COVID-19 Vaccine Playbook

for Shelters

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Developed by:

Ontario Health Toronto

Toronto Public Health

In partnership with:

St. Joseph's · St. Michael's · Providence Unity Health Toronto

Purpose of document

This document has been prepared as a standardized guide to plan for and implement vaccination in shelter settings in the Toronto Region

- The findings are based on the experience of planning, distributing and administering the vaccine to 3 pilot sites in Toronto shelters
- These learnings will provide guidance to scale the vaccine rollout process across the shelter system in Toronto
- This document is focused on aspects specific to the shelter setting or aspects unique to the Unity Health led pilot in the shelter system (i.e the mobile transportation of the Pfizer Vaccine). Some content is borrowed from the previously developed Moderna LTC-RH playbook produced by UHN and partners as it is consistent across settings.

Playbook Table of Contents

Pilot Overview

- **Unity Health Toronto** was given a mandate to run a shelter pilot and create an associated playbook with 3 shelter sites in the Toronto Region
- Planning for this pilot was done collaboratively with Ontario Health Toronto Region, Toronto Public Health (TPH), Shelter, Support & Housing Administration (SSHA), the Inner City Health Associates (ICHA), the Ministry of Health (MOH) and the sites that were ultimately chosen
- Three sites were identified due to their combination of having a high proportion of senior clients and clients identified with high risk-factors for severe COVID-19 illness. The sites chosen for the pilot were:
  - Scarborough Village Residence (SVR)
  - Na-Me-Res - Native Men's Residence
  - The Strathcona Hotel – Dixon Hall and Homes First
- After starting the week of January 11th the pilot was momentarily paused due to the Pfizer BioNTech vaccine supply shortage. At the time of this draft we have completed 2 doses at SVR and first dose vaccination at both Na-Me-Res and Strathcona

Pilot Overview

- Site volumes listed below

Site	First Dose			Second Dose		
	Total	Residents	Staff	Total	Residents	Staff
Scarborough Village	86	55	31	89	54	35
Na-Me-Res	72	35	37			
Strathcona Hotel	156	89	67			

Notes: We improved significantly in terms of vaccine extraction over the course of this pilot. Additional doses at 2nd SVR clinic provided some staff first doses, they were subsequently booked at St. Michael's Hospital vaccination clinic for 2nd dose.

Shelter pilot Key Lessons Learned

- **Success of vaccination is dependent on strong partnership –** There are multiple partnerships at play, but in particular for vaccination to run smoothly the vaccination team (will be referred to as the clinical team throughout this playbook), shelter site, Shelter, Support & Housing Administration (SSHA), Toronto Public Health (TPH) must be on the same page approaching vaccination.
  - *Working together to plan the clinic leads to an efficient on-site process. Both the clinical and shelter team will have multiple roles to play on the day-of vaccination and everyone must be working in sync*
- **Leverage existing partnerships** - Where there are existing relationships between local clinical teams and the shelter it is important to leverage those as that can help with vaccine hesitancy and ease of planning. We worked very closely with the Inner City Health Associates (ICHA) and their existing relationships with the shelters and clients benefitted us greatly
  - The clinical team are guests in the shelter and will benefit from their preparedness, hard work and expertise on their residents. **Shelter staff** have much more experience with the residents and it can be reassuring for residents to see familiar faces (Shelters in the pilot typically brought in extra staff to act as porters, observers, etc.). Team work and all hands on deck approach.
- **Early engagement –** The earlier a shelter site can be engaged to begin education of clients, consent and design of clinic, the better. Having more time to prepare the site will lead to a smoother day-of process
- **Clinic design –** The clinic design will largely be dictated by the clients mobility and the physical space available. Important for the shelter team to provide relevant insight to clinical team so that design can be determined in advance
  - *Consider doing a site visit a day or two before the clinic (or getting a virtual tour) from a clinical team rep if time permits*
- **Efficiency of process can be impacted** by active outbreak, shelters with more overcrowding, language barriers (shelter should know language interpreter needs and arrange for translation), and any consents not completed in advance.
- **Shelter populations are more transient** – Consider multiple mechanisms for following up with clients who were present for first vaccine, but are no longer staying at the shelter during 2nd dose clinic

