPH – Preliminary MIC plan for St. Thomas and Woodstock.....79
- Appendix G: SWPH – Internal Mass Immunization Taskforce IMS.....82

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 most at risk due to age, infirmity and sociodemographic circumstances. Effective and efficient delivery of the COVID-19 vaccine is the key means by which we will overcome this pandemic. Through the course of 2021, local public health will carry the major responsibility in leading this campaign.

Local public health carries the mandate to manage routine immunizations and respond to previous pandemics and large-scale outbreaks of vaccine preventable diseases.

Ontario has developed a [three-phased approach](#) to COVID-19 vaccine roll out in the province and it identifies priority populations, varied vaccination sites and methods with anticipated timelines and doses. In alignment with this plan, Southwestern Public Health (SWPH) will build a robust and detail plan including its overall approach to the storage and handling of the vaccines, planning, and deploying immunization clinics, partnering with stakeholders to support the immunization clinics and ongoing communications and engagement of partners and eligible populations.

Background

SWPH has the overall responsibility for the rollout of a COVID-19 Mass Vaccination program to serve our region. SWPH, together with our partners, will action the mission laid out by General Hillier and the Ministry of Health team:

By September 2021 – we will vaccinate all residents of SWPH’s regions who want and can have the COVID-19 vaccination.

SWPH works with municipalities, community agencies, health and social services, schools and local Boards of Education, and other local partners to ensure the health of the residents of [Oxford County](#), [Elgin County](#), and the [City of St. Thomas](#). We will action our strong partnerships to execute our mission.

SWPH has the infrastructure, experience, and established relationships to organize and oversee the COVID-19 immunization campaign within our local communities.

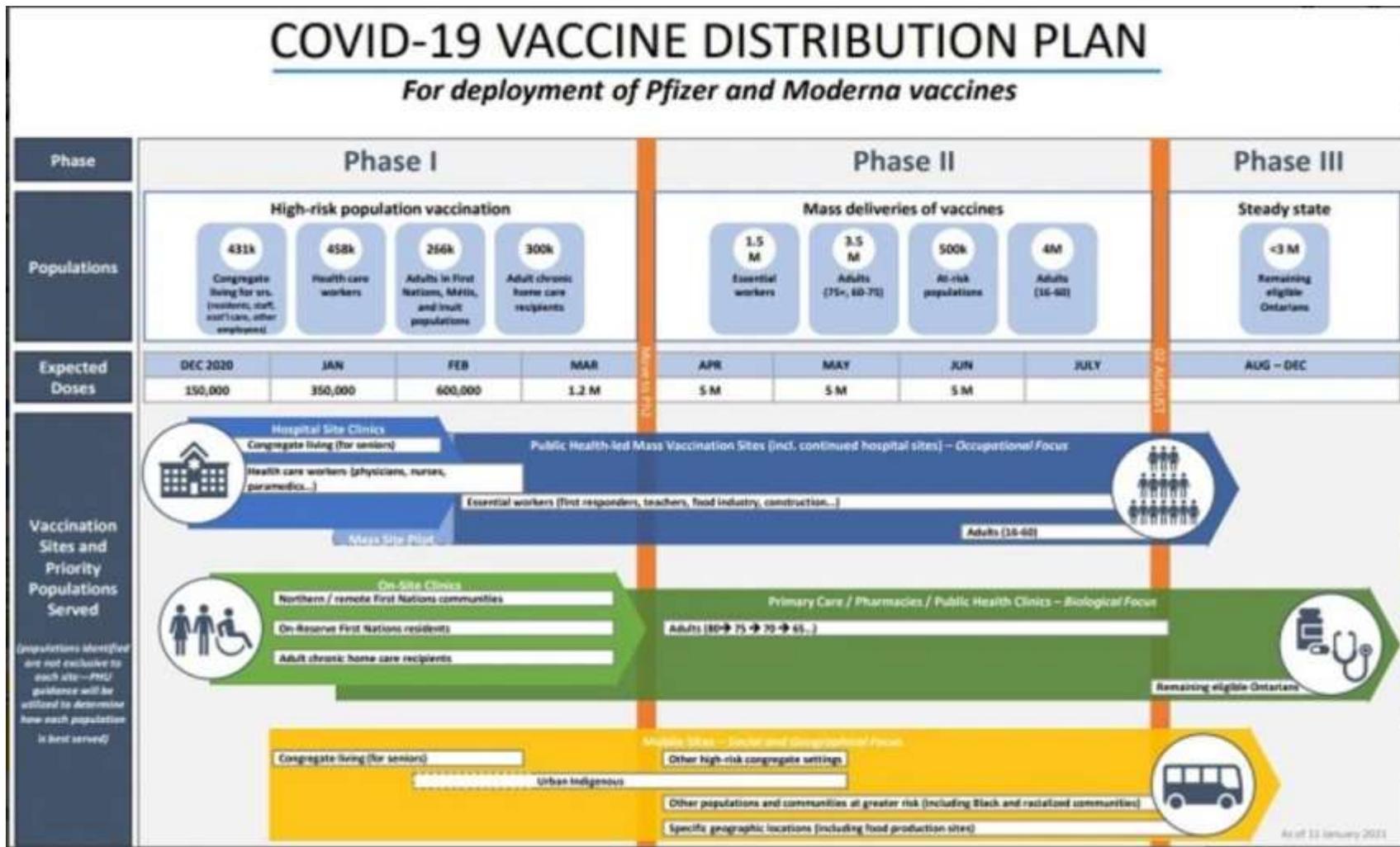
SWPH programs respond to public health emergencies; promote healthy lifestyles; help prevent injuries, illness, and disease; and promote positive change and social conditions that improve health for everyone. We deliver mandated programs under the [Ontario Public Health Standards](#) and are regulated by [the Ontario Health Protection and Promotion Act](#).

Throughout our response, we will:

- Be guided by the Province of Ontario’s [Ethical Framework for COVID-19 vaccine distribution](#).
- Align our plan with the Province of Ontario’s key directions including:
 - Prioritization of populations for vaccine administration
 - Leveraging all available local/regional/provincial partnerships, capacities, and resources
 - High level methods and approaches
 - Allocation of doses (based on availability from the federal and provincial government and local realities)
 - Introduction of new approved vaccines
- Support the pivoting of vaccine distribution and administration from London Health Sciences Centre hospital-based clinics to an integrated plan, led by SWPH, for our region. This will be contingent on the availability of vaccines other than Pfizer-BioNTech vaccine requiring ultra-low temperature (ULT) storage until a time at which SWPH is able to procure and install an ULT storage unit.

SWPH will plan, by phases, as outlined by the targets described in Figure 1 below:

Figure 1 – Province of Ontario – COVID-19 Vaccine Distribution Plan



Government of Ontario.

With two main offices and one satellite office, SWPH is well positioned to deliver a wide-reaching plan to the various communities and close to 200 000 community members we serve.

Our offices are located at:

St. Thomas Site

(Administrative office)

1230 Talbot Street

St. Thomas, Ontario N5P 1G9

Woodstock Site

410 Buller Street

Woodstock, Ontario N4S 4N2

Aylmer Sub-office

(Sub-office - Dental Clinic)

424 Talbot Street W.

Aylmer, Ontario N5H 1K9

Southwestern Public Health serves a variety of urban and rural communities throughout our vast geography. SWPH serves the unique health need of the municipalities and townships of:

- [Aylmer](#);
- [Bayham](#);
- [West Elgin](#);
- [St. Thomas](#);
- [Malahide](#);
- [Tillsonburg](#);
- [Woodstock](#);

- [Norwich](#) ;
- [Ingersoll](#);
- [South-West Oxford](#);
- [Dutton/Dunwich](#);
- [Southwold](#);
- [Zorra](#);
- [East Zorra-Tavistock](#);
- [Central Elgin](#); and
- [Blandford-Blenheim](#).

Population size by municipality and age group

Municipality	<16 years	16-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years	85+ years	90+ years
St. Thomas	7,410	1,931	4,873	4,991	4,952	5,782	4,988	3,300	1,880	990	387
Aylmer	1,467	446	1,096	736	830	1,049	873	641	463	237	90
Southwold	859	254	473	507	640	808	619	368	212	120	46
Bayham	1,882	435	956	713	829	1,039	827	484	191	77	20
Dutton/Dunwich	736	245	432	414	572	628	487	378	204	108	36
Malahide	2,566	560	1,162	1,076	1,157	1,264	969	570	251	144	68
West Elgin	871	255	548	517	715	965	821	511	279	145	40
Central Elgin	2,317	704	1,301	1,310	1,859	2,467	2,003	1,080	430	196	57
Woodstock	7,027	1,934	5,538	5,298	4,887	5,809	4,760	3,176	2,433	1,227	469
Ingersoll	2,507	667	1,573	1,665	1,759	1,965	1,373	903	621	341	131
Tillsonburg	2,501	668	1,827	1,821	1,800	2,354	2,426	2,035	1,400	670	225
Blandford-Blenheim	1,525	420	852	1,003	1,115	1,305	981	483	212	81	17
East Zorra-Tavistock	1,294	411	813	796	898	1,183	938	593	487	253	93
Zorra	1,653	470	1,008	971	1,094	1,378	1,194	596	309	143	35
Norwich	2,754	690	1,507	1,237	1,380	1,591	1,213	741	361	187	77
South-West Oxford	1,780	436	958	892	997	1,337	925	525	237	88	27

Census 2016.

Purpose of SWPH’s Playbook

SWPH commits to producing a transparent “look in” for our stakeholders to understand our plan to roll out a COVID-19 mass vaccination program across our region. This Playbook will be a living document that will demonstrate geographic-based and sector-specific implementation plans as they are developed.

This Playbook will demonstrate the collaborative efforts and contributions of all key stakeholders that will result in a comprehensive, action-oriented plan that will allow us to achieve our mission:

By September 2021 – we will vaccinate all residents of SWPH’s regions who want and can have the COVID-19 vaccination.

Objectives of SWPH’s Playbook

The objectives of SWPH’s Playbook are as follows:

- To support adaptive plans being created to support the achievement of the provincial goal of at least 75% of the population in SWPH’s regions to be immunized with the COVID-19 vaccine as soon as vaccine supply arrives. It should be noted that SWPH has the [largest vaccine hesitancy rate in Ontario](#) – as such, this target may not be achieved locally in some of our region.
- To establish the options for a collaborative approach to the mass vaccination program.
- To articulate the content, SWPH will determine what steps are necessary to achieve readiness to carry out the mass vaccination program throughout the steps of the plan.
- To demonstrate flexibility to change and adapt throughout the plan to facilitate better efficiencies with an end goal of achieving more vaccines in arms in a safe and planful way.
- To understand and ensure our urban First Nations, Inuit and Metis people and other populations at higher risks of COVID-19 illness and impacts are meaningfully engaged in the mass vaccination program planning.

Vision of SWPH’s Mass Immunization Program

A COVID-free community achieved through effective vaccination coverage by September 2021.

Goals of SWPH’s Mass Immunization Program

- **To maximize doses of vaccines in arms according to provincial timelines and target groups using flexible delivery models.**
- **To decrease risk of morbidity and mortality in groups most at risk (age based, vulnerability risk).**
- **To design lean and efficient delivery systems that minimize aspects of waste (including time, vaccine supplies and PPE).**
- **To maximize reach by working collaboratively with health system partners who can assist in the response.**

Objectives of SWPH’s Mass Vaccination Program

1. **To counter the contagious COVID-19 pandemic including local outbreaks in the SWPH communities we serve by providing rapid access to COVID-19 vaccinations when vaccine supplies allow.**
2. **To maximize the health of our populations by providing vaccines to improve COVID-19 vaccine coverage rates that will increasingly and ideally contribute to a herd immunity effect.**
3. **To conduct a vaccine roll-out plan that is ethically determined.**
4. **To maintain public confidence.**

5. To provide quality information around the COVID-19 vaccine to address vaccine hesitancy in culturally sensitive ways.

Overarching Planning Assumptions

SWPH’s action plan to our mass vaccination program will be flexible as determined by the directions provided by the government of Ontario. As such, SWPH will build a plan (including but not limited to) utilizing the following planning assumptions:

- Vaccine supply to our region will be the largest variable to the successful execution of SWPH’s plan.
 - As the availability of the Pfizer-BioNTech and Moderna vaccines (and other more flexibly stored vaccines) increases, especially from March onward, SWPH and partners will need to work swiftly to administer vaccines as quickly as possible.
- Two vaccines are currently available in the province of Ontario - Pfizer-BioNTech and Moderna. SWPH is currently allocated Pfizer BioNTech vaccine.
- As of February 6, 2021, SWPH is in receipt of a Ministry provided freezer capable of storage of Moderna vaccine and has independently purchased a ULT freezer for storage of Pfizer-BioNTech vaccine expected to be received by March 4, 2021. SWPH will be ready with enhanced security considerations in place including auditable access points with limited personnel, security cameras, and enhanced processes for the control of the access for vaccines at SWPH.
- Until these freezers are in use, SWPH is unable to support the storage and handling of either vaccine in their frozen state due to requirements of storage in freezers that are ULT. As such, SWPH is currently relying on the supportive partnership with London Health Sciences Centre to allow SWPH to decant available doses under very strict transportation, storage, and handling restrictions.
 - Both vaccines will require completion of a two-dose series to optimize protection to the theorized levels of 94-95% protection. These doses are to be spaced 21 days to 28 days apart.

- Consideration for vaccine availability in the context of determining vaccine sequencing to priority groups must consider this second dose requirement to ensure adequate supply.
- SWPH serves close to 200 000 community members living throughout our urban and rural geographies. To achieve a vaccine coverage rate target (as set by the government of Ontario), SWPH will need to plan to vaccinate approximately 150 000 community members.
 - To achieve this, a variety of immunization delivery models will need to be planned for: Mass immunization clinics, mobile immunization clinics, and other innovative models to reach priority populations. These delivery models will need to be planned and executed using the relationships with other key health care and community service partners we work with.
- Vaccine hesitancy will exist in our communities. SWPH will work collaboratively with community leaders, influencers, and decision makers to ensure a culturally sensitive and evidence-based approach to education to address this need.
- SWPH has a dedicated team of professionals under our Internal Community Support Taskforce that is focused on the engagement of our priority populations in Oxford County, Elgin County, and the City of St. Thomas. The Priority Populations group will be acting as sub-planners to inform the mobile outreach of the groups identified above.
 - Mobile Outreach plans will include:
 - Travel with vans to locations including agribusinesses who employ migrant farm workers. Continued partnerships with Oxford County EMS and Medavie EMS as well as primary care providers including the Community Health Centres may assist with this outreach.
 - On site immunization clinics at local plant / food source propagation industries
 - In-community vaccination clinics delivered for priority populations as informed by community leaders.
 - Partnerships for large vaccination clinic delivery at industries including Toyota Manufacturing Company (and subsidiaries – 3700 employees at both the manufacturing plant and the Boshoku plants), CAMI Automotive plant (1500 employees), Marwood Industries Tillsonburg (500 employees) and Magna Industries. Partnerships will explore how SWPH can empower these large industrial manufacturers to host and administer large quantities of vaccines to employees and families. SWPH has experience and relationships with these industrial leaders through our annual Universal Influenza Immunization Program.

