PUBLIC HEALTH
GREY BRUCE HEALTH UNIT

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COVID-19 Vaccinaton Plan

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Version	Version date	Changes or comments
1 - Original	December 8, 2020	
2 - Revised	February 3, 2021	Added appendix B – Referenced Appendix B under Logistics: Vaccine management and distribution
3 - Revised	February 9, 2021	Added revised cover page and replaced appendix B – Mass Immunization Hub with updated version

This Plan is an evergreen document, which will be adapted as new direction and information becomes available.

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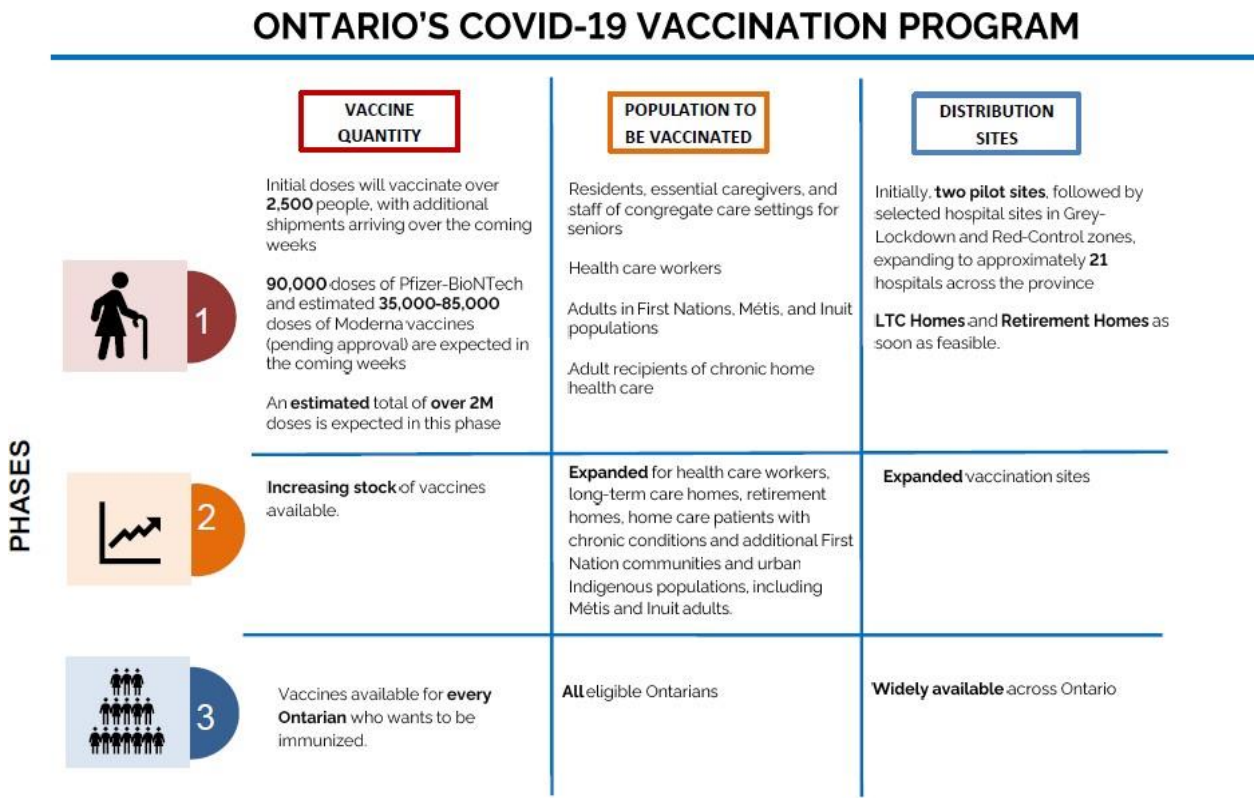
Background

On December 11, 2020, the Government of Ontario released *Ontario's Vaccine Distribution Implementation Plan*, which is based on a three-phase approach outlined below:

Figure 1:



As a local public health agency with responsibilities under the *Ontario Public Health Standards* (Ontario Ministry of Health) for immunization and infectious and communicable disease control, Grey Bruce Health Unit (GBHU) has the overall responsibility for the unprecedented COVID- 19 vaccination program. This responsibility will be executed in close collaboration with others in health care (e.g. acute care, primary care, congregate settings, community paramedicine, pharmacy) and non-health care sectors (e.g. social services, First Nations, municipal government, enforcement agencies).

