Peterborough Public Health

COVID-19 Vaccine Distribution Implementation Plan

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Version Control

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1. Overview

The Peterborough Public Health (PPH) COVID-19 Vaccine Distribution Implementation Plan (the "Plan") provides a comprehensive and collaborative framework to immunize people across the region of Peterborough with COVID-19 vaccines. Three phases of execution are presented in the Plan, in accordance with Ontario's Vaccine Distribution Implementation Plan, as well as direction from the health unit's Incident Management Team (Emergency Operations Centre) and input from the City plus County Emergency Management Coordinators. Each phase of the Plan incorporates vaccine planning and operations, vaccine management, stakeholder engagement and communications, and logistics.

Ongoing provincial direction, findings from our public health agency's and hospital activities in earlier stages of vaccine implementation, stakeholder consultations and improvement processes will guide periodic reviews and revision of the Plan.

2. Objectives

The Plan lays out a roadmap for ensuring that at least 75 per cent of Peterborough City and County eligible population, including Curve Lake First Nation and Hiawatha First Nation, is immunized with the COVID-19 vaccine (our goal). It articulates the content required to carry out the mass immunization program, and ensures First Nations, Métis and Inuit peoples are meaningfully engaged and the needs of other populations at higher risk are considered.

Additional objectives of the Plan include:

1. To be an effective partner with the provincial government in the implementation of their vaccination campaign.

2. To lead the coordination between community partners that is efficient and effective.

3. To ensure that the vaccine is stored in a secure manner.

4. To administer the COVID-19 vaccine in a safe and efficient manner to residents of Peterborough County and City as quickly as possible
    a. Vaccine is distributed to identified priority groups. Health equity values and principles are incorporated in the design and implementation of all mass vaccination activities.
    b. Sites of mass vaccination clinics are safe, secure, fully accessible, and abiding by public health measures.
    c. Each mass vaccination clinic is adequately supplied with high-quality equipment and supplies.

d. All professionals working at clinics are trained on safety, emergency and logistical protocols and procedures.

5. To ensure the community and general public is effectively informed about the mass vaccination campaign
    a. Outreach activities for priority and diverse groups are designed to meet their information needs and overcome barriers to access.

6. To monitor and evaluate the safety and effectiveness of the vaccine campaign.

3. Scope

The Plan is applicable to high-risk priority populations initially identified by the Province as well as residents who meet the provincial vaccine eligibility requirements.

This plan assumes that:

- the vaccine will be available at the provincial level, whether obtained from a national; stockpile or purchased provincially;
- PPH will receive direction from the Ministry of Health on the supply and allocation of vaccine;
- due to the emergency situation, many routine public health activities will be curtailed, freeing up staff to be redeployed in support of a mass vaccination campaign; and
- a large number of additional staff will be recruited and volunteers will be utilized.

4. Governance, Roles and Responsibilities

Several partners will be engaged in the process to immunize Peterborough residents with COVID-19 vaccines. Each partner will have clearly documented roles and responsibilities in relation to the implementation of the COVID-19 vaccination campaign.

PPH EOC Command and Operations Group (Incident Management Team)

As an autonomous local public health agency governed by a Board of Health, PPH has established an Emergency Operations Centre Command and Operations Group following standard Incident Management Structure (IMS). At PPH, the EOC Command and Operations Group is known as the **Incident Management Team (IMT).** The IMT is responsible for providing overall direction to the local response to COVID-19 including the preparation, launch and operations of Peterborough's immunization campaign. The IMT is working to ensure that all

available community resources are activated to support the immunization of residents with approved COVID-19 vaccines. (See Appendix A: PPH EOC Command and Operations Group IMS Structure)

IMT Mandate

- To work across the PPH organization and with varied external partners to develop operational plans for the orderly and coordinated distribution of COVID-19 vaccines in Peterborough
- To maintain situational awareness and monitor developments respecting COVID-19 vaccines and consequently, to refine planning efforts in response to updates from senior levels of government, public health authorities, pharmaceutical companies and stakeholders

Incident Command Role

The Incident Command Role is critical to the overall leadership of the IMT and implementation of this Plan. At PPH, this role is assumed by the Medical Officer of Health. Their role responsibilities include:

- Attending Chief Medical Officer of Heath or Incident Commander teleconferences
- Conduct presentations on vaccine or disease related topics
- Arrange for regular emergency operations meetings i.e., IMT
- Review media releases and responds to inquiries from the media
- Review adverse vaccine reaction forms and indicates follow-up actions
- Respond to clinical questions about immunization from staff, public, community partners
- Attend and/or chairs community-liaison meetings
- Ensure vaccine is distributed equitably and as directed by the Ministry of Health

PPH IMT Leadership

PPH staff specialized in planning, operations, logistics, information technology, finance, health and safety, communications, government relations, monitoring/surveillance, community engagement (including Indigenous relations), documentation and records management fulfill leadership roles within the IMT. An alternate has been identified for each IMT Chief or Officer role to ensure continuity of operations.

External Partners

This Plan requires collaboration amongst external partners, including acute care, primary care and other healthcare organizations, community agencies, community physicians, nurses and pharmacists. Many of these groups are regularly engaged in annual influenza immunization

campaigns; however, significant planning is needed to operationalize a COVID-19 immunization campaign that is much larger in scope and complexity than the seasonal influenza campaign.

Engaging with additional stakeholders and partners will be needed to support the Plan including municipal governments, First Nation communities, institutions, community serving organizations, associations and potentially the business sector.

PPH leadership participate in the EOCs for both the City of Peterborough and the County of Peterborough. PPH also maintains a direct link to the Peterborough Regional Health Centre (PRHC) through participation in their Vaccination Task Group within the Inter-agency COVID19 Vaccination Planning Committee and direct liaison between each agencies' IMS roles.

In addition to PPH's direct involvement within local EOC tables, the public health agency is further engaged with external partners through the establishment of the Peterborough Interagency COVID19 Vaccination Planning Team. (See Appendix B for the Terms of Reference for this team.)

5. Local Prioritization of Populations

A three-phase immunization plan has been developed for Ontario, identifying and prioritizing populations to receive the COVID-19 vaccine. However, the population of Peterborough, like other municipalities across the province, is unique: varying in size, risk for infection, characteristics and geography. Ontario's three phased plan requires local adaptation to meet the specific needs of Peterborough's population.

Ethical Framework Development

Using the provinces vaccine distribution plan as its basis, it is the further responsibility of PPH to prioritize sub-populations within each phase based on local needs, and develop promotion campaigns for each. PPH, will operate under the *Ethical Framework for COVID-19 Immunization Distribution* developed by the province to prioritize COVID-19 vaccine roll-out. The ethical framework is based on the principals of stewardship, trust, equity, and transparency.

As per the priority populations identified by the province for Phase 1, PPH conducted a census of Long-Term Care Homes (LTCH), Retirement Homes (RH), and congregate living facilities for seniors in order to rank the facilities based on the established ethical framework and Ministry of Health/Public Health Unit collaborative decision that was developed in 2020 to determine which homes are at highest risk.

Vaccine Sequence Strategy Work Group

Peterborough's Vaccine Sequence Strategy Work Group (a subgroup within the Peterborough Interagency COVID-19 Vaccination Planning Team) will facilitate decision-making of the

sequence (order) of the roll out of the COVID-19 vaccine over time to promote consistency, stewardship, accountability and public trust. Operating under the broader Ethical Framework for COVID-19 Immunization Distribution developed by the province and National Advisory Committee on Immunization (NACI) guidance, this local work group will make more granular recommendations on how and when vaccine will be offered to priority populations and sub-groups, including recommendations on promoting uptake of groups that have been sequenced ahead of others, but are not achieving anticipated rates of immunization due to access barriers.

The work group will be informed by expert opinion including members from diverse priority population groups disproportionately impacted by COVID-19 and will support an effective and expeditious immunization strategy by allowing for a transparent process to make these recommendations to the Interagency COVID19 Vaccination Planning Team leadership for final decision-making.

