

COVID-19
Community of
Practice for Ontario
Family Physicians



April 23, 2021

Dr. Rosemarie Lall
Dr. Allison McGeer
Dr. Dr. Liz Muggah
Dr. David Kaplan

Changing the Way We Work
**Vaccination in primary care, evolving vaccine
evidence, and more**



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



The COVID-19 Vaccine: Vaccination in primary care, evolving vaccine evidence, and more

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Allison McGeer, Toronto, ON
- Dr. Rosemarie Lall, Toronto, ON
- Dr. Liz Muggah, Ottawa, ON
- Dr. David Kaplan, Toronto, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

Cultural safety guidance for clinicians during the COVID-19 pandemic

- + 1. Be alert that past traumatic experiences are overwhelming and may challenge one's ability to cope

- + 2. Advocate for culturally-safe community-based testing and isolation sites

- + 3. Build relationships with communities, families and patients that create trust

- + 4. Make it clear that test results and gathered information are owned by the patient

- + 5. Think of access to resources and affordability when discussing solutions and interventions



Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Previous webinars & related resources:

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran, Patricia O'Brien (DCFM), Leanne Clarke (OCFP), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)



Dr. Rosemarie Lall– Panelist

Family Physician, Platinum Medical FHO Lead



Dr. Allison McGeer – Panelist

Director of Infection Control, Mount Sinai Hospital



Dr. David Kaplan – Panelist

Twitter: @davidkaplanmd

Family Physician, North York Family Health Team and Chief, Clinical Quality, Ontario Health - Quality



Dr. Liz Muggah – Panelist

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

- Faculty Name: **Dr. Rosemarie Lall**
- Relationships with financial sponsors: N/A
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Scarborough Health Network

- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
 - Grants/Research Support: Sanofi-Pasteur, Pfizer
 - Speakers Bureau/Honoraria: Moderna, Pfizer, Astrazeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
 - Others: N/A

- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Ontario Health (employee)

Speaker Disclosure

- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A

- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc.
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

Questions we will answer:

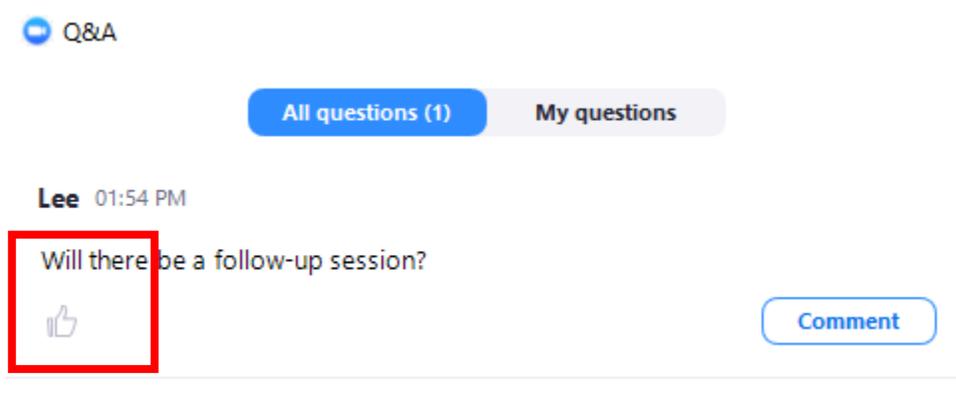
1. How can we vaccinate efficiently in our clinics?
2. Where are we at with the rollout of vaccine in primary care offices in Ontario?
3. What's the latest guidance and evidence around the AstraZeneca vaccine?
4. What evidence is there guiding the provincial decision to delay the second dose to 16 weeks?
5. What's the latest on new Variants of Concern and vaccine effectiveness?

How to Participate

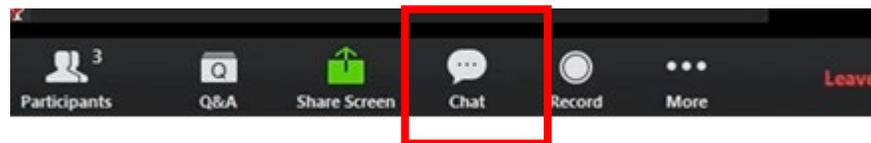
- All questions should be asked using the Q&A function at the bottom of your screen.



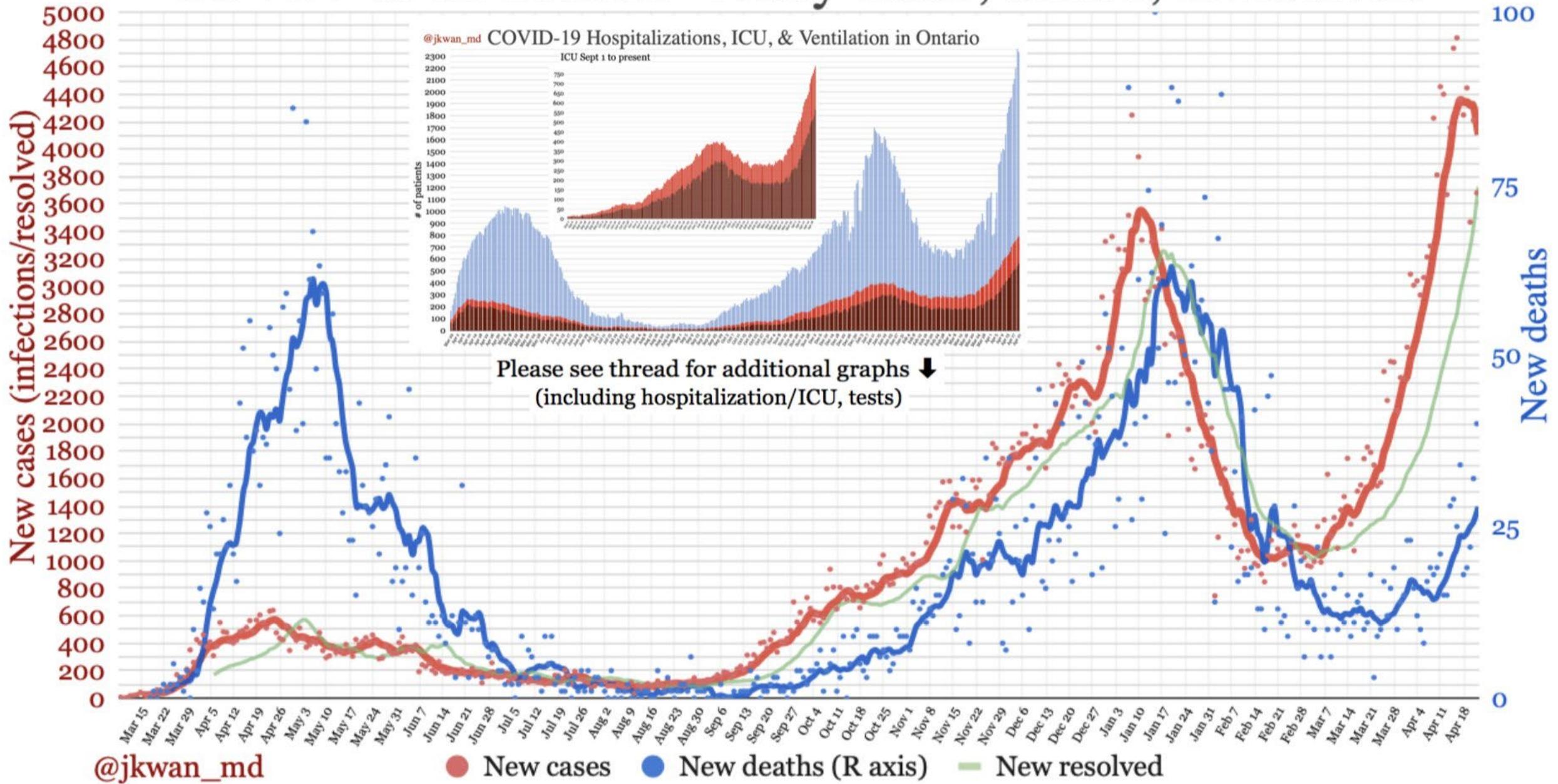
- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



