

# Providing COVID-19 vaccines through your practice

An overview guide

April 15, 2021

v.1



# Getting ready to vaccinate

This guide provides a series of checklists to prepare you and your staff for offering COVID-19 vaccines through your practice in addition to continuing to provide essential primary care services. If you are still unsure whether providing COVID-19 vaccines through your practice is right for you, please refer to [Deciding whether to provide the COVID-19 vaccine in your practice](#).

Throughout this guide, lessons learned and practical tips from the primary care pilot sites that were the first to offer COVID-19 vaccinations in Ontario will be highlighted to help you set-up and run your own vaccine clinic.

## Choose a clinic model

The first step to planning your vaccination clinic is to decide what type of clinic you want to run. If you had or were part of a clinic model that worked well for flu vaccination during the pandemic, that is a good place to start, as many of the requirements are the same (e.g., symptom screening, physical distancing, PPE, cleaning, etc.).

However, the primary care pilot sites found that COVID-19 vaccination clinics were substantially different than flu clinics, because they require more time for both onboarding and documentation in the COVaxON system (referred to as COVax in this guide), and for conversations with patients to [build vaccine confidence](#).

Consider the following clinical model options and select which might work best for your vaccination clinic (note that COVax is mandatory for all models):

Do you want to vaccinate with booked appointments in your practice?

This means either offering your patients regular office appointments throughout the day to get the COVID-19 vaccination or offering vaccinations as an add-on to an unrelated visit.

Advantages	Disadvantages
<b>Lower costs:</b> you can use your existing booking system and resources.	<b>May disrupt your practice:</b> vaccination may extend the length of your appointments and/or take up appointment bookings from your other patients.



*Tip from pilot sites: many patients preferred end of day appointments (e.g. 4-6pm) to coincide with the end of the workday.*

## Do you want to run a vaccination clinic on-site?

This means blocking off periods of time, either during your regular clinic hours or after hours/on weekends, to offer vaccinations to your patients, considering the capacity and layout of your practice.

Advantages	Disadvantages
<p><b>Easier to execute:</b> you can use the booking system and resources you already have in your practice</p> <p><b>Vaccinate more patients:</b> an on-site clinic is an efficient way of reaching a higher volume of patients.</p>	<p><b>Higher costs:</b> extended practice hours can lead to additional staffing costs.</p>



*Tip from pilot sites: a sustainable model for many practices was to book a dedicated 1-2 hour slot for COVID-19 vaccines, either at the beginning or end of the day. This allowed for existing staff to be used. Morning clinics also ensured that doses for any no-shows could still be used for stand-bys later in the day.*

## Do you want to run a vaccination clinic off-site?

This means securing a location that allows for a larger capacity than your practice for physical distancing between patients, such as a parking lot, drive-through, or community centre.

Advantages	Disadvantages
<p><b>Vaccinating more patients:</b> an off-site clinic is an efficient way of reaching a high volume of patients in a relatively short amount of time.</p> <p><b>Ability to scale:</b> multiple practices can work together to set up an off-site clinic to vaccinate a larger number of patients.</p>	<p><b>Higher costs:</b> staffing costs, as well as supplies.</p> <p><b>Logistical challenges:</b> requires planning and investment up front to organize.</p>



*Tip from pilot sites: parking lot clinics were the most efficient.*

## Learn about COVax

COVax<sub>ON</sub> (COVax) is a mandatory, secure, cloud-based set of digital tools to support the clinical administration and inventory management of COVID-19 vaccines.

All COVID-19 vaccinations must be recorded in COVax. Vaccine inventory must also be recorded in COVax.

COVax is available real-time, anywhere; all you need is access to the internet and a browser. Similar to other EMR software, you must use COVax in accordance with PHIPA.



*Tip from pilot sites: the onboarding of staff onto COVax, including the training and registration process, and the steps involved in the clinical administration of the vaccine initially posed an administrative burden.*

It is important to understand the requirements of COVax ahead of time (highlighted in the boxes below) and identify the resources needed to support these administrative tasks in your clinic.

