

# Middlesex-London COVID-19 Vaccination Plan

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## Summary

The **Middlesex-London COVID-19 Vaccination Plan** articulates the strategic vision and operational plan to guide Middlesex-London Health Unit's (MLHU) distribution of the COVID-19 vaccine.

This plan is a working document informed by the experience and efforts of the MLHU team. It will require revisions as new learnings are realized at the agency and local level, and as international, national and provincial guidance and directives related to the COVID-19 vaccine are modified.

## Background

The first laboratory-confirmed case of COVID-19 in Middlesex-London was reported to the MLHU on January 24, 2020. Since that time, the impact on residents of the Middlesex-London community has been profound. Hope, however, has arrived with the remarkable development of vaccines for the SARS-CoV-2 virus. The manufacturing and deployment of these life-saving tools began in late 2020, and the first recipient of the vaccine in Middlesex-London was vaccinated in December 2020.

The Ontario government has developed a three-phased distribution plan for the COVID-19 vaccine program. The phases correspond with the anticipated level of vaccine supply, utilizing a variety of delivery methods to ensure rapid vaccination of priority populations.

The Middlesex-London Health Unit (MLHU) is the local public health agency with the legislated responsibility under the *Health Protection and Promotion Act* for immunization and infectious and communicable disease control within the City of London and Middlesex County. In this role, MLHU will provide overall leadership and guidance on the COVID-19 vaccination program, collaborating closely with municipal, health, and other partners.

## Purpose and Objectives

### Purpose

The purpose of the **Middlesex-London COVID-19 Vaccination Plan** is to provide a framework that outlines a coordinated and integrated approach to achieving COVID-19 vaccine coverage of at least 75% of eligible recipient in the City of London and Middlesex County.

This plan will inform the development of additional and dynamic implementation plans specific to the storage, delivery, distribution, and administration of the COVID-19 vaccine.

The plan recognizes that an inclusive approach will ensure success in this unprecedented endeavour and seeks to identify opportunities for extensive collaboration with community partners.

### Objectives

The objectives of the COVID-19 vaccination program are to:

1. Achieve a coverage rate of 75% of eligible recipient of the vaccine in as short a time as possible.
2. Ensure prioritized and transparent distribution of vaccine to minimize severe outcomes and death associated with COVID-19, in keeping with provincial parameters.

3. Provide clear and consistent education and information regarding the vaccine and its distribution.
4. Maintain public confidence.

## Principles

Consistent with the provincial Ethical Framework for Covid-19 Vaccine Distribution, MLHU's COVID-19 Vaccine program will be guided by the following principles:

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

## Planning Assumptions

- Local public health is responsible for the oversight and leadership of the COVID-19 program.
- Execution of the program will require close collaboration with other sectors.
- COVID-19 vaccines will be supplied by the province.
- Vaccine supply will be variable, and demand will at times exceed supply.
- Allocation of the vaccine to the Middlesex-London region will be determined by the province.
- Prioritization of recipients will be determined by the province.
- Additional local prioritization will be necessary depending on the local supply of vaccine.
- The currently available, Pfizer-BioNTech and Moderna, have specific storage and handling requirements that require careful oversight and monitoring.
- The currently available vaccines require two doses of vaccine and planning must ensure availability of the second dose for all recipients.
- Additional vaccines with different operating parameters may be approved in the near future and will require integration into the vaccine distribution plan.
- The provincial government will provide the Information Technology platform, used to track Vaccine Administration, in the form of the COVaxON system.

## Leadership and Governance

The Middlesex-London Health Unit (MLHU) will provide leadership and direct the COVID-19 vaccination program, collaborating closely with municipal, health, and non-health sector partners. Key stakeholders and their respective roles in the COVID-19 vaccination program are articulated in Appendix A.

## Collaborative Planning Table

To coordinate and align vaccine activities, a planning table has been formed with representation from the regions served by Middlesex-London Health Unit, Huron Perth Public Health, and Southwestern Public Health. This table fills the equivalent role of an Incident Management System Command table. Under the coordination and leadership of the Middlesex-London Health Unit, the following organizations represent the Middlesex and London region:

- Middlesex-London Health Unit
- London Health Sciences Centre
- St. Joseph’s Health Centre
- London Middlesex Primary Care Alliance

This planning table meets weekly to ensure regional alignment and consistent communication.

### External Liaison

The MLHU is an active participant in regional pandemic response tables. MLHU will continue to consult and advise these bodies as the vaccine distribution plan unfolds.

### Municipal Sector

- City of London EOC
- Middlesex County EOC

### Health Sector

- London Middlesex Pandemic Triad
- Southwestern Ontario Pandemic Triad
- Ontario Health West Health System Response Structure

### Internal Structure

MLHU has activated an Incident Management Structure focused exclusively on the COVID-19 vaccine program. The group meets twice a week and updates are circulated on behalf of the Incident Command daily to all management. Each section has a designated lead and a back up to ensure business continuity. Figure 1 describes the modified organization structure for the COVID-19 vaccine program.

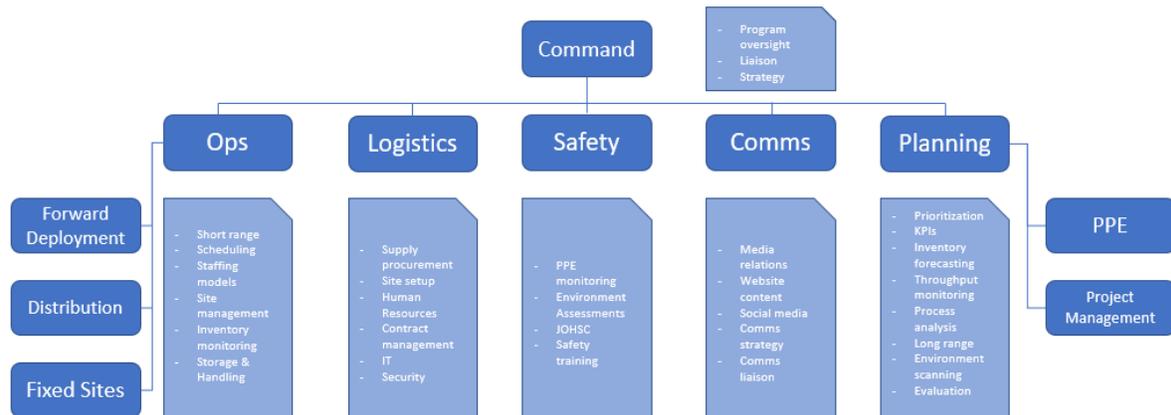


Figure 1. COVID-19 vaccine program Incident Management Structure

### Demographics and Priority Populations

The 2020 population projection for the Middlesex-London Health Unit is 503,580. To achieve 75% coverage, a total of 377,685 individuals must be vaccinated, requiring that a total of 755,370 doses of vaccine must be delivered. Although children younger than 16 are not currently eligible for the available vaccines, this may change and therefore this population is included for planning purposes.

In keeping the provincial three-phased distribution plan, the estimated sizes of relevant priority populations are outlined below. The enumeration of these critical population is essential for planning appropriate delivery strategies at each phase; these estimates are subject to refinement as more detailed information about these groups emerges.

**Table 1 – Enumeration of priority populations**

Phase	Priority Population	Estimated population size
1	Residents of long-term care homes, retirement homes, and other congregate living for seniors	5,200 <sup>1</sup>
	Staff and essential caregivers of long-term care homes, retirement homes, and other congregate living for seniors	10,400 <sup>2</sup>
	Health care workers	22,000 <sup>3</sup>
	Adults (16+) First Nations, Métis, and Inuit—On-Reserve Indigenous residents	2,535 <sup>4</sup>
	Adults (16+) First Nations, Métis, and Inuit—Urban Indigenous and off reserve Indigenous populations	4,854 <sup>5</sup>
	Adults (16+) chronic home care recipients	5,303 <sup>6</sup>
2	Essential workers	78, 510 <sup>7</sup>
	Adults >75 years	34,544 <sup>8</sup>
	Adults 60 to 74 years	84,382
	At-risk populations	TBD – pending ICES request
	Additional congregate care settings (for example shelters, groups homes and correctional facilities)	TBD
	Adults 16 to 59 years	TBD
3	Remaining eligible Ontarians (16+ years)	TBD

1. This estimate is rounded up from estimates of residents of licensed long-term care home and retirement homes. It does not include other congregate care settings for seniors.

