



association of family  
health teams of ontario

# **Learnings from primary care: Vaccine roll-out across Ontario**

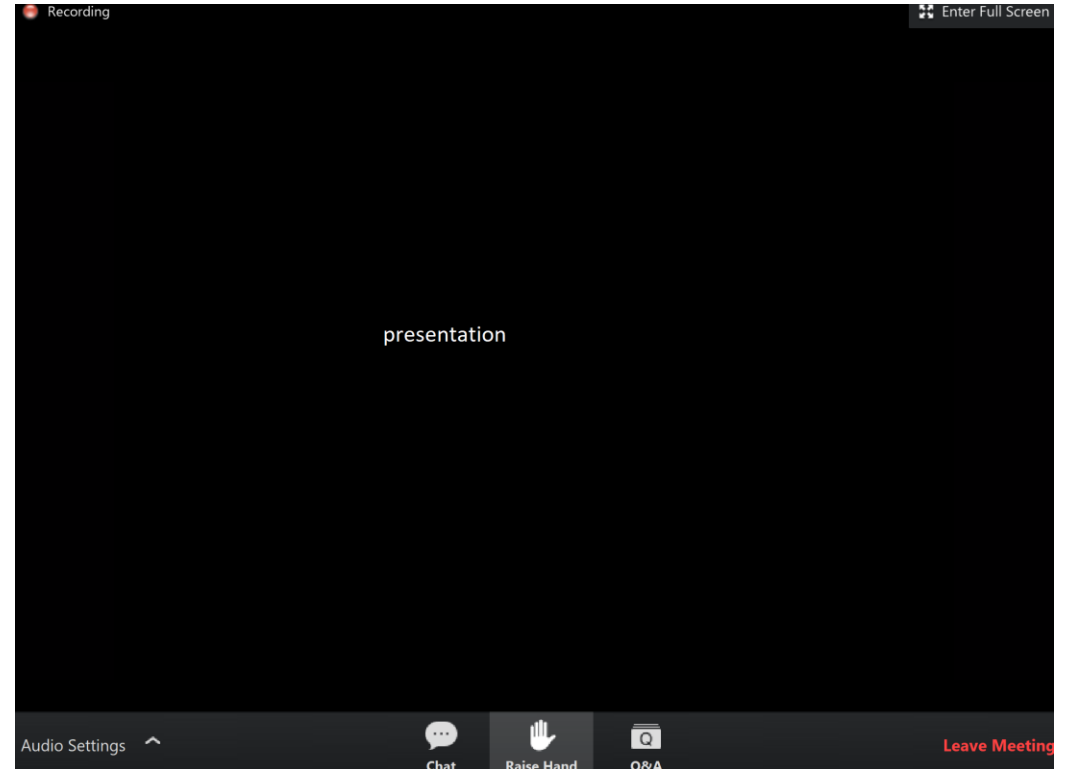
Friday, February 26, 2021

1 PM to 2:30 PM

# Housekeeping – Zoom Webinars

## How to Participate

All attendees are automatically muted. Attendees can raise their hands to speak or post in the Q&A section.



Chat Box | Raise Hand | Q&A

# Introducing our speakers!

- **Jill Berridge** Executive Director, McMaster FHT
- **Robin Mackie** Executive Director, Delhi FHT
- **Michèle Lajeunesse** Community Health Promotion Coordinator, Marathon FHT
- **Teri Arany** Executive Director, Toronto Western FHT
- **Dr. Daniel Warshafsky** Senior Medical Consultant, Office of the Chief Medical Officer of Health, Ministry of Health



McMaster  
Family Health Team

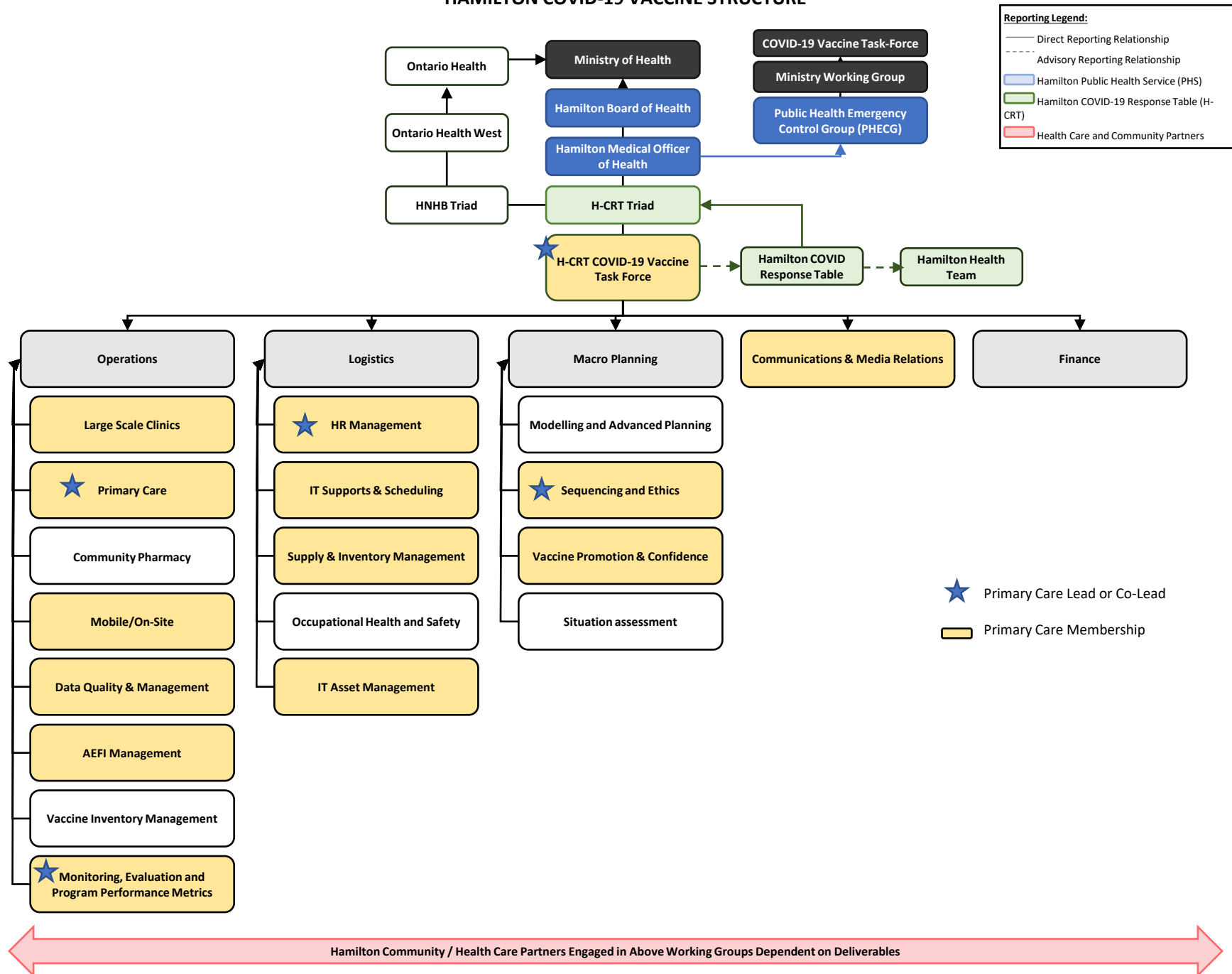
## Primary Care and Hamilton's COVID 19 Vaccination Plan