The work group will also help shape communication and reporting out to the community on sequencing and vaccine use status. Monitoring mechanisms will be needed and may include activities such as random audit days.

6. Phases of COVID-19 Immunization

Three phases of execution are presented in this Plan, in accordance with Ontario's Vaccine Distribution Implementation Plan, as well as direction and guidance from the IMT. (see Figure 1)

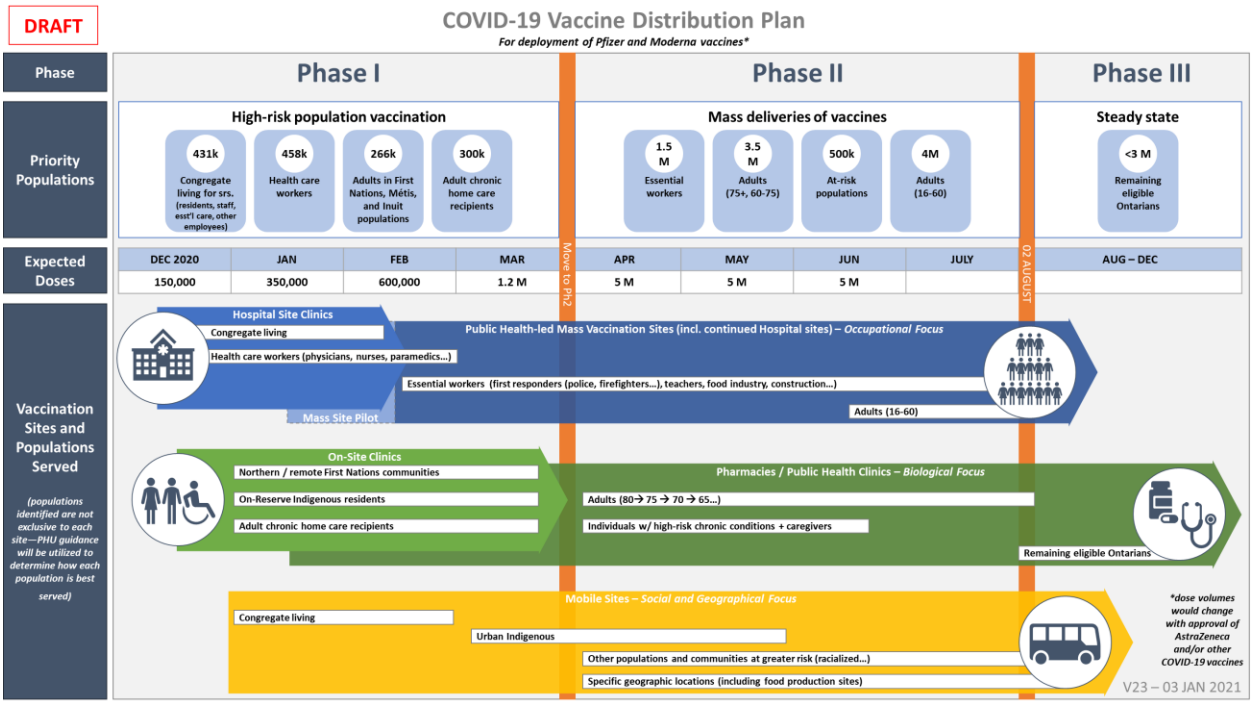


Figure 1: Ontario's Vaccine Distribution Plan (as of January 29, 2021)

Phase 1: High-risk Population Immunization

Phase 1 includes the immunization of Peterborough's high-risk populations and is anticipated to run from January, 2021 to March 2021. Specific populations identified to receive a COVID-19 vaccine during this phase are:

- Residents, essential caregivers, staff and other employees of congregate settings caring for seniors
- Eligible Health Care Workers (HCW) – priority may be given to those with:
    - risk of exposure to COVID-19 within a health care setting based on health care worker role or responsibility
    - risk of severe disease or outcomes from COVID-19 among patient population served
    - criticality
- Adults in First Nations, Métis and Inuit populations
- Adult chronic home care recipients

It is **estimated** that Peterborough's Phase 1 population size is: **12,210.** This estimate does not include HCW outside of hospital, HCW providing home care services nor senior congregate settings other than LTCH/RH.

The primary vaccines in use during this stage are expected to require 2 doses.

Key Strategies for Phase 1

- Focus efforts on the initial priority populations to achieve vaccine coverage
- Apply an ethical framework to further prioritize within or across priority groups
- Identify locations of LTCH/RH and other senior congregate living residences (which involves enumerating staff, residents and essential care providers; establishing point of contact; identifying key messages; conducting stakeholder engagement sessions)
- Monitor and adjust strategies to address low vaccine uptake
- Address vaccine hesitancy through efforts such as outreach, role modelling, shared practices, and town hall sessions
- Provide immunization services at the closest point-of-dispensing to where people live and work (e.g., hospitals, LTCH)
- Activate Mobile Vaccination Teams to LTCH/RH where needed (to immunize residents, staff and essential caregivers as well as assist with registration, provide logistics support, manage client flow)
- Partner with health care partners and professionals to fulfill surge capacity needs.
- Engage Indigenous Leaders in planning for the provision of the COVID-19 vaccine to members of their communities. Provide supports for vaccination (e.g., education, implementation, after action reviews) as requested by Indigenous leadership.

Phase 2: Mass Deliveries of Vaccines

Phase 2 includes mass deliveries of vaccines and is anticipated to run from April 2021 to July 2021. Specific populations identified to receive a COVID-19 vaccine during this phase are:

- Older adults, beginning with those 80 years of age and older and decreasing in five-year increments over the course of the vaccine rollout
- Individuals living and working in high-risk congregate settings
- Frontline essential workers (e.g., teachers, food processing industry)
- Individuals with high-risk chronic conditions and their caregivers

It is **estimated** that Peterborough's Phase 2 eligible population size is: **106,500.** Disaggregating this number by age means: Seniors 80+ = 9,500; Ages 65-79 = 20,200; Ages 21 - 64 = 76,800.

Assuming vaccine availability is unrestricted in this phase, PPH will aim to achieve 1,000 – 1,500 vaccinations/day. It is further assumed that this stage will include vaccines that do not require two doses.

With the above assumptions in place, it is possible that a significant proportion of eligible residents will be vaccinated during Phase 2. However, in a context of multiple types of vaccine this target will need to be changed.

Key Strategies for Phase 2

- Provide equitable access to vaccine for all specific identified populations.
- Identify locations of other congregate living residences (enumerating staff, residents and essential care providers; establishing point of contact; identifying key messages; conducting stakeholder engagement sessions).
    - Implement Mobile Vaccination Teams to congregate settings where needed.
- Increase vaccine providers and locations to improve access potentially to include:
    - Maintaining hospital-based clinic.
    - Establishing mass immunization clinic sites both within the City and in rural areas of the County.
    - Partnering with primary care providers and pharmacies.
- Monitor vaccine access and coverage among priority populations
- Adjust strategies to address low vaccine uptake in regions or among particular groups

Phase 3: Steady State

Phase 3 is anticipated to begin in August 2021 and will see Peterborough enter a steady state. Those remaining to be vaccinated include ages under 21. It is assumed that a vaccine will be approved and available for those under 16 years of age by Phase 3. With this assumption, it is **estimated** that Peterborough's total population for Phase 3 is: **29,500.**

Key Strategies for Phase 3

- Monitor vaccine supply to minimize vaccine waste
- Monitor vaccine coverage on priority populations and enhance strategies to reach populations with lower immunization uptake
- Increase vaccine providers and locations to improve access including implementation of mass immunization clinics (MIC), designed to immunize large numbers of people in short periods of time. This could include:
    - community clinics that can be scaled in size based on demand or uptake gaps; and
    - promoting availability through retail pharmacies or Doctor's offices (if available).
- Special operations sites will start to demobilize.