2. This was calculated by multiplying the number of residents of licensed long-term care home and retirement homes by 2, given that this is the number of essential caregivers allowed for each resident in these facilities.

3. Middlesex-London is a health-sector hub. The estimate of healthcare workers is derived from publicly available employee numbers for major health institutions in Middlesex-London and the Health Data Branch Web Portal, Healthcare Indicator Tool for CCAC, mental health, and community support.

4. Indigenous and Northern Affairs Canada, First Nation Profiles. Registered Population 2020, living on reserve.

5. Indigenous and Northern Affairs Canada, First Nation Profiles. Registered Population 2020, living on reserve minus 2016 census Aboriginal Identity.

6. Data collected from Ontario Health (West)

7. 2016 Census. Education, law and social, community and government services; Trades, transport and equipment operator and related; Natural resources, agriculture and related production; Manufacturing and utilities.

8. Population projection for age group less long-term care home and retirement home resident estimates

## Prioritization Strategy

The Ministry of Health directs the allocation of the vaccine. However, vaccine supply differs by region, and further prioritization may be required.

Decisions on further prioritization are made by the local public health agency. Given their closely integrated vaccine supply, Huron Perth Public Health, Middlesex-London Health, and Southwestern Public Health have committed to consistent and aligned decisions regarding prioritization and providing regular updates on the eligibility criteria for recipients of the COVID-19 vaccine in the region.

To inform their decisions, a regional **COVID-19 Vaccine Prioritization Advisory Committee** has been struck to help providing guidance and ensuring adherence to the ethical principles outlined by the province. The terms of reference for this committee are found in Appendix B.

## Vaccine Delivery Strategies

Each phase of the provincial distribution plan requires increasing vaccine administration capacity.

In the Middlesex-London region, mass vaccination clinics, mobile clinics, primary care, and pharmacies will be utilized to ensure a rapidly scalable infrastructure for vaccine administration. Once implemented, each delivery strategy will be utilized in each subsequent phase.

The selection of these strategies is informed by the estimated priority populations within each phase, and the anticipated vaccine supply, as dictated by the province.

**Table 2** – Delivery strategies at respective phases

Phase	Delivery strategy	Partner Agency
1	Mass vaccination clinic	London Health Sciences Centres
	Mobile teams	Middlesex-London Paramedic Service On-site staff at large facilities
2	Additional mass vaccination clinics	Middlesex Hospital Alliance Other partners to be determined
3	Primary care clinics	Various
	Pharmacies	Various

### Mass Vaccination Clinics

Mass vaccination clinics are purpose-designed to efficiently deliver vaccine to a large population in a short period of time. Mass vaccination clinics rely on the compartmentalization of components of the vaccination process to ensure scalability and efficiency. They are an essential delivery strategy at all phases.

### Capacity Goals

The tentative capacity goal for mass vaccination clinics in the Middlesex-London region is 3000 vaccines per day.

## Inaugural Mass Vaccination Clinic at Western Fair Agriplex

In partnership with London Health Sciences Centre, a mass vaccination clinic has been established at the Western Fair Agriplex in London, with a capacity of up to 1000 vaccines per day.

## Additional Site Selection

With the objective of 3000 vaccines per day delivered through mass vaccination clinics in the region, MLHU is pursuing three (3) additional mass vaccination clinic locations. This process is occurring in close consultation and with support of the City of London and Middlesex County.

The following components are being considered in the selection of appropriate sites:

- Geography
- Parking
- Access to public transit
- Floor space and square footage
- Accessibility (for public and Emergency services)
- Ability to have unidirectional flow of clients
- Ability to have dedicated space for reception, registration, waiting room, vaccination, post vaccination observation and check-out
- Security and safety (card key access, restrict to specific users, security cameras)
- Power back-up, generator capacity, and other relevant infrastructure for electrical circuit redundancy
- Information technology infrastructure (including strong cellular LTE signal)
- Climate controlled
- Washrooms for public
- Separate loading area to receive vaccine and supply shipments.

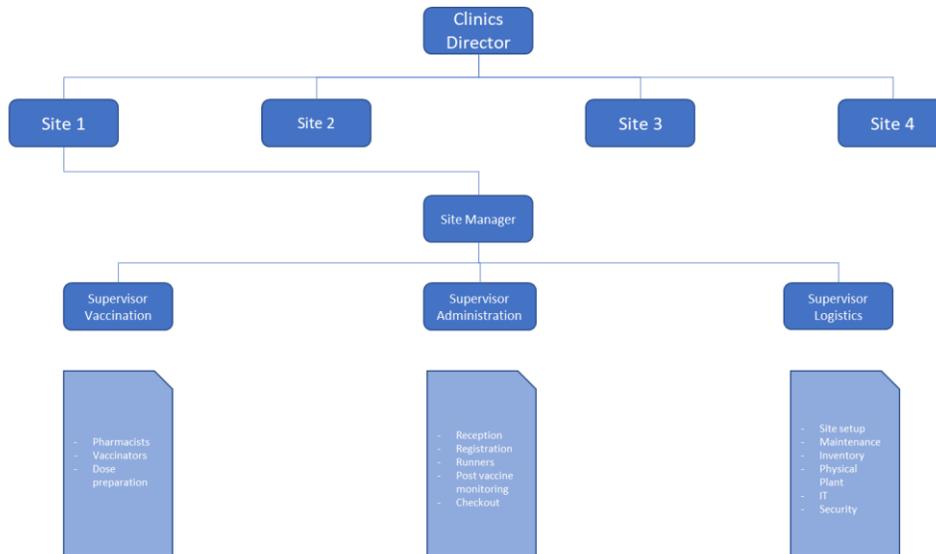
Site selection and acquisition is anticipated to be completed by the end of January 2021, and each facility ready for activation by mid-February 2021.

## Staffing

The mass vaccination clinic program will be overseen by a director, and each clinic site will have two designated managers. The program will be centrally supported with regards to human resources, scheduling, and client bookings.

A daily core team will consist of the following:

- Manager
- Supervisor – Clinical/Vaccination
- Supervisor – Administration
- Supervisor – Logistics



Note: Each site will require 2 full teams plus floats in order to operate 7 days per week

**Fig 2.** Clinic Org Chart

The staffing required daily for each mass immunization clinic is dependent on the projected throughput of the clinic and the process flow utilized to optimize efficiency. Staffing assumptions are based on the goal of 14 vaccinations per hour.

The positions are described in Table 3.

**Table 3** – Staff positions at mass vaccination clinic

Staff position title	Description
Scheduling Clerks	In absence of COVaxON scheduling application, monitor booking line and confirm eligibility
Screeners	Confirming absence of COVID-19 signs and symptoms and verify eligibility to receive the vaccine
Registration Clerks	Register client for vaccination in COVaxON system and confirming consent to share personal data and receive the vaccine

Pharmacist	Ensure appropriate vaccine storage and handling, including preparation of vaccine for forward deployment
Vaccinator/Immunizer	Confirms consent, administers the vaccine, and provides post-vaccine instructions
Reconstituters	Prepare vaccines for the immunizer
Vaccine runner	Replenish immunizers vaccine supply
Post-vaccine monitoring	Monitor clients following vaccination for any adverse events
Check-out clerks	Provide documented confirmation of receipt of vaccine
Client navigators	Facilitate client flow through clinic, ensuring efficient throughput
Security	Monitor crowds and vaccine storage; assess safety risks
IT Support	Maintain critical IT infrastructure

**Scheduling**

Client scheduling will be centralized through the COVaxON system, when available. In the interim, scheduling of appointments at the Western Fair Agriplex Clinic is being coordinated through London Health Sciences Centre using a Power BI Solution provided by the Ottawa health sector partners.

**Hours of Operations**

Each clinic will operate seven days a week. Hours may vary depending on location.

**Mobile Clinics**

The MLHU has partnered with the Middlesex-London Paramedic Service to develop mobile vaccination teams. The purpose of these teams is to administer vaccines to groups who are unable to access the mass immunization clinic.