# Vaccine Roll Out

- Large Scale Clinics:
  - Hamilton Health Sciences site (ongoing)
  - St Joseph's Healthcare site (March 1)
  - First Ontario Centre (March 22)
  - East End Clinic (April 5)
- Mobile Clinics:
  - bus, homes, City housing, community centres, drive thru's (ongoing)

**Each venue providing between 1000-2000  
doses per day up to target 10,000/day**

# HAMILTON COVID-19 VACCINE STRUCTURE



# Engaging Primary Care Stakeholders

- Primary Care Leadership at COVID tables:
  - HFHT, MFHT, FM Chief of Family Medicine (HHS/St Joes), CHCs
  - Soon to include reps from Walk-In and FFS
  - Both clinical and non-clinical representation
- Two way communication with stakeholders through:
  - Leadership reporting back to their organizations
  - Hamilton Family Medicine group (HFAM)
  - COVID 19 Physician Volunteer Group (400+ primary care physicians, residents and specialists)



*Thank You*

Department of Family Medicine  
Michael G. DeGroot School of Medicine  
Faculty of Health Sciences

[fhs.mcmaster.ca/fammed](https://fhs.mcmaster.ca/fammed)  
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# Norfolk Primary Care Health Teams (NPCHT) Vaccine Roll-Out Plan for Community

AFHTO

February 26, 2021



*Delhi*

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Family Health Team

# Who makes up our teams?

- Delhi Family Health Team
- Public Health
- Community Paramedics
- Volunteer Fire
- Other Volunteers
- Facility management personal and Community 29 Family Doctors (FHO's FHT and independent GPs)

# Pre Planning: First Steps

- Leveraged working relationships from Assessment Centre work groups
- Leveraged primary care physician group relationships from OHT
- Many Zoom calls with multiple leads
  - Identifying 80 plus aged patients of 29 doctors
  - Locating site with internet, parking etc.
  - Identifying a multidisciplinary team
- Lots of patience 😊

# Developing the Plan: First Steps

## Community Vaccine Administration Flow

- Stage 1 – Scheduling
- Stage 2 – COVID-19 Screening/Volunteer fire (parking)
- Stage 3 – Registration
- Stage 4 – Vaccination Station
- Stage 5 – Post-Vaccination Monitoring



# Scheduling

- Primary care to identify priority patients for vaccine administration
- Designated appointment dates and times for vaccination
- Started with simple Excel spreadsheets
- Moved to practise Solutions Virtual schedule
- When scheduling, consider staff breaks and lunch (8-hour day)

**GOAL:** 3 immunizers x 12 immunizations = 36 shots per hour. 7 hr/day x 36 shots = 252 shots per day

## Stage 2 – COVID-19 Screening

- Community members will be screened for COVID-19 signs and symptoms upon arrival to the Community Vaccination Centre. Symptomatic patients will not be granted access to the Vaccination Centre.
- If a community member screens as symptomatic: inform Public Health, isolate individual, identify if COVID-19 testing necessary, and inform Vaccine Team.
- Community members should not be vaccinated if they have symptoms of COVID-19 to prevent spreading the infection to others (Public Health Agency of Canada, 2020).

## Stage 3 – Registration

- Community members arrive at vaccination registration location
- Collects and documentation, including consent forms, adverse event forms (paper based) pre-loaded into COVax
- Enters any forms that are used in electronic system (if available)
- Residents will be directed to a vaccination station once available by Vaccine Team staff.



# Stage 4 – Vaccination Station

- The vaccine is pre-loaded into the syringes by PH, making the process faster and more efficient.
- Immunizer reviews the 'COVID-19 Vaccine Screening and Consent Form', confirms vaccination eligibility, answers questions, provides education, and ensures informed consent.
- Community member directed to post-vaccination monitoring area.
- Vaccine Team Staff:
  - MD, NP, RN/RPN, paramedic or midwife – one immunizer per station.