7. Community Engagement

Relationships between public health and community partners are key to building trust with the broader population, including priority groups. PPH will leverage existing, and develop new, partnerships to build trust, open additional communications and promotion channels and engage with targeted populations. Benefits to strong partnerships include improved awareness of population needs, shared responsibilities, engagement support, and greater information dissemination channels.

Peterborough has many diverse populations including First Nations, Métis and Inuit peoples, and racialized populations having diverse languages and cultures. In order to reach these populations, PPH will undertake thoughtful, purposeful and customized communications and engagements.

Key Strategies for Engaging with LTCH and RH Stakeholders

PPH is working closely with other health care partners including The Peterborough Regional Health Centre, as administrator of the Pfizer-BioNTech COVID-19 vaccine, to support the immunization efforts of residents, HCW, and residents at LTCHs and RHs in the region. PPH's pre-established relationships with operators has supported the effort to develop the vaccination strategy for this priority group. PPH has held calls with all LTCH and RH operators to update the operators on vaccine uptake, share best practices, and respond to any questions or concerns, or address barriers.

In addition to these calls, PPH has prepared targeted letters to the operators and letters for the operators to send to their staff providing information ahead of the arrival of the vaccine.

Key Strategies for Engaging with Indigenous Communities

PPH has established trusted relationships and reciprocal ways of working with local First Nations, Métis and Inuit organizations by direct engagement on the PPH Board of Health and within the Board's Sub-Committee, the Indigenous Health Advisory Circle. These relationships and involvement in public health agency decision-making have created a foundation for collaborative work during the pandemic response.

PPH recognizes the impacts of colonization, mistreatment in residential schools and by the medical community, and residual Indigenous mistrust of governments and health systems. PPH will rely on community expertise and leadership within First Nations, Métis and Inuit communities to identify the best ways to reach their communities in order to enhance accessibility, acceptability and cultural safety of immunization.

Indigenous communities are a priority population for Phase 1. PPH will incorporate guidance outlined by Indigenous Primary Health Care Council's (IPHCC) document entitled *"Engaging Indigenous Communities with COVID Vaccine Implementation"*.

Key strategies will include:

- Ongoing meaningful two-way engagement with local Indigenous leaders;
- Development of communications that include Indigenous perspectives and representation; education and messages that dispel myths and address underlying reasons for vaccine hesitancy among Indigenous communities; and
- Ensuring access to vaccines that can be delivered by Indigenous serving agencies/Indigenous providers.

Key Strategies for Engaging with Priority and Diverse Groups

Partnerships with community leadership and community-serving organizations are critical to understanding and addressing the needs of specific groups including pre-existing barriers, misconceptions and sources of mistrust of health professionals.

PPH will work with diverse community partners:

- to promote vaccine uptake and address vaccine hesitancy;
- to understand ways to ensure equitable distribution of the vaccine to populations and communities disproportionately impacted by COVID-19, and
- to clearly communicate how, when and where to access vaccine clinics.

Outreach & Targeted Communications Strategies

PPH will work with partners to identify barriers to vaccine uptake with priority populations to inform outreach and targeted communications strategies.

Groups identified that would benefit from targeted strategies include:

- People experiencing homelessness, precariously housed or living in shelters
- Urban indigenous populations
- Racialized populations
- Newcomers
- Older Adults
- Rural Residents

Community partners and leaders who work with the above identified groups can be champions to help promote and build trust in health messaging, including vaccine communications.

Established best practices for effective inclusive communications include using the following channels and tactics:

- In-person and network-based outreach
- Social Media and Messaging Platforms
- Video and Audio Messages

As the immunization strategy is monitored and evidence on vaccine uptake becomes available further sub-populations or geography-defined areas may be identified and then strategies will be developed to meet their communication needs. These strategies may include: "Frequently Asked Questions" resources, train-the-trainer presentations, print materials, inclusive and accessible web resources, continued partner engagement and communication.

Further plans for broader communication strategies are outlined in Section 12 below.

8. Immunization Strategy

In response to efforts to rapidly scale up the immunization, PPH will lead the integrated expansion of delivery channels, including on-site immunization, mass immunization clinics (MIC) and if demand requires or capacity allows mobile vaccination teams. Both indoor and outdoor MIC will be considered as long as safety for staff and public can be assured.

Immunization clinics led by PPH will include community partners that can support vaccine delivery, such as hospitals, family health teams, EMS, pharmacy, primary care and others.

For each targeted population within the region, PPH will determine the optimal type of clinic to offer based on the population's health status, geography, accessibility and resources.

Mobile Vaccination Team

An operational plan was developed to mobilize Mobile Vaccination Teams (MVT) for the safe and efficient delivery of the COVID-19 vaccines to residents, staff and essential caregivers of congregate settings.

MVT will be deployed on an as needed basis. The number of MVT will be determined by the number of residents, staff and essential caregivers to be immunized. The objectives of the MVT include allocating, distributing and administering the COVID-19 vaccine as efficiently, equitably and effectively as possible in the facility setting.

Mass Immunization Clinics (MIC)

Mass Immunization Clinics (MIC) will be the primary method used by PPH for immunizing Peterborough's population. PPH anticipates operating several immunization clinics concurrently during Phase 2.

PPH will use provincial guidance on standardized clinic setup, site selection criteria, and staffing requirements. When selecting immunization sites, PPH will take into consideration location, accessibility, infrastructure, security/safety and amenities. Clinic setup will vary by site capacity and room layout but will have a logical unidirectional flow. Outdoor MIC may be considered as long as safety, security and basic infrastructure needs can be met. Other considerations include staff and volunteer requirements (dependent on immunization rate, number of immunizers per clinic, duration of each clinic, and number of clinics per day and per week), opportunities for collaboration with partners for clinic implementation, and how the needs of priority populations can be met.

Clients with special needs, such as persons with disabilities, very advanced age, fragility, those who cannot wear a mask, etc., may require assistance. Once identified by the screener inside the clinic or by security officers outside of the clinic, clients with special needs will be assisted through the process as needed.

Clients identified as requiring language assistance will be assisted through the process using a translation service.

Hearing devices for use by the hearing impaired will be secured for all vaccination sites. Signage for the devices is to be posted at every community clinic.

PPH will work with municipalities to ensure that transportation barriers to clinics are minimized. Strategies to be considered may include:

- Transportation for the public to vaccination clinics during off- service hours;
- Transportation for the public in the County with no access to transportation (i.e., shuttle bus from Havelock to a clinic in Norwood);
- Transportation for the public with special needs;
- Transportation of staff and/or volunteers to clinic sites (if necessary);
- Transportation of individuals experiencing serious adverse reactions or presenting with serious illness to the Emergency Department or alternate care sites; and

- Traffic control for clinics.

Advertised closing times of the clinic will be adhered to unless deemed necessary by the Medical Officer of Health, Operations Manager, or a crisis occurs (power failure, medical emergency, etc.).

In addition to PPH's MIC, PRHC plans to operate a hospital-based immunization clinic including clinics for populations with special needs (e.g., for those with vaccine contraindications). The on-going need for a hospital-based clinic across all phases of the vaccination plan will be monitored.

Continuation of Mobile Clinics

An extension of Mobile Vaccination Teams established for LTCH/RH may be needed to reach targeted populations, including priority neighbourhoods, rural residents and homeless individuals, where there is limited logistical capacity for a mass immunization clinic. These clinics will be temporary in nature and implemented to help address barriers to access, and as needs arise.

Determining Resource Needs

PPH will determine the number of clinics and the duration and hours of operation of clinics. The number of clinic staff required to vaccinate the population or the selected priority groups will depend on the expected time frames, as well as how many doses of the vaccine we receive.

The formula to calculate the number of staff and the number of days and/or clinics required is based on an estimate that one vaccinator can vaccinate between 11-14 adults in one hour depending on the following assumptions:

# Vaccinations Per Hour Per Administrator	**Assumptions**
14	- Consent forms already completed, **and** - Vaccine pre-loaded into syringes, **and** - Clients flow continuously
12	- If immunizer must load own syringes
11	- If immunizer must premix vaccines (e.g., Pfizer-BioNTech)

9. Vaccine & Supply Management

PPH will ensure the logistical components of the immunization campaign are well managed and ensure that supplies, including vaccines, are appropriately stored and available when and where they are needed. Additionally, PPH will develop contingency plans to ensure that the vaccination program is maintained, should elements of the primary plan face unforeseen challenges (see Appendix C: Updating Contingency Plans for Vaccine Storage & Handling).