Purpose and objectives

PURPOSE

The *Grey Bruce Health Unit COVID-19 Vaccination Program Plan* (Plan) provides the essential pillars for the development of geographic and sector-specific implementation plans to achieve a vaccine coverage level of at least 75% of eligible recipients in Grey Bruce Health Unit service area, within the prescribed timeframe and respecting provincial direction on vaccine recipient sequencing.

The Plan is the overarching framework from which geographic-based and sector-specific implementation plans will be developed. The Plan and subsequent detailed implementation plans outline a coordinated approach for storage, delivery, distribution, and administration of the COVID-19 vaccine.

The Plan recognizes the diversity of communities and capacities within Grey Bruce Health Units' service area and is committed to building on unique strengths and partnerships to ensure local implementation plans are maximally effective. Importantly, Grey Bruce Health Unit recognizes that its service area is within the ancestral, traditional and territory of the Anishinaabeg, the Metis and the territories of Saugeen Ojibway Nation and the Plan explicitly acknowledges the rights of Indigenous peoples and as such, the Plan includes working with Indigenous peoples locally to support the COVID-19 vaccination program in ways that are aligned with self-determination.

OBJECTIVES

The overall objectives of Grey Bruce Health Unit COVID-19 vaccination program are to:

1. Minimize societal disruptions, including infrastructure and economic impacts.
2. Implement sustained public education and community outreach efforts.
3. Maintain public confidence in immunizations.
4. Achieve a coverage rate of 75% of those eligible for vaccine by the provincially prescribed timelines.

Overarching planning assumptions

The COVID-19 vaccine environment is very dynamic with many key elements either not yet known or rapidly evolving. Assumptions are therefore required to make planning possible. The Plan will be adapted as the following assumptions are confirmed or otherwise amended:

1. COVID-19 vaccines will be supplied by the province of Ontario.
2. Initially, demand will outstrip supply and the supply stream will be uneven, requiring nimble logistical responses and communications.
3. The province will provide direction on how doses are to be sequenced and

will determine when and how much vaccine will be available to residents in our service area. Indigenous Services Canada may provide further direction on how vaccine is to be sequenced within First Nations.

4. Notwithstanding the above, it is assumed that the provincial *Ethical Framework for COVID-19 Vaccine Distribution* (Government of Ontario), which include important equity principles, along with the provincial *COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination* (Ontario Ministry of Health), will need to be applied by Grey Bruce Health Unit to our local context to refine sequencing decisions.
5. The first two vaccines to be available, Pfizer-BioNTech and Moderna, have specific storage and handling requirements. The original constraints on the onward distribution of the Pfizer-BioNTech are removed; however, all products will need to be carefully handled with wastage minimized and security ensured.
6. Two doses of vaccine are required (21 or 28 days apart) and planning must ensure availability of the second dose for all recipients. Second dose intervals are subject to change based on recommendations from National Advisory on Immunization Committee for Canada (NACI) and Provincial direction.
7. The 2021-projected area population of those aged 16 and over is 135,715. To achieve a vaccine coverage rate of 75% (96,000 residents), a total of 198,000 vaccine doses will be required.
8. Vaccine hesitancy will be present and will require careful management.
9. The local vaccination program will intersect with future waves of local cases and outbreaks, requiring ongoing public health measures for the entire population, and will stretch local public health capacity.

Transparent decision-making and clear communication to all parties will be critical to ensure public confidence and a successful vaccination program. This is particularly challenging given the supply and demand dynamics, the need for transparent, ethical, and equity-based decisions on who receives the vaccine, the newness and complexity of the products, anticipated supply chain issues, vaccine schedules, multiple providers and their own stretched capacities during the pandemic, and the need to ensure ongoing COVID-19 public health prevention measures.

Governance

Grey Bruce Health Unit is responsible for immunization in partnership with various stakeholders within the Grey and Bruce Region, including Chippewas of Nawash Unceeded Territory and Saugeen First Nations.