# Stage 5 – Post-Vaccination Monitoring (Paramedic)

- Those immunized must be monitored for 15 mins post vaccination for the presence of adverse events. Up to 30 minutes.
- Appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event following the administration of the vaccine
- Have at least 2 anaphylaxis kits per clinic.
- Provide patient with vaccine-specific Patient Medication Information Handout.
- After 15 minutes, if no adverse symptoms identified, community member is discharged



# Reconstitution Station (PH)

- Responsible for reconstituting (1 ml syringe)
- 30 minutes prior to end of vaccination clinic
- Calculate remaining number of residents to be vaccinated, how many doses are at the Immunization Stations (have standby list)



# Lessons Learned

- Necessary to ensure daily communications
- Debrief end of day
- Seniors take more time, wanting to socialize, fearful of outing, picture name tags (smiles)
- Plan for a caregiver (two seats, room for walker/wheelchair)
- Slip and falls (mats and snow removal)
- Crowd control
- Bring coffee for the team breaks 😊



# Questions



# COVID-19 VACCINE PLANNING: A RURAL NORTHERN ONTARIO APPROACH

*By Michèle Lajeunesse*  
*Community Health Promotion Coordinator*



**MARATHON**  
FAMILY HEALTH TEAM



# HEALTH CARE IN MARATHON

- Integrated health care system
- Collaborative approach to vaccine planning

## Vaccine planning in primary care

- Access to population information through patient EMR
- Access to medical facility and associated equipment, resources and HR
- Experience in vaccine administration
- Patient trust



# LOCAL VACCINE PLANNING

*A rural Northern  
Ontario approach*



# EARLY STAGES OF VACCINE PLANNING

**Goal: To ensure that every person who wishes to receive a COVID-19 vaccine can receive one, by rapidly delivering safe and effective vaccine doses to residents within our community.**

Ministry of Health

## COVID-19 Vaccine Clinic Operations Planning Checklist

Version 2.0 - December 30, 2020

### Highlights of changes

- Added Moderna COVID-19 Product Monograph (page 1)
- Hyperlinks updated throughout including PHAC links and the Ontario AEFI form

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document.

This document is to support local planning as well as the successful operationalization of COVID-19 vaccination clinics in Ontario for all Ontarians, including considerations for vulnerable populations.

Additional resources that you may wish to review (once available) include:

- [Planning Guidance for Immunization Clinics for COVID-19 Vaccines](#)
- [Planning Guidance for Administration of COVID-19 Vaccines](#)
- National Advisory Committee on Immunization (NACI) Statement: [Recommendations on the use of COVID-19 vaccines](#)
- [Pfizer-BioNTech COVID-19 \[COVID-19 mRNA Vaccine\] Product Monograph](#)
- [Moderna COVID-19 \[COVID-19 mRNA Vaccine\] Product Monograph](#)



## COVID-19 VACCINE ROLLOUT PLAN



Goal: To ensure that every person who wishes to receive a COVID-19 vaccine can receive one, by rapidly delivering safe and effective vaccine doses to residents within our community beginning January 2021.

Some variables that will impact the planning of this vaccination program are unknown. Therefore, this document lays out a flexible strategy that can accommodate a range of scenarios.

KEY PROGRAM OBJECTIVES	Action Items	Description	Delegate(s)	Status (not started, in progress, complete)	
GOVERNANCE & ADVOCACY	<b>Governance</b>				
	Appoint a COVID-19 vaccine planning lead		Joanne & Eli	Complete	
	Identify areas where collaboration may be required and reach out to external partners		Michèle	In progress	
	Determine insurance and liability coverage in case of vaccine-related adverse events		Joanne	Not started	
	<b>Advocacy</b>				
Advocate for timely local vaccine distribution at a Provincial level			Sarah N. & Adam Brown	In progress	
COVID-19 program lead attends District COVID-19 vaccine rollout meeting and to bring information back to the COVID Crew	Briefing notes will be sent to internal and external partners		Michèle	In progress	
COMMUNICATION	<b>Internal communication</b>				
	Provide staff and HCPs with vaccine education		Michèle	Complete	
	Provide HCPs with tools on how to discuss the benefits of the vaccination with patients		Michèle	Complete	
	Ensure appropriate training materials are available for staff and HCPs prior to vaccination clinics		Michèle	In progress	
	Ensure that staff and HCPs are aware of the safety protocols put in place to keep them and patients safe during vaccination clinic	Refer to internal Infection Control Policy		Michèle	In progress
	Write and approve necessary medical directives			Ada & Lily	Complete
	Write plan for the management of anaphylaxis and other medical issues			Ada & Lily	Complete
	Provide on-site orientation and prepare an orientation package for all immunizers and support staff			Michèle	In progress
	<b>External communication</b>				
	Keep communities informed about the vaccine, the local vaccine strategy and vaccine uptake	Use various media outlets (newspaper, CFNO, website, Facebook)		Michèle	In progress
Create accessible signage to support screening and clinic flow			Michèle	Not started	
<b>Individual patient communication</b>					

VACCINE ADMINISTRATION	Identify patients who are eligible for the early dose of the vaccine		Margaret	In progress
	Prepare a list of vaccine willing patients	The list should prioritize patients who are eligible for Phase 1 vaccines and those who are ages 60+ (starting at 80+ and reducing in 5-year increments)	Margaret	In progress
	Develop a vaccine information sheet and consent form		Michèle	Complete
	Provide patients with vaccine information sheet and consent form to read and sign in advance	Make them available electronically Janet G. will distribute and collect documents to PM residents, patients in LCC and NOSH employees	Michèle, Joseph and Melanie	In progress
	Contact vaccine willing patients and book them an appointment when vaccine delivery is expected		Melanie	Not started
	Contact patients who have received their first dose to ensure they have an appointment for their second dose		Melanie	Not started
	Identify patients who fall under 'special population' groups and offer them a phone appointment with an HCP prior to their vaccination appointment	HCPs should prepare for an increase in phone appointments to discuss the risk/benefits of COVID-19 vaccination with patients	Booking + MRPs	Not started
	<b>REGIONAL VACCINE DELIVERY</b>			
	MOH informs TBHJU of upcoming regional vaccine delivery			
	Dr. DeMille informs TBHJU district community leads re: vaccine distribution plan		Dr. Janet DeMille	
TBHJU district community leads inform local vaccine program lead re: vaccine distribution/delivery		Rhonda/Carlynn?		
Local vaccine program lead employs administrative plan		Michèle		
<b>LOCAL ADMINISTRATIVE PLAN</b>				
<b>Immunization clinic preparation</b>				
Identify location(s) that would allow the safe, efficient and accessible vaccine administration	Location(s) should have the ability to meet anticipated challenges (i.e., storage space, waiting areas, parking, etc.)	Michèle	Complete	
Identify back up power/alternate storage site if critical facilities malfunction		Michèle & Joseph	Not started	
Identify clinic volume capacity for vaccine administration		Michèle	Complete	
Identify human resources needed to host a vaccination clinic based on various vaccine dose scenarios		Michèle & Melanie	Complete	
Recruitment of necessary external staff and volunteers		Michèle	In progress	
Ensure medical/physician support is available for each clinic		Melanie	In progress	
Complete an inventory count and procure the necessary equipment and supplies (as per MOH checklist)	Janet G. provided an inventory count for NOSH	Marla & Avery	Complete	
Ensure that biomedical waste management processes are in place		Michèle	Not started	
Ensure IT support is available for each clinic		Joseph	Not started	
Ensure that key documents related to clinic function are complete	This includes: vaccine info sheet, consent form, after-care sheet, client immunization record, daily clinic summary, medical directives, AEFI form, incident report, post-clinic evaluation forms, supply/re-supply lists	Michèle	In progress	