Vaccine Sources & Technical Specifications

PPH is following the Government of Canada's recommendations on the use of COVID-19 vaccines(which acknowledges that the evidence for the COVID-19 disease and vaccines continues to evolve). The Government of Canada's recommendations for the use of COVID-19 vaccines is intended to be updated as any additional COVID-19 vaccines are authorized for use in Canada. A summary of key, current information on the two, currently approved, COVID-19 vaccines is below.

Pfizer BioNTech COVID-19 Vaccine

- The Pfizer BioNTech vaccine should be stored at -70°C +/- 10°C and has shelf life of six (6) months. Once thawed, the vaccine may be stored for five (5) days at +2°C to +8°C and/or two (2) hours up to +25°C.
- Each pack of the Pfizer BioNTech vaccine contains 195 vials with five (5) doses per vial (975 doses per pack). It is supplied with 0.9% sodium chloride diluent for injection plastic ampoules.
- The dose of Pfizer BioNTech COVID-19 vaccine is 30µg contained in 0.3ml of the diluted vaccine.
- The vaccine should be administered in two (2) doses, twenty-one (21) days apart.
- The authorized age for use is sixteen (16) years of age or older.

Moderna COVID-19 Vaccine

- The Moderna COVID-19 vaccine should be stored at -20°C +/- 5°C. Once thawed, the vaccine may be stored for thirty (30) days at +2°C to +8°C and/or twelve (12) at +8°C to +25°C.
- There are 10 doses per vial.
- The dose of the Moderna COVID-19 vaccine is 1000µg contained in 0.5ml of the diluted vaccine.
- The vaccine should be administered in two (2) doses, twenty-eight (28) days apart.
- The authorized age for use is eighteen (18) years of age or older.

Vaccine Administration Capacity

"Vaccine administration capacity" is defined as the maximum achievable immunization throughput regardless of public demand for immunization. When assessing vaccine administration capacity, other important factors to consider include:

- COVID-19 vaccine storage capacity at a given location (e.g., quantity of COVID-19 vaccine that can be stored, storage equipment and temperature monitoring devices regulations);
- Infection control measures (i.e., scheduling, distancing, donning and doffing personal protective equipment, cleaning/sanitation procedures) that may slow the immunization process;
- Timing and duration of COVID-19 immunization provider participation due to changes in staffing or other resources throughout the response; and,
- Clinic closure due to environmental or other factors (e.g., severe weather, other emergencies, holidays).

Vaccine Storage and Handling

PPH will ensure that the storage and handling of vaccines is done in accordance with manufacturer and provincial guidance. Consideration is being given to:

- Proper conditions to maintain the safety and efficacy of the product (i.e., cold chain requirements), such as the need for well trained staff, reliable storage and temperature monitoring equipment);
- Inventory management (including monitoring of expiry dates where relevant and restocking);
- Storage facility security, particularly where shortages or potential tampering is an issue, including access and requisition authority;
- Equipment maintenance and monitoring;
- Vaccine storage and handling during transportation to sites and administration; as well as,
- Contingency planning for cases where the event takes place during a routine vaccination campaign and existing refrigerated storage may already be at capacity. (See Appendix C: Updating Contingency Plans for Vaccine Storage & Handling).

PPH will work collaboratively with other identified partners that will have a role in the storage and handling of vaccines as needed (i.e., PRHC).

PRHC will manage vaccine inventory of the Pfizer BioNTech COVID-19 vaccine. PPH is working in collaboration with PRHC and to make decisions about dose distribution.

PPH expects to receive the Moderna COVID-19 vaccine. A freezer to store this vaccine has been ordered but at time of writing not yet delivered. PPH will only use purpose built or

pharmaceutical-grade equipment to store vaccines. Following delivery, the new equipment must pass quality assurance tests before vaccine product can be received.

The freezers and fridges for vaccine storage at PPH are located in a designated room with restricted swipe access. Only certain PPH staff are given swipe access to this area. The equipment in this room undergoes regular temperature monitoring. PPH will also update its vaccine evacuation procedure using considerations listed in Appendix C: Contingency Plan for Vaccine Storage and Handling Checklist in the event of a power outage, electrical disruption, or refrigerator / freezer malfunction.

Vaccine Storage and Temperature Monitoring Equipment Guidelines

- Use purpose-built or pharmaceutical-grade equipment to store vaccines
- Plan for up to seven (7) days for equipment to stabilize temperature
- Temperature monitoring devices (digital data logger) and backups
- Certificate of calibration testing
- Temperature range monitoring, out of range alarms, low battery
- Consider equipment plugged into UPS (uninterrupted power supply)
- Temperature excursion standard operating procedures (SOPs)
- Regular maintenance of storage units and temperature monitoring devices
- Identify alternate storage units if primary units cannot be repaired to replaced

Vaccine Inventory Management

The COVID-19 vaccine is currently in limited supply. During use of Pfizer product, PPH will work in partnership with PRHC to maintain accurate knowledge of the supply levels, reduce wastage and track lots through the province, in case of recalls. Vaccine inventories will be maintained using COVaxON.

To prepare for the storage of Moderna at PPH, the following SOPs will be developed:

- Scheduling and receiving deliveries
- Consider keeping stock records
- Unpacking deliveries
- Vaccine inventory Accounting
- Vaccine ordering
- Stock rotation and removal
- Vaccine disposal
- Vaccine preparation (for administration)

Non-Vaccine Supply Management

There is a wide range of other supplies that are needed to support mass vaccination campaigns, including:

- Syringes and needles
- General medical supplies
- Emergency supplies for adverse reactions
- Administrative/office supplies
- Clinic infrastructure supplies

Vaccine Transport

In instances where the transport of vaccine is necessary, PPH will take all recommended precautions to protect the supply. Vaccines will only be transported using appropriate packing materials that provide the maximum protection and in accordance with provincial guidelines. Plans and protocols will be in place that include:

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

Adverse Event Following Immunization (AEFI)

A proportion of adverse reactions are inevitable in any vaccination campaign, despite screening measures. In addition, initial screening may identify individuals presenting who are already ill, whether due to COVID-19 or an unrelated illness. In order to respond to these quickly and effectively, the PPH plan includes:

- Clear case definitions and protocols for initial screening which will be based on case definitions and medical directives provided by the Ministry of Health;
- A post-vaccination observation waiting area for people to wait for 15 minutes to ensure that there are no acute adverse vaccine reactions or people will be monitored for 15 minutes in the space where they received their vaccine (e.g. Long-term Care home residents within their own rooms);
- Trained staff able to monitor recipients in the post-vaccination observation waiting area and who are able to respond to acute adverse vaccine reactions;
- Anaphylactic kits including supplies such as epinephrine and other emergency medical

supplies;

- Use of 911 and first responders for the transfer of an ill client to the Emergency Department from the vaccination clinic;
- Procedure on the management of anaphylaxis; and
- Early training of vaccinators on the management of anaphylaxis.

Adverse vaccine events will be reported to designated staff at Public Health and will be entered into the CCM database and investigated as per the Ministry of Health. Events will be reported to the Ministry of Health as required. Additionally, vaccine recipients will be encouraged to participate in CANVAS.

The Clinic Team Lead and the Adverse Event Nurse will be responsible for handling such situations.

Second-dose reminders

Phase 1 second dose reminders will be provided based on vaccine supply, NACI recommendations, and site readiness.

For Phases 2 and 3, for operational purposes, scheduling the second dose of COVID-19 vaccine is recommended, and is built into the provincial COVax tool. Using a consistent interval for all two-dose vaccines simplifies the messaging to the public and arrangements within clinic settings where alternative vaccines may be supplied at short notice.