**Staffing**

The mobile vaccination program will have one manager.

Each team will consist of:

- Team Leader
- Vaccinators
- Program Assistants (Data entry support)

The number of staff will vary in number depending on size of facility. Additional staff for reconstitution may be required, depending on product.

### Target populations

Examples include long-term care and retirement home residents, shelters, group homes, and housebound individuals.

### Hours of Operations

The mobile clinics will operate from 9:00 AM until 9:00 PM seven days a week, or as vaccine supply and public demand dictate.

### Primary Care

In the fall of 2020, over 100,00 doses of influenza vaccine were distributed to primary care in the Middlesex-London region. This highlights the tremendous potential and willingness of primary care to participate in the delivery of COVID-19 vaccine.

Primary care will play a critical role in the COVID-19 vaccine program at all phases of the distribution plan, including addressing vaccine hesitancy, the assessment and management of adverse events following immunization, and the broad distribution of the vaccine in Phase 3.

While the specific method of distribution of vaccine to primary care and pharmacies has yet to be identified, MLHU has a successful history of vaccine distribution through the annual influenza immunization program. It is anticipated that there would be a need for smaller, more frequent deliveries to primary care and pharmacies, necessitating the support of two to three vaccine clerks dedicated to inventory, packing, distribution and tracking of vaccine.

A **Primary Care COVID-19 Vaccine Task Force** has been formed and will be an essential collaborator in anticipation of Phase 3.

### Pharmacies

Building on the success of pharmacy administration of the universal influenza immunization, pharmacies will play an important role in Phase 3 of the vaccine administration. As stated previously, questions remain regarding the distribution source of vaccine to these partners.

### Communications

A proactive and responsive communications strategy from a trusted local source will be crucial to the success of the COVID-19 vaccine program. The Middlesex-London Health Unit is the central source of COVID-19 information locally and will leverage established relationships, communication channels and expertise throughout the vaccine rollout to increase awareness and confidence in COVID-19 vaccines. MLHU's communications strategy will align with the province's three-phased distribution plan, aiming to provide clear and concise information to partners and to the public.

## Components of the Communication Strategy

### Promotion of the Vaccine

MLHU will explore social, traditional, and non-traditional media platforms to promote the importance of the vaccine program. These initiatives will also capitalize on provincial initiatives.

### Recruitment of Eligible Populations

Recruitment efforts will take place mostly through communication with local healthcare providers, community partners and local media. We will leverage existing partnerships to assist in recruiting specific populations they may be connected to or have relationships with. An example would be Southwest Ontario Aboriginal Health Access Center (SOAHAC), which has a comprehensive list of Indigenous people living in an urban setting, who would be considered a high priority for vaccination. SOAHAC would be in an ideal position to assist MLHU in reaching eligible priority populations and ensuring those who want to be vaccinated have access to the vaccine.

### Addressing Vaccine Hesitancy

Given the significant population coverage that is necessary to achieve appropriate herd immunity, addressing vaccine hesitancy at a local level will be crucial. Materials have already been developed to specifically address vaccine hesitancy in long-term care and retirement home employees. Example are highlighted below.

- **Video** - [https://youtu.be/\\_jBk7K2OGMM](https://youtu.be/_jBk7K2OGMM)
- **Postcard** - <https://www.healthunit.com/uploads/covid-19-vaccine-facts-long-term-care-and-retirement-homes-postcard.pdf>
- **Poster** - <https://www.healthunit.com/uploads/covid-19-vaccine-facts-long-term-care-and-retirement-homes-poster.pdf>

MLHU will continue to develop materials to support the rollout of the next phases of the vaccination program, in addition to amplifying provincial messages through the Health Unit's social media channels.

### Engaging Healthcare Providers

MLHU will also use its well-established Healthcare Provider Outreach Team to provide information about vaccines and the rollout of the vaccination program to local healthcare providers. This outreach will consist of weekly or bi-weekly email alerts, in addition to weekly or bi-weekly webinars.

### Ensuring Public Trust in the Vaccine Program

MLHU will develop an online dashboard for the vaccine program, clearly articulating the vaccine supply available in the region, the cumulative number of vaccines delivered, and the weekly delivery metrics. Initiatives such as this will foster transparency and ensure public trust in the vaccine program.

## Communication Platforms

### Website

MLHU has been keeping its website up-to-date with all the latest COVID-19 information and has created a new section for information related to the COVID-19 vaccine:

<https://www.healthunit.com/covid-19-vaccine>

Information on the website includes the science of vaccines, the prioritization framework, information about who is eligible for vaccines, and more. This page is intended to be a “one-stop shop” for all vaccine-related information and will continue to be updated as more information becomes available, including detailed information about the timeline for Phases Two and Three of the vaccination effort, clinic locations and schedules and an outline of who qualifies for the vaccine and when. Crucial information is available on the website in both provincial official languages and, depending on the information, may be translated into additional languages.

### Social Media

The Middlesex-London Health Unit also has a well-established social media presence, including active engagement with audiences on Facebook (18,000+ followers), Twitter (20,000+ followers), Instagram (12,000+ followers), YouTube and TikTok. The use of multiple social media channels allows for MLHU content to be shared with a wider audience, increasing the overall reach of Health Unit messages.

### Traditional Media

In addition to issuing periodic media releases and public service announcements, the Health Unit also hosts twice weekly virtual media briefings about COVID-19-related matters in London and Middlesex County. These media briefings will also serve as an important tool that will help inform the public about the COVID19 vaccination program and the timing of the program’s phases. Local media will also be engaged to help deliver the vaccination message to a wider audience through interviews with key MLHU staff and appearances on local radio talk shows and television news. Radio and print advertising will also assist in communicating information about the further rollout of the vaccine during Phase Three, when there is more direct messaging to members of the general public.

### Non-Traditional Media

MLHU partners with community, religious, and other leaders who have non-traditional distribution channels such as podcasts and large WhatsApp groups.

## Community Partnership and Engagement

Purposeful and respectful engagement and inclusion of diverse populations, including First Nations, Inuit, and Métis peoples, and other racialized populations will be essential to ensure equitable distribution of the vaccine.

### First Nation, Métis, and Inuit populations

The Middlesex-London Health Unit is located in Southwestern Ontario. These are the traditional lands of the Attawandaran (Neutral) peoples who once settled this region alongside the Algonquin and Haudenosaunee peoples. The three First Nations communities with longstanding ties to this geographic area are Chippewa of the Thames First Nation (Anishinaabe), Oneida Nation of the Thames (Haudenosaunee), and Munsee-Delaware Nation (Leni-Lunaape).

There is also a robust population of 2850 Metis people and a small group of 105 Inuit people living in London’s census metropolitan area (CMA) according to Statistics Canada (2016). The Our Health Counts study by Indigenous researchers using community-based participatory research estimated that there are up to 22,155 Indigenous adults in London alone.

### Urban Indigenous population

The MLHU is supporting the development of an urban Indigenous vaccination strategy through partnership with the Southwest Ontario Aboriginal Health Access Center (SOAHAC). It has been identified that the immunization of urban Indigenous peoples at the mass vaccination clinic is most feasible and logical in addition to outreach to Indigenous congregate settings and home visits where necessary. SOAHAC staff will be integrated as staff at mass vaccination clinic to ensure cultural safety. SOAHAC will also be leading the engagement of urban Indigenous peoples to promote the uptake of the vaccine.

### Neighbouring First Nations communities

The MLHU has entered in to conversation with the health leaders of the three First Nations communities that neighbour Middlesex County and the City of London. The principle of self-determination is at the heart of these conversations. Each community has committed to supporting one another through the vaccination campaign and are in the process of planning rotating vaccine clinics in each of their respective communities with additional support from SOAHAC. At the invitation of the communities, MLHU will support all aspects of the vaccine program. Most recently, MLHU was provided permission to enter the Oneida Nation of the Thames to administer the first dose of the Pfizer vaccine to residents of the Oneida Long-Term Care Home and the Oneida Seniors Complex.

### Racialized populations

MLHU has recently completed a strategy to reach priority populations which focuses on utilizing key partner organizations to disseminate and amplify public health messages. The vaccine campaign will be integrated with this strategy to ensure broad and inclusive engagement of racialized populations.