COVID-19 in Ontario - Daily cases, deaths, & resolved





Apr 22, 2021 by Your Ontario Doctors

#Raiseyourvoice: An open letter to Ontarians from your doctors

AUTHOR

TAKE ACTION NOW:

1. Call Doug Ford's office at 416-325-1941.

2. If you have a Conservative MPP, find their office at ola.org/en/members & call.

3. Post a video using #HealthWorkersFightBack & tag @fordnation/your MPP to tell them why you called.



CURRENT PRIORITIES IN PRIMARY CARE: CONSIDERATIONS FOR FAMILY PHYSICIANS

APRIL 2021

Introduction

Ontario is facing unprecedented pressure on acute care beds and ICUs in hospitals, and is in a race to vaccinate amid surging COVID-19 variants.

With our health system focused on preventing COVID-19 infections, caring for sick patients, maintaining ongoing patient care, and alleviating system stress – notably in hospitals – **family physicians face the added challenge of balancing priorities.**

As we manage through this tough period and address areas of burgeoning medical need, we are mindful of our collective exhaustion and the need to **care for ourselves and each other.**

Here are some considerations for prioritizing the multiple demands right now – with emphasis on family physicians **providing needed in-person care, supporting vaccination efforts, and monitoring COVID patients at home.**

Public Health focus is on implementing control measures, contact tracing and managing local vaccination efforts – the latter often in partnership with family doctors.



Care Focus

In balancing competing demands and constrained capacity, the following are key areas of focus (further details on page 2).

- Help our patients stay well in the community and, as reinforced by the Ministry of Health, [out of hospital](#).
 - ✓ Continue our essential role in patient care, and **do not delay in-person care when needed.**
 - ✓ According to your practice model and capacity, make available **after-hours care** for your patients.
 - ✓ Provide care for **acute, emergent, and new conditions** – manage acute issues in the community wherever possible and safe to do so.
 - ✓ Maintain [high-impact prevention strategies](#), such as cancer screening and immunization – prioritizing those at higher risk.
 - ✓ COVID-19 monitoring/care.



COVID-19 Focus

- **Inform and educate** your patients about vaccination. [Briefs from the Science Advisory Table](#), this [CFP resource page](#), and these [vaccines FAQs](#) can help answer questions. 
- **Vaccinate where possible**, and especially those who cannot reach mass vaccination clinics. [Patients trust their family doctors](#), although not all family practices will have capacity to vaccinate – see this OMA [decision guide](#) (gated) to assess your in-office capacity, and reach out to your local [PHU/Primary Care](#) contact if you wish to vaccinate. 
- Care for COVID-19 **patients in the community**:
 - ✓ If able, participate in a [COVID@Home](#) program to help manage patients discharged from hospital with mild to moderate COVID-19 – especially in hard-hit communities.
 - ✓ Support your COVID-19 patients at home. Hamilton Family Medicine has compiled practical [resources](#) for assessing, monitoring and managing COVID-19; FAQs about [long COVID here](#).
- If your current practice needs permit:
 - ✓ Support **COVID-19 testing and assessment** efforts, guided by the priorities of your Public Health unit.
 - ✓ Support **hospital care of COVID-19 patients** if requested, as noted in this [provincial order](#) to help our overburdened hospitals.



Priorities for In-Person Care

- As also referenced by the CPSO, patients need to be seen in person*:
 - ✓ Where physical contact is necessary to provide care (e.g., newborn care, prenatal care);
 - ✓ Where physical assessments are necessary to make an appropriate diagnosis or treatment decision (e.g., undifferentiated conditions, physical examinations that cannot be done virtually, language barriers).
- Prioritize those at higher **social and medical risk**. COVID-19 prevalence should not preclude an in-office visit, provided it can be done safely. See the OCFP's [Considerations for Family Physicians: In-Person Visits When Phone/Video Isn't Enough](#).
- Conduct physical examinations when normally required before making referrals.
- Preventive care where we know the risk of delayed care to be high:
 - ✓ **Cancer screening**: prioritized by degree of overdue and/or patient's level of risk. Here is guidance on prioritization from OH-CCO: [Provider tipsheet](#) | [Provider webpage](#).
 - ✓ **Immunizations and well-child visits**: Here is an [interim schedule for children and pregnant women during the pandemic](#). 
- A reminder that PPE allocations are still available from the provincial pandemic stockpile – [Q&A here](#). 

*See this [CPSO summary](#) where it notes "ultimately, every practice is unique and so the right balance will require judgment on the part of physicians to determine how to best serve their patients' needs safely and appropriately".

The OCFP thanks Drs. David Dain, David Kaplan, David Makary, Liz Muggah and Colin Wilson for their input, as well as Laura Diamond, Medical Student at the University of Toronto, for her support in designing this document.



Dr. Rosemarie Lall– Panelist

Family Physician, Platinum Medical FHO Lead



Dr. Allison McGeer – Panelist

Director of Infection Control, Mount Sinai Hospital



Dr. David Kaplan – Panelist

Twitter: @davidkaplanmd

Family Physician, North York Family Health Team and Chief, Clinical Quality, Ontario Health - Quality



Dr. Liz Muggah – Panelist

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Clinic background

Model Type: **FHO, 8 lady physicians**

Appointment Booking: **Yes**

Location: **Markham Rd/Eglinton Ave. E., (Scarborough Village)**

Demographics/target population: **40+ y.o. (AstraZeneca)**

Your EMR name: **OSCAR**

List any other technology used: **Desktop computers**

Timing and Resourcing

How did you set up the timing?

We do vaccinations outside clinic hours so that the daily work is not disrupted
Selected days starting at 4pm, Saturday starting at 12:30pm

How many providers or volunteers did you use and what were their activities?

We do not use volunteers , but volunteers used in other set ups successful

2-3 Runners – 1 screening outside, 1-2 managing patient flow and preparing supplies

2-3 Admin – provide receipt, make sure consents are completed, bill OHIP, enter COVaxon

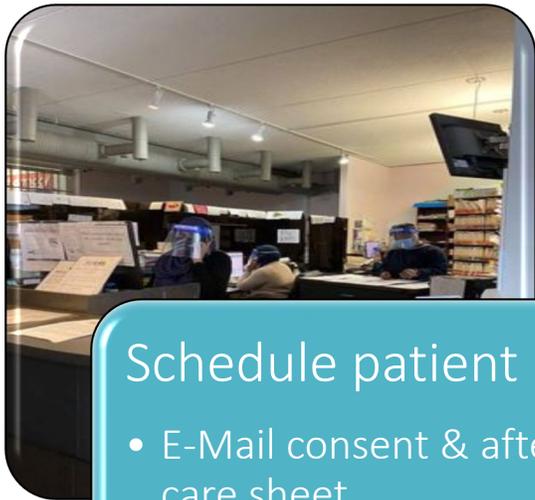
1 Vaccinator - MD

Clinic Flow and COVaxon

How did you manage COVAX?