- Partnerships with local Community Health Centres (Oxford County Community Health Centre and Central Community Health Centre) to reach underhoused and homeless groups including vaccination provided on-site at local shelters (the Inn – Woodstock and Inn Out of the Cold – St. Thomas)

Governance

The Ministry of Health set priorities and targets and supports healthcare system implementation. SWPH leads local vaccination programs through partnerships with Boards of Education, Primary Care, Acute Care, Long Term Care / Retirement Homes, and community-based care partnerships.

Due to the sheer size and speed of Ontario’s phased vaccination campaign, SWPH will need to continue to partner across sectors to effectively administer a mass vaccination campaign for COVID-19 vaccines. Local partners, from across sectors, will need to be involved in systems level planning, scenario modelling and immunizing within their settings. Such partners could use and build upon the infrastructures already in place to support the vaccination campaign roll out.

In order to effectively and quickly rollout the COVID-19 mass vaccination program, SWPH will engage our local partners from across sectors to achieve system-level planning, scenario modelling and immunization within their settings and communities. To achieve this, SWPH has taken the following actions:

INTERNAL

- **Establishment of a COVID-19 Mass Immunization Taskforce**
- Under the existing SWPH IMS structure, the COVID-19 Mass Immunization Taskforce falls underneath the Operations Command and Control chain.
 - This taskforce has a dedicated Program Manager who will lead the SWPH the response in collaboration with Incident Commanders Dr. Joyce Lock (Medical Officer of Health) and Cynthia St. John (Chief Executive Officer).
 - Operations lead Susan MacIsaac (Director of Operations) and Program Manager Jaime Fletcher will ensure seamless communications between the Operations line to the Emergency Control Group (ECG) for SWPH’s overall COVID-19 Response.
- **Internally facing IMS Support for COVID-19 Mass Immunization Taskforce**

- The COVID-19 Mass Immunization Taskforce will set up an internally facing IMS structure to resource the needs of the Taskforce appropriately. **REFER TO APPENDIX H – INTERNAL MASS IMMUNIZATION TASKFORCE IMS**
 - Reporting to the COVID-19 Mass Immunization Program Manager, the following IMS Command and Control chains will be struck to execute the preparation, launch and operations of the mass vaccination program:
 - **Planning** (strategy development, writing, deployment support, equity lens, data support / data cleaning, reporting both internal and/or external)
 - **Communications** (communication strategy development and/or writing, internal communications, external communications, liaison with partner health units / health system partners for communications)
 - **Logistics** (procurement and co-ordination of resources – rental cares, clinic supplies, facility service level agreements, partnership service level agreements, fridge / freezers, PPE monitoring and resourcing)
 - **IT /COVax Lead** (IT support at clinics, liaison with Ministry of Health supports for IT hardware and software implementation related to COVID-19, COVax leads and trainers)
 - **Training / Safety** (support the onboarding and training of staff deployed or hired to support the COVID-19 mass vaccination response, support the training of staff from other agencies collaborating to support the COVID-19 mass vaccination response, ensure safety systems are in place for clinics to minimize risk of illness or injury)
 - **Finance Ad Hoc** (support the purchasing of materials and supplies and advise on the organizational expenditures throughout the response)
- **Emergency Control Group (ECG)**
- The ECG for SWPH has been in place using IMS principles since March of 2020. The ECG will provide executive support for the Vaccine Branch of the Operations section (which includes the COVID-19 Mass Immunization Taskforce mentioned above). The ECG has established that organizational support of the Mass Immunization Taskforce is one of the top three priorities to resource for SWPH.

EXTERNAL

Externally Facing Mass Vaccination Advisory Committee (REFER TO APPENDIX A)

- On Friday, January 8, 2021 – SWPH introduced our Health System Emergency Operations Centre partners to the concept of developing an externally facing Mass Vaccination Advisory Committee led by SWPH Medical Officer of Health and co-chaired by the COVID-19 Mass Immunization taskforce Program Manager.
- Refer to Appendix A for draft TOR presented to the group on the January 8, 2021 call.
- SWPH has received a large number of offers to sit on the Advisory Committee.
- To maximize the impact of membership involvement on the Advisory Committee, SWPH will ensure participant selection is based on the following principles:
 - Efficiently maximizing on partnerships from relevant stakeholders.
 - Capability for engaging vulnerable populations.
 - Technical and logistical knowledge for planning for different scenarios related to COVID-19 Mass vaccination campaigns.
- **Membership will include representation from:**
 - Ontario Health (West)
 - Municipalities (including engagement using Community Emergency Management Co-coordinators (CEMCs)) -first engagement meeting held 2021-02-04 to inform Mass Immunization Clinic planning re: site possibilities.
 - Sector leadership from:
 - Paramedic and emergency services
 - Acute Care
 - Primary care (including primary care providers and community Health Centres)
 - Pharmacies
 - First Nations/ Indigenous Communities organizations

****EFFECTIVE 2021-02-09: The SWPH External Advisory Group will be operational. SWPH will work with the membership of the externally facing Mass Vaccination Advisory Committee to ensure that all partners understand their role, and the role of other partners. The roles and responsibilities will be clearly documented and communicated by SWPH.****

Engagement with Primary Care Leaders

- Primary care providers support the health of their patients in a variety of health settings including those working directly with our local Long Term Care Homes and Retirement Homes.
 - On Thursday, January 14, 2021, SWPH engaged three key primary care leaders representing Oxford County, Elgin County, and the City of St. Thomas.
 - Dr. Jillian Toogood, Dr. Kellie Scott and Dr. Rachel Orchard provided support and guidance to future planning for SWPH’s mass vaccination work including key insider information that will be critical to effectively reach local retirement home residents as a first step in our SWPH response.
 - They have given their total support for supporting SWPH’s mass vaccination program response on a go-forward basis.

Communications and Community Engagement

- SWPH has a very innovative and creative Communications Team led by Communications Manager, Megan Cornwell.
- Together, through strong partnerships with local health system and social service agencies, our SWPH Communication team will roll out one of the largest and fastest programs in history. SWPH will align the roll out of our communication plan with the phases of the province of Ontario vaccination program and will be aligned throughout the entirety of the vaccine deployment.
- With many partners involved, it will be important for SWPH’s Communications team to centralize communication to minimize confusion and establish a one “go-to” source for information.
- **Refer to Appendix B – SWPH’s Preliminary Communication Plan for a review of the communications plan as it exists at the time of writing this Playbook.**
- SWPH’s Communication team commits to communication and engagement activities that are proactive, clear, concise, and timely to inform and assure the public of what action is being taken to administer the vaccines in SWPH’s region.
- To date, SWPH has received offers of support to enhance our communications channels including:
 - OMA – Ontario Medical Association
 - Ontario Health (West)
 - Primary Care Triad Leads (Oxford, Elgin, and St. Thomas)
 - County of Oxford, County of Elgin, and the City of St. Thomas
- SWPH will endeavour to explore optimizing communication channels that engage our urban Indigenous community members through guidance from our neighboring partners (Oneida Nations of the Thames, SOAHAC – Southwest Ontario Aboriginal Health Access Centre).

- Related to vaccine hesitancy, SWPH’s Communication team is ensuring addressing vaccine hesitancy is a major focus of evidence-informed messaging through the many communication tools we use. To date, messages addressing vaccine hesitancy have been disseminated via social media, through stakeholder communications (including primary care, Ontario Medical Association, local municipalities) and print material (rural newspaper ads – Hometown St. Thomas and Boomers and Beyond Elgin).

Partnership and Engagement

Relationships between SWPH, community partners and health-system partners are key to building trust with the broader population, including priority groups. Adoption of public health measures, including COVID-19 vaccination uptake, will only be effective if the population trusts the information they are receiving and there is adequate buy-in for the necessary measures.

Benefits of Partnership

SWPH commits to leveraging strong and transparent relationships early in our response. We commit to maintaining them throughout the COVID-19 mass vaccination response through communication, engagement, and open dialogue with our partners.

The benefits of strong relationships with our partners related to the COVID-19 mass vaccination response will allow SWPH to enhance:

- Better awareness of population needs.
- Opportunities to share responsibilities with community partners to improve service delivery.
- Support to engage with populations in languages and ways that are most accessible (e.g., adaptation and translation of key messages and communication products).
- Provide channels to disseminate information to diverse audiences.

Key Health-System Partners

- **Primary Care Networks via Ontario Health (West) Leads** (Dr. Jillian Toogood, Dr. Kellie Scott, Dr. Rachel Orchard) and **Community Health Centres** including the West Elgin Community Health Centre (West Elgin), Central Community Health Centre (St. Thomas) and the Oxford County Community Health Centre (Woodstock)
 - **SWPH recognizes that provincial primary care associations are engaging with the Ministry of Health and provincial Public Health leadership to streamline communications through point people in each Public Health Unit regions. SWPH commits to leverage the already strong relationships enjoyed through Ontario Health (West) Primary Care leads.**

- SWPH will also consider the lists of primary care providers willing to contribute to the local COVID-19 Mass Vaccination program that has been compiled by the primary care association to assist with the vaccine program response where appropriate and feasible.
 - SWPH will leverage existing relationships from participation in the annual Universal Influenza Immunization Program (UIIP) for engagement of primary care organizations and providers for mass immunizations. Considerations will be given to optimize opportunity to partner with Primary Care leads to design mass vaccination clinics in the communities to support their patients to access vaccine in a timely way.
 - SWPH will provide early, frequent, and regular communication updates directed to primary care to educate their patients / communities about the vaccine and distribution sequencing to promote vaccine uptake.
 - SWPH has sought primary care partnerships that have established relationships and mandates for priority populations for vaccination (e.g., Retirement Homes and communities for older adults)
- **Acute Care Networks** with executive leadership from Alexandra General Hospital (Ingersoll), Tillsonburg District Memorial Hospital (Tillsonburg), Woodstock General Hospital (Woodstock), St. Thomas Elgin General Hospital (St. Thomas)
 - **Emergency Medical Services:** County of Oxford EMS, Medavie St. Thomas / Elgin
 - **Long Term Care and Retirement Home administration** via our Infectious Disease team connections
 - **Pharmacy networks –47 pharmacies throughout SWPH. Connections through existing relationships (annual fridge inspections by SWPH).**

Other Key Supporting Partners

- Municipalities (including local Community Emergency Management coordinators)
- Congregate care settings including Community Living Elgin, Community Living Tillsonburg, Woodstock and District Developmental Services
- Shelters including Inn Out of the Cold (St. Thomas) and the Inn (Woodstock)
- Essential workplaces such as first responders (career fire professionals, volunteer fire professionals, police), schools and Boards of Education, construction, food industry, etc.
- Other workplaces such as food production, manufacturing, retail locations, etc. and agribusiness industries requiring the employment of foreign temporary workers / migrant farm workers.
- Southwestern Ontario Aboriginal Health Access Centre (SOAHAC) via Executive Director Dave Remy's participation in the COVID19 Vaccination Advisory Committee

Local Prioritization of Populations

As previously mentioned, Ontario has developed a three phase [COVID-19 immunization plan](#) focusing first on high-risk populations then moving toward mass vaccination, and eventually steady state for any remaining Ontarians who want the vaccine. Further guidance has been provided by the Ministry of Health on prioritizing healthcare workers, however, significant work will remain to implement this framework at the local level.

As outlined by the provincial plan, SWPH will prioritize sub-populations within each phase of the mass vaccination program and we will dedicate individual promotion campaigns for each that factor in the size and characteristics of each sub-population. This individualized approach will optimize communication, engagement, and recruitment – ensuring the right groups are vaccinated at the right time in our region. [SWPH’s prioritization will be informed by Dr. Joyce Lock’s participation in the Council of Medical Officers of Health’s \(COMOH\) Vaccine Working groups \(that she is a member of\), by Dr. Lock’s participation in the local prioritization working group \(together with LHSC, St. Joseph’s Health Care, Middlesex London Health Unit and Huron Perth Public Health\) and Dr. Lock’s participating in the Southwest Pandemic Planning workgroup \(together with our SW LHIN partners\).](#)

SWPH will plan to prioritize sub-populations within each phase of [vaccine rollout](#) based on our community’s local needs. These decisions will consider provincial guidance including Ontario’s [Ethical Framework for vaccine distribution](#), [Ontario’s guidance on prioritizing healthcare workers](#), and federal [guidance on prioritization of initial doses](#).

When developing prioritization plans, SWPH, together with our partners, will consider the following:

- Each region will have different disadvantaged populations to be sequenced so sequencing will necessarily look different across local regions.
- Deviations from provincial approach should be transparent, well explained and clearly identified.
- Community involvement in implementation of provincial approach or any deviations requires wide stakeholder engagement that should be organized by SWPH in collaboration with our partner agencies and organizations.
- The stakeholder engagement should be led by SWPH.
- For maximum uptake, barriers should be eliminated so that individuals can access the vaccine in any channel they prefer.
- All doses will need to be “registered” in the provincial information system and some way of easily credentialing individuals will make it easy to access individual records to examine dosing intervals and vaccine type.

SWPH will be guided by the data related to our [SWPH community health status](#) to inform our decision making at the local level.

Sequencing Strategy Task Force

To ensure consistent approaches are taken by neighbouring Public Health Units, SWPH, together with the Middlesex-London Health Unit (MLHU) and Huron-Perth Public Health (HPPH) have struck a Sequencing Strategy Task Force to work collaboratively with the London Health Sciences Centre (LHSC) to drive planful access to the available supplies of Pfizer-BioNTech vaccine from the storage location located at the Western Fair Agriplex in London, Ontario.

This task group is working to facilitate decision-making on the sequence (order) of the rollout of the vaccine over time to promote consistency, stewardship, accountability, and public trust. Operating under the broader [Ethical Framework for COVID-19 Vaccination Distribution](#), this local team makes more granular recommendations on how vaccine will be offered to priority populations and sub-groups including recommendations on promoting uptake of groups that have been sequenced ahead of others, but are not achieving anticipated rates of vaccination due to access barriers.