MONITORING & REPORTING	Ensure that signed consent forms are scanned to patient charts		Melanie	In progress
	Identify patients who did not sign a consent form in advance		Melanie	Not started
	Put juice boxes in each exam room for patients who may require one		Marla	Not started
	<b>Vaccine delivery and storage</b>			
	Employ cold chain storage policies for transport of vaccines		Ada	Not started
	Begin monitoring process for temperatures to ensure it remains safe when on site		Ada	Not started
	Ensure that the district TBHJU is open/staff is available for vaccine pick up		Michèle	Not started
	<b>Vaccine administration</b>			
	Complete vaccine pre-loading a few hours prior to clinic	There could also be additional nursing staff working at the clinic that would be responsible for vaccine pre-loading	Nursing staff	Not started
	Ensure that trays and coolers are available (for pre-loaded vaccine storage)		Ada	Not started
Follow the vaccine administration guidelines as outlined in the COVID-19 Vaccine Administration Orientation Package		All Immunizers	Not started	
Ensure that each exam room is disinfected between each patient		HcAs	Not started	
<b>Internal</b>				
Vaccine inventory management		Ada, Marla & Avery	In progress	
Scanning and inclusion of patient consent form into EMR		Elena	In progress	
Manual filing of the patient consent form		Jackie	Not started	
Create COVID-19 under the prevention section of the patient EMR		Joseph	Complete	
Monitoring and recording vaccine administration in patient EMR	HCPs to chart administration of the vaccine (including location of the injection, lot# and their initials)	All Immunizers	Not started	
Create tracking system for vaccine use/waste		Ada	Not started	
Ensure patients receive their second dose		Melanie	Not started	
Track spending associated with vaccine clinics		Joanne & Jackie	In progress	
<b>External</b>				
Follow monitoring and reporting demands as specified by COVAX				
TBHJU to employ their vaccination monitoring system		TBHJU	Not started	



# VACCINE PLANNING FRAMEWORK

## *Key priorities*

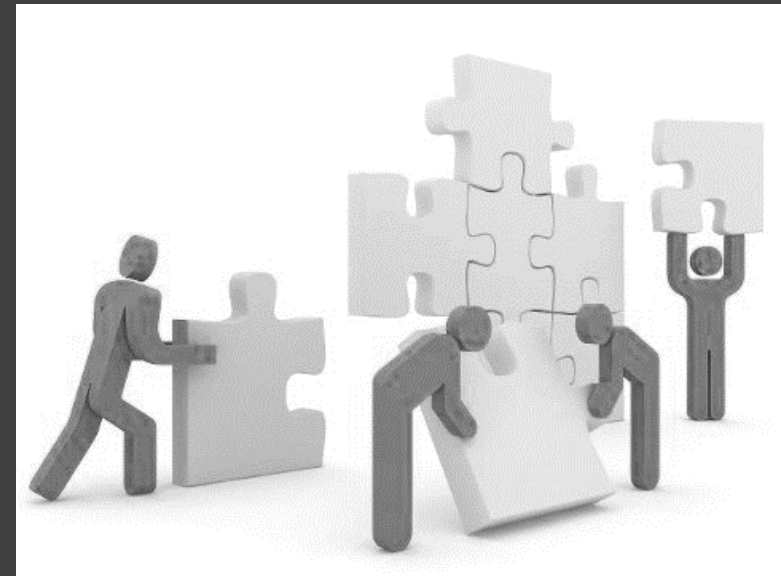
### **1. Governance and advocacy**

- Establishment of governance structure
- Identification of key partners
- Participation in district vaccine rollout meetings

### **2. Communication**

### **3. Vaccine administration**

### **4. Monitoring and reporting**

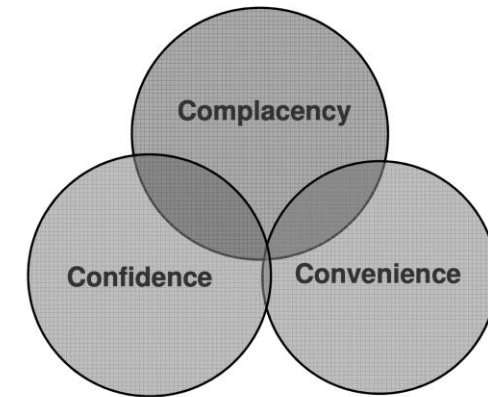


# VACCINE PLANNING FRAMEWORK

*Key priorities*

1. Governance and advocacy
- 2. Communication**
  - Addressing vaccine hesitancy
  - Healthcare worker and community education
3. Vaccine administration
4. Monitoring and reporting