To use COVax, you need to be registered as a user. If you are working at more than one vaccination location, you need a different COVAX account/login for each vaccination site that you work at. For example, if you provide vaccinations at a mass vaccination clinic and in your practice, you will need a different set of COVax credentials for each location.

### COVax help:

For help with COVax registration, account set-up and passwords:

- Contact Ministry of Health COVax support at: 416-637-8672, 1-888-333-0640, or [covaxonsupport@ontario.ca](mailto:covaxonsupport@ontario.ca)

For questions about navigating COVax software or access to job aids, templates, and training:

- Register for OntarioMD's [COVax training](#)
- Contact OntarioMD COVax support at: [covaxon.support@ontariomd.com](mailto:covaxon.support@ontariomd.com)

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Communicate with your patients about your vaccine supply</li> <li><input type="checkbox"/> Ensure you create a waitlist to reduce vaccine waste</li> </ul>	
<b>Enter patient data into COVax .....</b>	<b>14</b>
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<ul style="list-style-type: none"> <li><input type="checkbox"/> Observe patients for a minimum of 15 minutes following vaccination, or for patients with allergies to vaccines or injectable therapies, a minimum of 30 minutes</li> <li><input type="checkbox"/> Document adverse events, if any</li> </ul>	
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## Plan ahead

This planning ahead checklist provides information on what you need to prepare ahead of time for your vaccination clinic. Wherever possible, practical tips from the pilot sites were included to help you learn from what worked well at these sites.

### Understand your capacity

- Calculate how many patients you can safely book based on your physical set-up
  - Use the [COVID-19 Immunization Toolkit: Immunization clinic capacity estimator](#) to estimate the number of patients to book per clinic shift
  - Use the [COVID-19 Immunization Toolkit: Immunization clinic duration estimator](#) to determine how many hours you will likely need to run your immunization clinic based on the vaccine doses you receive from your Public Health Unit

- Understand how much vaccine you will receive

Your Public Health Unit will tell you how much vaccine you will receive and when it will expire.

- Refer to [CEP's Local Vaccine Rollout](#) resource for a listing of each Public Health Unit.

- Prepare to store the vaccine

**AstraZeneca:** store in the fridge (2 to 8 degrees C); do not freeze

**Moderna:** once thawed, store in the fridge (2 to 8 degrees C); do not refreeze thawed vials.

Unpunctured vials may be kept in the fridge for up to 30 days or at room temperature for up to 12 hours



*Tip from pilot sites: rates of vaccination can vary greatly depending on the clinic model, from one vaccinator administering about 10 doses per hour at a mass vaccination clinic, up to one dose per minute with two vaccinators at a drive through clinic. It may be helpful to speak with other practices actively vaccinating in your region to inform your estimates.*

### Recruit and train your staff and volunteers

- Determine roles within the clinic and share a list of assigned roles in advance
  - Refer to [COVID-19 Immunization Toolkit: Clinic Roles Worksheet](#) to help identify the roles needed within your clinic
  - Refer to PHAC's [examples of clinic roles and activities in immunization clinic operations](#)
  - Additional staff and volunteers needed may include IT support for COVax and translator(s) for patients
  - Outline which roles are appropriate for volunteers (e.g. greeting patients, etc.) and which must be done by staff (e.g. entering personal health information into COVax, etc.)



*Tip from pilot sites: have the vaccinator only be responsible for administering vaccinations in order to speed up the clinic flow and get more patients vaccinated.*

Source additional staff and volunteers to support if needed

Think broadly and creatively when considering how to fill these roles:

- If you run your clinic during regular hours, you can use your existing staff with no added costs
- If you run your clinic after hours or on the weekend, you may have to pay your staff time-and-a-half
- You can seek support from local interprofessional health care providers (IHPs), office assistants, other clinicians, and community volunteers, including students
- Consider partnering with a nearby practice, pharmacy and/or laboratory for additional staff and volunteers



*Tip from pilot sites: volunteers, including medical students, are excellent resources to serve functions such as wayfinding and screening*

Arrange for COVax training

All staff and volunteers using COVax should first take OntarioMD's [COVax training](#) for guidance on how to register. OntarioMD's COVax End-to-End Training is recommended for people designated as site super users and all others should take OntarioMD's Clinical Workflow Training.