For most COVID-19 vaccine products, two doses of vaccine, separated by twenty-one (21) or twenty-eight (28) days, will be needed. Given different COVID-19 vaccine products will not be interchangeable, a vaccine recipient's second dose must be from the same manufacturer as their first dose. Having second-dose reminders built into the provincial COVax tool for vaccine recipients will be critical to ensuring compliance with vaccine dosing intervals and achieving optimal vaccine effectiveness. Currently, the second dose is booked at the same time as the first dose, in the provincial COVax tool. In the event of severe vaccine shortages that put the optimal scheduling of the 2nd dose at risk then provincial guidance and direction will be followed.

10. Resource Management

Human Resources

The success of the COVID-19 Immunization Program depends on having an adequate network of trained, technically competent COVID-19 immunization providers and support staff. For this reason, COVID-19 immunization clinic staff recruitment and enrollment may be the most critical activity to complete before vaccine becomes available. PPH is concentrating early planning

efforts on engaging immunization providers and services that can be rapidly deployed to immunize initial populations of focus (Phase 1), additional priority populations and ultimately large-scale mass clinics.

Public Health staff will be utilized to staff the mass vaccination clinic sites. Additional health care professionals, administrative staff and volunteers will offset the demands for staffing. Logistics will be responsible for the recruitment and preparation of the staff and volunteers required to operationalize the immunization plan.

Recruiting of additional health care and support staff, municipal administrative/facility staff or community volunteers will include, but not be limited to:

- Retired Health Care Professionals
- Pharmacists
- Dentists
- Physicians
- Chiropractors
- Registered Nurse Practitioners
- Registered Nurses
- Registered Practical Nurses
- Personal Support Workers
- Students
- Retired Security Guards

Human resources will be acquired through additional hires, volunteer recruitment and third-party contracts with agencies and partners.

PPH has developed a system to receive and track volunteer offers, which will be summarized into excel-based database. This database will contain the qualifications and skills that registered volunteers included on their applications and will be utilized to recruit and enrol volunteers for specific roles according to their qualifications. A plan to facilitate this onboarding is currently being developed. All volunteers overseen by PPH, will be treated as PPH employees, and therefore receive any necessary training required by law as specified by the Ministry of Labour. Volunteers will need to have WSIB insurance in place.

Staff Orientation & Training

In order to keep staff and people safe and to maintain an efficient flow through immunization clinics, orientation and training will be provided. This will include information on the specific roles and responsibilities, clinic flow, cultural and diversity sensitivity considerations, infection prevention and control recommendations, occupational health and safety protocols, COVID-19 precautions, scheduling, time sheets, key contacts, shift changes, documentation practices, incident management and etc.

Certain training may be unique for certain roles. At minimum, vaccinators will be required to review certain key resources (e.g., guidance documents, polices/procedures, etc.) to support administering vaccines, ensure their regulated professional certification is up-to-date, and be up-to-date on CPR and anaphylaxis response protocols. Other training may be provided as needed. Data entry staff will be trained on programs that are appropriate to their assigned tasks, and at minimum will include training on COVaxON.

Information Technology (IT) Resources

An IT plan and inventory to facilitate effective operations across all immunization clinics is in development. The plan will identify the technology and connectivity requirements necessary for implementing the mass immunization program. The Ministry plans to provide health units with a supply of technology resources referred to as "Clinic In A Box" which includes iPads, printers and internet connectivity Hubs.

COVax

PPH, PRHC and other site/setting specific staff will use the COVax solution for booking appointments, recording all administered doses of COVID-19 vaccines and tracking inventory.

The COVax solution is meant to support the administration of all vaccine preparations (Pfizer, Moderna, others as licensed and available) across all settings.

COVax is a direct recording system that supports full COVID-19 immunization data, and real time inventory tracking. On occasion, when the electronic recording solution is replaced by paper notations, (because there may be no internet connection or no staff ability to electronically record) PPH staff will manually enter the data to ensure vaccine safety and supply. Where the vaccination client lists have been preloaded prior to vaccination, into the system, the data entry is quick. Where all the data elements need manual entry, it requires 2-3 minutes to record. Recording the immunization is a requirement of standard clinical practice and the responsibility of the vaccinator.

Orientation and training in the effective use of COVax by PPH staff will be a priority. Quality control/epidemiology staff will lead the implementation of staff training and ensure that provincial supports are leveraged.

Financial Accountability

Boards of health are accountable for using funding efficiently as outlined by the fiduciary requirements domain of the organizational standards within the Ontario Public Health Standards. The Ministry of Health (MOH) must ensure that there is efficient use of public resources and ensuring value for money. Part of the requirements within the standard are for local public health agencies (LPHA) to provide financial reports as requested to the MOH.

COVID-19 costs are tracked separately by the MOH through special reporting of both case and contact management cost estimates as well as global extraordinary costs associated with the COVID-19 response. PPH will also track COVID-19 immunization costs separately.

Reporting on immunizations is a regular reporting element for quarterly reports. PPH will use existing processes and Ministry reporting forms to track and report immunization costs.

Costs tracked will include but not limited to:

- Staff costs in Full-Time Equivalents (FTEs) and dollar value
    - Separate time code (COVID Immunization) will be created within the agency's human resource enterprise program
    - Overtime will be tracked separately

- Materials and Supplies / Other Operating Costs in dollar value
    - A separate project code (COVID Immunizations) will be created within the enterprise program
    - Costs associated with the COVID Immunization campaign will be coded using the separate project code
    - Subcategories to track may include but are not limited to (based on reporting of extraordinary costs in 2020): Travel & Accommodation, Supplies & Equipment, Purchased Services, Communications

PPH will also attempt to track the following for more detailed internal analysis:

- Staff costs in FTEs for partners involved in community mass immunization clinics

Security

Maintaining the safety of the clinic staff, visitors and vaccines will be of high importance. The immunization program may create polarized views, and there is a risk of significant threats. PPH are therefore taking into consideration security logistics that are not normally part of a routine vaccine program.

A team will be developed to conduct regular security and threat assessments to ensure prevention and mitigation measures are in place. Security personnel will be present at each immunization clinic to ensure the management of large crowds and to respond to any threats.

11. Surveillance and Monitoring

PPH is ensuring that the systems are in place to meet provincial and local requirements for surveillance and monitoring and track overall progress.

The COVID-19 Immunization Surveillance Plan

The COVID-19 immunization surveillance plan, managed by the PPH Planning Chief, fits under the larger set of PPH COVID-19 surveillance activities.

The goals and objectives of the Immunization Surveillance Plan are to inform immunization strategies during each Phase of roll-out by monitoring and reporting out on the following three key areas:

- Vaccine inventory, distribution and wastage
- Vaccine administration and coverage
    - by priority populations targeted in Phase 1 and Phase 2
        - dose administration and coverage by facility (e.g., LTCH, RH) and resident vs. staff
        - First Nation populations
    - for the overall population (Phase 2 & 3)
    - among socio-demographic groups (e.g., race, occupation, language, country of birth, age and gender)
    - by geographical areas (e.g., neighbourhoods)
    - accounting for vaccine dosage/scheduling
- Adverse events following immunization (AEFI)

Additional monitoring activities will be considered as evaluation objectives and program improvements objectives evolve and may include:

- Random audits of vaccine allocation (to monitor sequencing plan/recommendations)
- Barriers to vaccine uptake
    - Barriers to uptake and reasons for vaccine refusal or vaccine hesitancy
- Public awareness/opinion/beliefs on COVID immunization

Reporting Plan

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

Data Management

PPH is developing methods to collect, manage, store and transport data (e.g., paper and/or electronic) and is establishing appropriate systems to support secure data management, based on jurisdictional legislative and policy requirements. Types of data that will be collected include administrative data such as information on staff and volunteers (including contact and banking information (as appropriate), credential verification, staff scheduling, and compensation), clinic-specific data (examples – daily clinic summary), and client-specific data (examples – consent form).