Vaccine Hesitancy Model



# VACCINE PLANNING FRAMEWORK

## *Key priorities*

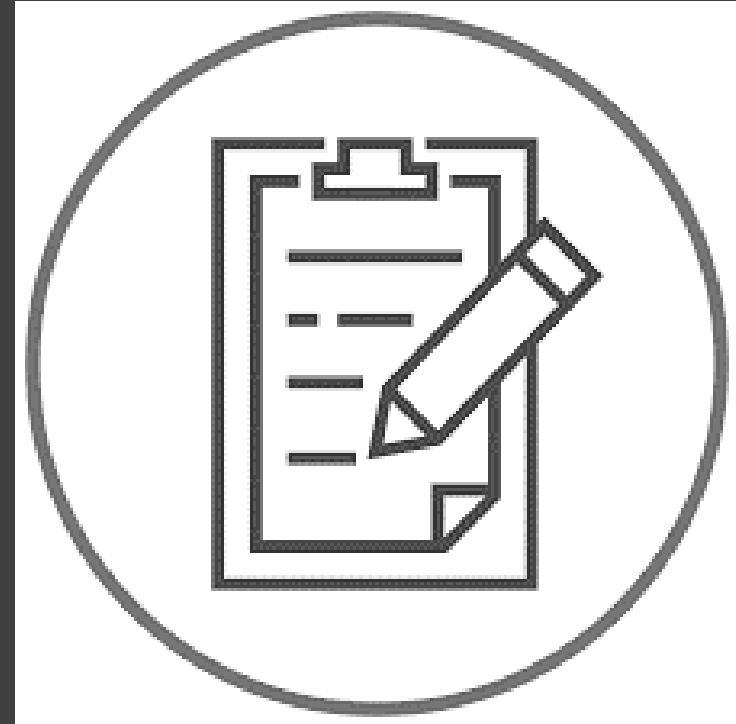
1. Governance and advocacy
2. Communication
- 3. Vaccine administration**
  - Proactive planning
  - Staff and provider education/training
  - Immunization clinic scheduling
4. Monitoring and reporting



# VACCINE PLANNING FRAMEWORK

*Key priorities*

1. Governance and advocacy
2. Communication
3. Vaccine administration
- 4. Monitoring and reporting**



# PREPARING FOR IMMUNIZATION CLINICS

*A RURAL NORTHERN  
ONTARIO APPROACH*



# ADVANCED CONSENT

*Benefits patients and primary care teams*

- Electronic consent forms
- Convenient for patients
- Ensures that patients have time to review their consent forms with a HCW prior to immunization appointment
- Allows to quickly identify patients who are ready and willing to receive the vaccine
- Allows for quick and efficient immunization clinics

MFHT - COVID-19 Vaccine Screening and Consent Form home | view

**Important**  
Before you complete this form please make sure you read and understand the [COVID-19 Vaccine Information Sheet](#).

First name\*  Last name\*  Health Card Number\*

Sex\*  Primary Care Clinician\*

Please Select One  Please Select One

Home phone\*  Mobile phone  Email\*

Street address\*  City\*  Province\*  Postal code\*

Marathon  ON  P0T2E0

Date of Birth\*  Age\*  Dose\*  Date of first dose if applicable

First

1. Do you have symptoms of COVID-19 today or feel ill today? \*

Yes  
 No

\* Symptoms of COVID-19 can include fever, new onset of cough or worsening of chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of smell or taste, chills, headaches, unexplained tiredness / malaise / muscle aches, nausea / vomiting, diarrhea or abdominal pain, pink eye, or runny nose or nasal congestion without other known cause or, for those over 70 years of age, an unexplained or increased number of falls, acute functional decline, worsening of chronic conditions or delirium.

2. Have you previously had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of a COVID mRNA vaccine or to any of its components or its container? \*

Yes  
 No

3. Do you have a suspected hypersensitivity or have you had an immediate allergic reaction (this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing) to:

A previous dose of an mRNA COVID-19 vaccine? \*

Yes  
 No

Any components of the mRNA COVID-19 vaccine? (including polyethylene glycol (PEG)) \*

Yes  
 No

Polysorbate? (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG) \*

Yes  
 No

\* Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrup, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but it is not known to cause allergic reactions from foods or drinks.

# IDENTIFYING ROLES & RESPONSIBILITIES

## Administration staff

## Healthcare providers/immunizers

### *Week(s) leading to vaccine delivery*

- Consent form distribution and collection
- Register as a user for the COVaxON and attend training session
- Indicate availability to work at after hour immunization clinics

- Consent form review phone appointments
- Register as user for COVaxON and attend training session
- Indicate availability to work at after hour immunization clinics
- Review COVID-19 Vaccine Resource Package

### *Days(s) leading to vaccine delivery*

- Book immunization appointments
- Register via COVaxON
- Check-in via COVaxON
- Ensure consent forms have been submitted and reviewed

- Consent form review phone appointments
- Help with administrative tasks

# VACCINE ADMINISTRATION

*A RURAL NORTHERN  
ONTARIO APPROACH*



# VACCINE ADMINISTRATION

*Roles and responsibilities of support staff, immunizers and physicians/NPs*

## Screener (1-2)

- Screen patients for symptoms of COVID-19
- Ensure patients have an appointment
- Provide patients with a Vaccine After Care Sheet and immunization card

## Healthcare (medical) assistant (2)

- Escort patients into exam rooms
- Ensure that one directional traffic is maintained in the facility
- Disinfect exam rooms between patients
- Deliver required equipment/supplies to immunizers when needed
- Complete inventory count after clinic

## Immunizers (5)

- Preload syringes
- Immunize patients
- Enter required vaccine administration information in COVax
- Monitor patients for adverse events
- Check-out patients using COVax after their 15 min wait time
- Inform appropriate clinic staff about adverse events

## Physician/NP (1)

- Answer questions from immunizers
- Respond to adverse events

# VACCINE ADMINISTRATION

## *Scheduling model*

- 8 to 12 patients arrive in 10-minute increments
- Patients will be escorted to exam room suites closest to the side exits first
- Each immunizer is responsible for one exam room suite (4+ patients every 20 minutes)
- Maximum of 2 patients per exam room