### Schools and Post-Secondary Students

MLHU has strong partnerships with all school boards in the region, as well as all post-secondary institutions. These relationships will be critical for engaging younger demographics and encouraging vaccine uptake, as appropriate.

## Supplies Management and Distribution

The MLHU's Vaccine Preventable Disease team has extensive expertise in the storage, handling and cold chain maintenance requirements of vaccines. All vaccine distribution will be managed as per the manufacturer requirements.

### Equipment

MLHU will use purpose-built or pharmaceutical-grade equipment to store vaccines, including -20°C freezer for storage of Moderna vaccine, and ultra-low temperature freezers for storage of the Pfizer vaccine. Freezers will be acquired for storage of vaccine at each additional mass immunization clinic site.

### Distribution System (Delivery and Receiving)

The MLHU Citi Plaza Site has a designated loading dock and Shipping and Receiving personnel with the expertise to receive, store and handle the vaccine per current Ministry of Health Vaccine Storage and Handling Protocol. All freezers, fridges and vaccination equipment will be housed in a locked area adjacent to the loading dock to allow for ease of distribution.

MLHU 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.

### Distribution System (Ordering)

During Phase 3 of the vaccine distribution plan, primary care and pharmacies will require a simple and accessible vaccine ordering process. MLHU will build on its currently established model for the distribution of influenza vaccine

### Storage and Handling

All relevant MLHU staff will be well versed in vaccine storage and handling protocols ([Vaccine Storage and Handling Protocol, 2018 \(gov.on.ca\)](#)).

### Cold Chain

MLHU will ensure an uninterrupted power supply for all freezers and fridges.

### Physical Security

All vaccine product will be secured and monitored. Security protocols will be in place for all mobile and mass vaccination clinics.

To ensure secure transport during forward deployment, plans will be limited in dissemination to those who need to know (vaccine team and planning section, administrators and key staff at visited sites). It is not anticipated that more than 400 doses would be moved together in any given deployment.

### Inventory Management

The MLHU will utilize the COVaxON system to develop centralized real-time dashboard for monitoring vaccine supplies. Mindful of intermittent vaccine supply, weekly centralized forecasting will be completed to ensure that supply corresponds with anticipated vaccine administration. Each mass vaccination clinic will be required to report supply levels daily to central inventory management.

When distributing vaccine to alternate service delivery locations (SDLs), all doses will be accounted for and quality measures in place to ensure vaccines are being prioritized appropriately. Any wastage is to be accounted for and reasons given.

If vaccines are being delivered to Primary care physicians, MLHU will ensure that they can provide 7 days of temperature logs that reflect storage requirements.

### Communications with Ministry of Health

Regular reporting will be communicated to the Ministry of Health as mandated. If disruptions to vaccination storage or administration occur, the Ministry will be notified as soon as possible.

### Additional Logistics

#### Finance

The MLHU is committed to transparent and efficient use of public resources.

All program costs associated with the COVID-19 vaccination program will be tracked separately from any other Board of Health approved cost-shared budget. These costs will also be tracked independently from those associated with case and outbreak management of COVID-19.

Relevant and anticipated costs will include but are not limited to:

- Human resources
  - Start up costs to install IT equipment/infrastructure, meet facilities requirements, ensure adequate recruitment and scheduling, create partnership agreements
  - Ongoing operating costs including:
    - Staffing costs in full time equivalents (FTEs) or Hours worked
    - Overtime costs (will be minimized where possible and tracked separately)
- Materials and supplies
  - Start up costs to ensure facilities meet Occupational Health and Safety, Security and Operational requirements including IT equipment/infrastructure, furniture, construction (as needed)
  - Ongoing operating costs including:
    - Facility and space rental, including energy costs, furniture rental (if applicable)
    - Waste management
    - Records management
    - IT/cellular network access costs
    - Travel
    - Communication materials and associated development
- Third Party Costs
  - Staffing and other costs for partners involved in the vaccine program will be tracked separately

### Information Technology

The MLHU will oversee the integration of all IT solutions, with a focus on the provincial solution COVaxON with support from partners as applicable. The Ministry of Health will provide onsite support during go-live of any additional mass immunization clinics.

All teams will be trained on COVaxON, and the tool will be used for documenting the administration of each vaccine administered in the Middlesex-London region. All those trained and with user access to COVaxON will complete video training for information security procedures and practices

IT equipment will be provided by the Ministry in the form of a 'Clinic in a Box'; all ancillary equipment required will be captured as part of Operating costs.

Paper-based contingency plans are in place should the digital solutions fail.

### Human Resources

#### Affiliation Agreements

The Health Unit will require partnership with municipal and health partners to ensure appropriate staffing throughout the vaccine program; this is critically important for the mass immunization clinics and to allow for increased flexibility and adaptability to scale. Affiliation agreements are underway with the City of London, Middlesex-London Emergency Medical Service, London Health Sciences Centres, the Red Cross, and the Southwest Ontario Aboriginal Health Access Center (SOAHAC). Additional partnerships are imminently anticipated.

## Recruitment

The MLHU Human Resources team is undertaking a centralized approach to recruitment for the multiple clinic sites where there is no applicable partnership agreement in place. MLHU is actively pursuing additional vaccinators, including accessing recent MLHU retirees in both nursing and eligible non-nursing vaccinator categories. Replacement factor is being included within recruitment efforts to ensure stable staffing. Redeployments from across MLHU will also be pursued, when case counts permit.

## Staff scheduling

A centralized staff scheduling process will be utilized to ensure the pool of human resources is optimized and operations is not compromised in the event of short-term absences. The existing MLHU Human Resources software platform, Dayforce, will be leveraged for its scheduling functionality including self-scheduling.

## Orientation and Training

The Vaccine Preventable Disease program has developed a training curriculum for new staff. This curriculum will be expanded to include training videos, and will include topics such as:

- Proper use of PPE
- COVaxON
- Vaccine and medical directive considerations
- Clinic processes
- Cultural safety
- Vaccine storage and handling
- Physical security of vaccine
- Information security
- AEFI reporting processes

## Surveillance, Monitoring and Reporting

Surveillance and monitoring will play a critical role in the planning, oversight and management of the COVID-19 vaccine program, in addition to meeting provincial and local reporting requirements.

## Internal Reporting

An MLHU internal dashboard will provide critical operational information, including vaccine availability and supply, daily and cumulative number of vaccines administered, and other key operational metrics. This dashboard will consolidate data collected through COVaxON and other MLHU-specific reporting tools.

A full list of vaccine program metrics can be found in Appendix C.

## External Reporting

The [MLHU COVID-19 Dashboard](#) provides a public-facing daily summary of the COVID-19 situation in the Middlesex-London region. Vaccine relevant metrics will be incorporated into this dashboard, in order to provide routine updates on the local vaccine distribution campaign. Key metrics will include:

- Total cumulative doses administered to Middlesex-London residents

- Total cumulative number of Middlesex-London residents who have completed vaccine series, stratified by relevant priority populations where possible
- Weekly doses administered in the Middlesex-London region (Sunday to Saturday)
- Current vaccine supply allocated to MLHU

## Vaccine Safety

MLHU will adhere to the provincially-mandated Adverse Event Following Immunization (AEFI) surveillance process, including transitioning to the Salesforce Case and Contact Management (CCM) system to report AEFI investigations as of January 25, 2021.

## Contingency Planning

In anticipation of potential disruptions to the vaccine distribution, redundancies are being incorporated in to all aspects of the vaccine plan, including but not limited to:

- Multiple mass vaccination clinics
- Cross-training for all staff and positions
- Non-digital downtime processes
- Alternate storage for vaccine product if primary units are compromised

Contingency plans are being developed in anticipation of potential disruptions to service, including:

- Severe weather events
- Labour disruptions
- Infectious disease outbreaks

Communications plans will also be developed to ensure public notification of disruptions and service changes.

## Evaluation and Quality Improvement

MLHU's Program Planning and Evaluation team will oversee a comprehensive evaluation of the COVID-19 Vaccine program. The Program Logic Model (Appendix D) is an overview of the interventions, and expected outcomes of the MLHU COVID-19 Vaccine Program. In addition, it provides a foundation for the evaluation plan. The objective of the evaluation plan is to ensure real-time improvements are incorporated and the objectives of the program are achieved.