- Collect data ahead of time : e-mail the consent to the patient, email the after-care sheet.
- Ask patients to print out the consent to clinic
- COVaxon: minimize the interaction between vaccinator
 - In our case the vaccinator does not touch COVaxon
 - Use of tablets, even if done by a scribe is very slow
- Use an SQL query to extract all relevant information from the schedule formatted precisely the way COVaxon will accept it
- About 1 hour before the start of the clinic, all scheduled patient information is “mass uploaded” into COVaxon
- During clinic: Admin staff have been trained to input all additional collected information into COVaxon as the clinic runs, eg MRP name

Clinic Flow



1

Schedule patient

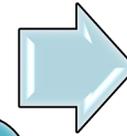
- E-Mail consent & after-care sheet
- Ask patients to bring in consent
- Print receipt



2

1 Hour before clinic

- SQL query is run and data mass uploaded into COVaxon

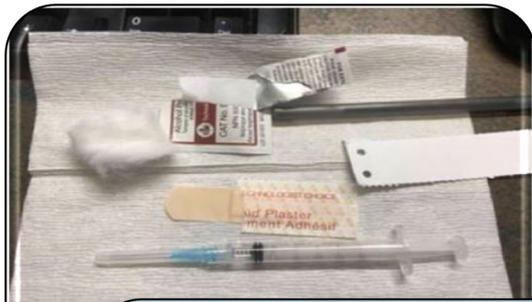


3

At Registration:

- Check that consent is completed
- Provide receipt
- Send patient to runner
- Bill OHIP

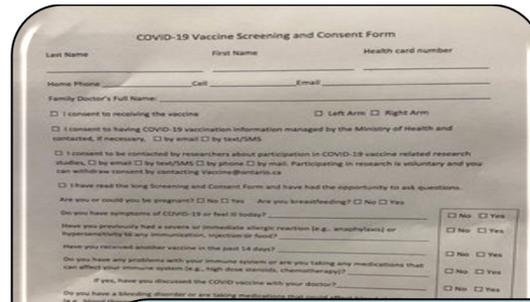
Clinic Flow



Runners

- Keep patient flow safe
- Clean rooms/chairs
- Place patients in rooms
- Set up vaccination
- Keep questionnaire visible
- Make sure arm is ready
- Keep an eye for any adverse reactions

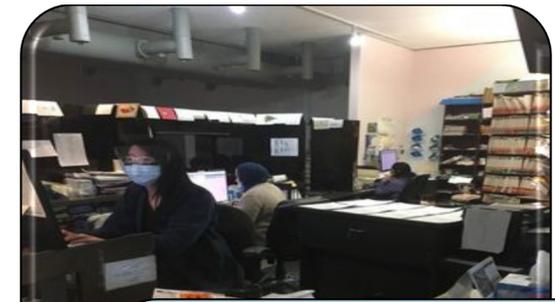
1



Vaccinator

- Checks consent, answers any questions
- Administers vaccine
- Writes time-to-leave on label
- Retrieves the questionnaire
- Patients stay put don't move
- TIP: put watch 15 mins ahead

2

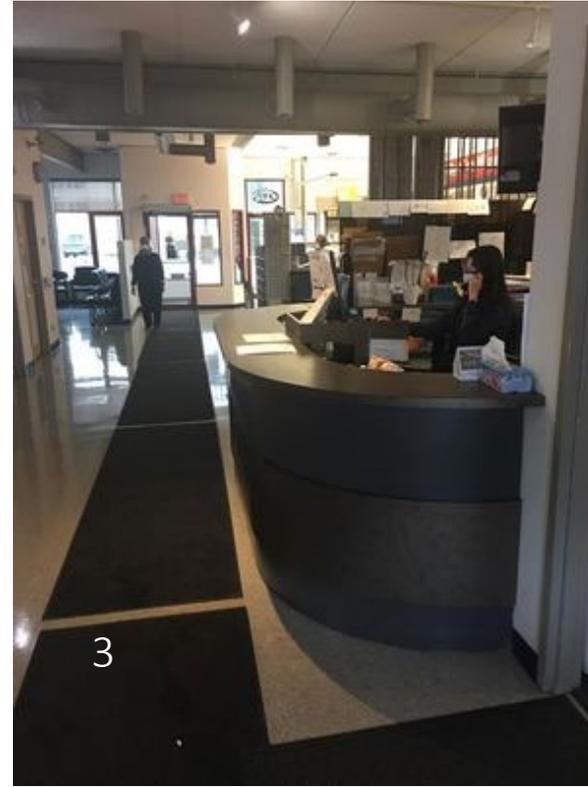


Admin staff

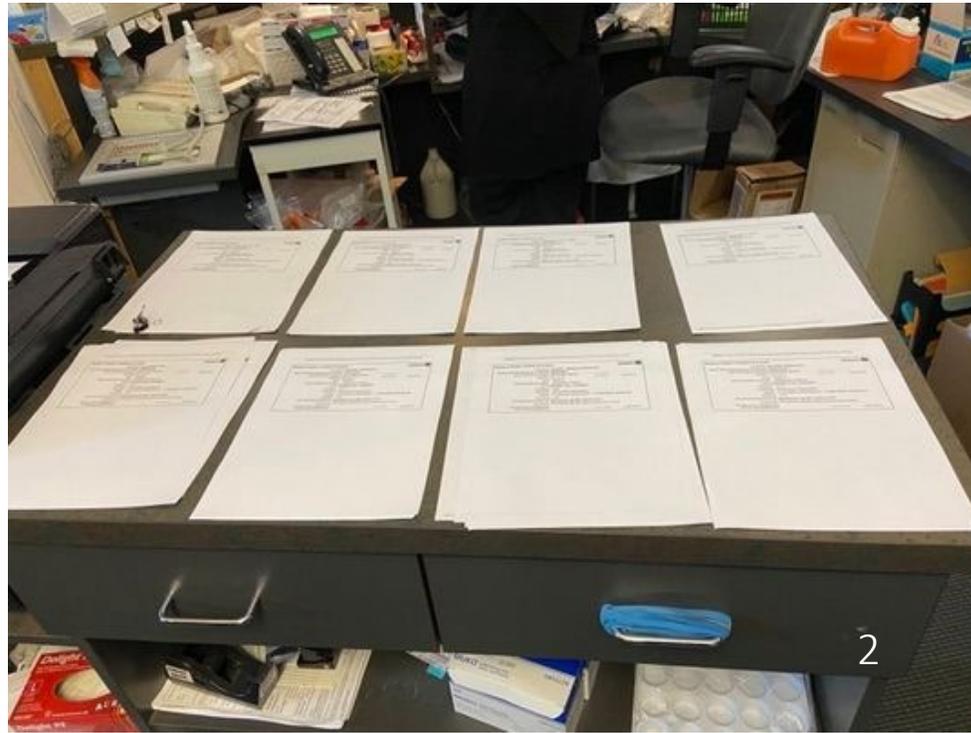
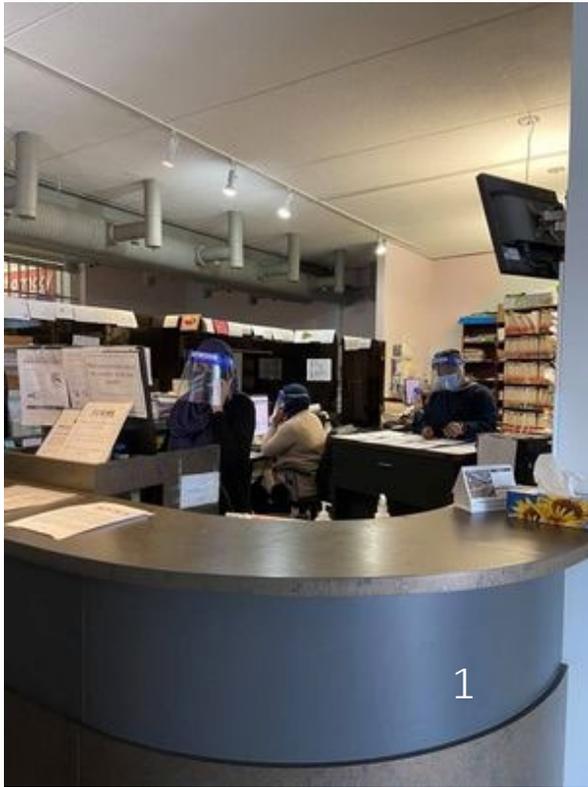
- Runners continually collect consents and bring to Admin staff
- Data is entered into COVaxon