<b>Immunizer 1</b>	<b>A&amp;B suite</b>	5:30	5:50	6:10	6:30	6:50	7:10		<b>= 128+ patients immunized in 2 hours</b>
<b>Immunizer 2</b>	<b>C&amp;D suite</b>	5:30	5:50	6:10	6:30	6:50	7:10		
<b>Immunizer 3</b>	<b>E &amp; EE suite</b>	5:40	6:00	6:20	6:40	7:00	7:20		
<b>Immunizer 4</b>	<b>F&amp;G suite</b>	5:40	6:00	6:20	6:40	7:00	7:20		
<b>Immunizer 5</b>	<b>RAAM &amp; H suite</b>	5:20	5:40	6:00	6:20	6:40	7:00	7:20	

# CONCLUSION

## Challenge mitigation

- Early establishment of governance structure
- MOH resources
- Utilizing available resources in our primary care facility
- Relying on past vaccination experiences
- Collaborating with public health
- Communication and transparency



**Primary objective: efficient, quick and safe COVID-19 vaccine administration**

# THANK YOU

Michèle Lajeunesse

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🌐 <https://mfht.org/>



*Toronto Western*  
**Family Health Team**  
*Garrison Creek  
Bathurst*

# Mobile Team Vaccine Overview

AFHTO

Learnings from primary care: Vaccine roll-out across Ontario

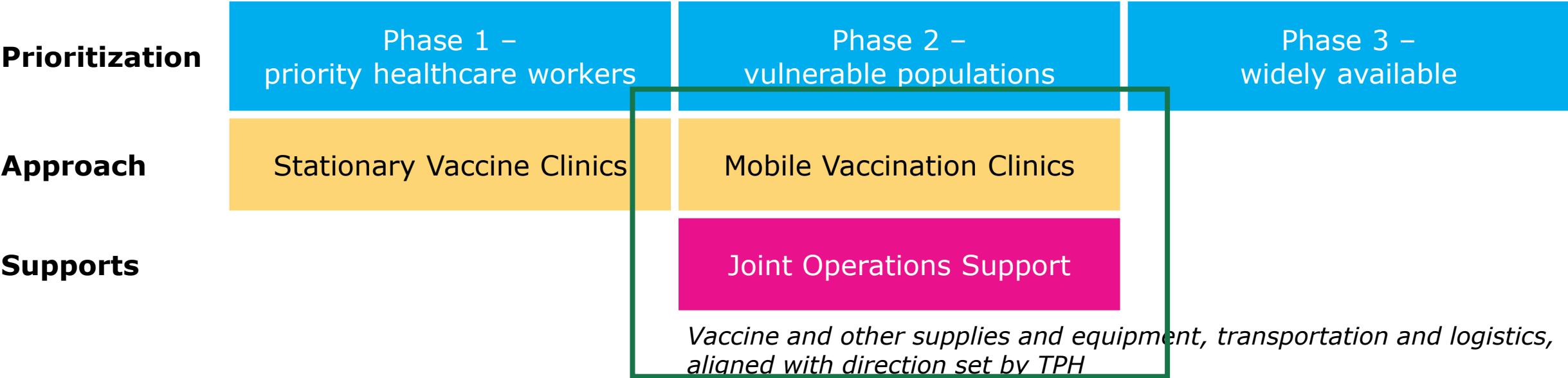
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# Align Efforts to Support the Highest Priority Populations

The program phases were mandated by the Ministry of Health. The Mobile Vaccine Team was brought in to do the first and second vaccine doses to residents, staff and Essential Care Givers (ECGs) at Long Term Care and Retirement Homes, ALC and areas of highest need as directed by Toronto Public Health (TPH).

## Toronto Public Health High Level Prioritization and Approach



# The Need for Mobile Vaccine Capacity

Supporting **equitable and accessible** vaccine for structurally disadvantaged populations:

- Long Term Care Homes & High Risk Retirement Homes
- High risk including elderly, living in congregate settings such as Naturally Occurring Retirement Communities, Toronto Community Housing and Seniors' Buildings
- Mobility concerns
- Lower income neighborhoods
- Housing instability
- Require additional supports for language and cultural considerations

Given geography is a critical consideration to support mobile efficiency mobile efforts should align with population priority setting based on vaccine supply but will require flexibility.



# Toronto Public Health

## Joint Operations Centre

Program Office	Vaccine Distribution	Pharmacy	COVax/ Technology	Ancillary Supplies
Responsible for governance and operations	Responsible for managing the supplies and logistics of vaccine delivery	Responsible for receiving, tracking, and shipping vaccine to settings	Responsible for management of the COVax platform and overseeing data entry requirements	Responsible for supplying/ ensuring necessary equipment and supplies are onsite

## Mobile Vaccine Team

Site Team(s)	Clinical Vaccination Team(s)
Responsible for preparing the site for vaccination of clients (e.g., residents, staff and essential caregivers [ECGs])	Responsible for providing clinical support to the site to help vaccinate clients