As vaccine supplies become more plentiful, the sequencing task force should be expanded to allow for key informant support (informed by expert opinion) including members from diverse priority population groups disproportionately impacted by COVID-19 and will support an effective and expeditious vaccination strategy by allowing for a transparent process to make these recommendations to the Incident Management System leadership for final decision-making.

In the future, the Sequencing task force should be sufficiently comfortable to engage in a critical and often challenging conversation about sequencing. As prioritization moves from staff, residents, and essential caregivers associated with LTCH / RH / Seniors living in congregate settings to health care workers, significant work will remain to implement this framework at the local level.

Promotion and Recruitment of Eligible Populations

Recruitment efforts should begin as soon as possible. All societal groups including those disadvantaged (racialized, low-income, disabled etc.) should be identified as part of process for enumerating and recruiting population for immunization.

Enumeration of Sub-Populations

To enable appropriate planning for each sub-population, SWPH will need to understand the number of potential eligible members, socio-demographic information, geographical information, and other population characteristics. This will aid SWPH in developing effective vaccination

campaign plans including communications and community engagement, and vaccination approaches. SWPH will draw on local information housed in the [SWPH Health Status report](#) (2019) and [SWPH Measuring Opportunities for Reducing Health Inequities report](#) (2019) to understand our local needs.

Special Considerations for SWPH’s Community Vaccination Outreach programs

- Due to SWPH’s large number of agribusiness employers who employ temporary farm workers / migrant farm workers to support their workforce, SWPH will need to work closely with local agricultural farm and business operators to support onsite mass vaccination programs when timing aligns for this group to receive vaccinations in the province of Ontario.
- Due to SWPH’s large number of manufacturing employers who employ large numbers of workers to support their industrial outputs, SWPH will need to work closely with local manufacturing agencies to ensure they are resourced with education, vaccine supplies and reporting mechanisms to support onsite mass vaccination program, with or without SWPH’s onsite clinic support.
- To address vaccine hesitancy in Oxford County, Elgin County, and the City of St. Thomas, SWPH will need to work closely with local leaders and community influencers to ensure information provided to the communities are factual and myth-busting based on science.
- Due to the number of individuals (youth and adults) who may be experiencing housing challenges in Oxford County, Elgin County, and the City of St. Thomas, SWPH will need to work with local health care providers (e.g., Community Health Centres outreach teams) to reach them.
- Due to SWPH’s extremely rural communities that exist within our geography, SWPH will need to mobilize a variety of mobile and rural-reaching strategies to ensure barriers like transportation are mitigated through a mobile response by SWPH or our partners (e.g., West Elgin Community Health Centre through community engagement or the Central Community Health Centre and the Oxford County Community Health Centre that both have mobile care vehicles that may be used to deliver immunizations in the remote areas of Elgin County and Oxford County).
- Due to the large number of adults living in congregate settings in our region as a result of significant mental health or developmental challenges, SWPH will need to work closely with the partners that support these individuals to ensure vaccines are offered in methods that optimize vaccine coverage in these settings to reduce COVID-19 illness and outbreak risks.

Supplies Management and Distribution

The logistics of a COVID-19 mass vaccination campaign includes:

- A COVID-19 vaccine storage and handling plan.
- A cold chain maintenance plan.
- A distribution system plan; and
- A robust inventory management plan.

COVID-19 vaccine storage and handling plan

Strict attention must be paid to maintaining cold chain requirements when vaccine is being transported, distributed, and stored. All vaccines must be stored and handled according to manufacturer and provincial storage and handling requirements, including cold chain and light sensitivity of the vaccine (as applicable). The MOHLTC Vaccine Storage and Handling Protocol outlines roles, responsibilities, and processes for current storage and handling: [Vaccine Storage and Handling Protocol, 2018 \(gov.on.ca\)](#). The MOHLTC resource for Vaccine Storage and Handling Guidelines: [Vaccine Storage and Handling Protocol, 2018 \(gov.on.ca\)](#) is followed by SWPH and is communicated on an annual basis by SWPH to all healthcare providers who store and handle publicly funded vaccine via SWPH's our annual Cold Chain inspections that we complete at all local health care provider offices.

Cold chain maintenance plan

The first two vaccines to be available, Pfizer-BioNTech COVID-19 vaccine and Moderna COVID-19 vaccine), have stringent freezer storage requirements.

- SWPH has taken steps to procure an ULT freezer capable of storing Pfizer-BioNTech vaccine with a deliver date yet to be determined.
- SWPH has been notified by the Ministry of Health that we can expect a freezer capable of storing Moderna vaccine during the week of January 18th – we await confirmation of this receipt. SWPH has taken steps to prepare space and electrical capacity for the installation of this freezer to ensure readiness to store Moderna vaccine as soon as possible.

Until freezers capable of storing the current COVID-19 vaccines are onsite at SWPH, SWPH will continue to decant Pfizer vaccine from LHSC using the guidance described in Appendix C:

SWPH will ensure that appropriate cold chain procedures, equipment and capacity are in place by confirming adequate vaccine storage space in designated freezer or ULT units as required as per manufacturer's guidelines.

In order to meet these requirements, SWPH commits to considering the following as they relate to vaccine cold chain requirements:

- SWPH has arranged to have the initial set-up of the ULT and/or -20°C freezer unit completed by a certified technician - from the company currently used by SWPH as part of our routine maintenance procedures for refrigerators as per the current Vaccine Storage and Handling Protocol.
- SWPH, when storing COVID-19 vaccine in ultra-low cold or freezer storage units, will also ensure that annual inspections (including temperature calibration) and regular maintenance of all ULT or freezer storage units is completed by a certified company. A copy of these inspections of SWPH facilities / storage locations may be requested to ensure that vaccine storage and handling conditions are being adhered to.
- Prior to storage of COVID-19 vaccine within ULT and freezer storage units, SWPH is aware that it is a requirement that the unit be set up so that the vaccine temperatures are stabilized at the recommended temperature range specified by the manufacturer.
- SWPH will ensure that all units are equipped with a back-up power system in place (e.g., generator) and temperatures of the unit must be monitored for 2 to 7 consecutive days. Maximum, minimum, and current temperatures need to be recorded twice daily in a Temperature Logbook and temperatures must be within the required storage temperature range prior to storing vaccine in the storage unit.
- In the event of a power failure or equipment failure, backup storage locations and an emergency means of transporting the vaccine will be identified in advance as available. SWPH will ensure these arrangements are confirmed on a regular (e.g., weekly) basis.
- SWPH will ensure that SafeRxBlue (a remote monitoring system that allows for the notification of temperature excursions and power disruptions) is in use on a continuous (24/7) basis. SWPH has generator back up power at both locations.

SWPH has a long history of fastidious attention to detail as it pertains to the proper storage and handling of vaccines. Through strong adherence to policy (guided by [the Ministry of Health's Vaccine Storage and Handling Guidelines](#)), SWPH is confident in our abilities to preserve and protect the valuable resource that is the COVID-19 vaccines for our area.

Distribution System (Delivery and Receiving)

- The manufacturers of COVID-19 Vaccine, the Ministry of Health as well as federal authorities at Health Canada will continue to provide estimates of when COVID-19 vaccine will be available and in what quantities.
- Based on the most current and accurate information available the Ministry of Health will continue to provide estimates of when COVID-19 vaccine will be available and in what quantities to SWPH.
- Distribution of the COVID-19 vaccine to our SWPH jurisdiction will be in alignment with each allocation phase and quantities available. Amounts to be allocated will follow principles for equitable allocation.
- Vaccines will be delivered, based on the assessments submitted by local health authorities and by the Ministry of Health.
- Safe and timely delivery is key to this operation and will be conducted in part by contracted partners.
- Any change to the public health authority's assessment of the transportation, storage and security arrangements must be immediately communicated to, and confirmed received by, the Ministry of Health's Emergency Operations Centre.
- It is anticipated that the Ontario Government Pharmacy along with local OPP authorities will deliver vaccine to local public health agencies.

SWPH will be responsible for recommending the location of delivery sites, including alternative sites, to the Ministry of Health. SWPH will ensure we have the space, expertise, and staff to receive, store and handle the vaccine per current Ministry of Health Vaccine Storage and Handling Protocol.

Where vaccine storage may require ULT freezers, all vaccine storage, whether stored at ULT or -20°C or routine vaccine temperatures, will require SWPH to monitor and document maximum, minimum and current temperatures at least twice daily.

Where appropriate, SWPH will receive and store frozen vaccines and thaw the vaccines in accordance with guidelines and standards issued by the Ministry of Health or other industry or government agencies.

Storage and Handling During Transportation and Administration

SWPH will have a plan to ensure that cold chain requirements are met and how the vaccine will be stored and handled during vaccine transportation and administration. This transportation to off-site clinics and/or supplied to community and healthcare facilities. Plans and protocols should be in place that include:

- Ensuring that the vaccine only be transported at the temperature conditions recommended by the manufacturer.

- Temperature excursions should be assessed for further evaluation/investigation using a risk-based approach that considers guidance from the vaccine manufacturer, the length of the temperature excursion(s), and the real-time temperature data available.
- Quality agreements should be in place when using contracted third parties. The agreements outline responsibilities between the two parties to ensure the transportation is performed within the established procedures and requirements to maintain product quality.
- The storage and handling procedures at off-site clinics, and community and healthcare facilities should comply with public health requirements and meet manufacturer guidelines.

Physical Security

Arrangements for the physical security of vaccine should be made for all stages of vaccine delivery and storage. SWPH will ensure to plans for the following security requirements:

- Identify a safe and secure site for the storage and security of the vaccine. COVID-19 vaccines must be stored in a locked room where designated freezer and refrigerators are located.
- Identify a designated room for the organization and storage of clinic supplies and a dedicated sharps room including a plan for proper sharps storage and disposal.
- Storage areas should include 24/7 security, including but not limited to security camera monitoring.
- Access to storage area(s) must be limited to authorized personnel only.

Inventory Management (COVax – Provincial IT System) - Inventory management, at all levels (federal, provincial, and local Public Health), is essential to maximize available vaccine supplies and allow for the anticipation of future needs.

SWPH will be responsible for managing inventory for both the first and second dose of COVID-19 vaccine delivered in our region. Accurate real-time knowledge of vaccine supply and inventory can allow for adjustments to vaccine shipments or clinic schedules as needed. SWPH will need to complete inventory management requirements of the Ministry of Health or other industry and government agencies, including wastage. The inventory system should be able to track vaccine lots so that specified lots can be put on hold or recalled, if needed. Vaccine bar coding could assist in this tracking process. SWPH, where required, will submit four-week inventory planning outlooks, to be updated weekly, to the Ministry of Health to support provincial inventory and distribution management.

Vaccination Approaches

In response to efforts to rapidly scale up the vaccination distribution and administrations plans locally, SWPH will lead the integrated plan for expansion of delivery channels, including mass vaccination clinics and onsite mobile clinics.

Immunization clinics led by SWPH will include community partners such as hospitals, family health teams, EMS, pharmacies, and others. Mass Immunization Hubs, arenas, schools, mobile clinics, and other community settings are potential sites for these clinics.

For each targeted population within our region, SWPH will have to determine what type of clinic to offer based on own population's health status, geography, accessibility, and resources.

- Mass immunization clinics should be contemplated when larger numbers of people need to be vaccinated in a short period of time.
- On-site immunization and mobile clinics should be contemplated for populations that are too frail to attend a mass immunization clinic (e.g., residents of long-term care homes) or have other unique needs (e.g., homeless, mental health issues) that require a more tailored approach.

Planning for vaccination clinics should include:

- Scope of the campaign i.e., the number of people to immunize will determine how many clinics are required and the staffing and volunteer needs.
- Site identification.
- Staffing plan.
- Collaboration with partners for clinic implementation, including transportation, facilities, security, IT, Human Resources, unions, procurement, schools (when the vaccine is approved for children).
- Addressing the needs of priority populations.
- Quality improvement.

Building flexibility and adaptability in the vaccination clinic plans to scale delivery as may be required, either up or down, will be critical.

Mass Immunization Clinic (MIC) Setup

Clinic setup will vary by site capacity and room layout but should have a logical unidirectional flow. As much as possible, it is recommended that a standard clinic layout be used to avoid confusion among rotating staff. An example of how an immunization clinic can be set-up is provided in Public Health Agency of Canada [Planning Guidance for Immunization Clinics for COVID-19 Vaccines](#) (December 7, 2020);

Other resources available to inform clinic set up include:

- Ontario Ministry of Health [COVID-19 Vaccination Clinic Operations Planning Checklist](#)
- Government of Canada [Planning guidance for administration of COVID-19 vaccine](#)

MIC Clinic Site Selection

Two Sites are Currently under consideration by SWPH in partnership with local CEMCs of the City of St. Thomas and the City of Woodstock.

- St. Thomas

St. Thomas – Elgin Memorial Centre (80 Wilson Ave., St. Thomas ON)

- Woodstock

Goff Hall (381 Finkle Street, Woodstock ON)

Clinic sites are currently being considered and will be selected based on location, accessibility, and amenities. Criteria for site selection include:

- Location is accessible for families, older adults, and people with disabilities (wheelchair accessible).
- Travel to and from site:
 - Parking spaces (enough to maintain traffic flow)
 - Easily reached by public transit (bus, LRT) with short travel times
- Waiting and staging space that allows for sufficient distancing between households. Outdoor is preferred. Consider possibility that people may need to wait outside during inclement weather conditions.
- Security considerations for 24/7 monitoring and security.
- Environmental services:
 - Outdoor winter weather maintenance
 - Indoor cleanliness and sanitation
- Layout and flow to allow for physical distancing, sanitation stations, IPAC measures.
 - Wherever possible, SWPH will endeavour to use best practices outlined in [IPAC Canada's COVID-19 Guidance documents](#).
- Disposal of medical waste.
- Indoor amenities:
 - Large open spaces for waiting in line, seating, immunization stations, and waiting after immunization; all while allowing for sufficient space for physical distancing.
 - Ability to manage one-way flow through clinic.
 - Ventilation
 - Washroom facilities
 - Separate rooms for secure storage for admin supplies; vaccine supplies; health & safety supplies (including PPE); laptops; staff personal belongings.
 - Space and location of on-site freezers and refrigerators.