3

Clinic Setup - photos



Clinic Setup



Consent and Vaccine Receipt

COVID-19 Vaccine Screening and Consent Form

Last Name _____ First Name _____ Health card number _____

Home Phone _____ Cell _____ Email _____

Family Doctor's Full Name: _____

I consent to receiving the vaccine Left Arm Right Arm

I consent to having COVID-19 vaccination information managed by the Ministry of Health and contacted, if necessary, by email by text/SMS

I consent to be contacted by researchers about participation in COVID-19 vaccine related research studies, by email by text/SMS by phone by mail. Participating in research is voluntary and you can withdraw consent by contacting Vaccine@ontario.ca

I have read the long Screening and Consent Form and have had the opportunity to ask questions.

Are you or could you be pregnant? No Yes Are you breastfeeding? No Yes

Do you have symptoms of COVID-19 or feel ill today? No Yes

Have you previously had a severe or immediate allergic reaction (e.g., anaphylaxis) or hypersensitivity to any immunization, injection or food? No Yes

Have you received another vaccine in the past 14 days? No Yes

Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)? No Yes

If yes, have you discussed the COVID vaccine with your doctor? No Yes

Do you have a bleeding disorder or are taking medications that could affect blood clotting (e.g., blood thinners)? No Yes

Have you ever felt faint after a past vaccination or medical procedure? No Yes

Signature _____ Date: _____

If signing for someone other than myself,

I confirm that I am the parent / legal guardian or substitute decision maker

Name: _____ Date of Birth: _____

CEP Patients COVID-19 Vaccine After-Care Sheet

For providers

Date: _____

Today I received the (circle one): Pfizer Moderna AstraZeneca Johnson & Johnson

I (circle one) **do** **do not** need a second dose of the vaccine.

Second dose appointment details: _____

It's great you got your vaccination today!

Vaccination will help protect you from serious COVID-19 illness. After vaccination, many people will have some symptoms which are a sign that your body is working with the vaccine. These symptoms may make you feel like you have the flu and may make it difficult to do some of your regular activities for 24-48 hours.

Most people will have one or a few of these side effects	
Pain at injection site	Muscle pain or joint pain
Tiredness	Upper stomach, vomiting or diarrhea
Headache	Chills
Fever	

Some people may have one or a few of these side effects	
Loss of appetite	Swollen lymph nodes
Dizziness or sleepiness	Rash or itchy skin (not at injection site)
Excessive sweating	

If you have any of these serious symptoms, call 9-1-1

Swelling of your face or mouth	High fever (over 40°C)
Hives	Convulsions or seizures
Trouble breathing	Other serious symptoms like "pins and needles" or numbness
Very pale colour and serious drowsiness	

Remember

- With most COVID-19 vaccines, you will need 2 shots to be fully protected. Even if you have side effects from the first shot, it's important to get the second one unless your primary care provider or vaccination provider tells you not to.
- If 2 doses are needed, your first dose helps to protect you from serious cases of COVID-19, but you will not be fully protected until 2 to 4 weeks after your second dose. The plan for your second dose may change as we learn more about the best timing.
- You MUST continue to follow public health measures. Even if you're vaccinated, you could still pass the virus on to someone who isn't vaccinated yet. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.
- You can help the vaccine effort! Tell your friends and family you're happy to have gotten the vaccine and that you hope that they will get their vaccine soon too.

How to treat side effects

- To reduce pain or discomfort at the injection site, apply a clean, cool, wet washcloth over the area and lightly exercise your arm.
- For muscle pain and fever, you can take over-the-counter medications like Tylenol and Advil, unless there are other reasons you shouldn't take those. If you're not sure, ask your primary care provider. If you start with Tylenol or Advil and the fever doesn't go down to below 37.8°C after an hour, it's safe to try the other one an hour later to see if it works better.
- If you have fever or diarrhea, make sure to drink plenty of fluids.
- If you have fever, rest and dress in light clothing to keep you cool.

If side effects aren't going away after 48 hours, call Telehealth: 1-866-797-0009 or your Primary Care Provider: _____

COVID-19 Vaccine After-Care Sheet is a product of the Centre for Disease Control and Prevention. It is for informational purposes only and does not constitute medical advice. All trademarks are the property of their respective owners. All rights reserved. © 2021. All rights reserved. For more information, visit <https://www.cdc.gov/covid19/vaccine/>

Vaccinator: Please copy relevant information from above into the receipt below, then tear off the receipt and provide to the client.

Ministry of Health / ministère de la Santé **Ontario**

Name/Nom: **TEST, DONNA**

Health Card Number/Numéro de la carte Santé: **1234567890**

Date of Birth/Date de naissance: **13/07/1950 (d/m/y)** (month / day / year)

Date/Date: **2021-04-20** (month / day / year) am pm

Agent: COVID-19

Product Name/Nom du produit: **ASTRAZENECA COVID-19**

Lot/Lot: **MT0055; Exp: 31/05/2021**

Dose/Dose: 0.5 ml

Route/Voie: Intramuscular / intramusculaire

Site/Site: Left deltoid / deltoïde gauche Right deltoid / deltoïde droit

Dose/Dose: 1 of 2

Administered By/Administré par: **Rosemarie Lal MD, CCFP, FCFP**

Location/Lieu: **TPH-Platinum Medical Clinic-Primary Care Toronto-SHN**

Your dose 2 of 2 is scheduled for /
Votre 2e dose est prévue pour: _____ (month / day / year) am pm

What worked well and Challenges

What worked well

- Inviting patients via e-mail
- Consent and after-care sheet e-mailed to patients in advance
- Receipt prepared in advance for quick processing
- SQL Query to produce mass-upload data
- Work with space in clinic
 - We schedule 11 patients/15 minutes
- Remove all admin from Vaccinator
- Having support staff to do admin work

Challenges / barriers

- COVaxon: find an efficient work-around
- COVaxon not allowing uploading of any/all data
- AstraZeneca uptake now appears very weak

Successes

This set up allows a vaccinator to be able to give 40 to 45 doses per hour.