In keeping with the **Public Health Playbook for the COVID-19 Vaccination Program** developed by the Council of Ontario Medical Officers of Health, MLHU's evaluation plan (Appendix E) will include process and outcome evaluation questions in the following domains:

- Priority Populations and Health Equity
- Vaccine Uptake in the General Population
- Vaccine Hesitancy in the General Population
- Vaccine Logistics, Administration, and Operation at Various Clinic Settings
- Leadership and Inter-jurisdictional Partnerships

A preliminary list of key data fields (Appendix C) has been drafted that align with the interventions outlined in the Program Logic Model, and the data sources identified in the Evaluation Plan. Many of the data collection tools need to be developed, however, early indicators are already being gathered through the initial deployment of the mobile clinics to long-term care homes. For example, a Daily Clinic Metrics form (Appendix F) is being piloted gathering a combination of quantitative metrics related to process and outcome indicators, as well as qualitative feedback on areas for improvement.

## Conclusion

*“[The] vaccination team was AMAZING!!! I shared our appreciation with them; they all did wonderful and were great to work with.”*

*Long-term care home operator in London – January 2021*

The COVID-19 Vaccination Program is already underway in the Middlesex-London region. Early successes have included the prioritization and delivery of vaccine to long-term care home residents, a deepening partnership with acute and community care partners, and renewed hope and excitement for a community that has, like so many others, experienced loss and grief due to an unforgiving virus.

The challenge is immense, but the objectives are clear. The success of this initiative will be assured through the experience of local public health, the integrated collaboration with many sectors, and the collective effort of a united community.

## Appendix A – Stakeholder Roles and Responsibilities

Stakeholder Group	Roles & Responsibilities
Board of Health	Approve and support plan and financial considerations
Medical Officer of Health	As Incident Commander, the MOH leads the roll out of vaccines to the community
City Council	Support by providing municipal locations for mass immunization clinics, resources (human and physical) and assistance as required
County Council	Support by providing municipal locations for mass immunization clinics resources (human and physical) and assistance as required
Project team/ IMS Structure	Taking a leadership role in the local vaccination plan including, planning, coordinating, and executing.
General MLHU Staff	Be informed as the vaccination plan is rolled out and asked to support messaging as appropriate
<b>Partner Organizations</b>	
Hospitals	London Health Sciences Centre is currently responsible for the operations of the mass immunization clinic (Western Fair Agriplex Clinic), with MLHU support. Hospital partners will be asked to provide additional human resources for other vaccination clinics, as well as coordinate with front line workers (priority population) to receive the vaccine.
Middlesex London Paramedic Services (MLPS)	MLPS is providing human resources for vaccination clinics.
Community Health Centers	SOAHAC will collaborate with MLHU to create an urban Indigenous vaccination strategy. Other Community Health Centers will be informed and assist with vaccine promote to eligible clients during Phase 2 clinics as prioritized, and tasked with providing vaccine in Phase 3.
Long Term Care Homes and Retirement Homes	Hosting mobile clinics to vaccinate residents and staff. As necessary, providing human resources to assist with vaccination.
Primary Care Providers	Stay informed, address vaccine hesitancy, assess and manage adverse events following immunization, encourage patients to attend Phase 2 clinics as prioritized and provide Phase 3 vaccines
Pharmacies	Stay informed, address vaccine hesitancy and provide Phase 3 vaccines
Community agencies serving marginalized groups	Encourage community members to be vaccinated as prioritized Host mobile clinics as deemed appropriate by the MLHU
Police	Contribute to security assessments and planning. Consult on security resource requirements.
COVID-19 Vaccine Prioritization Advisory Committee	Approve prioritization of the distribution of vaccines in the area (see Terms of Reference in Appendix B)
<b>Government</b>	
Provincial Government	Provide direction and oversight over the vaccine distribution Provide vaccine supply
Federal Government	Procure vaccines and distributes to the province

## Appendix B - COVID-19 Vaccine Prioritization Advisory Committee Terms of Reference



### COVID-19 Vaccine Prioritization Advisory Committee Terms of Reference

*Draft – January 19, 2020*

**Vision:** An equitable and risk-based prioritization of recipients of the COVID-19 vaccine in the Huron Perth Public Health, Middlesex-London Health Unit, and Southwestern Public Health regions.

**Purpose:** Within the provincial government’s [Ontario’s Vaccine Distribution Implementation Plan](#) and considering vaccine supply, determine the regional prioritization of recipients of the COVID-19 vaccine using the ethical framework described by the federal and provincial government.

**Background:** The province has outlined three-phased [vaccination plan](#) for the distribution of the COVID-19 vaccine. These phases represent a system of prioritization based on the objective of minimizing severe outcomes/death associated with COVID-19. That is, the best available evidence and expert opinion suggests that by working in this order of priority, Ontario will be able to limit severe outcomes and death from COVID-19 more than if the vaccine was distributed in any other order. This plan was influenced by the National Advisory Council on Immunization (NACI) which publicly outlines this [rationale](#).

Unfortunately, within the province’s first phase, there is insufficient vaccine to immediately vaccinate all eligible individuals. To address this gap, the province has entrusted local public health units to further prioritize within group eligible in Phase 1. The province has provided two documents that support this additional prioritization:

- [Ethical framework for COVID-19 vaccine distribution](#)
- [Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination](#)

The public health units will continue to follow the direction of NACI and the Province in prioritizing only when there are evidence-based reasons to believe it will positively affect the goal of minimizing severe outcomes/death associated with COVID-19. If there is no evidence-based reason to believe that prioritizing one group over another will positively affect this objective, an orderly sequencing process

will be used that ensures everyone (of equal priority) has equal access to the vaccine in a given period of time. Depending on availability of vaccine, this may include a process of randomization.

**Composition and Membership:**

The membership of the committee is intended to be reflective of relevant populations within the region. It does not aim to represent professions or professional groups.

<b>Representative</b>	<b>Organization</b>	<b>Position</b>
Dr. Miriam Klassen	Huron Perth Public Health	Medical Officer of Health
Dr. Alex Summers	Middlesex-London Health Unit	Associate Medical Officer of Health
Dr. Joyce Locke	Southwestern Public Health	Medical Officer of Health
Dr. Scott McKay	London Health Sciences Centre	Family Physician, Medical Director, Western Fair Agriplex Clinic
Dr. Gord Schacter	London Middlesex Primary Care Alliance	Family Physician, London Middlesex Pandemic Clinical Lead
Dr. Paul Gill	Huron Perth & Area OHT	Family Physician, South West Primary Care COVID Response Co-Chair, Huron Perth Pandemic Lead
Dr Michael Clarke	Middlesex-London Health Unit	Interim CEO
Dr. Michael Silverman	St. Joseph’s Hospital	Infectious disease physician
Jody Paget	Middlesex-London Health Unit	Manager, Vaccine Preventable Diseases
Rob Sibbald	London Health Sciences Centre, Western University	Director, Ethics, Patient Experience, Health Equity, Indigenous Liaison
April Mullen	London Health Sciences Centre	Director, Western Fair Agriplex COVID-19 Vaccination Clinic

Additional representation may be asked to attend at the invitation of the chair to provide information regarding certain populations and sectors.

### **Role of Committee Membership:**

Members of the committee have a duty to:

1. Attend committee meetings
2. Participate in discussions
3. Participate in decision making

### **Meetings:**

The COVID-19 Vaccine Prioritization Advisory Committee will meet weekly to determine the cohorts from priority populations which will receive the vaccine in the subsequent weeks.

### **Decision Making:**

The committee will strive for consensus. A Consensus Model for Decision-Making can be found in Appendix A.

The chair will be determined at the initial meeting.

Key inputs and data required for decision making will include:

- [Ontario's Vaccine Distribution Implementation Plan](#)
- [Ethical framework for COVID-19 vaccine distribution](#)
- [Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination](#)
- Anticipated vaccine doses available for upcoming 2 weeks in the Middlesex and London region
- Estimated number of individuals in each cohort
- Anticipated immunization capacity in the region

### **Communication and Reporting:**

The committee will communicate its guidance to the Medical Officers of Health of Huron Perth Public Health, Middlesex-London Health Units, and Southwestern Public Health.