How client information from the Consent Forms will be captured electronically is being determined, including if it will be entered online directly by the client, entered electronically at the clinic by the client or person doing the registration, or entered on paper and then transcribed to a data management system. Copies of completed consent forms at LTCH will be left with the administrative authorities within each setting as appropriate.

Data management systems will easily support the generation of information required for provincial and/or federal reporting requirements. PPH is also considering how to analyze and report on coverage including numbers immunized overall, in the groups targeted for immunization such as those with underlying medical conditions and working in various occupations, and in various sociodemographic groups (age, gender, race) and geographic regions.

Staff training will emphasize the maintenance of privacy and confidentiality and the procedures and policies to respond to any possible breaches. Contingency plans will be in place in the event electronic data systems are not working.

Data Sources

Current data sources for surveillance reporting include:

1. COVax-ON: Includes a Dashboard including the following metrics:
    - Number of total doses received
    - Number of doses administered by date
    - Who is receiving the vaccine (LCTH healthcare worker; RH healthcare worker; general HCW; LTCH or RH resident; other employee)
    - Number of AEFIs (not yet by type or severity)

2. COVax-ON: Includes a booking system allowing the reporting on:
    - Facility name of client (using a free text field that is very laborious to report on)
    - Confirmation of 1st vs 2nd dose appointments

3. CCM: Number of AEFIs (not yet by type or severity)

4. Population data for use in planning clinics and estimating immunization coverage rates:
    - Bed census counts of LTCH and RHs (acquired from the LHIN)
    - Number of LTCH and RH residents and staff (acquired directly from these facilities)
    - Population estimate data (Epi Team has access to Ministry population estimate and projection data)

5. Survey data: To collect information that will inform the planning of clinics in certain settings (e.g., LTCH).

Social Determinants of Health Collection and Reporting

The purpose of the social determinants of health collection and reporting is to assess vaccine uptake for populations at risk- or with higher burden of COVID-19. A similar approach proposed below was taken to assess the burden of COVID-19 morbidity and mortality in Peterborough.

1. **Client based Socio-Demographic Data Collection**
   In addition to age and gender, PPH recommends the following socio-demographics be collected for clients (excluding LTCH or RH residents):
    - Official Language
    - Childhood language
    - Born in Canada; If no, how long in Canada
    - Identify as Indigenous; If yes, specify First Nations, Métis, Inuit
    - Racial identity
    - Occupation

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

2. **Geographical Mapping of Vaccine Uptake**
   It is important to collect accurate geographical information (address or at least postal code), to assess geographical (i.e., communities or neighbourhoods) coverage of vaccine uptake in the population.

Monitoring and Audit of Vaccine

As mentioned previously, scheduled audits or attestation reports on vaccine storage and usage will be conducted to reduce waste and report on compliance with vaccine sequencing.

12. Communications

PPH will collaborate with local stakeholders to develop consistent, coordinated public health messages following Ministry of Health and Public Health Agency of Canada guidance. Accurate and timely information will be communicated to multiple audiences and among key internal and external stakeholders for each phase.

The information needs of all audiences will be assessed in order to prepare appropriate public health messages and information products and determine strategies. All information will be based on the principles of good risk communications – by putting the risk of the situation into context in a way that allows the audience to make informed decisions to protect themselves, their families and the community at large.

Communications strategies have been developed in consultation with PPH's internal and external stakeholders, health sector, First Nations and other orders of government to ensure the common goal of protecting the health of Peterborough area residents. Activities are aligned with provincial, national and World Health Organization (WHO) communications strategies.

The roll out of the COVID-19 vaccines will be one of the largest and most rapid mass immunization programs in history. To ensure a successful rollout, communications and engagement activities will be proactive, clear, concise and timely to inform and assure the public of what action is being taken to administer the vaccines. It is important to ensure clear communication consistent messaging about the safety, efficacy and availability of the vaccines across channels. Other challenges to consider may include the balancing of perceptions about the vaccines, the ability to impact or change behaviour, the needs of communities disproportionately impacted by COVID-19, as well as ensuring important logistical information is communicated to residents in a clear and timely way. With many partners involved, it is also important to identify one voice that will speak to the effort to minimize confusion and to establish one go-to source for information (i.e., a dedicated webpage or website).

Communications plans to support the vaccine rollout will:

- Involve partners and varied channels to reach targeted audiences as well as leverage partner communications platforms to reach audiences;
- Ensure PPH staff and other internal audiences are kept updated and have the information they need to perform their roles;
- Consider the audience and be inclusive to reach and engage members of the public from diverse backgrounds, ages, etc.;
- Support two-way communication to engender trust in PPH as the lead agency responsible for vaccine roll out;
- Coordinate paid and unpaid promotional campaigns geared to local audiences that complement provincial campaign efforts;
- Clearly communicate the facts about the benefits of receiving the vaccine;

- Reassure and restore trust in the safety and efficacy of the vaccines, and address misinformation;
- Identify and address barriers to immunization;
- Clearly communicate the who, what, when, where and how of vaccine administration and delivery. Reassure the public that the health care system can safely and effectively administer the vaccine(s);
- Be transparent with the public on the plans for distribution, including acknowledging the unknowns;
- Educate the public on the types of vaccines available, and expectations throughout the process (including when more than one dose is indicated);
- Balance other public health measures throughout the process (ex. Continue to communicate the need for ongoing mask wearing, hand hygiene, limiting interactions to household, staying home when sick);
- Identify strategies to address vaccine hesitancy;
- Consider the role of science (facts, information), and emotion (perceptions, feelings); and
- Keep a close eye on communication strategies by other public health agencies in similar contexts who are ahead in their roll out process in order to build on these learnings.

Communications will also support signage needs for each clinic depending on the setting, population and location.

To ensure that staff working at clinics have current information, regular communication documents will be either sent be email or posted on the PPH HUB (intranet). Staff can access this information at home or at the clinic site if internet access and VPN access is available. Any reporters from the media requesting to attend public clinics will be asked to connect with the Communications Manager to arrange for interviews.

13. Health and Safety

Staff Safety

In order to protect staff and volunteers from being exposed to illness in immunization clinics, PPH will endeavour to employ infection prevention and control (IPAC) -informed measures which will include:

- Providing engineering controls or Personal Protective Equipment for all staff;
- Screening all clients who are potentially ill with COVID-19 or other communicable illness passively (through signage) and actively before entry, even if they were already pre-screened when the appointment was made;
- Screening staff before each shift by providing a link to an online screening tool to be used the day of immunization;

- Requiring ill staff and volunteers to stay at home;
- Ensuring there is signage at the door to advise clients not to enter if they are ill, to put on their mask, use the hand sanitizer provided on entry, practice respiratory etiquette, and maintain physical distancing;
- Scheduling appointments to avoid crowds;
- Asking clients to arrive at their assigned time and to wait in cars;
- Consider using drive-through access where feasible;
- Using signage, barriers or floor markings for persons who are waiting;
- Spacing chairs in waiting areas two metres apart;
- Ensuring that administration, clinical and patient areas, and washrooms are cleaned and disinfected frequently; and
- Monitoring entries and exits, waiting areas and lineups to maintain physical distancing.

Orientation and training of staff and volunteers will be developed for each vaccination delivery approach. Content may include information on specific roles and responsibilities, clinic flow, cultural diversity sensitivity considerations, IPAC recommendations, occupational health and safety protocols, as well as COVID-19 precautions.

Security

Maintaining the safety of the clinic staff, visitors and vaccines will be of high importance. The immunization program may be polarized, and there is a risk of significant threats. PPH are therefore taking into consideration security logistics that are not normally part of a routine vaccine program.

A team will be developed to conduct regular security and threat assessments to ensue mitigation measures are in place and security personnel will be at each immunization clinic to ensure the management of large crowds within the building and outside the building.