Running clinics does not have to disrupt your daily work.

All data is entered in COVaxon within 15 minutes of the end of clinic.

OHIP billings completed as the patient registers.

Patients are thankful and happy.

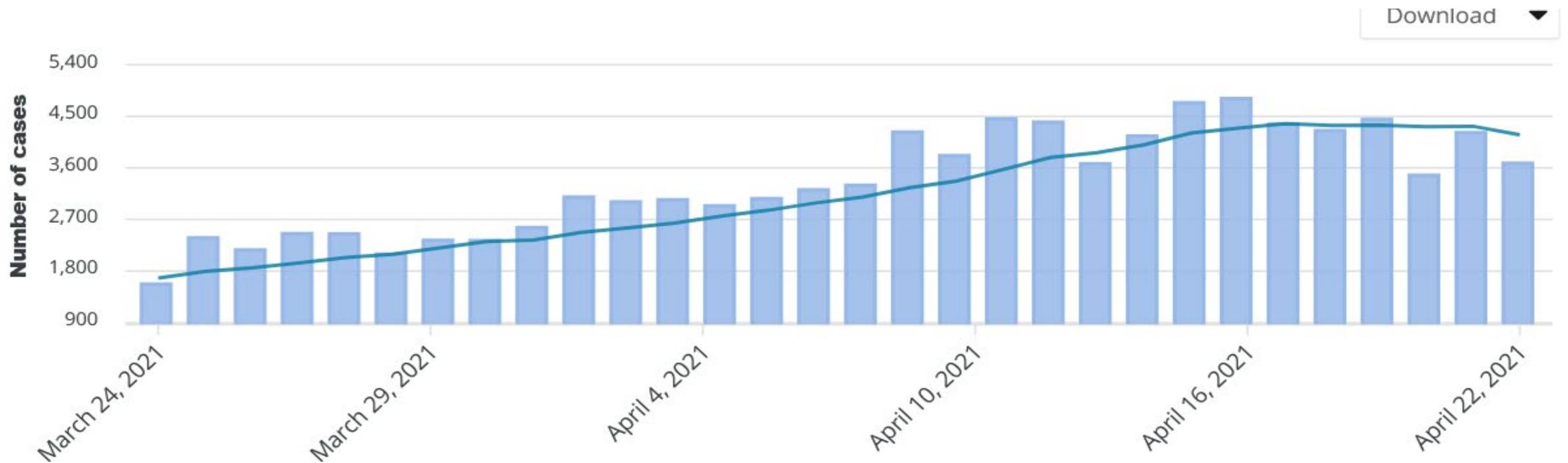
Vaccinator happy.

This is can be done in doctor's offices!!

Questions? rlall@shn.ca

COVID-19 update

Allison McGeer, Sinai Health System



New data

Janssen vaccine efficacy against B.351 (>28 days after dose 1)

<https://www.nejm.org/doi/pdf/10.1056/NEJMoa2101544?articleTools=true>

VE 66% (55-75%) vs. moderate+ and 85% (54-97%) vs. severe/critical

In S. Africa – VE 64% and 82%

Vaccination in pregnancy (US V-safe/VAERS)

https://www.nejm.org/doi/full/10.1056/NEJMoa2104983?query=featured_home

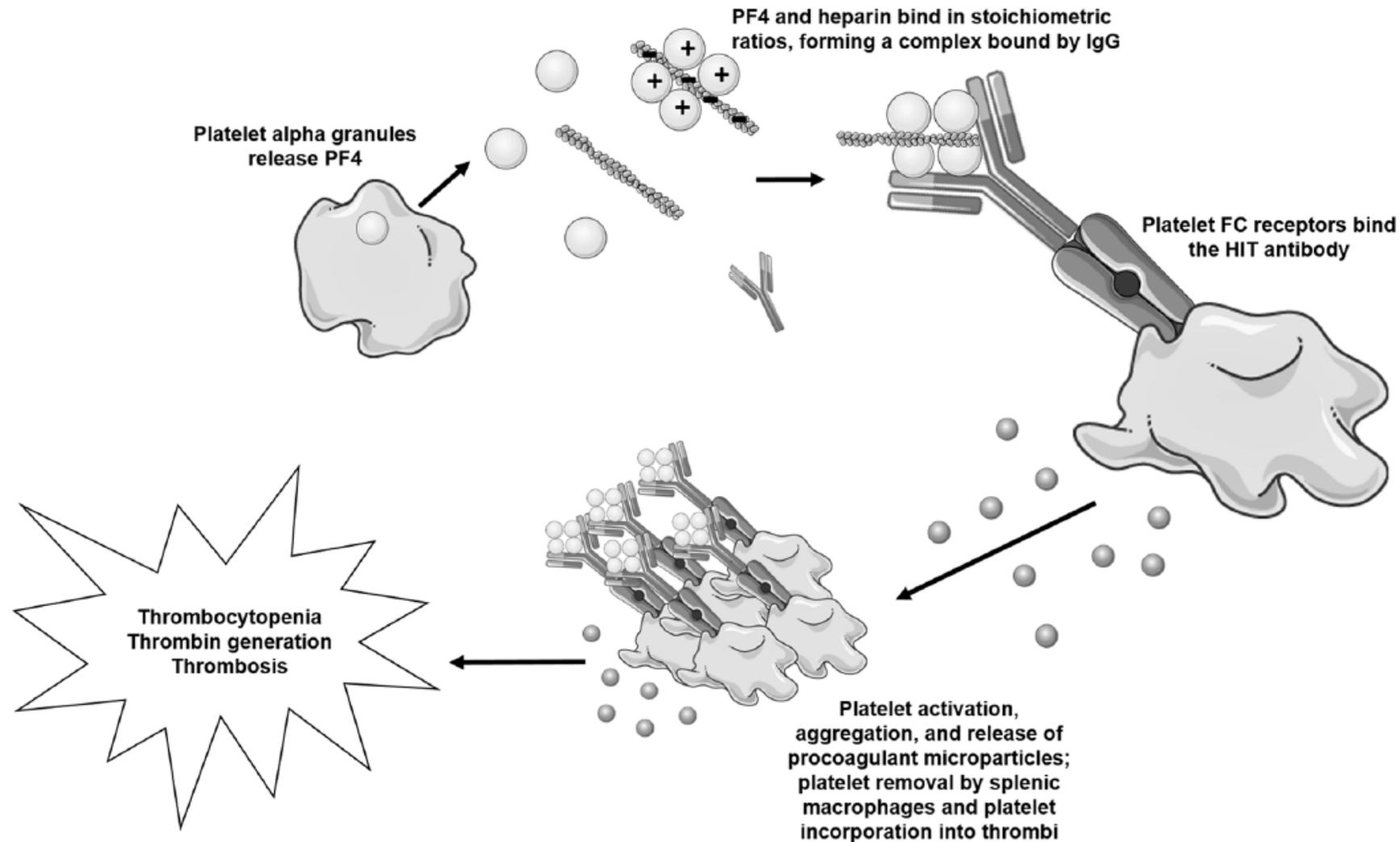
35691 vaccinations during pregnancy; 3958 in registry with detailed follow-up; all vaccine related AEs in VAERS reviewed