The health units will publish decisions regarding eligibility publicly and regularly, as well as relay its decisions directly to impact cohorts and any relevant vaccine administrators.

## Appendix A – Consensus Model for Decision-Making

*Borrowed with permission from Huron Perth Public Health.*

The simplest and most basic definition of consensus is, '**general agreement about something**' (Soanes, C. and Hawker, S., ed., The Compact Oxford English Dictionary of Current English. 3rd ed. Oxford University Press, 2005.)

In this approach, people are not simply for or against a decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

1. Full support
2. Acceptable
3. Support with reservations
4. I am not thrilled with it, but I can live with it and will not block it
5. Need more information or more discussion
6. Cannot support it and cannot accept it

If everyone is at level #4 or above (3, 2, or 1), then by definition, consensus has been reached.

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestions being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group.

If someone is at level 6, it is important for them to try and offer a solution that can accommodate their needs and the needs of the rest of the group.

In addressing someone's reservation, it is important to:

- ask everyone for possible solutions (the person expressing the concern and the rest of the group have the responsibility to find solutions)
- ask people to suggest improvements as alternatives that meet the objectives of the entire group.

## IDENTIFYING CONSENSUS

Consensus is a relative term. There are varying levels of agreement with decisions, as indicated in the table below. Levels 1 through 5 all constitute consensus. Only Level 6 lacks consensus.

Level	Position	Feelings and Behaviour		
1	Agree strongly	"I really like it!"	"I'll advocate for it publicly whether or not it's adopted"	"I'll actively support its implementation"
2	Agree	"I like it"	"I'll advocate for it publicly"	"I'll support its implementation"
3	Agree with some reservations	"I can live with it"	"I'll support it publicly and privately even with my reservations"	"I'll participate in its implementation"
4	Disagree, but willing to go along with majority	"I don't like it. I'm willing to go along with it, but I want my disagreement acknowledged"	"I'll support it publicly and privately when asked"	"I won't work against its implementation"
5	Disagree, and won't be involved in implementation	"I really don't like it, but I'm willing to go along with it because I don't want to stop others"	"I'll not oppose it publicly or privately"	"I will not be involved in its implementation, but won't sabotage it"
6	Opposed, and will work to block	"I hate it and will work to block it!"	"I'll advocate against it publicly if adopted"	"I'll work to sabotage it"

Adapted from the SW LHIN

## Appendix C – Preliminary List of Key Data Fields

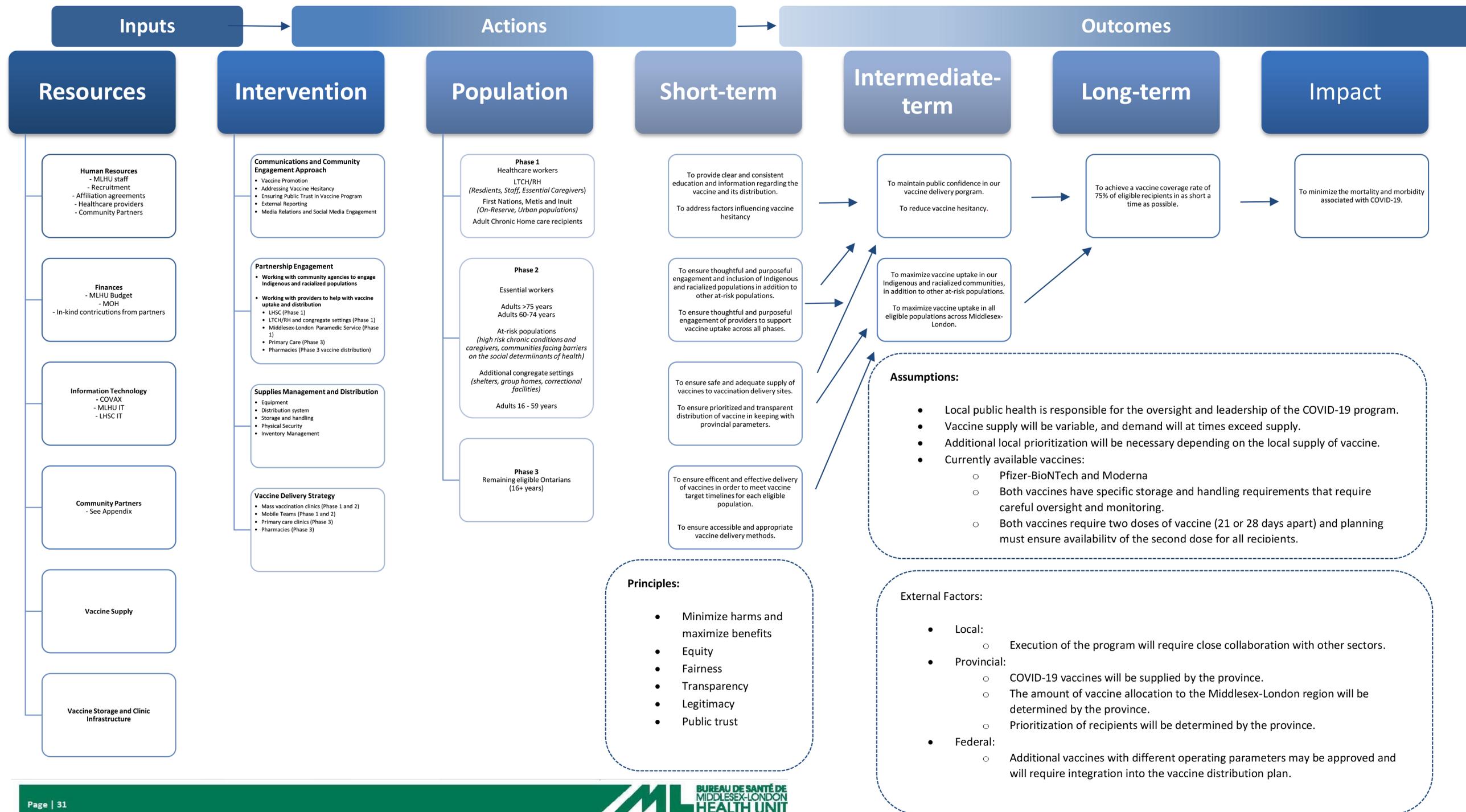
Data Field	Potential Data Source
<b>DASHBOARD SUMMARY</b>	
Total cumulative doses administered to Middlesex-London residents	Daily Clinic Metric Form COVax-ON
Total cumulative number of Middlesex -London residents who have completed vaccine series	COVax-ON
Weekly doses administered in Middlesex-London region (Sunday to Saturday)	Daily Clinic Metric Form
<b>INTERVENTION: COMMUNICATIONS AND COMMUNITY ENGAGEMENT APPROACH (Evaluation Question 3)</b>	
Vaccine Hesitancy Level	RRFSS (Oct-Dec 2020) (online panel survey)
Factors Affecting Vaccine Hesitancy	RRFSS (Oct-Dec 2020) (online panel survey)
Strategies to Address Vaccine Hesitancy	Tracking Form
Communication Strategy Descriptive Statistics <ul style="list-style-type: none"> <li>• # of COVID vaccine calls, # questions received by email</li> <li>• # of website hits, social media likes</li> </ul>	Hotline Reporting Google and Social Media Analytics
<b>INTERVENTION: PARTNERSHIP ENGAGEMENT (Evaluation Question 1) (Evaluation Question 5)</b>	
List of community agencies and leaders along with description of partnership engagement strategies to engage Indigenous and racialized population.	Community Agency Tracking Form
List of providers and description of partnership engagement to help with vaccine uptake and distribution through various Phases	Provider Tracking Form COVax-ON
# of vaccination clinic site staff from community agencies who work directly with priority populations (e.g. SOAHAC)	Daily Clinic Metric Form
<b>Intervention: SUPPLY MANAGEMENT AND DISTRIBUTION (Evaluation Question 4)</b>	
Current supply allocated to MLHU	LHSC
Estimated date until stock is fully used	LHSC
Current total supply at the Western Fair Agriplex Clinic	LHSC
Current supply at other mass vaccination clinic	TBD