MIC Levels and Staffing

When determining the staffing requirements, SWPH will consider the use of parameters below (including but not limited to):

(Refer to **APPENDIX E: SWPH EXAMPLES OF POSSIBLE STAFFING PLANS**)

- Number of vaccine doses an immunizer can give per hour (immunization rate)
- Number of immunizers per clinic
- Duration of each clinic
- Number of clinics per day and per week

Human Resources Planning for COVID-19 Mass Vaccination Clinics

The human resources required to offer mass immunization clinics for COVID-19 vaccine will be different than those required for past pandemics like 2009 H1N1 because of physical distancing and masking requirements. Therefore, it will be necessary for most Public Health Units (PHUs), particularly those in large urban areas or those offering larger clinics, to secure additional human resources through contractual or affiliation agreements.

Going forward, COVID-19 immunization clinics will need to be arranged for priority populations based on eligibility criteria. This will likely occur in three phases with potential subphases based on vaccine availability:

Phase One – on-site immunization of long-term care residents followed by seniors living in retirement homes and other congregate settings.

Phase Two – mass immunization of adults > 18 years of age living in community.

Phase Three – on-site immunization of school children and/or mass immunization of children

The staffing requirements for on-site immunization will be different than those for mass immunization clinics. However, the following assumptions apply to both settings:

- On average, if consent forms have already been completed, the vaccine is pre-loaded into syringes for Immunizers and clients flow continuously through the clinic, an Immunizer can give approximately 14 vaccinations per hour.
- This number drops to 12 vaccinations per hour if the Immunizer must load their own syringes. This further drops to 11 vaccinations per hour if the Immunizer must premix vaccines e.g., Pfizer-BioNTech.

On Site Immunization Clinics

On-site immunization should be contemplated for populations that are too frail to attend a mass immunization clinic (e.g., residents of long term care homes) or have other unique needs (e.g., homeless, mental health issues) that require a more tailored approach. PHUs will have to make their own judgments about whether to offer such clinics based on their population health status, geography, accessibility, and resources. Staffing considerations for these clinics will be based on the population, location, and existing/available supports e.g., long term care homes have registered staff, but they may not be able to assist with immunization clinics given other responsibilities.

Mass Immunization Clinics

Mass immunization clinics (MICs) should be contemplated when larger numbers of people need to be vaccinated in a short period of time. SWPH will utilize the supportive documents outlined on the Ministry of Health's Sharepoint drive (e.g., Example of MIC Setup Criteria, MIC Scenarios Table -plan to vaccinate entire population, MIC Flowchart, MIC Site Assessment Form, etc.) to plan future MICs with our community and health system partners.

MICs require staffing by non-health care as well as healthcare providers. Consideration should be given to assigning non-health care providers to the following roles:

- Screening of clinic attendees for signs and symptoms of COVID-19 illness (GREETERS);
- Clinic registration staff (REGISTRATION);
- Clinic flow management (FLOW MONITORS);
- Security (SECURITY);
- Equipment and supply runners (RUNNERS), and
- Vaccine handling and storage oversight (VACCINE MANAGEMENT).
- Equipment and facilities maintenance (MAINTENANCE).

Health care providers will be required for the following roles:

- Syringe pre-loading (if a decision is made to use this approach) (SYRINGE PRE-LOADERS);
- Immunization (IMMUNIZERS);
- Vaccination recovery (VACCINATION RECOVERY);
- Clinic oversight including orientation and support of health care provider staff.

Additional sources of regulated or unregulated health care provider staffing for immunization and/or pre-loading syringes may include:

- Nursing agencies/temporary staffing agencies;
- Physicians and nurses who work in other health care settings;
- Other health care providers such as paramedics, pharmacy technicians, and dentists;
- Medical, nursing and pharmacy students.

Affiliation agreements should be in place with other agencies who employ needed personnel, particularly for those who will be administering vaccine under a Public Health medical directive. Such agreements should consider primary responsibility for the following:

- Orientation and training
- Scheduling
- Supervision
- Compensation including benefits.
- WSIB coverage

Roles and Responsibilities

Depending on the clinic setting and size of the clinic, some of the roles and responsibilities may be combined or excluded. A decision will be needed regarding which roles and activities will be carried out by SWPH in conjunction with the hosting site. It will need to be determined what roles and responsibilities are those of SWPH and which roles and responsibilities should be handled by partners involved in the clinic.

- **REFER TO APPENDIX C – ROLES AND RESPONSIBILITIES TABLE – IMMUNIZATION CLINIC OPERATIONS**

Clinic Staffing Plans

Depending on the clinic setting and size of the clinic, the number of staff required to ensure the clinic is successful in its safe and effective operation will vary. **REFER TO APPENDIX D – SWPH EXAMPLES OF POSSIBLE CLINIC STAFFING PLANS**

Orientation and Training

Providing thorough staff orientation and training prior to the first clinic is vital to the effective functioning of immunization clinics. SWPH will provide orientation and training by Public Health Managers and Lead COVID-19 Taskforce members with the support of SWPH’s Chief Nursing Officer.

Staff and volunteers should be oriented to relevant administrative requirement including:

Human resources requirements such as scheduling, time sheets, key contacts/processes regarding shift changes or other questions, appropriate dress code and PPE requirements for the clinic work. These requirements are in place whether personnel are from SWPH or an affiliated agency.

General issues related to clinic function including their specific roles and responsibilities, clinic flow, cultural and diversity sensitivity considerations, infection prevention and control recommendations, occupational health and safety protocols, and COVID-19 specific precautions.

- **REFER TO APPENDIX E – TOPICS FOR ORIENTATION AND TRAINING**
- A variety of teaching modalities are recommended to ensure staff are well-prepared for their first clinic. These include self-study modules, webinars, and just-in-time overviews immediately prior to the clinic opening.

COVax

- Currently, the Ministry of Health is providing access to COVax training and work is underway to explore further centralized training on different dimensions to support the vaccination program.
- A variety of supportive aids on the COVax tool can be found on the Ministry of Health’s COVID-19 Sharepoint platform.

General Information about Vaccines

- The Public Health Agency of Canada has hosted webinars to share information about the Health Canada-approved vaccines. These webinars are available on their [website](#).

Recruitment of Human Resources

It is recognized that SWPH may experience shortages of resources who are qualified to administer vaccines as many of our internal staff are supporting contact tracing and other aspects of the COVID-19 pandemic response.

SWPH is currently evaluating our staffing requirements across areas to determine if staff can be redeployed to the vaccination program implementation. SWPH will be actively collaborating with Public Health Ontario to implement additional tools and processes that will help reduce the resource requirements for case and contact management.

[SWPH is actively recruiting for 30-40 casual nursing vaccinators. SWPH has a robust deployment strategy identifying internal human resources that can be readily deployed to the mass vaccination response.](#)

Should additional health human resources be required from staff who are employed by other agencies, particularly those who will be administering vaccine under a SWPH medical directive, SWPH will ensure adequate affiliation agreements are in place for all. Such affiliation agreements should consider the primary responsibility for the following:

- Orientation and training
- Scheduling
- Supervision
- Compensation including benefits and remuneration for expenses
- WSIB Coverage

Documentation and Reporting

SWPH will ensure we have the systems in place to meet provincial and local requirements for surveillance and monitoring. This includes vaccine safety surveillance, adverse events following immunization (AEFI) monitoring and reporting, and number of people vaccinated.

Surveillance and Monitoring

The COVID-19 Vaccination Surveillance Plan

- The COVID-19 Vaccination Surveillance Plan is one component of a larger COVID-19 Surveillance Plan, important for surveillance and assessment and to inform planning and adjustments to the vaccination program at the local and provincial levels.
- Transparency in reporting on vaccine distribution, uptake by prioritized populations, and progress towards targets, with attention to equity, is critical for maintaining public trust and confidence in the process.
- Data management systems should easily support the generation of information required for reporting requirements.
- For the overall response/plan, considerations should also be given on how to analyze and report on coverage including numbers vaccinated overall, in the groups targeted for immunization such as those with underlying medical conditions and working in various occupations, and in various sociodemographic groups (age, gender, race) and geographic regions.

Goals of the Vaccination Surveillance Plan

To inform vaccination strategies designed by SWPH and our partners during each phase of roll-out by monitoring and reporting out on the following five key areas:

1. Vaccine inventory, distribution, and wastage
2. Vaccine administration and coverage
 - o By priority populations targeted in Phase 1 and Phase 2
 - dose administration and coverage by facility (e.g., LTCH, RH) and resident vs staff
 - o For the overall population (Phase 3)
 - o Among socio-demographic groups (e.g., race, occupation, language, country of birth, age, and gender)
 - o By geographical areas (e.g., neighbourhoods)
 - o Accounting for vaccine dosage/scheduling

3. Barriers to vaccine uptake and reasons for vaccine refusal or vaccine hesitancy
4. Public awareness/opinion/beliefs on COVID-19 vaccination
5. Adverse events following immunization (AEFI)

Reporting Plan

Information collected under the surveillance plan should be reported internally and externally in a timely fashion using appropriate reporting tools such as dynamic and static dashboards and reports.

Data Sources

SWPH will develop or implement data collection tools and processes to collect and report data. Current or proposed local data sources for surveillance reporting include:

1. COVax-ON: Includes a Dashboard for each clinic including the following metrics (as of 9-Jan-2021):
 - # of total doses received
 - # of doses administered by date (no differentiation by 1st vs 2nd dose)
 - Who is receiving the vaccine (LCTH healthcare worker; RH healthcare worker; general HCW; LTCH or RH resident; another employee)
 - # of AEFIs (not yet by type or severity)
2. Local booking systems for appointments. For example, The Ottawa Hospital's (TOH) Booking System includes a Dashboard for TOH clinic bookings, including:
 - Facility name of client (using a free text field that is very laborious to report on)
 - Confirmation of 1st vs 2nd dose appointments
3. Population data for use in planning clinics and estimating vaccination coverage rates:
 - Bed census counts of LTCH and RHs (acquired from the LHIN)
 - Number of LTCH and RH residents and staff (acquired directly from these facilities)
 - Population estimates data (Ministry population estimate and projection data)
4. Survey data: To collect public opinion/awareness of the COVID-19 vaccine and some reasons or barriers for vaccine hesitancy and refusal. Public opinion polls to collect this information can be used.

Further provincial and local work to advocate for data elements and functionalities in COVax that local public health units are not able to extract and report on, as well as for collection of socio-demographic client data and other population health data is essential to inform this response.

Social Determinants of Health Collection and Reporting

Purpose: To assess vaccine uptake for populations at risk or with higher burden of COVID-19. A similar approach proposed below was taken to assess the burden of COVID-19 morbidity and mortality in Ottawa and other local health units.

Client based Socio-Demographic Data Collection

In addition to age and gender, OPH recommends the following socio-demographics be collected for clients (excluding LTCH or RH residents):

- Official Language
- Childhood language
- Born in Canada; If no, how long in Canada
- Identify as Indigenous; If yes, specify First Nations, Métis, Inuit
- Racial identity
- Occupation

Note that some sociodemographic indicators are excluded (e.g., income) due to expected low response and other proxies of these can be used to inform uptake and planning.

Geographical Mapping of Vaccine Uptake

- It will be important for SWPH to collect accurate geographical information (address or at least postal code), to assess geographical (i.e., Neighbourhoods) coverage of vaccine uptake in the population.

Vaccine Safety

Adverse Events Following Immunization (AEFI) Surveillance

Reporting of adverse events following immunization (AEFIs) for COVID-19 vaccines will follow the same procedure as SWPH's AEFI reporting for all other vaccines, using the [Ontario AEFI reporting form](#) for initial reports of AEFIs and iPHIS for case management, until COVID-19 AEFI reporting functionality is built into the case and contact management system (CCM). The AEFI reporting form has been updated to include

Adverse Events of Special Interest (AESI) for COVID-19 vaccine safety surveillance identified by the Brighton Collaboration. For questions about AEFI reporting or to notify PHO of a vaccine safety issue please contact ivpd@oahpp.ca.

SWPH has identified key lead staff to follow up on all AEFI reports received by SWPH to ensure adherence to existing policies and procedures and to detect trends in AEFI reporting as they relate to the COVID-19 vaccines in use.

Key COVID-19 AEFI Surveillance Resources:

- [Infectious Disease Protocol, Appendix B \(updated December 2020\)](#)
- [Ontario AEFI Reporting Form \(updated December 2020\)](#)
- [iPHIS AEFI User Guide \(updated December 2020\)](#)
- [Enhanced Reporting Form for Events Managed as Anaphylaxis](#)
- [Adverse Events of Special Interest \(AESI\) for COVID-19 Vaccine Surveillance \(created December 2020\)](#)

Active Vaccine Safety Surveillance

Ontario will be conducting active vaccine safety surveillance for COVID-19 vaccines through the Canadian National Vaccine Safety Network (CANVAS) beginning in late January.

- CANVAS conducts active vaccine safety surveillance after implementation of new vaccine programs and will be used by multiple Canadian provinces to gather safety information on COVID-19 vaccines.
- Individuals who have their consent to receive electronic communication (i.e., email) about research studies documented in the COVAX system will receive an email providing information about CANVAS.
- Clients who consent to participate in CANVAS will complete online questionnaires following vaccination to elicit information about symptoms as well as medically attended events that require reporting as AEFIs.
- Any AEFIs identified by CANVAS will be referred to local public health agencies for further investigation and entry into the provincial surveillance system. Public Health Ontario will assist CANVAS in referring AEFI reports to the correct local public health agency.

Clinical Advice on Re-Immunization Following Complex AEFIs

The [Special Immunization Clinic](#) (SIC) Network, a Canadian network of paediatric and adult infectious disease specialists and allergists with expertise in the assessment and management of patients who have experienced a complex AEFI has recently expanded to include additional adult sites in Ottawa and Toronto, including The Ottawa Hospital, St. Michael's Hospital and University Health Network. Information regarding referral process to the new SIC sites will be shared as soon as it becomes available.

The COVax Solution for Health Units

COVax is the common denominator solution for recording all administered doses of COVID-19 Vaccines and tracking of inventory in Ontario. This means that the solution will continue to evolve as the vaccine program grows through the next phases of the Vaccine Strategy. The original COVax solution, the first release, was stood up quickly as the base viable product and subsequent releases will continue to improve the functionality and to match the program needs (e.g., prioritizing populations). The COVax solution is meant to support the administration of all vaccine preparations (Pfizer, Moderna, others as licensed and available), in all settings including hospital-based clinics, LTC and rest and retirement settings, Mass Immunization Clinics, Specialty clinics (e.g., workplaces) and individual settings (pharmacies/primary care).

COVax is an intuitive direct recording system that supports full COVID-19 immunization data, and real time inventory tracking.