Important notes about COVax registration:

- A registration validation email will come from **support@jp.salesforce.com** and will expire within 24 hours; be sure to check your junk mail
- Registration includes the set-up of two-factor authentication, which requires two devices (e.g., a computer and mobile phone)
- Use Google Chrome, Microsoft Edge Chromium, Apple Safari or Mozilla Firefox when accessing COVax; don't use Internet Explorer
- Note down the two-word phrase and 4-digit passcode provided for future sign-ins
- A secure internet connection is recommended

**What do I need to do in COVax?**

For onboarding staff onto COVax, you must identify who will be in the following system user roles based on access levels needed to COVax:

- Site staff
- Vaccine administrator
- Inventory administrator
- Site super user

Staff names, emails and assigned COVax roles will need to be sent to the Ministry of Health at least one week before the clinic begins. Learn more in OntarioMD's [COVax training](#).

Provide other additional training for staff and volunteers if needed

- **Vaccination training:** Increasing the number of vaccinators could increase your capacity
- **CPR training:** At least one person on-site should have current CPR training

- **Anaphylaxis management:** Ensure a clear protocol for stabilizing a patient experiencing anaphylaxis is in place
- Refer to [Critical Care Learning Vaccine Resources](#) for more information on training

## Prepare your physical space

### Plan your patient flow to maintain physical distancing

For all vaccination models, you will need to have space for the following:

- Entrance
- Check-in: registration and pre-waiting room
- Vaccination space: exam rooms or immunization stations
- Observation space: post-immunization observation room
- Check-out: exit

Refer to the [COVID-19 Immunization Toolkit: Examples of clinic flow](#) to ensure proper accessibility is maintained.



*Tip from pilot sites: If you are running a parking lot vaccination clinic, consider the flow of cars. This includes things like ensuring the clinic is not located immediately off a main road (to avoid congestion) and ensuring parking spots for post-vaccine observation do not interfere with traffic flow into the clinic.*

### Secure your space if you choose to run an off-site clinic



*Tip from pilot sites: partner with a local community centre or facility that can accommodate a larger number of patients either in their space or parking lot to help cut costs*

### Ensure there is a phone connection to call 911 in the event of an emergency

### Ensure stable internet access where possible

Ensure your clinic has access to a stable internet connection where possible, especially if you are running your clinic in a new space or parking lot.

It is recommended that you use a secure internet connection where possible.

Have paper forms available in case the internet connection is lost or cannot be established due to geographic location (these forms are available on [OntarioMD's COVax Training](#) webpage):

- [COVID-19 Vaccine Consent form \[English\]](#)
  - [Consent forms in other languages](#)
- [Consent for Collection of Sociodemographic Data \[English\]](#)
- [Ministry of Health COVID-19 Vaccine – Pre-Screening Assessment Tool for Health Care Providers](#)

- [COVID-19 Vaccine Data Entry Form AstraZeneca](#)
- [Report of Adverse Event Following Immunization \(AEFI\) Reporting Form](#)

Prepare adequate signage throughout the clinic

- Screening signage at entrance
- Signs, banners and floor markers to guide traffic in one direction
- Signs with public health messaging (mask wearing, physical distancing, hand hygiene)
- Simple, generic signs are available for [download](#) from covidtoolkit.ca

Consider having signage in multiple languages based on your patient population.

Provide a space for childcare

If possible, provide a safe and physically-distanced space that can be clearly observed by both staff and the parent/guardian.

Ensure access to washrooms

- Washrooms should be available and clearly marked for patient flow
- If the patient must use the washroom during the observation period, they should inform the observer



*Tip from pilot sites: ask for help from your community. Others are often very willing to help out, either by volunteering or by contributing supplies.*

## Order supplies

Ensure you have sufficient supplies for your clinic

Refer to [COVID-19 Immunization Toolkit: Supplies Checklist](#) and PHAC's [Clinic supply list](#) for additional supplies needed.