## UHN supports a coalition of partners via the Joint Operations Centre

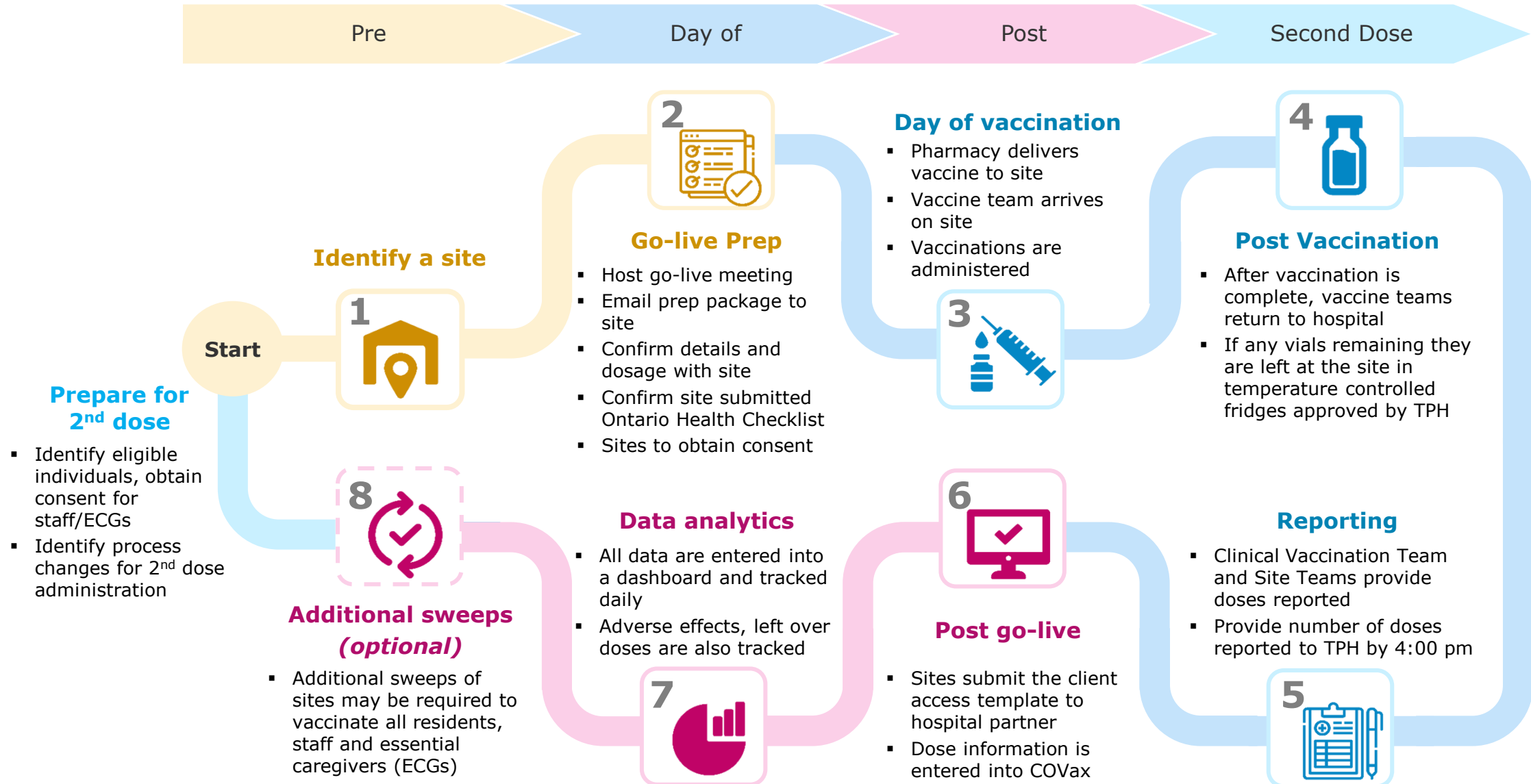
Partner health systems are responsible for these tasks and designate a lead for each to support logistics, site readiness and clinical preparation

Partner hospitals may choose to have one or more site lead and/or clinical teams





# 72hrs from Start to Finish





# Collective Early Learning



**Leverage trust and relationships**



**Act with speed**



**Support and plan for sustainability**



**Coordinate capacity at a regional level**



**Vaccine logistics are critical and extensive**



**Consistent use of standards and best practices**

# Lessons Learned

Daily debriefing between clinical teams and Joint Ops integral for process improvement.

Preparation is everything – success of mobile vaccination dependent of readiness of homes

Inter-disciplinary effort – success for a home is knowing what to do and doing it in advance. Homes know the resident baseline, hospitals are there to assist

Dose 1 and Dose 2 require slightly different approaches





# Lessons Learned

## Vaccine hesitancy:

- LTC staff were much more open to getting vaccines when we went on site
- Trust that is built by the team by seeing their leaders getting vaccinated is encouraging

Strengthened relationships between LTC, RH, Hospitals and Primary Care

# Planning considerations:

What are your partnerships?  
What is your role?  
Infrastructure/supports?

Which vaccine?

- One or two dose
  - Handling requirements for Pfizer, Moderna

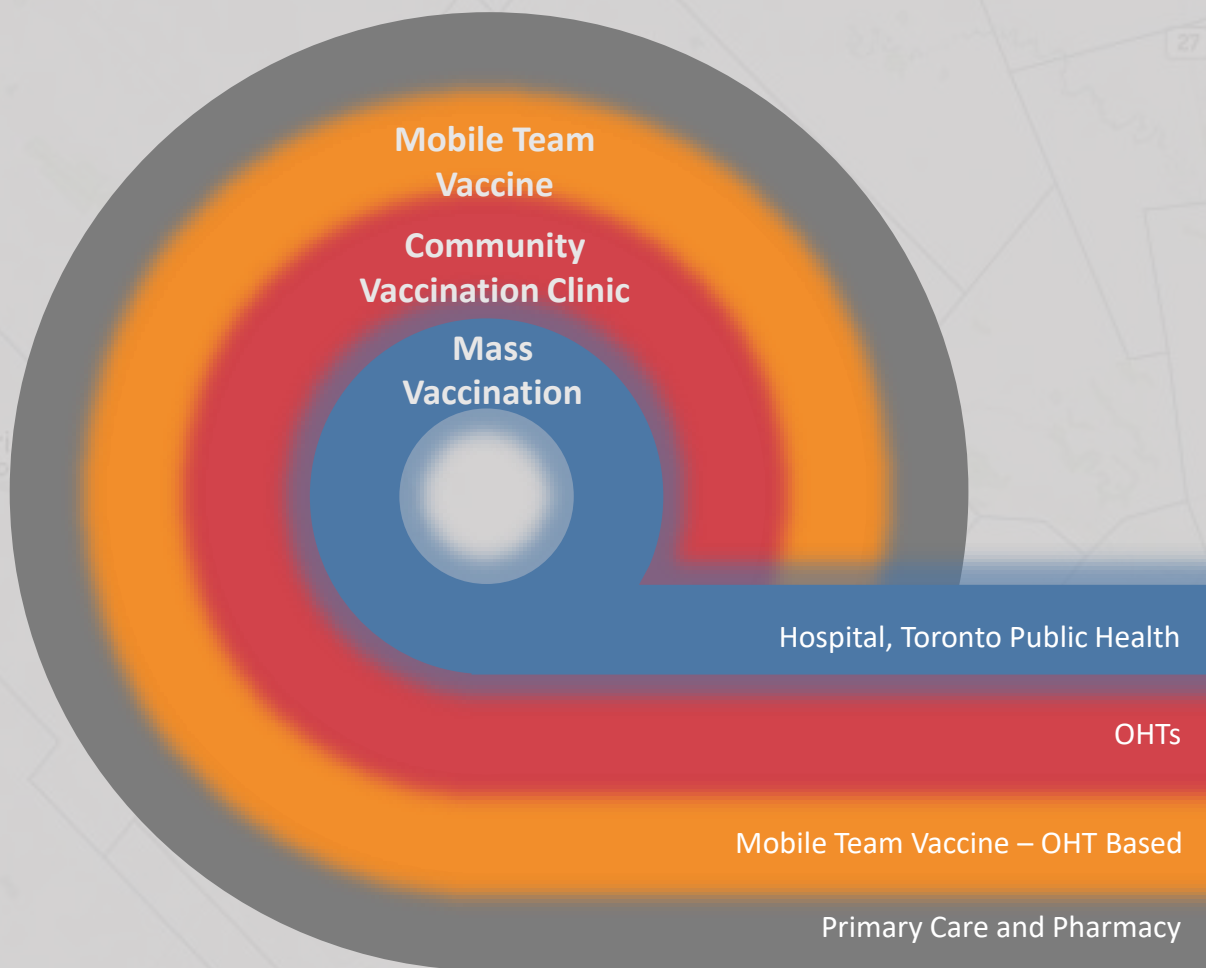
What is your target population?