- On occasion, when the electronic recording solution is replaced by paper notations, (no internet connection or no staff ability to electronically record) the data must be entered as soon as possible to ensure vaccine safety and supply.
- Where the vaccination client lists have been preloaded prior to vaccination, into the system, the data entry is quick. Where all the data elements need manual entry, it requires 2-3 minutes/record.
- Recording the immunization is a requirement of standard clinical practice and the responsibility of the vaccinator. As cooperative provincial models of vaccine delivery develop, in the many varied environments across Ontario, SWPH may be asked or elect to help with the data entry for the COVax solution.

SWPH has named a COVax IT Lead through Stronghold IT services (SWPH's third party IT provider) to ensure an optimized adjustment process to the COVax solution. This COVax IT lead will serve as SWPH internal expert on the hardware and software implementation requirements and will work with the Ministry of Health on-site clinic supports when it comes time to stand up our community-based Mass Immunization Clinics. SWPH's IT Lead will continue to work with the COVax solution as it evolves in support of a strong Ontario Vaccination strategy. The future for the COVax product currently includes:

- future releases in support of improved usability,
- an appointment scheduling module,
- pathways for COVax use with EMR systems supporting primary care, etc.
- digitalization of COVID-19 Vaccine AEFIs reporting

Contingency Planning

Over the upcoming weeks, SWPH will be working with our partners to determine a contingency plan to ensure the continuation of the COVID-19 mass vaccination program once it is rolling with sufficient supplies of vaccine. This contingency plan will be critical to ensure that the vaccination program is maintained, should elements of the primary plan face unforeseen challenges. Continuity of operations depends on identifying and managing our resources and situations most at risk of disrupting the program, such as staff absence, physical site security, information technology system and power supplies. When these factors are considered, SWPH can ensure a strong contingency plan is in place so that our team and partners are able to continue to serve our region's residents in the manner best suited to them, despite unexpected challenges that may emerge.

SWPH's Contingency plan will developed with the following key considerations:

- SWPH's plan should be simple, well-communicated, and not reliant on a single person being present or available.
- In order to safeguard our staff or partners at the vaccination delivery site, if risk to life or limb is possible, safety must be prioritized.
- At all times, SWPH vaccine stocks and supplies required for delivery should be safeguarded and accounted for. This can be accomplished through the cooperation of health care partners, where feasible.
- At all times, interruptions to vaccination sites must be immediately communicated to the Ministry of Health's Emergency Operation Centre (MEOC), and SWPH's ECG group via the EOC Commander.

SWPH's Contingency plan will consider situations and emergencies that may present (including but not limited to):

- Active threat
- Bomb threat
- Building evacuation
- Earthquake
- Fire
- Release of hazardous material
- Medical emergency
- Power outage

- Severe weather
- Shelter in place
- Team member tests positive for COVID-19 infection
- Transportation blockades or peaceful protests at vaccination sites

FUTURE CONSIDERATIONS

- SWPH will need to establish systems to cancel clinics and notify clients efficiently should a clinic need to be cancelled or modified.
- SWPH will need to determine alternate locations in advance of situations or emergencies named above to mitigate the risks associated whereby if space cannot be used. Protocols for security and communication with emergency responders should be set in advance to assist in emergency response.
- SWPH will consider the recommendation that visible security should be present in MICs.
- SWPH will ensure back-up vaccine freezers/refrigerators, storage vessels (i.e., SWPH large brown CoolCubes (2)) are identified to safeguard vaccine supplies against emergencies.
 - SWPH's vaccine refrigerators are connected to back up power and are dually monitored by the SafeRxBlue platform and DAMAR alarm services 24/7.

Finance

SWPH's Board of Health is 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 to provide financial reports as requested to the MOH.

SWPH will ensure that COVID-19 related expenses, including those related to the mass vaccination program, are tracked separately. Cost related to SWPH's mass vaccination program will be tracked by SWPH's Finance team separately from other COVID-19 related costs. All expenses will be reviewed by the Chief Executive Officer, Cynthia St. John.

SWPH's Finance team, under the Executive Leadership of Monica Nusink (Chief Financial Officer) has created a budget unique to the tracking of COVID-19 Immunization related expenses. These internal reporting lines are as follows:

- **Salaries**
 - SWPH staff costs in Full Time Equivalent (FTEs) and dollar value (Ideally, a separate time code (COVID Immunization) should be created within SWPH's Dayforce program).
 - SWPH Staff costs for those involved in the COVID immunization planning and operations should code their time with the COVID immunization code.
 - Overtime may also be tracked separately (based on reporting of extraordinary costs).
 - Staff costs in FTEs and dollar value for partners involved in community mass immunization clinics.
- **Benefits**
- **Materials/Supplies**
 - Materials and Supplies / Other Operating Costs in dollar value.
 - A separate project code (COVID Immunizations) should be created within SWPH's Dayforce program.
 - Costs associated with the COVID Immunization campaign should be coded using the separate project code.
- **Travel (mileage, parking fees)**
- **Communications/Advertising**

- **IT Support**
- **Computer Hardware, Computer Software, Other Technology Equipment (phones, etc.)**
- **Furniture**
- **Cleaning and Security Services**
- **Facilities (rentals and such)**

It should be noted that reporting on immunizations is a regular reporting element for quarterly reports for SWPH. SWPH's Finance Team will use existing processes to track and report immunization costs to the Ministry of Health.

Post campaign economic evaluation can be completed by assessing and comparing metrics such as cost per dose, cost per clinic/delivery method, and other economic metrics.

Evaluation Approaches

SWPH will develop an evaluation plan that considers both implementation and outcome evaluation questions, with an emphasis on implementation and real-time process improvements.

SWPH’s Foundational Standards Team will work closely with the COVID Mass Immunization Taskforce to understand the nuances of the region’s immunization strategy. In doing so, the Foundational Standards Team will formalize the evaluation so the COVID Mass Immunization Taskforce is able to monitor and adapt their operations to emerging issues and new knowledge that will enable SWPH to reach their goal of immunizing at least 75% of the region’s residents.

COVID-19 Mass Immunization Evaluation Matrix

Goal: at least 75% of SWPH residents receive the full regimen of their COVID-19 vaccines

Purpose: To adapt our operations to evolving conditions and new knowledge and meet the needs of our stakeholders in a timely manner.

Question	Indicators	Data Sources
How efficient was the vaccine administration process?		
1a. To what extent did targets meet implementation timelines?	Clinical <ul style="list-style-type: none"> • # of appointments booked • # of immunizations (per day/month) • # of immunizers • Wait times (min/hours) <ul style="list-style-type: none"> ○ In clinic Dosage schedule <ul style="list-style-type: none"> • Average time between doses (days) • % of clients who exceeded the recommended timeline for second dose 	Log COVAX-ON COVAX-ON
1b. To what extent were vaccine handling protocols not met?	Cold chain <ul style="list-style-type: none"> • # of cold chain breaks • # of doses wasted 	Log

Question	Indicators	Data Sources
1b. To what extent were vaccines and supplies available?	<p>Vaccine announcements</p> <ul style="list-style-type: none"> • Date of announcements • Date doses are to be distributed • # doses or vaccines to be distributed • Type (e.g., Pfizer, Moderna, etc.) of doses or vaccines to be distributed. <p>Vaccine shipments</p> <ul style="list-style-type: none"> • Date of shipments • # of doses or vaccines shipped <ul style="list-style-type: none"> ○ by shipment site ○ by type <p>Other?</p> <ul style="list-style-type: none"> • Supplies 	<p>Provincial announcements Log</p> <p>Packing slips Log</p> <p>Log</p>
How effective was the COVID-19 mass immunization campaign?		
2a. To what extent did SWPH residents obtain the COVID-19 vaccine?	<p>Coverage rate (dose 1)</p> <ul style="list-style-type: none"> • total • by priority groups • by type (e.g., Pfizer, Moderna, etc.) <p>Coverage rate (dose 1 and dose 2)</p> <ul style="list-style-type: none"> • total • by priority groups • by type (e.g., Pfizer, Moderna, etc.) 	<p>COVAX-ON</p> <p>COVAX-ON</p>
How accessible were the COVID-19 mass immunization clinics to SWPH residents?		
3a. To what extent were the vaccine clinics available to SWPH residents?	# of clinics	Log

Question	Indicators	Data Sources
	Location Hours of operations Ease of/satisfaction with physical access <ul style="list-style-type: none"> • Hours of operation • Clinic location • Parking • Avg. distance (km) • Avg. travel time • Barrier-free degree (AODA) Ease of/satisfaction with timely access to appointment bookings <ul style="list-style-type: none"> • Appointment bookings • Avg. time to next available appointment (weekly, monthly) 	Log Log Client survey Client survey Log
3b. To what extent were the vaccine clinics affordable for SWPH residents?	Costs incurred to access clinics. <ul style="list-style-type: none"> • Direct (e.g., travel) • Indirect (e.g., loss of earnings) 	Client survey HEIA
3c. To what extent were the vaccine clinics acceptable for SWPH residents?	Alignment with culture, beliefs and/or values	Client survey Literature HEIA

Concluding Statements

SWPH is well positioned to lead a successful and collaborative mass vaccination campaign with our partners that will achieve or exceed the target of 75% of our community’s members being vaccinated with a COVID-19 vaccine by September 2021.

To this end, we commit to developing nimble and flexible plans that will allow the administration of vaccines into arms in the most straightforward, efficient, and economical ways. In alignment with provincial direction, our SWPH goal is simple: as vaccine arrives in our region, we want to ensure it is administered to anyone who can have it and wants it in alignment with provincial directions. In doing so, we aim to protect those at greatest risk of serious illness and death (due to biological, social, geographic, or occupational factors) as soon as vaccine supplies allow.

With tremendous early support from our partners and communities, SWPH is ready to face the logistical and operational challenges ahead by building programs that will be based on the principles of:

- Equity;
- Fairness;
- Transparency; and
- Legitimacy.

Our response will be grounded in decisions and decision-making processes that are informed by the above principles to advance our relationships of social cohesion with our partners to enhance confidence and trust in Ontario’s COVID-19 immunization program.



For more information:

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Jaime Fletcher	Program Manager, COVID-19 Mass Immunization Taskforce	1-800-922-0096 ext. 1234

APPENDIX A – SWPH COVID19 Vaccination Advisory Committee Terms of Reference



St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

SWPH COVID19 Vaccination Advisory Committee Terms of Reference

The COVID-19 pandemic has challenged the world including health system and community agencies' ability to cope with and recover from threats to public health. Within Oxford County, Elgin County, and the City of St. Thomas, a resilient health system is vital to allow for effective and efficient service delivery to our communities. A resilient health system has the ability to respond, cope with and recover from identified and emerging threats by ensuring coordination in preparedness and response activities, training and exercises, resource development, consultation and support, and partnership development. Effective planning requires a whole-of-community, whole-of-government approach that coordinates efforts across sectors and levels of response.

Purpose

The SWPH Mass Vaccination Advisory Committee will advise on the planning and coordination of the mass vaccination campaign against COVID-19 for the population within the geographic boundaries of the County of Elgin, County of Oxford, and the City of St. Thomas.

Assumptions

- The mass vaccination campaign within the region served by Southwestern Public Health (SWPH) will be based on provincial direction.
- Mass Vaccination Campaign will consist of three phases:
 1. Vaccine administration will initially be provided exclusively by SWPH staff.
 2. Vaccine administration by personnel at Long Term Care (LTC) / Retirement Home (RH) and other congregate settings that serve seniors.
 3. Vaccine administration by primary care, community pharmacies, and possibly other providers.

Objectives

1. To advise health system partner leads on how to operationalize provincial mass vaccination campaign.
2. To identify local health systems risks and operational implications that may impede campaign.
3. To identify strategy/mechanism to allow for the identification/enumeration of vulnerable populations within communities.
4. To explore resources, opportunities and supports to allow for health system partners' capability and capacity to carry out mass vaccination campaign.
5. To facilitate the coordination, cooperation, and communication between health care organizations and agencies within the identified communities and with the Province and other organizations as required.
6. Develop a localized strategy/plan for community-based vaccination distribution/administration.

Committee Membership

The membership will be based on a matrix to ensure representation based on the various key stakeholder health care partners.

Each sector will provide representation for the committee.

- Southwestern Public Health
- Acute Care (Hospitals) STEGH, TGH, WGH, Alexandra hospital (Ingersoll)
- Emergency Medical Services (EMS) – mobile outreach
- Primary Care
- Community pharmacies
- Municipalities: Oxford County, Elgin County and City of St. Thomas (engagement through lower tier municipalities considered through representatives from upper tier)
- Ontario Health Teams (Oxford and Elgin)
- Southwestern Ontario Aboriginal Health Access Centre (SOAHAC) - The Executive Director of Southwestern Ontario Aboriginal Health Access Centre will provide guidance and planning assistance for SWPH to engage and connect to our First Nations/Indigenous communities.

The present membership is (will be) listed in Appendix A.

Committee Member's Responsibilities

- To actively participate in meeting the committee's objectives.
- To carry out the objectives outlined within the Terms of Reference.

- Participate in committee meetings and complete assigned tasks.

Chairperson

- Southwestern Public Health’s Medical Officer of Health or designate and co-chaired by SWPH’s COVID19 Mass Immunization Taskforce Lead

Role of Chair/Co-Chair

The chairperson will:

- Coordinate and chair meetings.
- Hold meetings virtually or via teleconference whenever possible.
- Disseminate all materials relevant to meetings (not limited to agendas or minutes).
- Retain official committee documents, including but not limited to agendas, minutes, and correspondence.
- Transfer all official committee documents, including all electronic or hard copies, to the next committee chair.

Role of the Recorder

The recorder of the meeting minutes will be provided by the lead agency.

The recorder will:

- Track agenda items and ensure that actions to be completed are clearly documented.
- Provide completed minutes to the Chair via email within **an agreed upon time prior to next** meeting date.

Frequency and Duration of Meetings

- Meetings Frequency: **weekly** or at the call of the chair starting until the completion of a plan for COVID-19 vaccination in Oxford / Elgin / St. Thomas, targeting to begin in the second week in February and concluding the second week in March. Following this, meetings will take place monthly to monitoring the implementation of the plan.
- Duration: **1 hour** or determined by chair.
- Commencement date: the second week in February 2021.
- Additional meetings may be called at the discretion of the chair, or if there is an identified need to complete projects, agreed to by all committee members.
- Meeting schedule/dates to be mutually agreed upon by the committee.
- Meeting will be done by teleconference and web conferencing options.

Quorum

Representation from at least 50% of the membership agencies must be present to proceed with committee business. Committee representation is linked to a respective agency not the number of individual representatives from each agency.

Date Committee Formed

February 2021

Duration of Committee

Ongoing participation.