*Tip from pilot sites: reach out to your community for supply donations, such as tents and heaters, to help to set-up your clinic at reduced costs.*

Remember to ensure you have:

- Epinephrine 1:1000 or Epi-pens on site in case of anaphylactic reaction
- Appropriate PPE on hand for all staff and volunteers, as well as patients if they need it. Refer to [the OMA PPE Guidance Poster](#).

### What do I need to do in COVax?

Ensure your Public Health Unit has allotted some of their vaccine inventory to your vaccination event and set this up within COVax. Refer to OntarioMD's [COVax end-to-end training](#) for more details on this process.

## Identify and contact eligible patients

- Understand which patients are eligible for vaccination

Refer to the [Ministry of Health's COVID-19 vaccination plan](#) and [CEP's Vaccination in Primary Care resource](#) for more details about priority groups eligible for vaccination.

- Identify eligible patients in your practice

Use [eHealth vaccine eligibility EMR searches](#) and [OntarioMD's EMR Queries/Search Tools](#) to search your EMRs for eligible patients and identify who may be excluded from a particular vaccine (e.g. those with allergies).

If using paper records, this process will need to be done manually. Refer to [covidtoolkit.ca](#) for information about how to leverage your billing system to do this.

### What do I need to do in COVax?

Use the search function in COVax to identify which of your patients has already been vaccinated to avoid duplication.

- Review your practice for missed patients

Review your generated list of patients and discuss across your team who is missing from the list (e.g., those with a high-risk condition who have not been recorded or have been recently confirmed by a specialist).

Ensure that Indigenous Peoples are not missed when you use age brackets in your queries.

- Prioritize your patients who are at higher risk

[Vulnerable populations](#) at higher risk of a) more severe outcomes from COVID-19, and b) exposure to SARS-CoV-2 should be prioritized to receive the vaccine.

Check with your local [public health unit](#) to understand additional local populations who should receive the vaccine.

- Cross-check with COVax to determine if eligible patients have already received a vaccine

Before you start reaching out to invite patients in for a vaccine, it is recommended to manually cross-check in COVax so that you and/or your staff only contact patients who have not yet received the vaccine.

- Determine how you will contact patients about the vaccine

You can choose to do passive promotion (e.g., emailing or robo-calling patients), active promotion (calling patients individually), or a mix of both. Passive promotion is much less work than active promotion. Active promotion can be time-consuming as your calls may turn into conversations around vaccine hesitancy, but it is also rewarding.

Consider targeting your active promotion efforts to the patients you know need it the most (e.g., ones with no internet, literacy challenges, or who have been vaccine hesitant in the past).

**Resources:**

- Refer to [CEP’s Prepare to support vaccination toolkit](#) to identify your communication strategy and considerations for contacting eligible patients by email, text messaging, and/or phone

For active promotion:

- Refer to [OMA’s vaccine hesitancy resources](#) and [CEP’s ensuring patient confidence in vaccines](#)
- If conversations around vaccine hesitancy are  $\geq 20$  minutes, then these can be billed using fee codes K013 (individual counselling) and K040 (group counselling); refer to the [OMA COVID-19 billing codes summary](#)

For passive promotion:

- Refer to the [CEP vaccination email template](#) for examples of how to structure your email to your patients

- Track patients who decline the vaccine and revisit their decision in subsequent appointments

People may change their mind and decide to vaccinate at a later time or with a newly available vaccine, so it is important to revisit this discussion over time with your patients.

- Refer to [OMA’s vaccine hesitancy resources](#) and [CEP’s ensuring patient confidence in vaccines](#)

## Book patient appointments

- Determine how you will book patients: manually or automated self-serve

- Consider using a booking system you already have in place
- For higher volumes, automated booking is recommended where possible for efficiency



*Tip from pilot sites: examples of automated booking systems used in the pilot sites included OCEAN, Verto and Cyberimpact.*

- Provide patients with documentation ahead of time

Email or mail the following two consent forms to your patients ahead of time and ask them to read these forms before their appointment. They can either bring the paper copies of the completed consent forms to their appointment or you can ask them to confirm their consent verbally on the day of.