Planning and Engagement

Planning – Initial Engagement and Readiness Assessment

PROCESS STEPS

1. Outreach to site performed by vaccination site in partnership with TPH and SSHA
2. Inform site of their expected prioritization based on criteria provided by TPH/SSHA
3. Discuss potential timeline with site regarding when they would be ready for vaccination (LTC readiness assessment form can be easily modified for this and is found in LTC playbook)
4. Initial engagement should discuss other essential preparation items, such as education and consent (detailed on slide 9)
5. Engagement should include discussion of roles and responsibilities for day-of vaccination. The breakdown for these is detailed on slides 12 and 13

RESOURCES

Planning – Consent, Eligibility and Education

PROCESS STEPS

Starting to obtain consent as soon as possible is a key success factor for shelter readiness.

1. Provide education and consent material so that site can begin consenting residents and staff well in advance of vaccination day
2. Work with ICHA and other clinical providers to perform education sessions if time permits
3. Shelters obtain informed consent (self, Substitute Decision Maker (SDM), or PGT) for residents, outstanding staff and essential caregivers
4. As consents are completed, site should add names of all individuals (residents/staff) that will be receiving the vaccine to the COVAX upload template – template to be uploaded the night prior to the clinic
5. Site should also plan for a robust residual list in case the number of originally consented clients does not materialize on the day of

RESOURCES

MOH Pre and Post Vaccine Documents:

- COVID-19 Vaccine Fact Sheet

Adobe Acrobat Document

- COVID-19 After Care Sheet

Adobe Acrobat Document

- COVID-19 Pfizer Consent Form

Adobe Acrobat Document

Planning – Data Management and IT Readiness

PROCESS STEPS

Vaccination data must be entered into the COVax-ON system. We performed this process on-site on the day of vaccination and was a task performed by the outreach team. The LTC-RH playbook outlines how the shelter could manage this process

1. Shelter built into COVax as a vaccination site
2. Pre-populated template for all consented clients/staff is uploaded to COVax
3. Ensure IT materials are prepped for staff – IT bag included - iPads for each vaccinator, mobile Wifi hub, small mobile printer with paper rolls for vaccine receipts
4. Ensure iPads are charged after each clinic so that they are ready to go for the next clinic
5. Emergency manual backup documentation system should be planned for (In this scenario, you can complete vaccination information on paper consent form with data entry later into COVax system by clinical team/IT team or shelter site if they were trained)

RESOURCES

- Client upload template

- We have included the client upload template used by us here. For other IT resources please see the LTC playbook

Our client upload template includes some info not relevant for COVax upload, but helpful to manage on day of such as distinguishing between clients and staff

Planning – Equipment and Supplies

PROCESS STEPS

- We brought PPE, vaccination supplies and sharps containers (if necessary) to all sites
- This includes an anaphylaxis kit that was sent with the team to all sites
- Detailed breakdown with pictures of our supplies totes and anaphylaxis kit is included in the Equipment section of this slide deck (slide 22)

RESOURCES

Planning – Clinical Team

Proposed Clinical Team Roles

Team Leader (1) – Provides oversight to the entire process, should have good understanding of all roles and good understanding of COVax system in case they are needed to fill in

Registration (1-2) – Supported with check-in, flow and check-out process. Should be COVax super-user

Vaccinator (3) – Number of vaccinators is dependent on size of clinic. We found you could complete 35-40 vaccinations per hour with 3 vaccinators

Vaccine Prep Lead (1) – With sensitivity of Pfizer vaccine we deemed it necessary for someone to provide oversight of vaccine prep process. Interfaced with team lead to assess current flow of clinic in comparison to vaccine preparation and give accurate count of doses extracted

Vaccine Prep Team (2) – These individuals prepared the vaccine at the start of the clinic. Depending on clinical background, they were able to fill a vaccinator role or provide break relief once complete

IT Support (1) – We had 1 or in some cases 2 individuals from IT that could support with technical issues on the iPads or with COVax itself

Note: For site over 80, you will likely want 2 registration staff and may consider adding a float staff to help coordinate flow/support the Team Leader. With a smaller site you might consider reducing your staffing

Planning – Shelter Team

Proposed Shelter Team Roles

Team Leader (1) – Provides oversight to the entire process on the shelter side. Ensures residents are ready to be vaccinated, works with Clinical Team Leader to ensure flow and # of clients vaccinated is going as expected