Intervention: VACCINE DELIVERY STRATEGY MASS IMMUNIZATION CLINIC OPERATIONS (Evaluation Question 4)	
<b>SITE FEATURES</b>	
Extent to which site selection criteria was met (geography, parking, access to public transit, floor space and square footage, accessibility, security and safety, power back-up and generator capacity, information technology infrastructure).	Site Assessment Tool
Client Satisfaction with site	Client Feedback Form
<b>SCHEDULING</b>	
Total projected appointments in Middlesex-London (rolling 7 days)	Vaccine Clinic Dashboard
Total available appointments in Middlesex-London (rolling 7 days)	Vaccine Clinic Dashboard
Total projected appointments in Middlesex-London, for each day (projected ahead for 7 days)	Vaccine Clinic Dashboard
Total available appointments in Middlesex-London (projected ahead for 7 days)	Vaccine Clinic Dashboard
Appointment Fill Rate (%)	Vaccine Clinic Dashboard
Planned Capacity Utilized (%)	Vaccine Clinic Dashboard
Clinic Time Metrics (real-time monitoring for each clinic) <ul style="list-style-type: none"> <li>• Wait-time, Vaccination Interval (# of injections per hour per vaccinator)</li> <li>• <i>Other possibilities - # pre-registered, # registered on-site. # No shows, # people turned away</i></li> </ul>	Daily Clinic Metric Form
<b>STAFFING</b>	
Number of staff by role for each mass immunization clinic (per day) <ul style="list-style-type: none"> <li>- Site Manager, Site Supervisor(s) Team Leader(s), Program Assistant(s), MLHU Vaccinator(s), Facility Vaccinators(s), Security Staff, Site Staff</li> </ul>	Daily Clinic Metric Form
<b>VACCINE STORAGE AND HANDLING</b>	
Time between vaccine removal from freezer and injection	Daily Clinic Metric Form
# of cold change incidents	Daily Clinic Metric Form
% of doses wasted (per week, per month)	Daily Clinic Metric Form
# of vaccine recall notifications/% of successful notifications	COVax-ON
<b>ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)</b>	
# of adverse events following immunization	Daily Clinic Metric Form
Description of the nature of the AEFI (e.g. anaphylaxis)	Daily Clinic Metric Form
<b>IPAC/HEALTH &amp; SAFETY</b>	
# IPAC incidents	IPAC or Health & Safety Data
# Health & Safety incidents	
<b>VACCINATION METRICS</b>	
# of vaccinations per day (differentiated by first and second dose, type of vaccine)	Daily Clinic Metric Form COVax-ON
Client Satisfaction	Client Feedback Form

Intervention: VACCINE DELIVERY STRATEGY MOBILE CLINIC SITES (Evaluation Question 4)	
<b>SCHEDULING</b>	
Clinic Time Metrics <ul style="list-style-type: none"> <li>• Time to transport vaccine, clinic set-up, delivering vaccine, take down</li> <li>• Vaccination Interval (# of injections per hour per vaccinator)</li> </ul>	Daily Clinic Metric Form
<b>STAFFING</b>	
Number of staff by role for each mass immunization clinic (per day) <ul style="list-style-type: none"> <li>- Site Manager, Site Supervisor(s), Team Leader(s), Program Assistant(s), MLHU Vaccinator(s), Facility Vaccinators(s)</li> </ul>	Daily Clinic Metric Form
<b>VACCINE STORAGE AND HANDLING</b>	
Time between vaccine removal from freezer to vaccination site	Daily Clinic Metric Form
Amount of time from arrival at site to injection	Daily Clinic Metric Form
# of cold change incidents	Daily Clinic Metric Form
% of doses wasted (per week, per month)	Daily Clinic Metric Form
<b>ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)</b>	
# of adverse events following immunization	Daily Clinic Metric Form
Description of the nature of the AEFI (e.g. anaphylaxis)	Daily Clinic Metric Form
<b>IPAC/HEALTH &amp; SAFETY</b>	
# IPAC incidents	IPAC or Health & Safety Data
# Health & Safety incidents	
<b>VACCINATION METRICS</b>	
# of vaccinations per day (differentiated by first and second dose; type of vaccine)	Daily Clinic Metric Form COVax-ON
What worked well/Areas for Improvements	Daily Clinic Metric Form

INTERMEDIATE OUTCOME INDICATORS	
Mapping of vaccine uptake by neighbourhood	COVax-ON
<p>Vaccine uptake by population group and/or key socio-demographic characteristics, where possible  <i>(# of eligible population group vaccinated/total # eligible for vaccination group)</i></p> <p>Phase 1:</p> <ul style="list-style-type: none"> <li>- Healthcare Workers</li> <li>- LTCH/RH Residents, Staff, Essential Caregivers</li> <li>- First Nations, Metis and Inuit (On-Reserve, Urban populations)</li> <li>- Adult Chronic Home care recipients</li> </ul> <p>Phase 2:</p> <ul style="list-style-type: none"> <li>- Essential Workers</li> <li>- Adults &gt;75 years</li> <li>- Adults 60-74 years</li> <li>- At-risk populations (high risk chronic conditions and caregivers, communities facing barriers on the social determinants of health)</li> <li>- Additional congregate settings (shelters, group homes, correctional facilities)</li> <li>- Adults 16-59 years</li> </ul> <p>Phase 3:</p> <ul style="list-style-type: none"> <li>- Remaining eligible Ontarians (16+ years)</li> </ul>	<p>Population data (Ministry) for use in planning clinics and estimating vaccination coverage rates (denominator)            COVax-ON (numerator)            (socio-demographic characteristics would need to be collected)</p>

# Appendix D: Preliminary COVID Vaccine Program Logic Model



## Appendix E: Preliminary Evaluation Plan

<b>Evaluation Focus:</b>	<i>Priority Populations and Health Equity</i>	<b>OUTCOME:</b> <ul style="list-style-type: none"> <li>Vaccine Uptake in the General Population</li> </ul>	<b>PROCESS:</b> <ul style="list-style-type: none"> <li>Vaccine Hesitancy in the General Population</li> </ul>	<b>PROCESS: IMPLEMENTATION</b> <ul style="list-style-type: none"> <li>Vaccine Logistics, Administration and Operation at Various Clinic Settings</li> </ul>	<b>PROCESS and OUTCOME:</b> <ul style="list-style-type: none"> <li>Leadership and Inter-jurisdictional Partnerships</li> </ul>
<b>Evaluation Questions</b>	<i>Evaluation Question 1:</i> <b>How equitable was the immunization campaign?</b>	<i>Evaluation Question 2:</i> <b>What was the uptake of the vaccine in the general population?</b>	<i>Evaluation Question 3:</i> <b>What was the vaccine hesitancy level in the general population and what factors contributed to the vaccine hesitancy?</b>	<i>Evaluation Question 4:</i> <b>What was the effectiveness of the vaccine administration process?</b>  <b>Were vaccination targets met? (e.g., wait times, timeliness of services, timelines for reaching priority populations, coverage rates)</b>	<i>Evaluation Question 5:</i> <b>What was the effectiveness and efficiency of the leadership and interjurisdictional partnership?</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>COVax-ON to access vaccine uptake in the priority populations</li> <li>LTCH/RH residents, staff estimates (Outbreak and Facilities Team, Vaccine Preventable Disease Team)</li> <li>Daily Clinic Metrics Form – implemented in LTCH, RH and other congregate living settings (Mobile Sites)</li> <li>Daily Clinic Metrics Report – Mass Immunization Clinics to monitor uptake of the vaccine among priority populations</li> <li>RRFSS Survey data (COVID-19 Online Survey Panel) to identify factors contributing to vaccine hesitancy among priority populations</li> <li>Tracking Form to document the process of identifying sub-populations and strategies implemented to increase accessibility of the vaccine.</li> </ul>	<ul style="list-style-type: none"> <li>Population data (Ministry) for use in planning clinics and estimating vaccination coverage rates</li> <li>COVax-ON to access vaccine uptake in the general population</li> <li>COVax-On to use geographic information to access vaccine uptake by neighbourhood level.</li> </ul>	<ul style="list-style-type: none"> <li>RRFSS Survey data (COVID-19 Online Survey Panel, MLHU region, Oct-Dec 2020) to assess level of vaccine readiness of the COVID-19 vaccine and some reasons or barriers for vaccine hesitancy and refusal.</li> <li>Tracking Form to document strategies used to address vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>COVax-ON</li> <li>Daily Clinic Metrics Form – implemented in LTCH, RH and other congregate living settings (Mobile Sites)</li> <li>Daily Clinic Metrics Report – Mass Immunization Clinics</li> <li>IPAC or Health &amp; Safety Data</li> <li>Client Feedback Form (Mass Immunization Clinics, Mobile Sites)</li> </ul>	COVax-ON <ul style="list-style-type: none"> <li>Community Agency Tracking Form</li> <li>Provider Tracking Form</li> </ul>