- [COVID-19 Vaccine Consent Form](#) – includes consent to receive the vaccine, input patient data into COVax and share with Public Health Units, and be contacted for research. This form is also available in [other languages](#).
- [Consent for Collection of Sociodemographic Data](#) – consent to collect sociodemographic data (e.g., race, household income, etc.) in COVax to inform equitable vaccine access across Ontario

**What do I need to do in COVax?**

You can also ask patients verbally whether they consent to having their information uploaded into COVax ahead of the clinic (i.e. upon booking) and document their verbal consent in your EMR/patient chart.

You can also choose to provide additional resources for your patients ahead of their appointment, including:

- [CEP's vaccine after-care sheet](#)
- Ministry of Health's [After Your COVID-19 Vaccine document](#)

Consider booking fewer patients in the first few days of your clinic

Booking fewer patients in the first few days will leave more time for troubleshooting any COVax or workflow challenges that may arise.

Once the clinic is fully operational, consider booking patients in blocks (e.g., booking batches of patients at once and then releasing in 15-minute intervals after observation). This works best if you have two doors: one for entry and one for exit.



*Tip from pilot sites: inform patients not to come in early for their appointment to reduce congestion in your clinic*

Consider pre-booking an appointment for the second dose when you make the appointment for the first dose (optional)

An appointment for the second dose can be pre-booked at this stage. You can also choose to book the appointment for the second dose after patients receive their first dose, or you can choose not to pre-book. If you do not pre-book, ensure you have a system in place for tracking those who have received the first dose (e.g., documentation in EMR/patient chart) and following up with them within the appropriate timeframe to book a second dose.

For most people, second doses will be administered up to four months after the first dose. Specific [high risk populations are exempt from longer dosing intervals](#), as well as people with certain [health conditions](#).

Note that second dose appointments may need to be rescheduled due to vaccine availability.

Communicate with your patients about your vaccine supply

If you receive a small supply of vaccines from your Public Health Unit but have a large number of eligible patients, have a plan to manage expectations and identify who will be prioritized for vaccination. Consider the availability of future vaccine allotments from your Public Health Unit when talking to patients.

Ensure you create a waitlist to reduce vaccine waste

When booking, create a waitlist of up to 20% of your clinic's capacity to have patients available to fill in cancelled appointments or use any extra vaccine doses available at the end of the day.

## Enter patient data into COVax

### Upload your patients into COVax ahead of your clinic, when possible

It is recommended to *bulk upload* your patients ahead of time into COVax, especially for mass vaccination clinics. Patient data can also be uploaded during the clinic. Only people designated *site super users* in COVax can bulk upload patient data. Speak to your local Public Health Unit if your clinic does not have a *site super user*.

- Refer to OntarioMD's [COVax end-to-end training](#) for set-by-step guidance on bulk uploading your patients, including the necessary templates
- If your bulk upload includes patients who already have records in COVax, you will have access to an error file that includes which patients failed to be uploaded and the reasons why (e.g., duplicate health card number)

There is also an option to *manually* enter each patient record either ahead of time or during the clinic:

- Search for patient records in COVax by unique identifier(s) (e.g., health card number, first/last name, birthdate, location, phone number)
- If there is no patient record, create a new record – refer to OntarioMD's COVax training for step-by-step guidance on creating a new patient record
- Use an alternate ID for patients without a health card number (e.g., birth certificate, driver's license, employee ID, First Nation passport, MRN or out-of-province health card number)



*Tip from pilot sites: performing a dry run of the COVax clinical workflow ahead of time can help with ensuring your clinic day administration is as efficient as possible.*

## Identify your eligible billing codes

### Understand which billing codes your practice is eligible to use

There are two types of codes for administering COVID-19 vaccines:

- G-codes: use if you are operating independently (without oversight from a hospital or public health unit)
- H-codes: use if you are administering COVID-19 vaccines with oversight from a hospital or public health unit

Note that conversations around building vaccine confidence that are  $\geq 20$  minutes are eligible for billing using fee codes K013 for individual counselling and K040 for group counselling.

For more on COVID-19 billing codes, refer to the [OMA COVID-19 billing codes summary](#).