Review of Terms of Reference

The terms of reference will be reviewed by all committee members.

APPENDIX B – SWPH PRELIMINARY COMMUNICATION PLAN



Protecting Our Community with the COVID-19 Vaccine - A Communications Strategy for Southwestern Public Health

Introduction

Nothing in 2020/21 was more highly anticipated than the arrival of a vaccine for COVID-19. A light at the end of the tunnel for health care professionals and citizens alike, the vaccine is broadly considered to be the “get out of jail free” card for those frustrated with or exhausted by the current circumstances. By the time the first needle carrying the vaccine was in the arm of a Canadian, nearly 14,000 (people) had died across our country. Older adults, Long-Term Care Home residents, and those with complex health needs and BIPOC, were disproportionately represented in those losses.

Public health units in Ontario have served as the trusted source of not only vaccine education but vaccine delivery for decades. While the specifics of the COVID-19 vaccine strategy are still being defined, we know local stakeholders will look to Southwestern Public Health for guidance in their own decision making – whether individual or institutional.

Public health units must prepare to meet the information needs of primary care providers, Long-Term Care Home, Retirement and Congregate Living Homes, childcare, education (a media) partners and the general community. There will be a certain number of the “vaccine hesitant” who will require some additional support in their decision making.

Principals

In their article, “Democratic Health Communications during COVID-19: A RAPID response,” authors Tworek, Beacock and Ojo describe a framework for vaccine communications applicable to the role of Southwestern Public Health and the local demographics.

Many democracies were already struggling with distrust before the pandemic: anti-vaccination activism, conspiracy theories, sinking faith in institutions, populism, rising inequality, the erosion of local journalism, and so on. This rolling democratic crisis is now interacting with the pandemic. This framework is designed to support public health messages within that context.

The RAPID Principles of Democratic Public Health Communications

These principles can shape how we frame our messaging.

<p>Rely on Autonomy, Not Orders</p>	<ul style="list-style-type: none"> • Pandemic responses should emphasize autonomy where possible, in alignment with national traditions and local political cultures, supported by thoughtful and clear communications. We identify two particularly salient forms of autonomy: personal and institutional. This means developing and repeatedly communicating a set of universal principles for making responsible and safe decisions during a pandemic.
<p>Attend to Values, Emotions and Stories</p>	<ul style="list-style-type: none"> • To complement autonomy, the most effective democratic health communications sustain and build community by incorporating societal values, emotions, and stories. Facts alone are insufficient. Emotions, shared values, and narratives build trust and make health information reliable.
<p>Pull in Citizens and Civil Society</p>	<ul style="list-style-type: none"> • Effective communicators considered the diversity of the population and found strategies that avoided stigmatization; they relied on pro-social hygiene and behavioural messaging; they articulated positive emotions like gratitude and acknowledged mental health struggles; they sought to build rapport with citizens.
<p>Institutionalize Communications</p>	<ul style="list-style-type: none"> • Communicators should describe the pandemic response democratically. This means avoiding militaristic metaphors that are hierarchical and limit space for agency. Instead, pandemic messaging should rely on more democratically aligned metaphors. Just as citizens need repeated messaging on handwashing or physical distancing, they need repeated messaging on compassion or their democratic duties during times of emergency. Framing the Covid-19 response as a democratic challenge matters not only for the present; it could shape how citizens will remember it in the future.
<p>Describe it Democratically</p>	<ul style="list-style-type: none"> • It is essential to establishing feedback loops through techniques like surveys or text mining to understand a population’s diverse experiences, their feelings about the response, and their needs from government. Officials should also consider finding trusted local validators to share health information with friends, families, and followers (e.g., young people, social media influencers, celebrities, religious leaders).

Assumptions:

- This plan is a living document; it will be updated regularly as new information becomes available.
- Public health is considered a credible local source of vaccination information, even if we are not setting the direction of COVID-19 vaccination strategy.
- The plan must account for the information needs of a wide variety of stakeholders.
- Provincial and federal processes/embargos will dictate timelines for distribution of some information.
- This is a highly sensitive topic and reactions to vaccine information may be volatile, emotional, political, etc.
- We are acting as a single source of COVID-19 vaccine information for the Southwestern Public Health region and Dr. Lock will be the primary spokesperson but will elect a designate or alternate (*suggesting Jaime Fletcher*)

Ethical Framework:

All messaging must be aligned with the province's ethical framework and reference that framework often:

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

Communications Objectives:

- Educate the public about development, authorization, distribution and execution of vaccines, and that situations are constantly evolving (novel nature of COVID)
- Ensure public confidence in approval of vaccines.
- Help public understand prioritization or sequencing strategy and phases of vaccine rollout.
- Engage in dialogue with internal and external partners to understand their key considerations and needs related to COVID vaccination implementation.
- Ensure active, timely, accessible, and effective public health and safety messaging along with outreach to key health care stakeholders.
- Tackle misinformation with facts and data from trusted sources.

- Overcome the most common reasons people refuse vaccination: concerns about vaccine safety and effectiveness, newness of the vaccine, and the belief that a COVID-19 vaccine is unnecessary.
- Communicate the actions people need to take to get vaccinated (who, what, when, where, how, and why)
- Track and monitor public receptiveness to COVID vaccine messaging.

Equity Lens

If, as research states, the most common factors positively associated with intention to vaccinate were male gender, older age, higher education, adequate knowledge or health literacy, higher socioeconomic status, and heightened worry or concern about COVID-19 – then Southwestern Public Health’s approach to a vaccine campaign, and its associated communication must speak to and take into consideration the communications needs of those not represented in that group.

Resources

- The COVID-19 Vaccine Communication Handbook
- Evergreen Rapid Review on COVID-19 Vaccine Knowledge, Attitudes, and Behaviors

Stakeholders & their Trusted Sources of Information:

Internal/Staff

- Manager/Supervisor
- The Hub
- CEO Updates/Touchdown
- Infectious Disease Team Guest

Primary Care Providers and their staff teams

- Healthcare provider updates (currently ERMS, February 2021 – MailChimp)
- MOH directly (video, email, tcons, etc.)
- Local Primary Care Leads (Orchard, Scott)

- Vaccination task force

Municipal Partners

- Weekly updates with CEO
- COVID-19 eNews
- Weekly municipal package (Fridays)
- SWPH External Mass Vaccination task force

Priority Groups (Long Term Care Homes/Retirement Homes/Hospital Emergency Department and Critical Care/ICU staff)

- Employers
- Health care staff
- HCP Weekly Updates
- SWPH website and social media
- Traditional Media

Community Organizations/Community Service Providers

- Targeted communication from Southwestern Public Health
- Media
- Southwestern Public Health social media and website

School Communities

- School boards
- Public health social media and website
- Public health nurses in schools

18+ Youth

- Social media, website, influencers,
- Friends/Peers

Ethno-cultural Groups and Faith Based Groups

- Formal and informal community leaders
- School leadership
- Targeted radio and specific technologies (i.e., DeBrigj radio)
- Some politicians

General Public (early adopters, late adopters, vaccine hesitant and “anti-vaxxers”)

- Family health care provider
- Public health social media and website
- Other trusted resources – seniors centres, OW or ODSP workers, etc.
- Local media
- Peers/Family/Friends
- Call Centre

Themes & Timeline for Messaging

The plan will consider the basic timelines of:

- Ministry of Health’s roll out strategy,
- Overarching themes of SWPH’s messaging (**Core Themes**)
- Day to day updates to stakeholders

APPENDIX C – SWPH ROLES AND RESPONSIBILITIES TABLE – IMMUNIZATION CLINIC OPERATIONS

TABLE – ROLES AND RESPONSIBILITIES – IMMUNIZATION CLINIC OPERATIONS

Role	Activities
CAMPAIGN AND CLINIC PLANNING WHICH CAN GENERALLY BE PERFORMED AT HEADQUARTERS / MAIN OFFICE AND NOT AT CLINIC LOCATIONS	
<p>IMMUNIZATION CAMPAIGN LEADER</p> <p>Role often performed by a director or manager with experience in immunization</p>	<p>Leads the overall immunization strategy for the health unit.</p> <p>Oversees all aspects of clinic planning and operations to ensure an efficient, effective, client-focused, and safe clinic.</p> <p>Serves in a liaison role and supports response to community leaders.</p> <p>Works with staff in charge of logistics to ensure appropriate space and supplies (including vaccine) for mass immunizations.</p> <p>Ensures that policies are in place to maintain proper immunization technique, adverse event management, incident management (including needlesticks, privacy breaches), infection prevention and control.</p> <p>Troubleshoots problems and concerns that arise.</p> <p>Contributes to development of comprehensive communication strategy for staff.</p>
<p>MEDICAL SUPPORT</p> <p>Role often performed by medical health officer or another physician</p>	<p>Writes the medical directives for COVID-19 vaccination.</p> <p>Writes the medical directive for management of anaphylaxis and advises on policies to manage other medical issues that may occur at clinics e.g., fainting.</p> <p>Advises on COVID-19-related screening protocols and appropriate infection prevention and control measures.</p> <p>Approves Vaccine Information Sheets, Consent Forms, and After-Care Sheets for use in clinics.</p> <p>Provides input into training materials and in-services for roles occupied by health care providers e.g., Immunizers, Vaccination Recovery.</p> <p>Reviews reported adverse events following immunization and provides recommendations regarding eligibility for second vaccine dose.</p> <p>May provide onsite or virtual support to clinic operations to assist with questions, including those pertaining to contraindications and precautions.</p>
<p>HUMAN RESOURCES/ SCHEDULING</p>	<p>Supports recruitment and onboarding of necessary staff and volunteers including those from partner, private and volunteer agencies.</p> <p>Ensures appropriate information on record for these individuals including their scheduled shifts/clinics.</p> <p>Obtains and verifies credentials of external regulated health professionals.</p> <p>Verifies current cardio-pulmonary certification (CPR) for health care providers performing Vaccination Recovery function.</p> <p>Ensures staff and volunteers are aware of the need for and can wear personal protective equipment (i.e., mask and eye protection) throughout the clinic shift. Note: inability to do so would automatically exclude person from working in a mass immunization clinic.</p> <p>As needed, schedules all required staff and volunteers for each clinic and communicates schedule to them.</p> <p>Manages any schedule changes among staff and volunteers. Develops contingency plans for last minute sick calls or for</p>

	<p>when staff/volunteers do not show up.</p> <p>Ensures staff and volunteer liability issues are addressed.</p>
FINANCE	<p>Creates forms and processes to track compensation (e.g., for staff of private agencies, overtime for health unit staff).</p> <p>Ensures that financial matters are addressed according to procedures.</p> <p>Collects and processes time sheets and invoices.</p> <p>Tracks spending and seeks appropriate budget approval as needed.</p>
<p>LOGISTICS</p> <p>Role can be performed by someone with logistical experience who understands procurement, immunization, the organization, and the community</p>	<p>Oversees and manages logistical planning and operations of clinics including:</p> <ul style="list-style-type: none"> • Clinic site selection • Clinic site set-up including accessibility and other accommodations (e.g., translators) • Information technology – equipment and support • Acquiring supplies and vaccines • Packing supplies for initial set-up and re-supply of clinics • Transportation of supplies and vaccines to and from clinics, including arrangements for urgent restocking if needed. • Equipment and processes for cold chain management of vaccines • Biomedical waste management (e.g., sharps containers)
ADMINISTRATIVE SUPPORT	<p>Provides administrative support to the clinic planners, as required.</p>
EPIDEMIOLOGY/ DATA BASE SUPPORT	<p>Determines how local/provincial and federal data reporting requirements will be met.</p>
IT SUPPORT	<p>If clinics are using electronic recording and information systems, on-site IT support will likely be required (at least initially) to ensure:</p> <ul style="list-style-type: none"> • Appropriate and functioning equipment • Internet connectivity • Privacy and security of information • Access to back-up systems and signal boosters if needed. • Access to rapid support when issues arise
SPECIALIZED SUPPORT FUNCTIONS	<p>Supports planning for specialized functions which may include:</p> <ul style="list-style-type: none"> • Infection prevention and control • Occupational health and safety • Cold chain management • Vaccine inventory management
COMMUNICATIONS OFFICER	<p>Develops communications materials regarding the immunization campaign which may include media briefings, websites, social media, and media buys.</p> <p>Develops appropriate messaging for different stakeholder audiences including the public, priority populations, local health care providers, community partners including municipal politicians, as well as staff and volunteers with support of Campaign Leader and others.</p> <p>Ensure that written materials are translated into appropriate languages, are culturally appropriate and written at an</p>

	appropriate reading level.
ON-SITE CLINIC ACTIVITY	
CLINIC LEADERS – Role often performed by managers (large clinics) or experienced immunization nurses (on-site, smaller clinics).	<p>Responsible for the overall operations of a clinic.</p> <p>Ensure assigned staff attend clinic and record attendance for payment purposes (may include signing time sheets).</p> <p>Ensure staff are aware of their assigned roles and lead personnel and monitor all clinic staff activity. Role of assigned Team Lead may be delegated to experienced immunization nurses at the discretion of the manager.</p> <p>Provide onsite clinic orientation/staff education prior to the start of the clinic and facilitate staff debrief at the end of the clinic if these activities are being done at the clinic site.</p> <p>Confirm that clinic protocols are followed; complete incident reports when issues identified (e.g., client injury, staff injury, privacy breach).</p> <p>Can support infection prevention and control, occupational health and safety, cold chain, and vaccine inventory monitoring functions (if separate staff not assigned to the Clinic Specialized Support role).</p> <p>Serve as the onsite media spokesperson with the support of Communications.</p> <p>Respond to questions from clients during the screening or registration process.</p> <p>Troubleshoot problems/concerns that arise.</p> <p>Support and promote cultural safety, diversity, and inclusiveness when serving clients and amongst staff.</p> <p>At least two Clinic Leaders are recommended per clinic.</p>
CLINIC FLOATERS – Role often performed by nurses with immunization experience.	<p>Assist the Clinic Leaders in their role and can serve as Clinic Leader if needed.</p> <p>Ensure that protocols are followed during clinic activities.</p> <p>Provide support to newer Immunizers.</p> <p>Lead contacts for post-immunization adverse events (e.g., fainting and anaphylaxis management) and other medical emergencies (if a separate Medical Support staff is not assigned or available).</p> <p>Support the reporting adverse events such as anaphylaxis that occur during the clinic via appropriate PHU channels.</p> <p>Respond to questions from clients during the screening or registration process.</p> <p>Can support IPAC, occupational health and safety, cold chain, and vaccine inventory monitoring functions (if staff not assigned to the Clinic Specialized Support role).</p> <p>If needed, can provide back-up as Immunizer or Syringe pre-loader.</p>
GREETERS/SCREENERS – Role can be performed by a non-health care provider staff member or volunteer; could also be done by a health care provider.	<p>Welcome clients and monitor line-ups to maintain physical distancing.</p> <p>Ask if client has an appointment (if clinic is appointment-based) and if client meets the eligibility criteria for the clinic (if there are eligibility criteria for the clinic based on who is being prioritized for immunization).</p> <p>Screen for any COVID-19 related symptoms as per the clinic protocols</p> <p>Refer clients who fail the screening protocol or who have questions to the appropriate staff member (e.g., Clinic Leader, Clinic Floater, Medical Support).</p> <p>Ensure clients arriving at the clinic are wearing a mask (unless less than 2 years of age or cannot wear a mask) and that they clean their hands with ABHR upon entry. Those presenting without masks will be provided one.</p>