Client Flow (2-3) – Ensured clients were ready to go once a vaccinator space was available. Got clients from rooms/ready in room, tried to ensure clients wore loose clothing

Client Support (2-3) – Provided support before and after vaccination. Assisted clients who were hesitant or had behavioural issues as they were a friendly, recognizable face for the client

Post Vaccine Monitoring (1-2) – Individual to watch clients/staff who receive the vaccine for 15 minutes following vaccination. If shelter has a clinical team member, this is an excellent role for them to fill. If not, monitoring can be performed by any team member as long as they have direct access to the clinical Team Leader to inform them of an adverse reaction occurring

Planning – Clinic Set-up and Flow

PROCESS STEPS

Two tested models between the Shelter pilot and LTC/RH:

- Centralized model designated space for vaccination and for post-vaccination monitoring per floor/unit (Details for centralized model below)
- Non-centralized model (room-to-room for non-ambulatory residents, locked units, etc.)

1. For Shelter pilot we used a centralized model for all 3 sites. We recommend the following spaces:

   a) Registration space – clients should be pre-loaded into COVax, but will still need to be checked in. Should be space for a small distanced lineup (if well organized, registration staff can walk the line and register people) and a check in desk

   b) Vaccination stations – Two chairs and a small table. Table requires place for basic supplies (basket with syringes, band-aids, sterile wipes, gloves, hand sanitizer, virox wipes, sharps bin and garbage container. User also had a tablet to enter info in COVax and small pen/pad to provide vaccination time to patient

   c) Post-Vaccination Monitoring – Space for individuals to sit 15 minutes post-vaccine to ensure no adverse reactions from the vaccine

   d) Vaccine Prep Area – Relatively quiet space for the 3 members of the vaccine prep team to thaw, draw and label the vaccine

RESOURCES

Vaccine Management and Transportation and Preparation of Pfizer

Vaccine Management – Transportation and On-Site Storage

PROCESS STEPS

- Pfizer vaccine was taken out of St. Michael's freezer at the beginning of the day and promptly put in a tightly packed cooler for storage
- Vaccine packed according to MOH vaccine transportation guidelines with attached temperature monitoring probe; may require plastic sleeves from other drug supply (if available, speak to your hospital depot if possible) to ensure individual vials are not moving and standing upright
- Member of vaccine team picked up and delivered to site (UHN playbook discusses transportation via courier-need to confirm staff person at shelter to receive the vaccine in this model).
- Vaccine prep team consistently monitored and documented the length of time from when vaccine was thawed, reconstituted and drawn to ensure no on site expirations.
- If nearby and numbers are unclear (larger site, lot of clients on the fence about receiving vaccine, etc.), consider doing two trips. Getting first set of confirmed doses at the beginning of the day and if numbers increase, go back to your depot for a few more vials.
- There are several resources already developed discussing Pfizer prep and tips for extraction of 6 doses. We have included one of those here.

RESOURCES

COVID-19 Vaccine Outreach tracking sheet

Microsoft Word Document

Pfizer 6-Dose withdrawal guide

Adobe Acrobat Document

Process & Implementation

Final Planning Items

- Day before clinic e-mail to internal team outlining timeline, as well as roles and responsibilities
- Similar e-mail sent to shelter Team Lead to distribute to their team
- This can also act as good prompt for the upload list and opportunity to note any changes to the shelter team
- Make sure all supplies, vaccines, and IT items are ready for the subsequent day. If not using a courier model, it is best to have this centralized for easy coordination of drop-off/pick up of items

RESOURCES

Final Prep E-mail to team

Outlook Item

Mobile Vaccination Team - Process Flow

Planning team holds initial engagement huddle minimum 3 days prior to vaccination day*

Planning team **emails consolidated documentation and process** to shelter

Shelter completes documentation and sends back to planning team for upload to COVax

Final prep meeting – Day before overview of roles and responsibilities for clinical and shelter team

Vaccine pickup and supplies arrive with the Team Leads 1.5 hours prior to planned start of clinic

Clinic set-up – rest of clinical team arrives 1 hour before planned start time to complete set up and ensure COVax aligned to correct site