## The day of vaccinations

This day-of guide provides information on what you need to have prepared and document on the day of your clinic. Wherever possible, practical tips from the pilot sites were included to help you learn from what worked well at these sites.



*Tip from pilot sites: consider scheduling a pre- and post-clinic huddle for at least the first few days of your clinic so that staff can address any questions, discuss what went well, lessons learned, and identify any improvements to be made for next time.*

### A note about COVax

COVax users who are designated as a *vaccine administrator* or a *site super user* will have access to a “simplified workflow”, which streamlines the check-in, administer dose, and check-out steps of the clinical workflow outlined below.

Refer to OntarioMD’s COVax clinical workflow training for more information about the simplified clinic workflow.

## Prepare doses

- Ensure you have enough doses drawn for the patients you are expecting

Consider drawing up doses ahead of time, to make the clinic run more smoothly.

When planning to draw doses in advance, consider:

- **AstraZeneca** must be used within 6 hours of puncturing the vial if stored at room temperature, or within 48 hours if stored in a fridge (2 to 8 degrees C)
- **Moderna** must be used within 6 hours of puncturing the vial



*Tip from pilot sites: engage other staff or members of the medical community to help prepare doses. For instance, physicians could train in-house staff how to draw up vaccines and then check their work. You could also invite pharmacists (e.g., those in the building) to help.*

## Screen patients

- Screen patients for COVID-19 at entry

- Implement passive screening procedures at entry with signage
- Refer to the [COVID-19 Immunization Toolkit: Prepare For Your Immunization Clinic](#) and Ministry of Health’s [Guidance for the Health Sector](#) for signage
- Implement active screening procedures at entry
- Refer to Ministry of Health’s [COVID-19 Screening Guidance](#) for screening questions
- Ensure adequate PPE for staff and volunteers conducting symptom screening. If they are not behind a plexiglass barrier, screeners should wear full droplet precautions: gown, gloves, eye protection and surgical mask. Refer to the [OMA PPE Summary Poster](#).

- Divert screen-positive patients to seek testing at an assessment centre or emergency room as appropriate
  - Ask the patient to perform hand hygiene
  - Provide the patient with a medical mask
  - Make efforts to ensure the patient has a method of travel that maintains physical distancing

## Check-in patients

- Ask your patient if they consent to having their data collected in COVax and document this in COVax
  - Have paper copies of the [COVID-19 Vaccine Consent Form](#) (which contains the consent for data collection in COVax) on hand for patients to review
  - Refer to OntarioMD's [COVax clinical workflow training](#) for step-by-step guidance on how to document the *check-in* process

- (Optional) Ask your patient if they consent to providing their sociodemographic data and if yes, document this in COVax

After the client has been checked in, ask the patient if they are willing to provide their sociodemographic information into COVax.

Have paper copies of the [Consent for Collection of Sociodemographic Data](#) on hand if your patient did not bring their completed form with them.

### What do I need to do in COVax?

During the *check-in* step in COVax, read the acknowledgement of collection, use and disclosure of PHI to your patient. Then select the checkboxes to document your patient has:

- consented to their data being collected in COVax
- been screened for COVID-19 symptoms upon entry.

### What do I need to do in COVax?

Once they complete the [Consent for Collection of Sociodemographic Data](#), create a sociodemographic record from the patient's profile in COVax (this step is separate and cannot be accessed from the simplified workflow).

Refer to the Ministry of Health's Check In Job Aid for more information about how to create a sociodemographic record in COVax (available following OntarioMD's [COVax training](#)).



**Tip from pilot sites:** At check-in, tell the patient to prepare their arm (remove clothing) as soon as they get into the vaccination space. This can help save time.

## Vaccinate patients

- Conduct and document the pre-screening assessment to confirm the patient is eligible to receive the vaccine

The pre-screening assessment confirms the patient is eligible to receive the vaccine and does not have contraindications or conditions that would require additional precautions.

Refer to the [Ministry of Health's Pre-Screening Assessment Tool for Healthcare Providers](#) to help guide your assessment.