	<p>Determine whether clients have special needs (e.g., mobility issues, sight or hearing impaired, need for translator) that require additional supports. Refer to appropriate staff member (e.g., Clinic Leader, Clinic Floater, Medical Support).</p> <p>Direct clients to registration.</p> <p>Ensure that signage is in place and visible, including COVID-19 screening protocols, eligibility criteria, clinic instructions, clinic flow, etc. as appropriate.</p>
<p>REGISTRATION/ADMINISTRATIVE SUPPORT – Role often performed by administrative assistants, particularly if being done electronically.</p>	<p>Verifies the client’s appointment (if the clinic is appointment-based)</p> <p>Depending on the registration process used by the clinic, verifies registration documents (e.g., consent forms) have been completed online, assists with their electronic completion if required or provides paper documents for completion. If required for registration, checks the health card or other identification.</p> <p>Refers clients to appropriate clinic staff members for discussion of any potential contraindications to immunization or if they have questions (e.g., Clinic Leader, Clinic Floater, Medical Support).</p> <p>Ensures that medical information and Consent Forms are secured and remain confidential.</p> <p>Provides training and oversight to volunteers who are performing the roles of Parking Lot Attendants, Greeters, Client Flow Monitors and Post-Immunization Waiting Area Monitors.</p> <p>Assists with data collection for the clinic including information about numbers vaccinated, supplies and vaccines used and needed.</p> <p>Together with the Runners, at the end of clinic, prepares reorder forms for ancillary supplies, client forms and other equipment that require replenishing for the next day’s clinic if using the same site.</p> <p>Assists Clinic Leaders with tracking staff attendance and collecting time sheets and tracking volunteer attendance.</p>
<p>SYRINGE PRE- LOADERS (OPTIONAL; typical ratio is 1 Pre-Loader to 3 Immunizers) – Role could be performed by a nurse or pharmacist.</p>	<p>Reconstitute vaccine with appropriate diluent using appropriate aseptic technique as per the Canadian Immunization Guide.</p> <p>Preload the syringe with the appropriate dose and attach the needle for administration using appropriate aseptic technique as per the Canadian Immunization Guide.</p> <p>Ensure that sufficient vaccine is preloaded to keep the clinic running efficiently without leading to unnecessary wastage.</p> <p>Ensure vaccines are kept according to appropriate cold chain requirements during the mixing and preloading processes.</p> <p>Maintain appropriate records per vaccine requirements (e.g., time spent at room temperature, reconstitution time) to ensure vaccine efficacy is maintained and preserved.</p>
<p>IMMUNIZERS – Role can be performed by nurses, physicians, paramedics, pharmacists, dentists, medical/nursing/pharmacy students.</p>	<p>If using preloaded syringes from Pre-Loaders, verifies volume in syringe prior to administering. If drawing up at chairside, verifies they have sufficient supply for the next client.</p> <p>Signal that they are ready for the next client using a flag, waving their hand, or using another agreed upon mechanism at clinic.</p> <p>Verify client identification and that informed consent has been obtained, screen for illness and contraindications. Answer client questions or concerns prior to administration.</p> <p>Assess client to determine if they have a history of fainting during medical procedures. These clients and those who appear anxious, pale, or sweaty may require lying down on a mat or in a reclining chair (if available) to prevent fainting and/or injury.</p>

	<p>Use appropriate techniques (including hand hygiene, land -marking) when immunizing client.</p> <p>Following immunization, activate safety engineered device and immediately dispose of the needle and syringe in sharps container.</p> <p>Complete documentation for both the clinic and client records.</p> <p>Provide client with a record of immunization and after-care sheet.</p> <p>Counsel clients about post-immunization waiting period, monitoring for / what to do if adverse events occur, and need for / timing of a second dose (if needed).</p> <p>Reinforce need to continue to follow COVID-19 precautions (e.g., physical distancing, mask use) on an ongoing basis per public health recommendations.</p> <p>Ensure clients can safely proceed to the Vaccination Recovery Area.</p> <p>Clean and sanitize station between clients.</p> <p>Respond to adverse events if required; document and report AEFIs and inform.</p> <p>Respond to adverse events if required; document and report adverse events and inform appropriate clinic staff (e.g., Clinic Leader, Clinic Floater, Medical Support).</p>
<p>RUNNERS – Role could be performed by administrative assistants, non-health care provider staff members or volunteers.</p>	<p>In clinics where syringe pre-loading occurs by non-Immunizers, monitors the supplies of pre-loaded syringes that each Immunizer has and needs, and delivers preloaded syringes with the attached needle from the Syringe Pre-Loader to their assigned Immunizers in a container (e.g., small box with no lid)</p> <p>Monitor and deliver other required equipment to Immunizers or Syringe Pre-Loaders and respond to staff requests for other equipment and supplies.</p> <p>If using a paper-based system, collect completed Consent Forms from Immunizers and return to Registration for management.</p> <p>At the end of the clinic, complete inventory count for ancillary supplies, forms and other equipment and provide replacement numbers for the next day’s clinic (if using the same site) to Registration/Administrative Support.</p>
<p>CLIENT FLOW MONITORS – Role could be performed by volunteers or non-health care provider staff members. Role may be combined with Security.</p>	<p>Direct clients who have registered to the next available Immunizer.</p> <p>Ensure clients waiting in line for the next Immunizer are physically distanced with the aid of markings on the floor or with use of chairs placed at appropriate intervals.</p> <p>If clinic is operating by calling pre-registered clients in from their vehicle or outside, performs this function</p>
<p>VACCINATION RECOVERY AREA MONITORS - Role can be performed by health care providers or non-health care provider staff members or volunteers who inform health care providers if assistance is needed.</p>	<p>Monitor Vaccination Recovery Area, watching for clients who may be unwell and require immediate assistance after immunization.</p> <p>Ensure clients maintain 2m distance from others (unless family grouping and continue to wear masks.</p> <p>If clients are waiting in their vehicles or outside after immunization, monitor outside area.</p> <p>If role is performed by non-health care providers, inform a clinic health care provider (e.g., Clinic Leaders, Clinic Floater, Medical Support) immediately if client needs medical attention.</p> <p>Remind clients to use hand sanitizer on exiting the clinic.</p>

<p>SECURITY – Role can be performed by a hired security guard, provided by the site) or by health unit staff (e.g., Tobacco Enforcement Officers)</p>	<p>Facilitates safety of staff, volunteers, and clients, as well as the clinic property and equipment. Assists in maintaining physical distancing, crowd control and clinic flow. At least two security guards are recommended per clinic</p>
<p>PARKING LOT ATTENDANTS (optional but highly recommended when clients waiting or recovering in vehicles.) – Roles can be performed by a volunteer, security guard or non-health care provider staff member.</p>	<p>Maintains parking lot traffic flow. Directs clients appropriately. Can support Vaccination Recovery staff to obtain assistance from clinic nurses/Medical Support/EMS if clients are waiting in their vehicles post-immunization and need assistance</p>
<p>CLINIC SPECIALIZED SUPPORTS (CONSIDER) – IPAC, Occupational Health and Safety and Cold Chain Management - Roles can be performed by a staff member familiar with IPAC or Occupational H&S or Cold Chain Management.</p>	<p>Support IPAC at the clinic (e.g., markers for physical distancing, oversight of cleaning and disinfection protocols). Support Occupational health and safety (H&S) at the clinic (e.g., needlesticks). Support Cold chain management (particularly for vaccines with specific cold chain requirements like Pfizer-BioNTech, Moderna). Support vaccine inventory management at clinic.</p>
<p>CLINIC SPECIALIZED SUPPORTS (CONSIDER) – TRANSLATORS / INTERPRETERS – Trained translators optimal but can use health care providers or volunteers who speak the language identified.</p>	<p>Assist clients in understanding the immunization information and processes in their specific language. Particularly important in clinics serving diverse populations who may not speak English or French (depending on jurisdiction). If onsite translators / interpreters are not available, telephone translation services can be used.</p>
<p>CLINIC SPECIALIZED SUPPORTS – CUSTODIAL STAFF – Can be provided by the facility operating the site.</p>	<p>Ensures the site is clean and everything is in proper working order (e.g., washrooms are cleaned and stocked; garbage is collected). Frequently cleans and disinfects commonly touched surfaces. Note: immunizers should be cleaning their stations between clients.</p>

APPENDIX D – SWPH EXAMPLES OF POSSIBLE CLINIC STAFFING PLANS

APPENDIX D - TABLE – EXAMPLES OF A POSSIBLE CLINIC STAFFING PLANS (1 000 vaccinations vs. 450 vaccinations)

<p>TO VACCINATE APPROXIMATELY 1 000 PEOPLE AT A CLINIC. This assumes that:</p> <ul style="list-style-type: none"> - The clinic is open to the public for six hours and each Immunizer has a 30-minute 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 clinic is staffed with 13 Immunizers. <p><i>Note: 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, priority populations being immunized e.g., families, clients requiring language or other supports), staff experience, community needs, size of clinic site, and the available human resources.</i></p>	
Estimated numbers of staff:	
Clinic Leaders	2
Clinic Floater	1
Immunizers (may be nurses, physicians, paramedics) – for assessing clients before immunization, answering questions, immunizing, recording information, and managing adverse events	13
Syringe pre-loaders	4 (if vaccine requires mixing) 3 (if vaccine does not require mixing)
Volunteers or non- Health Care Providers:	
- Parking Lot Attendants	2
- Greeters	3
- Clinic Flow Monitors	2
- Post-Immunization Waiting Area Monitors	2
Administrative Supports:	
- Runners	2
- Registration	9 (varies depending on how much of the registration process is done online before the client arrives at clinic)
Clinic Specialized Support	
- IT supports (for preliminary clinics)	1 or more
- Vaccine inventory and cold chain monitoring	1 or more
- IPAC and Occupational H&S	1 or more
- Medical Support	1 (optional)
- Security	2
- Custodial	1
- Translation or interpretation support	1 (as needed)

TO VACCINATE APPROXIMATELY 450 PEOPLE AT A CLINIC. This assumes that:

- The clinic is open to the public for six hours and each Immunizer has a 30-minute 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 clinic is staffed with 6 Immunizers.

*Note: 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, priority populations being immunized e.g., families, clients requiring language or other supports), staff experience, community needs, size of clinic site, and the available human resources. **Some roles may be combined in smaller clinics.***

Estimated numbers of staff:

Clinic Leaders	2
Clinic Floater	1 (optional)
Immunizers (may be nurses, physicians, paramedics, pharmacists) – for assessing clients before immunization, answering questions, immunizing, recording information, and managing adverse events	6
Syringe pre-loaders	2 (if vaccine does or does not require mixing)
Volunteers or non- Health Care Providers:	
- Parking Lot Attendants	1
- Greeters	2
- Clinic Flow Monitors	1
- Post-Immunization Waiting Area Monitors	1
Administrative Supports:	
- Runners	1
- Registration	5
Clinic Specialized Support	
- IT supports (at preliminary clinics)	1 or more
- Vaccine inventory and cold chain monitoring	1
- IPAC and Occupational H&S	Can be combined with Clinic Lead / Floater role)
- Medical Support	1 (optional)
- Security	2
- Custodial	1
- Translation or interpretation support	1 (as needed)

PRACTICAL TIPS FOR REMOTE AND ISOLATED COMMUNITIES

- Because of the limited number of health care workers in these communities, surge capacity from outside the community may be required in addition to optimizing use of volunteers from within. Outside individuals should have appropriate cultural awareness training and be sensitive to the needs of the community.

APPENDIX E – SWPH EXAMPLES OF ORIENTATION AND TRAINING TOPICS

APPENDIX E - TABLE – SWPH EXAMPLES OF ORIENTATION AND TRAINING TOPICS (ALL STAFF) (may be hosted virtually so as to be available to any new user)

<ul style="list-style-type: none"> • Roles and responsibilities for all clinic staff. (WHMIS, Privacy, etc.) • Clinic flow 	<ul style="list-style-type: none"> • Recognizing and managing possible abuse (of children, partners, or staff) • Managing individuals who have concerns, complaints or who are upset or angry.
<ul style="list-style-type: none"> • Cultural and diversity sensitivity considerations 	<ul style="list-style-type: none"> • Managing individuals who do not comply with face covering requirements or distancing at clinic
<ul style="list-style-type: none"> • IPAC recommendations and Occupational H&S considerations (e.g., PPE, donning / doffing, required immunizations, incident reporting) 	<ul style="list-style-type: none"> • Managing individuals who do not pass COVID-19 screening or do not meet eligibility requirements
<ul style="list-style-type: none"> • How to reduce risk of COVID-19 for self and others during clinic operation (e.g., during performance of role, taking of meal breaks, travel to and from clinic). 	<ul style="list-style-type: none"> • Expectations for self-screening for COVID-19 and reporting illness / staying home and seeking testing if ill.

- **Role-specific training materials can also be provided for key roles performed by various staff. For example, materials for:**
 - **Health Care providers** that describe the roles of Clinic Leader, Clinic Floater, Immunizer, Syringe Pre-loader, Medical Support, and the Clinic Specialized Supports.