Drawing team begin prep of doses - requires separate, ideally quiet space

Team Huddle – Huddle with clinical and shelter team 30 minutes prior to start for final review of roles and flow

Shelter team leads clients to centralized location and forms queue

Individual registered/checked-in, receives vaccination and then directed to post-vaccine observation area

Adverse event flow – confirm supplies on site, site to call 911, work with doctor on site if something happens

After 15 minutes, individuals leave observation area to create room for new individuals

*A single planning meeting is possible but ideal to have multiple engagements – the first to engage, plan, and provide overview, the 2nd to walk through final day of logistics

Day-Of Vaccine Process - Additional Tips

- Clinical registration staff should be working closely with shelter staff to keep up pace of clinic. Assuming clients pre-uploaded into COVax registration, staff can check-in all clients at beginning of clinic for easiest operations
- Make sure to screen clients on the day-of to ensure no symptoms of COVID and act accordingly if a client does indicate they have symptoms
- Also remember that clinical and shelter team should be screened themselves on day-of clinic and be following public health guidance for distancing, PPE, etc.
- Good to have list and consent forms alphabetized so that clients can be checked in quickly
- **Time of vaccination** – after vaccination each individual received a sticky note with their time of vaccination. That way they could easily monitor their 15 minutes and alert the person responsible when time was up
- **Staff Observation** – Staff being vaccinated need to also observe the 15 minute time window. Sometimes as they are engaged in other duties they may not think this applies to them, but important that all staff receiving the vaccine also wait to ensure no adverse events

Equipment

- Supplies team provided both PPE and vaccine supplies. Details of our supplies totes below:

Tote 1 – Vaccine Ancillary Supply

- 21G x 1inch – 100 EA
- 23G x 1-1/4inch – 50 EA
- 25G x 1inch – 125 EA
- 1CC Syringe – 200 EA
- 3CC Syringe – 50 EA
- Micropore tape – 2 rolls
- Bandages – 200 EA
- Alcohol swabs – 400 EA
- Gauze – 200 EA

With the vaccine itself, we also brought saline for reconstitution, medication bins and the tracking sheet

- **<u>Tote 2 – PPE Supplies</u>**
- Disposable Level 2 gowns – 2 bags (20 EA)
- Staff Medical Rated Masks – 1 box
- Patient Medical Rated Masks – 2 boxes
- AHP Wipes – 2 canisters
- Hand Sanitizer Pump – 2 bottles
- Face shields – 20 EA
- Small Nitrile Gloves – 200 EA
- Medium Nitrile Gloves – 200 EA
- Large Nitrile Gloves – 200 EA
- Kleenex – 3 boxes

Special Considerations

Special Considerations for Shelters

2nd doses – We are still in a learning process regarding how to best ensure clients are able to receive 2nd doses. We relied on the shelter contacting clients in the days leading up to 2nd dose clinics to try and get them to return for their 2nd dose with some success

Different Models for delivery - While the mass model we used during the pilot was effective, we recognize in the shelter setting we may require more agile approaches. This could mean a smaller team getting a few high-risk individuals at a specific site or circling back to sites that have already been done but now have new clients. Need to be flexible although transport of the vaccine is currently a bit of a barrier to that

Integration with community clinics – Once community clinics are fully operational we should also work for integration with them as much as possible. It may be easiest to arrange transportation and book a client at a local vaccine clinic rather than set up mobile outreach if there are very few individuals remaining to be vaccinated at a shelter site (something we can hope for)

Residual Lists – Having a robust residual list is important in any mobile outreach setting but in particular in shelters where several clients that originally consented may change their minds on the day of. Think about partner programs/sites that might have clients or staff who still need to be vaccinated

Acknowledgements

Key partners in the Shelter Vaccine Pilot are listed below.

A special thanks to the 3 sites (Scarborough Village Residence, Na-Me-Res, Strathcona – Dixon Hall and Homes First) who we worked with very closely as well as the Shelter, Support and Housing Administration team at the city of Toronto. Without their leadership the pilot would not have been possible. We also wanted to thank UHN for providing their expertise in planning the LTC pilot and framework for the playbook, which we borrowed from heavily. The LTC playbook can be found here:

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Cross-sectoral representation and engagement is essential