Crowd Management

PPH site will work with the County and City Emergency Control Groups and local partners to:

- Arrange barricades and close roads if necessary to control crowds and traffic
- Arrange for clear signage to sites for parking and to direct to clinics
- Arrange for stanchions or ropes for crowd control inside and outside of the clinic
- Ensure that client confidentiality is maintained throughout the clinic process
- Arrange for security services at the sites

The use of pre-immunization processes will also help to prevent crowding. These strategies may include:

- Online and phone appointments and registration, pre-completion of vaccine info sheet and consent forms
- Invitation only clinics, based on postal code or alphabetically
- Wristband or ticket, clients wait in vehicle until called/texted
- Block appointments for large groups with pre-registration

14. Regulatory Considerations

Medical Directive

PPH will use the Provincial Medical Directive to guide their practice for the COVID vaccine and the PPH Medical Directive for epinephrine under the conditions outlined in the medical directive and the applicable PPH policies and procedures. The medical directive will be updated as new information is obtained. Under the current directive, both the Pfizer-BioNTech COVID-19 vaccine and Moderna COVID-19 vaccine may be administered.

Use of Unregulated Professionals

PPH acknowledges that the number of personnel normally assigned to routine public health immunization programs will be insufficient to respond to the COVID-19 immunization requirements. Therefore, PPH may consider recruiting unregulated professionals, including retired physicians, paramedics and nurses.

15. Program Evaluation

An evaluation plan will be developed, to include both implementation and outcome evaluation questions, with an emphasis on implementation and real-time process improvements. Stakeholder perspectives to consider include clients, employees, volunteers and partner agencies. Evaluation plans from previous PPH emergency responses and peer health units will be reviewed when developing the evaluation plan and approach.

Overarching evaluative questions will be grounded in the stated set of this Plan's Objectives (see Page 5). For example:

1. How and in what ways were safety and security measures effective at mass vaccination clinics?
2. How and in what ways were measures to ensure accessibility of site locations effective?
3. What was the impact and effectiveness of specific outreach strategies to meet the needs of priority groups?

4. What has been learned about coordinating effectively with community partners?
5. What were the most effective ways of communicating awareness about the mass vaccination clinics to the public?
6. What has been learned that should inform future mass vaccination campaigns?

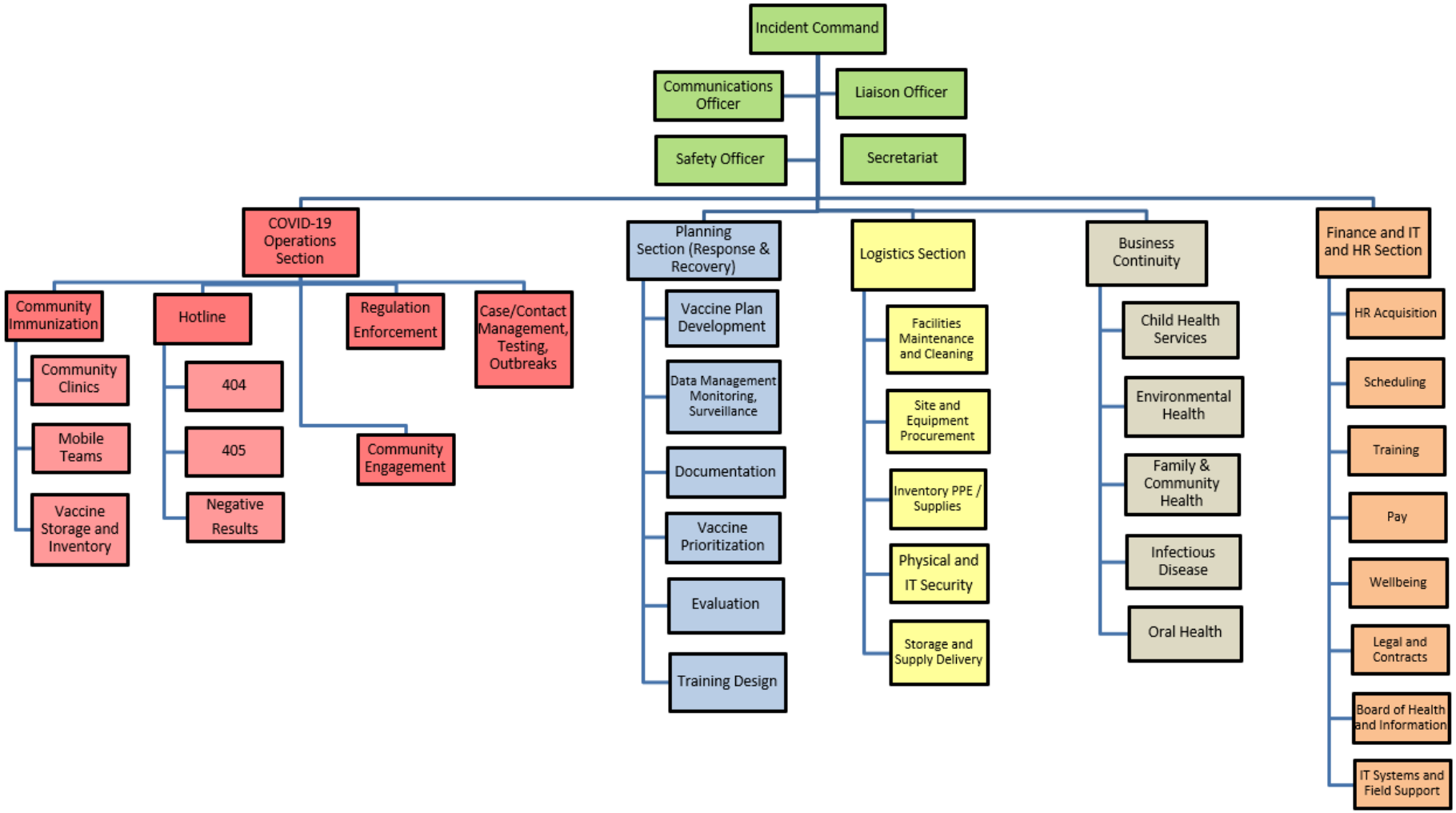
Evaluation support will be offered to Curve Lake First Nation and Hiawatha First Nation during Phase 1 of the campaign. Those communities may be the first in the region to establish MIC and their recommendations would assist further MIC operationalization across the region.

A variety of evaluative processes or tools will be considered, including:

- Review of clinic data collection tools such as the Daily Clinic Summary;
- Review of information reported on daily "hot wash" debriefing by staff after each clinic (which can be done via text, email, online, or if needed, in-person with the appropriate precautions);
- Review of client evaluations conducted during the waiting period at clinics or online after the clinic;
- Review of Adverse Event Following Immunization (AEFI) and Incident Reports;
- Client, staff and volunteer surveys; and
- Formal staff and volunteer debrief sessions at the end of the campaign.

Gathering and analyzing all evaluations will be completed in a timely fashion to ensure that nothing is lost. Written summary reports including the processes used in running the clinics, quantitative summary data (e.g., numbers of clinics, numbers immunized, numbers of adverse events), qualitative data (e.g., open-ended survey questions) evaluation outcomes and lessons learned will support future clinic planning and multi-site/provincial knowledge transfer.

Appendix A: PPH EOC Command and Operations Group (Incident Management Team)



Appendix B: Peterborough Interagency COVID19 Vaccination Planning Team Terms of Reference

Purpose and Scope

To successfully vaccinate at least 75% of Peterborough's eligible population against COVID-19 by September 1, 2021.

Team Objectives

1. To facilitate the development of local COVID-19 vaccination planning;

2. To ensure that planning is consistent with national and provincial plans, ethical frameworks, and reflect local needs; and

3. To facilitate and strengthen engagement with all key stakeholders so that:
   - There is clarity of roles and responsibilities
   - Stakeholders:
     - feel informed in their decision-making;
     - have a mechanism to provide input into the local immunization plan including resolving issues/concerns and contributing resources; and
     - experience effective collaboration during operationalization of the plan which may include: training/education, human resources, equipment/supplies, infrastructure.