No safety signals

No transmission from recovered persistently positive NBA players

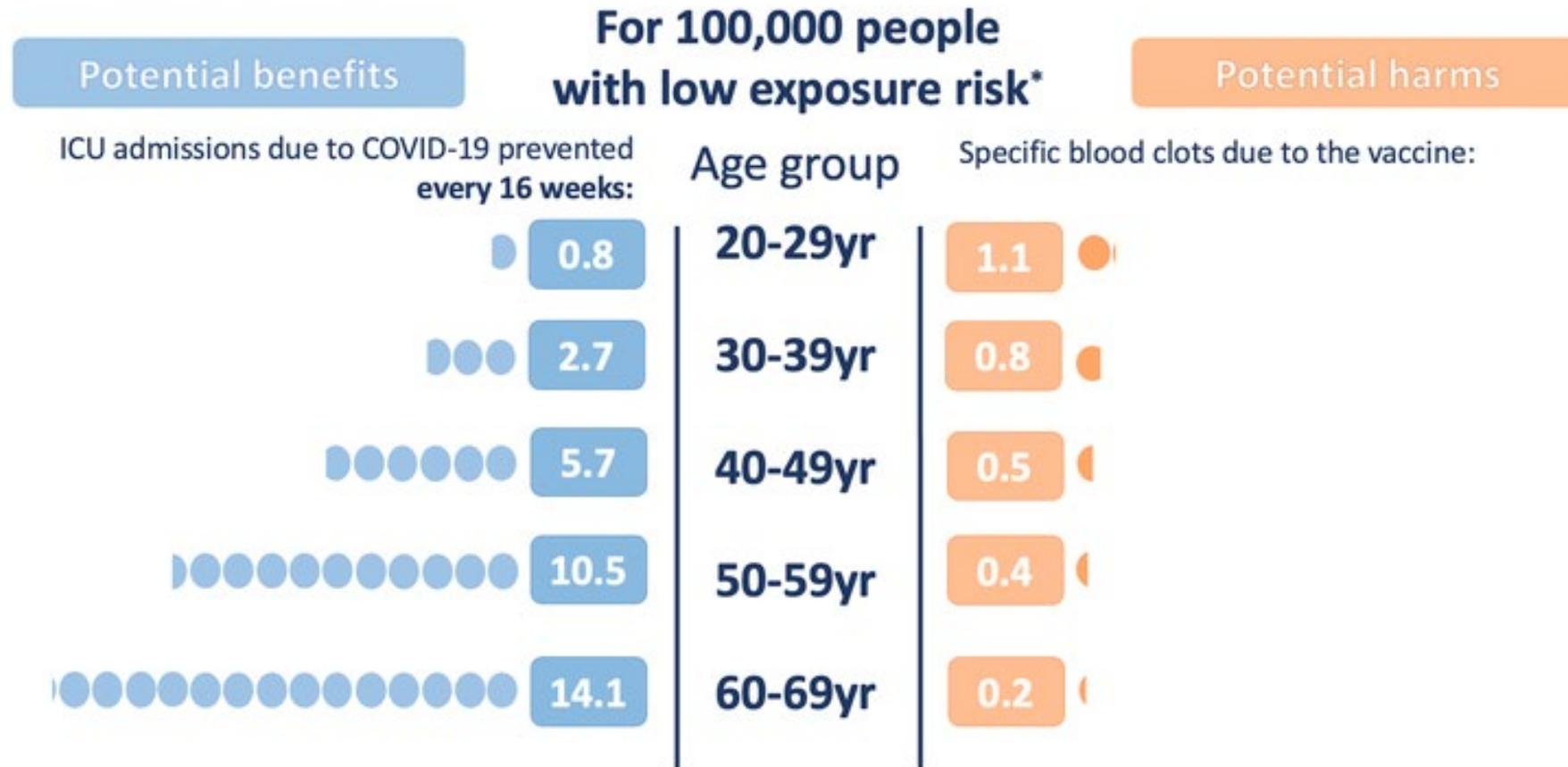
doi:10.1001/jamainternmed.2021.2114

VITT (Vaccine induced thrombotic thrombocytopenia)



Astra-Zeneca vaccine and blood clots

Weighing up the potential benefits and harms of the Astra-Zeneca COVID-19 vaccine



* Based on coronavirus incidence of 2 per 10,000 per day: roughly UK in March

Balancing the risk of COVID and of AZ vaccine

Whether or not a person should get AZ vaccine depends on:

- Risk of exposure/acquisition of COVID-19

- Risk of severe COVID-19

- Wait time from AZ to Pfizer

- How much they care about reducing their risk of transmitting disease to others

Uncertainties

- Risk of VITT (1 in 25,000 to 1 in 1,000,000)

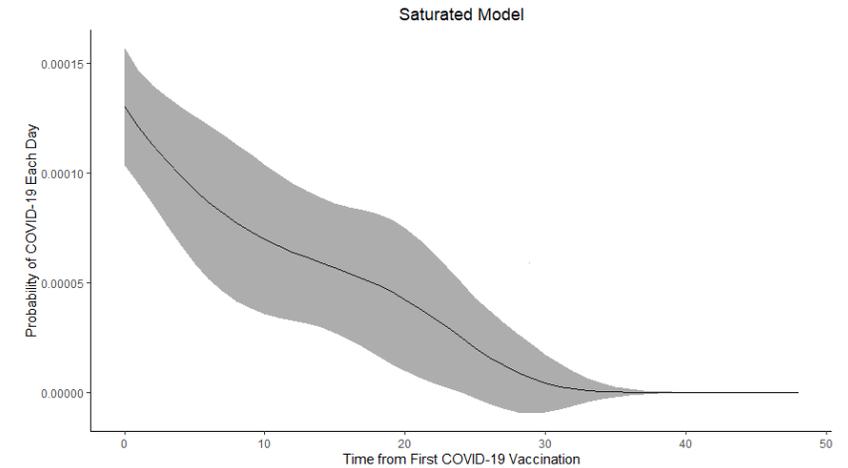
- Future COVID incidence

- Impact of vaccine on transmission of disease

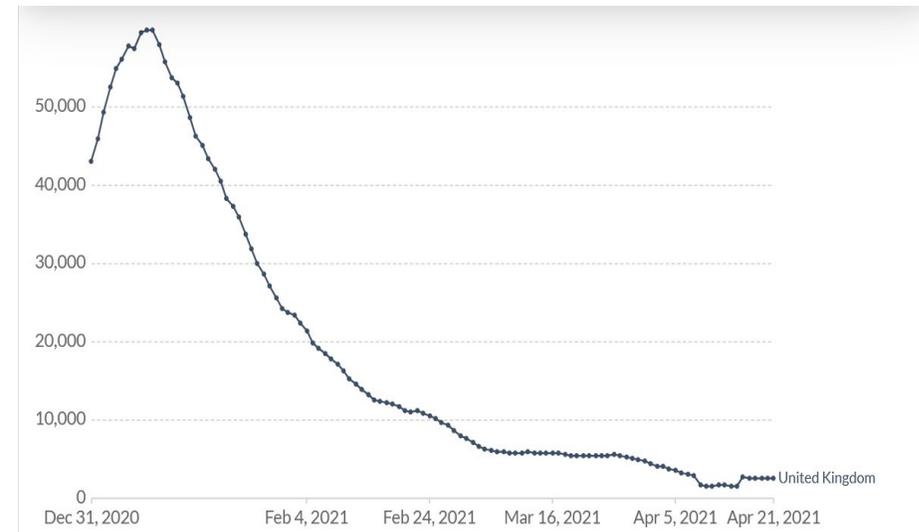
- Vaccine distribution success

Is a single dose enough?