This pre-screening can be done verbally using the questions that appear in COVax or you can consider sending the pre-screening assessment questions ahead of the clinic for the patient to complete.

The vaccinator is responsible for ensuring the patient meets the eligibility criteria and that those criteria are documented in COVax.

- Refer to OntarioMD's [COVax clinical workflow training](#) for step-by-step guidance on how to document the pre-screening assessment in the *administer dose* process

### What do I need to do in COVax?

During the *administer dose* step in COVax, input your patient's responses into the pre-screening assessment questions that appear and select the checkbox to indicate they have completed the pre-screening assessment.

- Confirm and document that your patient consents to receiving the vaccine

If your patient consented to their data being collected in COVax, you can just check the box in COVax to document their consent to receive the vaccine (you do not need to keep the signed paper copy or append them to your EMR/patient chart).

If your patient did not consent for their information to be stored in COVax, ask them to sign a paper consent form and keep that for your records.

- Have paper copies of the [COVID-19 Vaccine Consent Form](#) on hand if your patient did not bring a completed form with them

Note that the consent provided covers both doses if it is a two-dose product.

- Refer to OntarioMD's [COVax clinical workflow training](#) for step-by-step guidance on how to document patient consent in the *administer dose* process

### What do I need to do in COVax?

During the *administer dose* step in COVax, select the checkbox to indicate that your patient consented to receiving the vaccine, including all recommended doses in the series.

- Administer the vaccination

Provide the vaccine dose to your patient.

This may also be an opportunity to answer any remaining questions your patient may have.

### What do I need to do in COVax?

During the *administer dose* step in COVax, document the details of the vaccine administration, including the anatomical site, route of administration, date/ time of vaccination, and vaccinator's name.



**Tip from pilot sites:** if doing a large clinic, it is most efficient to ensure that the vaccinator focuses only on vaccinating and discussions around building vaccine confidence. Ideally, other staff are doing everything else, including documentation.

Document your patient's vaccination in your EMR/patient chart

Because COVax is the 'source of truth' for vaccine-related information, a minimal note in your EMR/patient chart about the vaccination is considered sufficient. You may use the following format to document your patient's COVID-19 vaccination in your EMR/patient chart:

<Manufacturer name> COVID-19 vaccine, <date>. See COVax for details.

**Example:**

AstraZeneca COVID-19 vaccine, April 2 2021. See COVax for details.

Also consider documenting the patient's allergies and/or any risk factors that may be relevant to the COVID-19 vaccine.



**Tip from pilot sites:** documentation in the EMR/patient chart may be done in real-time or batched and done at the end of a clinic. For efficiency, consider delegating documentation to an individual who is not administering the vaccines.

## Observe patients

Observe patients for a minimum of 15 minutes following vaccination, or for patients with allergies to vaccines or injectable therapies, a minimum of 30 minutes

Patients with a history of severe allergic reaction or allergic reaction within four hours to any other vaccine or injectable therapy that does not contain a component or cross-reacting component of the COVID-19 vaccines should be observed for a minimum of 30 minutes following vaccination.

Patients should maintain physical distancing during the observation period.



**Tip from pilot sites:** in practice, observation is often done after the check-out step below to avoid delays or congestion in the clinic. This means that once the observation period is done and there have been no adverse events, the patient can leave.



**Tip from pilot sites:** observation for drive-through clinics can be done by directing patients to a parking area after receiving their vaccination and instructing them to honk their horn if they feel any reactions during the assigned time period.

Provide patients with resources to support them following their vaccination, such as [CEP's Vaccine After-Care Sheet](#).

Document adverse events, if any

It is important to document any adverse reactions that occur within the observation period in COVax.

If patients report instances of adverse events beyond the observation period, follow normal reporting procedures for adverse events (this does not need to be recorded in COVax).

**What do I need to do in COVax?**

During the *check-out* step in COVax, select the checkbox to indicate that adverse events occurred during the observation period, or leave it unchecked if no adverse events occurred.

## Check-out patients

Print vaccine receipt for patient

Download and print the vaccine receipt for your patient. The receipt contains vaccine administration details, including when the patient can leave after vaccination, time and date the vaccine was administered, and the route and site of administration.