## Appendix F: Preliminary Daily Metrics

### LTCH-RH Vaccination Clinic Daily Metrics

- This form collects key metrics for **each vaccination clinic** that is held at long-term care homes and retirement homes.
- Please use this paper form to collect data from the clinic operation. As soon as possible after the completion of each clinic site, please use the following link to enter your data electronically:  
[https://chkmkt.com/Vaccine\\_Clinic\\_Daily\\_Metrics](https://chkmkt.com/Vaccine_Clinic_Daily_Metrics)
- If your clinic spans two days at one facility, we will need a separate form completed for each day.
- **Please document a response for each question as the online form will require a response in order to be submitted (except for the Qualitative Feedback questions at the end of the 2<sup>nd</sup> page).**

#### Facility Information

##### 1. Date of Clinic

day	<input type="text"/>	month	<input type="text"/>	year	<input type="text"/>
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2. Facility Type:     Long-Term Care Home     Retirement Home

3. Facility Name:

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#### Timing / Clinic Flow

	Enter as hh:mm in 24 hour clock Examples: <b>09:30</b> to reflect 9:30AM OR <b>13:30</b> to reflect 1:30PM
4. Time of 1st Staff arriving at site:	
5. Time of starting vaccinations of clients:	
6. Time of completing all vaccinations:	
7. Time of 1st departure of staff:	
8. Time of last staff leaving site:	

#### Staffing

	Enter 0 if there are no staff are represented in a specific role.
9. Number of Site Supervisors at Clinic:	
10. Number of Team Leaders at Clinic:	
11. Number of Program Assistant(s) at Clinic:	
12. Number of MLHU Vaccinator(s) at Clinic:	
13. Number of EMS Vaccinator(s) at Clinic:	

14. Number of Facility Vaccinator(s) at Clinic:	
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## Vaccinations

Tracking of vaccine doses

	Enter 0 if applicable.
15. Number of vials used:	
16. Number of doses drawn up:	
17. Number of vaccine doses drawn up but not administered to an eligible candidate (Wastage):	
18. Number of vaccine doses wasted due to vaccine storage and handling issues (Wastage):	
19. <b>Number of vaccine doses administered</b>	

Tracking of vaccinations by population group.

Total number of vaccinations, broken down into 1<sup>st</sup> and 2<sup>nd</sup> dose.

[Enter 0 if not provided]	Total Number	1st Dose	2nd Dose
20. Number of <b>Residents</b> vaccinated:			
21. Number of <b>LTCH / RH Staff</b> vaccinated:			
22. Number of <b>essential caregivers</b> vaccinated:			
23. Number of <b>MLHU staff</b> vaccinated:			
24. Number of <b>other individuals</b> vaccinated:			
25. <b>Total number of individuals vaccinated</b>			

26. The "Number of vaccine doses administered" should equal the "Total number of individuals vaccinated" (see red text above).

If these numbers are not equal, please explain why.

## 27. Number of adverse events following Immunization:

Note: How many Adverse Event Following Immunization (AEFI) reporting forms were completed? (Enter 0 for zero reactions)

28. Describe the nature of the AEFI (e.g. anaphylaxis):

## Resident Consents and Exclusions:

	Enter 0 if not applicable.
29. Estimated <b>total number of residents currently in care at the facility.</b> (including residents temporarily not on site e.g. hospitalized, appointments):	
30. Total number of <b>resident consents</b> received (aligns with the number of expected vaccinations):	

31. Total number of <b>residents</b> excluded (excluded includes refusals, contraindications, or absence on day of vaccination):	
--	--

**Documentation Type:**

32. What type of documentation was utilized on site today? (Choose one response).

- COVax
- Paper forms
- Both COVax and Paper forms

**Qualitative Feedback:**

33. What things worked well at the clinic site today?
34. What challenges were experienced today at the clinic?
35. What areas are there for improving future clinics?

## Appendix G –Mass Immunization Clinic Planning

Project management methodology is being employed for setting up the mass immunization clinics.

Below is a portion of the draft Gantt chart.

Work Plan						Today:	1/18/2021					
Start Date	2021-01-11											
Phase	Task	Task Lead	Current Status	Start Date	End Date	JAN 11	18	25	FEB 01	08	15	
<b>Governance</b>												
Planning (P)	Set up IMS structure for vaccine clinics	Steve Turner	Complete	2021-01-02	2021-01-11							
Planning (P)	Engage with partners for vaccine clinics	Steve Turner	Complete	2021-01-02	2021-01-11							
Planning (P)	Determine roles and responsibilities	Steve Turner	Complete	2021-01-02	2021-01-15							
<b>Site Selection for mass immunization</b>												
Planning (P)	Determine number of sites needed	Steve Turner	Complete	2021-01-01	2021-01-05							
Planning (P)	Prioritize sites	Jody Paget	Complete	2021-01-05	2021-01-08							
Planning (P)	Confirm County site	Joe Belancic	Complete	2021-01-11	2021-01-30							
Planning (P)	Mount Brydges Community Center	Judy Green	Complete	2021-01-11	2021-01-11							
Planning (P)	Confirm London site	Joe Belancic	On-Target / Ongoing	2021-01-11	2021-01-30							
Planning (P)	Create contracts with the sites	Joe Belancic	On-Target / Ongoing	2021-01-11	2021-01-30							
<b>Secure resources</b>												
Planning (P)	Determine model (staffing, processes, clinic volume, roles&responsib	Jody Paget	On-Target / Ongoing	2021-01-10	2021-01-20							
Planning (P)	Determine resources needed	Steve Turner	On-Target / Ongoing	2021-01-15	2021-01-20							
Planning (P)	Board of health report	Steve Turner	On-Target / Ongoing	2021-01-10	2021-01-20							
Execute (E)	Clinic in a box	Emily Williams	On-Target / Ongoing	2021-01-11	2021-01-20							
Execute (E)	Full time site supervisor for each site	Jody Paget	On-Target / Ongoing	2021-01-15	2021-02-15							
Execute (E)	Freezers and fridges	Jody Paget	On-Target / Ongoing	2021-01-15	2021-02-15							
Execute (E)	Full time IT support for each site	IT Team	Not Started	2021-01-15	2021-02-15							
Execute (E)	Operations support for each site	Joe Belancic	Not Started	2021-01-15	2021-02-15							
Execute (E)	Supplies (office and business functions)	Joe Belancic	Not Started	2021-01-15	2021-02-15							
Execute (E)	PPE for staff and visitors	Joe Belancic	Not Started	2021-01-15	2021-02-15							
Execute (E)	Vaccines	Ministry	Not Started	2021-01-15	2021-02-15							
Execute (E)	IT equipment	Joe Belancic	On-Target / Ongoing	2021-01-15	2021-02-15							

## Appendix H – Key Resources

- [Vaccine Storage and Handling Protocol, 2018 \(gov.on.ca\)](#)
- Ontario COVID-19 [Vaccine-Relevant Information and Planning Resources](#) - includes links to manufacturer requirements, and provincial guidelines
- Public Health Agency of Canada [Planning Guidance for Immunization Clinics for COVID-19 Vaccines](#)
- Ontario Ministry of Health [COVID-19 Vaccination Clinic Operations Planning Checklist](#)
- Government of Canada [Planning guidance for administration of COVID-19 vaccine](#)



## Middlesex-London COVID-19 Vaccination Plan

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