No (or nearly no) disease in LTC in Quebec and BC

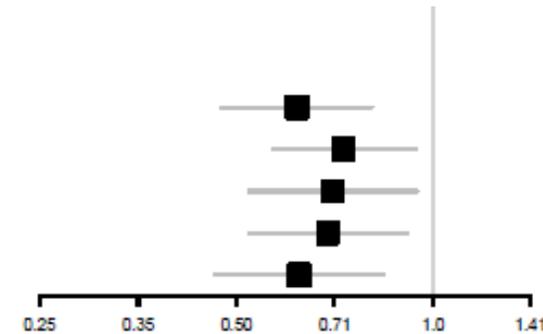


- Control of pandemic in the UK
- Reduction in risk to household contacts of vaccinated HCWs, UK



SIMD by quintile

Quintile 1	0.62 (0.48–0.8.)	18239	105
Quintile 2	0.73 (0.57–0.94)	25227	134
Quintile 3	0.7. (0.52–0.95)	28224	120
Quintile 4	0.69 (0.52–0.91)	34646	146
Quintile 5	0.62 (0.46–0.84)	38315	136



Ramadan and COVID-19

RAMADAN & THE COVID-19 PANDEMIC

DOES HAVING A COVID-19 TEST
BREAK MY FAST?



NO

CMCTF
CANADIAN MUSLIM COVID-19 TASK FORCE

cmcovidtf.com | @cmcovidtf



RAMADAN & THE COVID-19 PANDEMIC

DOES GETTING A COVID-19 VACCINE
BREAK MY FAST?



NO

CMCTF
CANADIAN MUSLIM COVID-19 TASK FORCE

cmcovidtf.com | @cmcovidtf



<https://www.cmcovidtf.com/infographics>

Primary Care COVID-19 Immunization Toolkit

COVID-19 Immunization Toolkit
A Toolkit for Primary Care Clinics

HOME PODCAST ABOUT

INFORM AND IDENTIFY ▾ PLAN YOUR CLINIC ▾ RUN YOUR CLINIC ▾ FOLLOW UP ▾

Primary Care COVID-19 Immunization Toolkit

Look through the following sections of the Toolkit:

CURRENT IMMUNIZATION STATUS IN CANADA:

Distributed Vaccines: 3082480
Administered Vaccines: 2543253

This toolkit is here to help primary care clinics plan as they support the COVID-19 immunization effort.

While we expect the initial vaccines will be available in limited supply and will be provided first to highest risk individuals and to healthcare workers, this toolkit will help prepare for the next phases when primary and community care will have its role in the COVID-19 immunization effort.

INFORM AND IDENTIFY ELIGIBLE PATIENTS

- [COVID Information & Vaccine Status](#)
- [Engage Vaccine Hesitant Patients](#)
- [Update Your Patients](#)
- [Identify Eligible Patients](#)
- [Focus on Key Populations](#)

PLAN YOUR IMMUNIZATION CLINIC

- [Determine Your Capacity for Immunization Clinics](#)
- [Prepare For Your Immunization Clinic](#)
- [Book Patients and Provide Pre-Clinic Orientation](#)

RUN YOUR IMMUNIZATION CLINIC

- [Before the Start of Your Immunization Clinic](#)
- [Patient Flow in Your Immunization Clinic](#)

<https://covidtoolkit.ca/>

Planning guidance for immunization clinics for COVID-19 vaccines



MENU ▾

[Canada.ca](#) > [Coronavirus disease \(COVID-19\)](#) > [Guidance documents](#)

Planning guidance for immunization clinics for COVID-19 vaccines

On this page

- [Introduction](#)
- [Clinic planning](#)
 - [Leadership and coordination](#)
 - [Immunization campaign and clinic planning parameters](#)
 - [Immunization clinic site identification](#)
 - [Human resources](#)
 - [Infection prevention and control](#)
 - [Communications](#)
 - [Date management](#)
 - [Supplies](#)
- [Clinic operations](#)
 - [Immunization clinic set-up and flow](#)
 - [Pre-immunization processes](#)
 - [Immunization processes](#)
 - [Post-immunization waiting period](#)
 - [Management of adverse events](#)
 - [De-escalation activities](#)

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/planning-immunization-clinics-covid-19-vaccines.html>

COVID-19 Vaccine Clinic Operations Planning Checklist

Ministry of Health

COVID-19 Vaccine Clinic Operations Planning Checklist

Version 2.0 - December 30, 2020

Highlights of changes

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

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

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

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

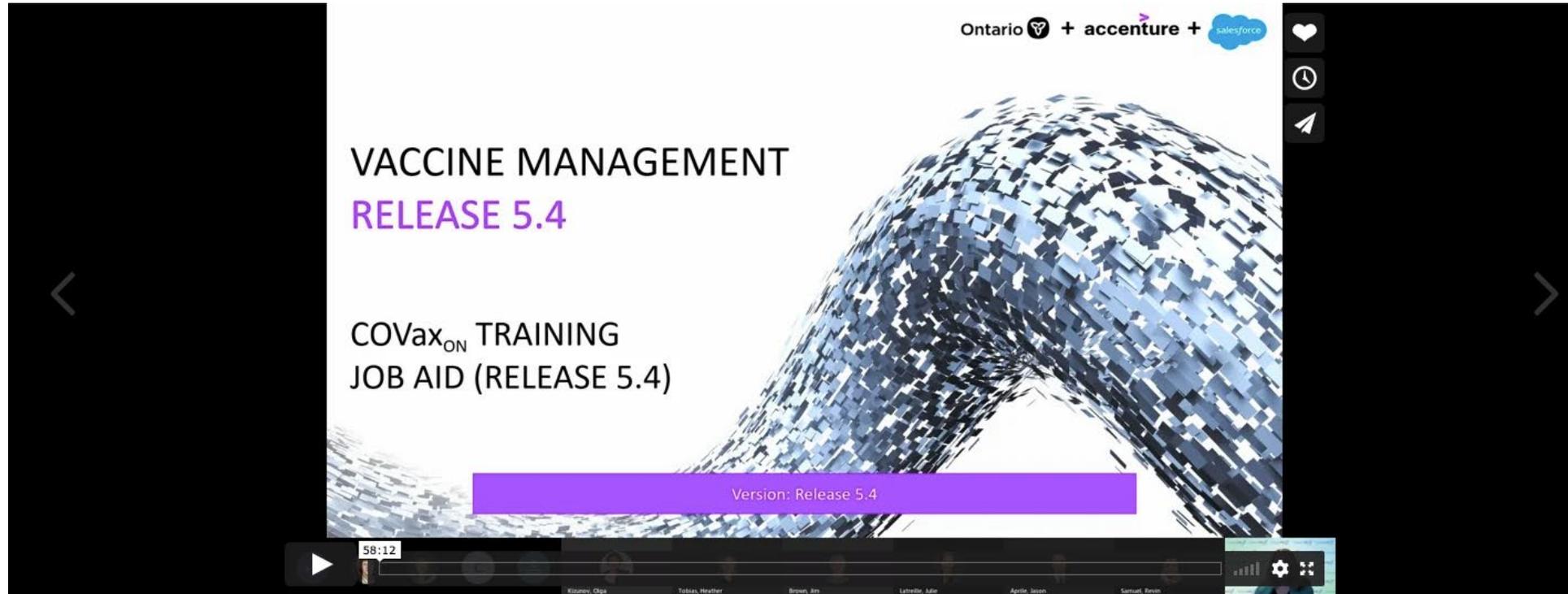
Additional resources that you may wish to review (once available) include:

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

Clinic Operations Planning Checklist

Item	Comments
<p>Leadership & Coordination</p> <ul style="list-style-type: none">• Clinic plan has been created that identifies one person who will be in charge in your organization for the rollout of the clinic, what partnerships are required to run the clinic, and the plan delegates roles and responsibilities within the set up and running of the clinic <p>See PHAC guidance on Leadership & Coordination</p>	
<p>Immunization Campaign and Clinic Parameters</p> <ul style="list-style-type: none">• Clinic volume capacity has been analyzed for first and second dose administration. Staffing models and allocation plan for doses based on the Provincial Prioritization Framework have been created <p>See PHAC guidance on Immunization Campaign & Clinic Planning Parameters</p>	
<p>Immunization Clinic Site Identification</p> <ul style="list-style-type: none">• Plan for an accessible clinic location is completed including analysis of anticipated challenges (e.g., storage space, waiting areas/increment weather) (see PHAC guidance on Immunization Clinic Site Identification)• Maintenance of critical facilities has been assessed including plans for back up power/alternate storage site if critical facilities malfunction• Security protocols are in place (e.g., to manage clinic attendees, ensure safety of clinic staff, secure storage of vaccines at the clinic site)	

COVaxON Training



Clinical Workflow Training (Session 1) - March 16, 2021

1 week ago | More

OntarioMD BUSINESS + Follow

More from OntarioMD

Autoplay next video



Clinical Workflow ...
OntarioMD

<https://vimeo.com/524273314>

Ontario eConsult Program



About ▾ Patients & Families Health Professionals ▾ News Partners Resources Contact Us

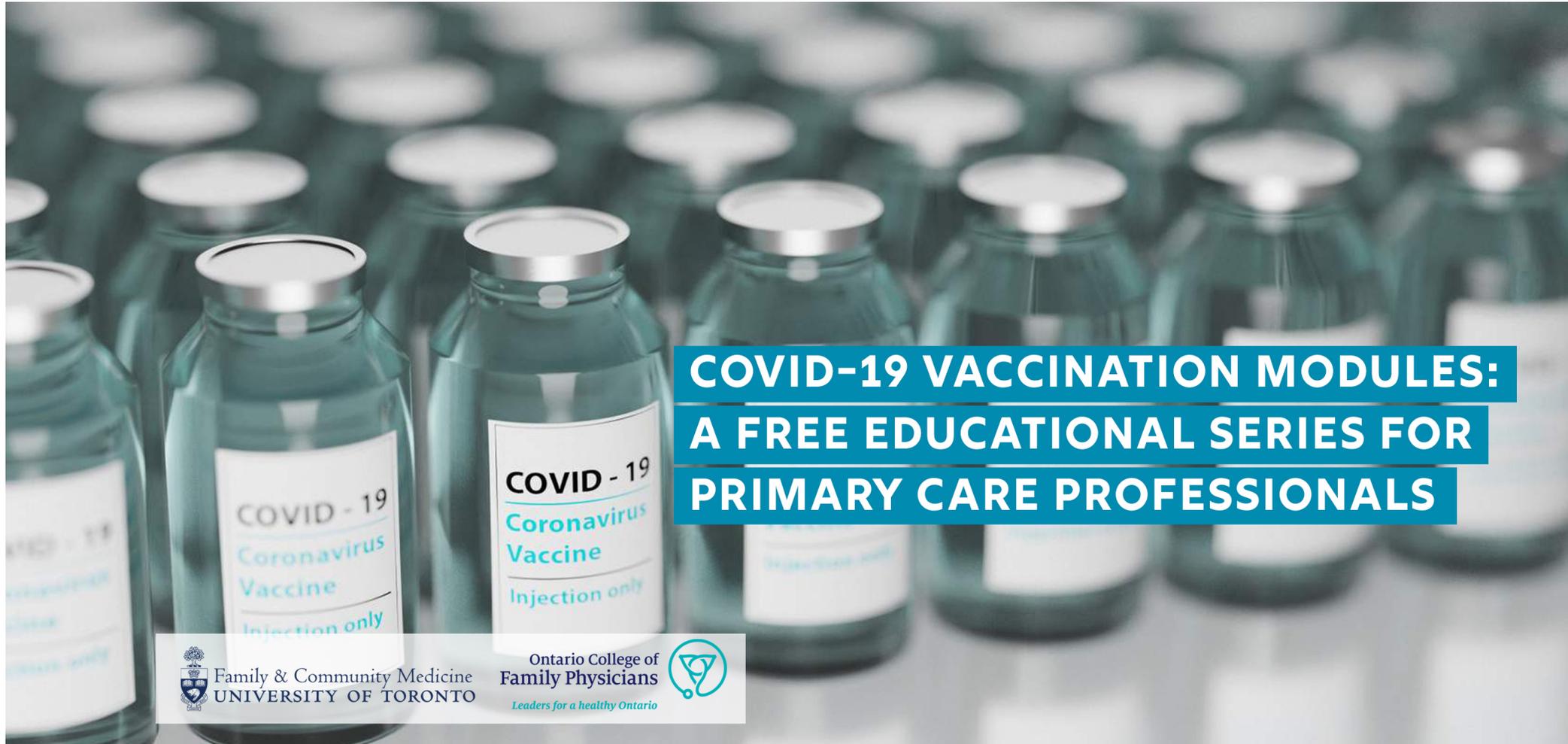
Search

Welcome to the Ontario eConsult Program

Improving Timely Access to Specialist Advice

<https://econsultontario.ca/>

COVID-19 Vaccination in Canada: an educational series for primary care professionals



<https://www.dfcm.utoronto.ca/covid19-vaccination-modules>

* Updated March 30, 2021

Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: **May 7, 2021 0800**

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+® credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+® credits, for up to a total of 26 credits.

Post session survey will be emailed to you. Certificates will be emailed in approximately 1 week.