- **Including:**

<ul style="list-style-type: none"> • Information about COVID-19 and available vaccines (including information to assist answering questions from those who may be vaccine hesitant) 	<ul style="list-style-type: none"> • How to conduct post-immunization counseling.
<ul style="list-style-type: none"> • Strategies to manage pain and fear in vaccine recipients, including children. 	<ul style="list-style-type: none"> • How to perform appropriate documentation for the clinic and the client.
<ul style="list-style-type: none"> • Determining consent capacity based on age or cognitive functioning. 	<ul style="list-style-type: none"> • How to identify and manage a client who may faint.
<ul style="list-style-type: none"> • How to assist parents in appropriately holding young children for immunization. 	<ul style="list-style-type: none"> • How to manage fainting and anaphylaxis.
<ul style="list-style-type: none"> • How to seek informed consent, counsel clients and identify contraindications, prepare, and administer the vaccine. 	<ul style="list-style-type: none"> • How to prevent and manage needlestick injuries.
<ul style="list-style-type: none"> • How to landmark, select needle length, and dispose of medical waste. 	<ul style="list-style-type: none"> • Proper storage and handling of the COVID-19 vaccine including the handling of dry ice, if required.
ADDITIONAL TRAINING SPECIFIC FOR CLINIC LEADERS:	
<ul style="list-style-type: none"> • How to respond to scenarios such as power outages or other reasons for loss of IT. 	<ul style="list-style-type: none"> • Fire or emergency evacuation plan for each clinic site to identify evacuation routes.
<ul style="list-style-type: none"> • Management of media requests and onsite media visits. 	<ul style="list-style-type: none"> • Reporting adverse events that occur during clinic.
<ul style="list-style-type: none"> • How to manage challenging public relation issues (e.g., clients not adhering to IPAC, long waits, large crowds, client injuries) 	

- **Administrative Assistants** that describe the Registration and Runner roles.
- **Volunteers and other non-health care provider staff** that describes the Parking Lot Attendant, Greeter, Client Flow Monitor and Post-Immunization Waiting Area Monitor roles.

When possible, SWPH will develop self-guided clinic orientation and training manuals and materials, outlining all aspects of clinic operations. These can be used to supplement other approaches to orientation and training. Use of a variety of engagement channels and offer numerous opportunities for participants to be exposed to the material (e.g., online sessions, written materials, question and answer sessions, group chat functions). Consider the use of role specific checklists to ensure that all aspects of orientation and training are covered. Orientation materials may include the administrative information mentioned above as well as the following:

- Clinic objectives
- Staff and volunteer identification (e.g., name tags that can indicate languages spoken, consider use of colour-coded badges, vests, or arm bands)
- Clinic flow – including diagrams.
- Client consent. Include considerations for individuals who have limited literacy, health literacy, etc.
- COVID-19 Screening requirements for staff, volunteers and those attending clinic.
- Clinic eligibility criteria.
- Documentation requirements.
- Medical directives including links to product monographs, overview of appropriate vaccination technique including proper needle selection, landmarking and use of Z-track method (where appropriate).
- Review of adverse event management including fainting and anaphylaxis management.
- Storage, packing and transporting of supplies and vaccines including cold chain management.
- Biomedical waste disposal.
- Occupational H&S and IPAC considerations, including the use of PPE, recommended immunizations (e.g., Hep B vaccination), and the handling of sharps.
- Management of needlestick injuries.
- Privacy and confidentiality considerations and how to address them.
- Cultural sensitivity and responding to the diverse needs of clients (e.g., older adults, children, people with disabilities, people who speak other languages, cultures with the need for privacy when exposing their skin)
- IT Security training including watching for scams and organization policy related to appropriate use policies for electronic equipment.

Note: Where possible, if time permits and as needed, SWPH will consider a dry-run exercise to reinforce training for all roles involved in the clinics including the management of fainting and anaphylaxis. This is particularly important for preliminary clinics where most staff will be performing their roles for the first time.

If applicable based on jurisdictional requirements, ensure that processes are in place to provide specialized training as required for staff (e.g., immunization certification, IPAC, handling sharps, storage and handling of vaccines, data entry programs, anaphylaxis management, cardiopulmonary resuscitation (CPR) in advance of clinic opening. Although specific health care providers at clinic are designated to manage fainting and anaphylaxis (e.g., Clinic Leader, Floater, Medical Support), all health care providers should be trained in the fainting and anaphylaxis management and have up-to-date CPR (based on provincial/territorial/local requirements).

“Just in Time” orientation and staff training in advance of clinics (or during preliminary clinics) can focus on reminders about:

- Important features of their role.
- Areas known to cause problems or confusion based on experience at previous clinics.
- Issues that have been noted from previous clinics.
- Any changes in processes from previous clinic learnings.

To avoid aggregating of staff members, consider providing this information in advance of the clinic via email, video conferencing or at the clinic individually to each staff member. In person “just in time” orientation will be delivered in a manner that ensures sessions are short in duration, spoken using a normal volume (avoid shouting), ensuring physical distancing, use of medical masks and eye protection (e.g., face shields) are always worn to minimize the risk of transmission of COVID-19.

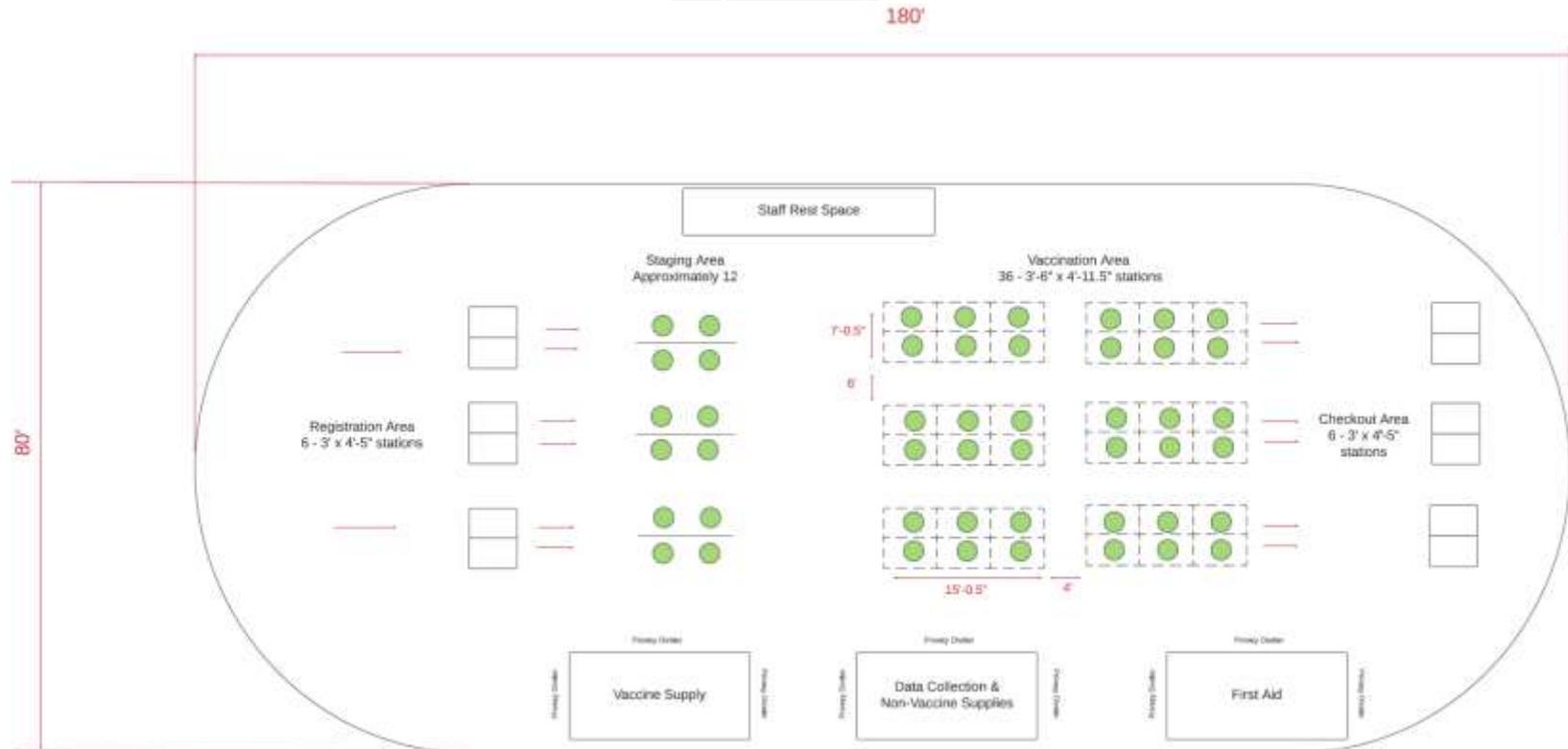
Consider targeted support for staff who are new to the immunization clinic such as special attention from the Clinic Leader or Floater or use of a mentor / buddy system with a more experienced staff member.

For additional information on training content and tools for immunizers, see the suggested links below:

- [Immunization Competencies for Health Professionals](https://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf). Available at: <https://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf>
- [Education Program for Immunization Competencies](https://www.cps.ca/en/epic-pfci). Available at: <https://www.cps.ca/en/epic-pfci>

APPENDIX F – SWPH PRELIMINARY MIC PLAN FOR ST. THOMAS AND WOODSTOCK LOCATIONS

Sample Floor Plan



- People are moved through the clinic process in a one way flow.
- Includes up to 36 vaccine cubicles.
 - Each pod of 3 is staffed by one vaccinator.
 - After registration, moves to Staging Area to await next available “pod” opening.
 - 3 people are loaded to the cubicle “pods” at once from the Staging Area after registration is complete.
 - Nurse vaccinator moves down the pod sequentially (max 5 mins per cubicle).

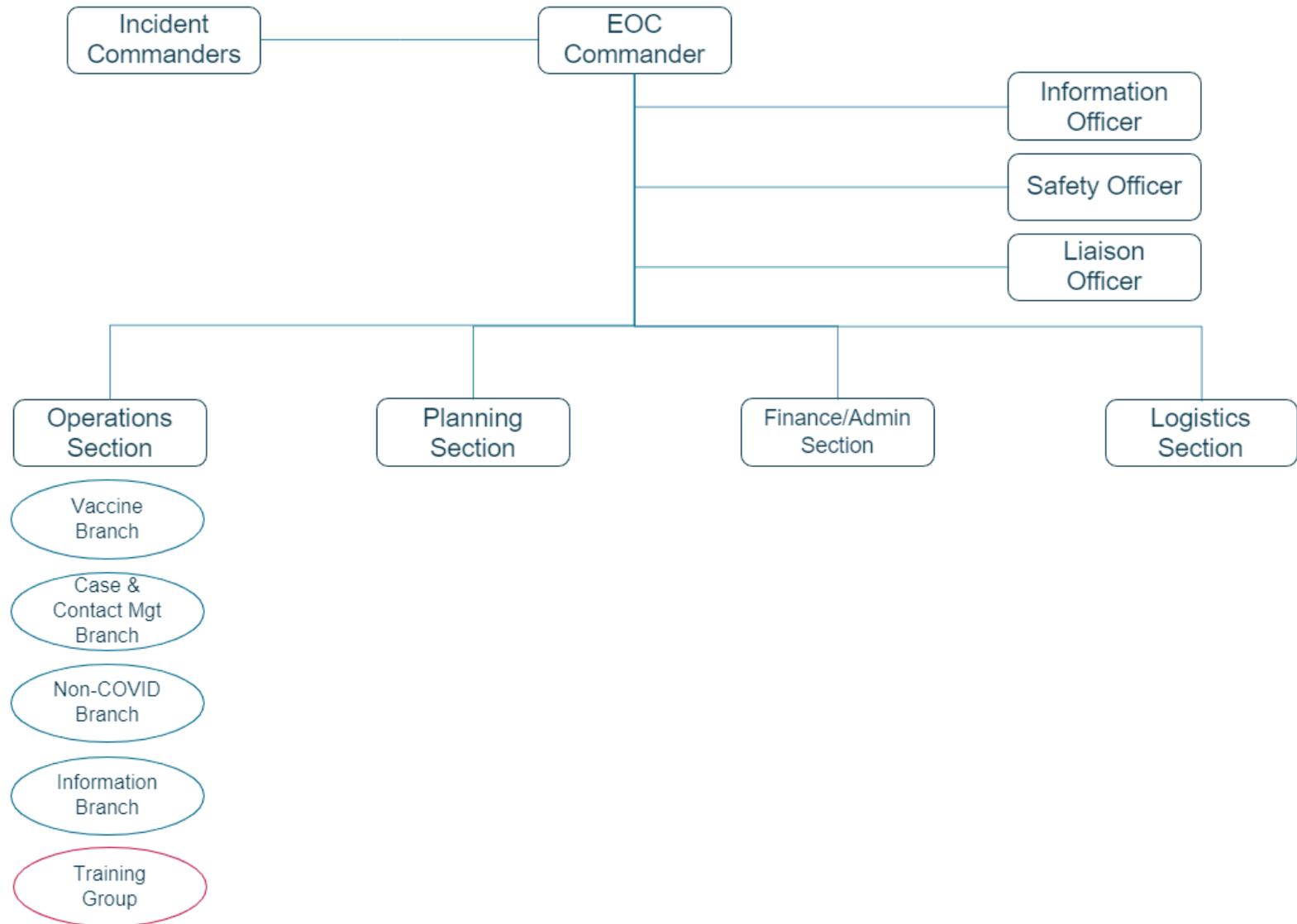
- By the time the last of the three people in the cubicle “pod” are vaccinated, the first in the pod will be fully recovered (15 mins since vaccinated) and can move directly to check out.
- Those with severe allergies requiring 30 minute recovery time will be moved to a contingency area after 15 minutes.
- Recovering in same place as vaccination:
 - Avoids need to move to another location (i.e. recovery area)
 - Avoids need to clean / sanitize another location (i.e. recovery area)
 - Reduces risks of exposures to others by recovering in place and moving directly through process
- Scalable if vaccine supply increases:
 - Current diagram is based on 12 vaccinators working 3 cubicle “pods” but can scale up to be 36 unique vaccination stations with traditional recovery area (with additional considerations for physical distancing) being added back into the space. Would require additional resources for cleaning and process navigation.

Scalable strategies

- **Preliminary** - 2 Mass Immunization clinics running simultaneously to achieve 1000 – 4000 doses per day depending on vaccine supply.
 - Continued Mobile Clinic outreach to priority settings / congregate settings
 - Onsite vaccination clinic support for large employers (i.e. Workplaces who can provide vaccination supports – SWPH could support with vaccine storage and handling, preloading, documentation training, etc.)
 - Expanded MIC to alternative clinic locations once preliminary sites are up and running (as identified by CEMCs and municipal partners)
 - Partner-supported clinics where opportunities present (i.e. EMS to provide local onsite mass immunization clinics to first responders when in scope)

APPENDIX G – SWPH COVID19 IMS Structure and Vaccine Branch Internal IMS Working Group Structure

SWPH COVID19 IMS STRUCTURE



VACCINE BRANCH IMS STRUCTURE – Supporting the design and operations of the Mass Immunization Plan