It is recommended that you hand-write the date of the next vaccination on the receipt if it is booked.

You will need Adobe Reader to view and a printer to print a hard copy of the receipt for your patients.

Patients who have an email address listed in COVax and have consented to receiving email will also have an electronic copy of the receipt sent to them. Paper receipts should be offered to all patients, even if they have consented to receive a receipt by email.

- Refer to OntarioMD's [COVax clinical workflow training](#) for step-by-step guidance on how to document the *check-out* process

**What do I need to do in COVax?**

During the *check-out* step in COVax, review your patient's vaccine administration details to ensure they are accurate and select if your patient wishes to receive an electronic copy of their vaccine receipt by email.

## Clean your clinic

Clean surfaces and equipment between patients, and at the beginning and end of every shift

- Follow [COVID-19 environmental cleaning protocols](#) for clinic settings
- If patients are filling out or signing forms, provide a separate pen for each patient or clean pens between each use

## Log out of COVax and clear your devices

Ensure you log out of COVax, clear cache and recycling bin once you are done your shift

- Once your shift is done, log out of COVax to ensure no one accesses your account
- Clear your browser's cache and the device's recycling bin to remove any saved data or downloaded vaccine receipts that contain PHI

## Appendix: Additional Resources

### Resources to help set-up your COVID-19 vaccine clinic

- Refer to [Critical Care Learning Vaccine Resources](#) for clinical and site readiness for both community-led vaccination and long-term care and retirement home vaccination clinics
- Refer to the [COVID-19 Immunization Toolkit](#) for information on planning your immunization clinic and/or assisting with informing and identifying eligible patients
- Refer to the [IPHCC's gashkiwidoon toolkit](#) designed to support Indigenous organizations with the planning and implementation of community-level COVID-19 vaccination clinics
- Refer to the CEP's guide: [Prepare to support vaccination](#), which covers communication strategies, how to leverage the EMR to find eligible patients and conducting patient outreach

### Communities of practice

- Join the OCFP and University of Toronto's department of Community and Family Medicine's biweekly [Community of Practice on COVID-19](#)
- Join Ontario Health's weekly [Community of Practice on COVID-19 vaccines](#) on Quorum

### Resources to build vaccine confidence

- Refer to the OMA's compiled list of [COVID-19 vaccine hesitancy resources](#), along with a [vaccine hesitancy toolkit](#)
- Access free COVID-19 [vaccination modules](#) developed by the Family and Community Medicine at the University of Toronto and OCFP

### Ministry of Health Resources

#### Vaccine Prioritization Resources:

1. [Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination](#)
2. [Guidance for Prioritization of Phase 2 Populations for COVID-19 Vaccination](#)

#### Health Care Provider Education Documents:

1. [COVID-19 Vaccine Approval Process and Safety](#)
2. [About COVID-19 Vaccines](#)
3. [COVID-19 Vaccine Availability and Rollout](#)

#### General Immunization Documents for Patients:

1. [COVID-19 Vaccine Information Sheet](#)
2. [What you need to know about your COVID-19 vaccine appointment](#)
3. [Extension of the Second Dose Interval](#)

#### General Immunization Documents for Immunizers and Vaccine Clinics:

1. [COVID-19 Vaccine Clinic Operations Planning Checklist](#)
2. [Vaccine Storage and Handling Guidance- Pfizer-BioNTech and Moderna COVID-19 Vaccines](#)
3. [Administration of Pfizer-BioNTech COVID-19 Vaccine](#)

4. [Administration of Moderna COVID-19 Vaccine](#)
5. [Administration of AstraZeneca COVID-19/COVISHIELD Vaccine](#)
6. [COVID-19 Vaccination Recommendations for Special Populations](#)
7. [COVID-19 Vaccination: Allergy Form](#)

**Consent for COVID-19 Vaccination Documents:**

1. [Pre-Screening Assessment Tool for Health Care Providers](#)
2. [COVID-19 Vaccine Consent Form](#)
3. [Consent for Collection of Sociodemographic Data](#)