Vaccination Campaign Objectives (see Appendix A)

Accountability

Under the Emergency Management and Civil Protection Act, the Ministry of Health is responsible for pandemic planning in the province. Locally, the responsibility rests with the Medical Officer of Health (MOH). This group will support the Medical Officer of Health in the development of local pandemic response plans.

This planning table is ultimately accountable to the citizens and residents of Curve Lake FN, Hiawatha FN, and the County and City of Peterborough.

Membership

Public Health: Peterborough Public Health

- Medical Officer of Health (Chair)
- COVID-19 Vaccination Program Manager
- Vaccination Planning Coordinator

- Administrative Assistant/Support
- Operations Lead*(Alternate Chair)
- Liaison Lead*
- Planning Lead*

County of Peterborough
- Commander, Emergency Management & Operational Support

City of Peterborough
- Emergency and Risk Manager, CEMC

First Nations
- Manager, Health and Family Services, Curve Lake First Nation
- Community Health Nurse, Hiawatha First Nation
- Manager, Health and Social Services, Hiawatha First Nation

Peterborough Regional Health Centre
- Manager, Infection Prevention and Control
- Executive Vice President & Chief Nursing Executive
- Chief of Staff, CME, CMIO & EVP Medical Affairs, Risk, Infection Control & Patient Relations

Peterborough Family Health Team
- Executive Director

Peterborough Primary Care Physicians
- Representative

*Long Term Care Homes/Retirement Homes (ad hoc representation from launch locations)
- Directors of Care

Trent University (TBD)
- Director, Risk Management

Pharmacists
- Local Representative

Additional members may be appointed as required.

Member Responsibilities

- Attend meetings regularly, prepare for each meeting, contribute information and perspectives openly, weigh factors carefully and follow through on assigned tasks
- Identify an alternate and advise the planning table
- Once a decision is reached, the members are expected to support the decision
- Participate on working groups or sub-committees as required
- Inform chair of requested agenda items
- Provide member agencies/organizations and members with updates from these meetings and provide this Team with updates from respective agencies/organizations
- Provide updates of changes to contact information and/or responsible staff

Decisions

We will seek to make decisions by consensus whenever possible.

Terms of Appointment

Departing members are expected to provide/recommend a replacement as soon as possible.

*Ad hoc members will depart with no replacement when their responsibility is complete.

Meeting Frequency

Meetings will be held weekly or as deemed necessary by the Chair.

Meetings of working groups or sub-committees will occur as needed.

Minutes

Minutes will be taken by administrative support assigned to the Team, using the standard minute template, maintained at the Peterborough Public Health and circulated to members prior to the next meeting. Minutes of sub-committees will also be circulated to members.

Date of Approval: January 22, 2021

Appendix A Vaccination Campaign Objectives:

1. To be an effective partner with the provincial government in the implementation of their vaccination campaign.

2. To lead the coordination between community partners that is efficient and effective.

3. To ensure that the vaccine is stored in a secure manner.

4. To administer the COVID-19 vaccine in a safe and efficient manner to residents of Peterborough County and City as quickly as possible
    a. Vaccine is distributed to identified priority groups. Health equity values and principles are incorporated in the design and implementation of all mass vaccination activities.
    b. Sites of mass vaccination clinics are safe, secure, fully accessible, and abiding by public health measures.
    c. Each mass vaccination clinic is adequately supplied with high-quality equipment and supplies.

    d. All professionals working at clinics are trained on safety, emergency and logistical protocols and procedures.

5. To ensure the community and general public is effectively informed about the mass vaccination campaign
    a. Outreach activities for priority groups are designed to meet their information needs and overcome barriers to access.

6. To monitor and evaluate the safety and effectiveness of the vaccine campaign

Appendix C: Updating Contingency Plans for Vaccine Storage & Handling

PPH anticipates the arrival of a freezer that will enable storage of the Moderna vaccine product. PPH's current vaccine evacuation plan will be revised to accommodate the on-site successful storage of this vaccine. Contingency needs to be included in the new procedure may include the following:

EMERGENCY CONTACTS (24/7)

- ☐ Primary emergency contact name and number: Program Manager Immunization or delegate
- ☐ Secondary emergency contact name and number: Refer to Weekly On-call list

HAVE A PLAN READY

- ☐ Designate a staff member and alternate(s) to initiate response to power outages/electrical disruptions, or refrigerator / freezer malfunctions, 24/7.
- ☐ Connect refrigerator / freezers to a backup generator, and confirm power reserve
- ☐ If power is interrupted, the generator will activate
- ☐ If the temperature goes below or beyond the recommended ranges, the alarm will go off and alert Trent Security who contacts the after hours number and/or Facilities Manager. PPH staff will do onsite inspection, move vaccine as per protocol and alert emergency contacts as needed.
- ☐ Have enough insulated coolers and packaging materials such as hard-sided coolers, icepacks, ice blankets and digital min/max thermometers for temporary vaccine storage.
- ☐ Store enough icepacks and ice blankets in another freezer.
- ☐ Establish a resource list for additional packaging supplies and where they can be obtained.
- ☐ Identify an alternate storage site for prolonged outages.

For Power Outages/Electrical Disruptions:

- ☐ Contact the above primary and secondary contacts immediately. Support is available 24/7, during weekends and statutory holidays.
- ☐ Do not open the refrigerator / freezer door.
- ☐ Check the digital thermometer to ensure temperatures are within designated ranges.
- ☐ Document the current, minimum and maximum temperatures.
- ☐ Continuously monitor and document refrigerator / freezer temperatures to ensure that it is within the acceptable range. (Acceptable range may vary depending on type of

vaccine. For all vaccines, consult the monograph provided by the pharmaceutical manufacturer.)

- ☐ Do not under any circumstances take vaccines home or to any other unapproved site for storage

Moderna COVID-19 vaccine: (https://www.modernacovid19global.com/ca/storage-handling-dosage-admin.pdf)

- ☐ Freezer:
  - The internal temperature of the unit should be stabilized at -15°C to -25°C (-13°F to +5°F) prior to stocking vaccine. Recommended storage temperature is -20°C
  - Warm alarm set at -15 and cold alarm set for -25.
  - If anticipating a temporary power outage (<4 hours), do not open the freezer door until power is restored. Monitor temperature. If available, move vaccine into an alternate freezer.
  - If no other freezer available, and temperature cannot be maintained within acceptable range, move to refrigerator (unpunctured vial: 30-day shelf life)
  - NEVER refreeze when thawed

- ☐ Refrigerator:
  - The internal temperature of the unit should be stabilized at 2 °C to 8 °C
  - If anticipating a temporary power outage (<4 hours), do not open the fridge door until power is restored. If temperatures increase to +7.0°C, place ice packs in the fridge ensuring they are not in direct contact with the vaccines to help stabilize temperatures.
  - If the temperature in the refrigerator increases close to +8.0°C, begin preparing your insulated coolers.
  - If refrigerator temperatures reach +8.0°C, move vaccines to the prepared insulated cooler (confirm the cooler temperature is within accepted range) for temporary storage. Continuously monitor and document temperatures within each cooler.

For Refrigerator / Freezer Malfunctions:

- ☐ Contact the above primary and secondary contacts immediately. Support is available 24/7, during weekends and statutory holidays.
- ☐ If available, move vaccines to an alternate temperature-monitored onsite refrigerator / freezer that is within accepted temperature range.
- ☐ If no alternate refrigerator / freezer is available onsite, prepare your insulated cooler for temporary storage and follow directions from management.

How to proceed when the electricity supply to the refrigerator / freezer is restored:

- ☐ Record the time and temperature when the electricity supply is restored, and again when the thermometer reading

- in the refrigerator is within +2.0°C to +8.0°C
- in the freezer is within -15 and -25

- ☐ It is now safe to return vaccines back to the refrigerator / freezer.

If the temperature has gone outside of accepted ranges:

- ☐ Place a sign on the refrigerator / freezer that says, “DO NOT USE”.
- ☐ Do not use or discard the vaccines until Immunization Program Manager has investigated and assessed the viability of the vaccines.