How will you manage documentation?

- COVax
- Two-dose management
- Scheduling/booking processes



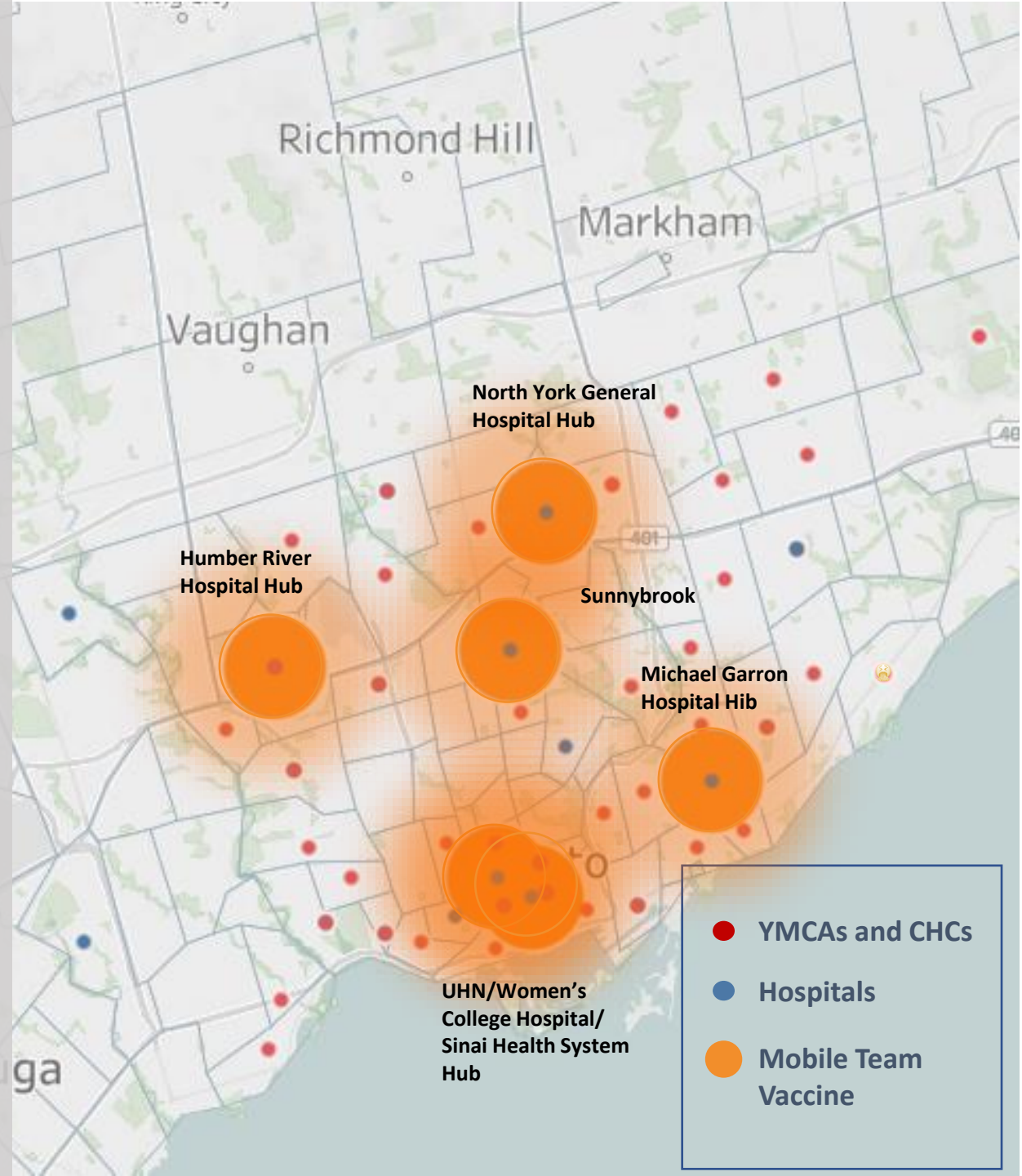
# Vaccination Strategy



## Type

## Vaccine Capacity (per day)

Mass Vaccination Clinic	1,500
Community Vaccination Clinic	500-1000
Mobile Vaccine Team/hub	300-500



Questions?



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