Grey Bruce Health Unit has worked with local partners such as municipalities, Counties, private industry, faith groups, education leads and local media throughout the Pandemic. The Health Unit will continue to work with these partners in the planning distribution and administration of COVID 19 vaccine across the region.

Some examples of stakeholder tables that Public Health leads includes but is not limited to;

- bi-weekly meetings with all Long Term Care Homes and Retirement Homes;
- weekly meetings with municipal leaders and County officials;
- regular communication with First Nation Leaders;
- weekly meetings with School Board Officials;
- regular communications with congregate living settings;
- regular communication with Mennonite and Amish Community Leaders.

STAKEHOLDERS AND PROPOSED ROLES

Table 1:

Stakeholder	Roles
Federal government	> Procure vaccines on behalf of all jurisdictions. > Authorize vaccines for use and provide guidance through NACI on use, storage and eligibility requirements for vaccine products.. > Support provinces and territories to manage more complex logistics, in partnership with all jurisdictions via the new National Operating Centre. > Provide scientific guidance on vaccine use. > Coordinate pan-Canadian surveillance and reporting. > Liaise with international partners. > Support First Nations and government-to-government dialogue related to the vaccination program.
Provincial and territorial governments	Determine the policy and process for vaccine distribution. Plan, store, administer, and deliver vaccination programs to the populations they serve, including deciding on how to: Manage adverse events (AEFI's); > Sequence and prioritize initial and subsequent doses of COVID 19 vaccine product (as required based on vaccine product).

Stakeholder	Roles
Municipal governments	Participate in planning as appropriate (i.e. Emergency Control Group structures). Facilitate access to and use of municipal facilities for mass vaccination clinics as feasible. Engage appropriate municipal staff in interdisciplinary approaches to providing administrative or other support for vaccination clinics. Support communication to local constituents regarding vaccine, clinics, and other aspects as appropriate. Support access to clinics (e.g. public transportation) and vaccination for those with limited means (most marginalized populations).
All governments together with respective Indigenous leaders and key partners	Federal, provincial, and territorial governments work together with First Nations, Inuit, and Métis leaders to support community-led approaches for access to an effective vaccination program.
Grey Bruce Health Unit	Lead local implementation of the provincial COVID-19 vaccination strategy, which includes: > coordinate local vaccine sequencing, distribution and administration as aligned with provincial direction > administer vaccine as part of the vaccination strategy including mass vaccination clinics and targeted clinics, supported by municipal partners and other providers > collaborate with partners to provide vaccine including primary care and pharmacies > manage public, vaccine provider, and stakeholder communications > report and investigate adverse events following immunization (AEFIS) > conduct ongoing surveillance > provide requested data to the Ministry of Health and Public Health Ontario > lead and/or participate in evaluations
Hospitals (Grey Bruce Health Services, Hanover District Hospital and South Bruce Grey Health Services).	Work with Public Health to develop immunization strategies for health care workers and priority vaccine roll out aligned with provincial direction. Work in partnership with Public Health to roll out on-site

Stakeholder	Roles
	clinics accessible to non-hospital individuals (e.g. congregate living settings), as applicable.
Grey County EMS and Bruce County EMS	Participate in targeted and mass vaccination clinics led or coordinated by Public Health (e.g. long-term care-residents, First Nations Clinics, Retirement Home). Participate in chronic home health care vaccinations as needed in partnership with Ontario Health and coordinated by Public Health.
Community Health Centres and South West Ontario Aboriginal Health Access Centre	Partner with Public Health to prioritize clients and provide immunization in alignment with provincial direction and in coordination with Public Health.
Long-term care homes and retirement homes	Partner with Public Health to prioritize clients and staff in alignment with provincial direction and in coordination with Public Health.
Primary care providers	Participate in prioritizing client to receive vaccine – either through practice settings or in mass immunization clinic models – as directed by Public Health and aligned with Provincial requirements Assist community vaccination efforts by participating in mass immunization clinics or mobile clinics at priority group settings (Long Term Care, Retirement Homes).
Agencies serving marginalized groups	Participate in Public Health communication campaigns. Support dissemination of vaccine information. Promote COVID 19 immunization amongst client groups.
Workplaces	Support dissemination of vaccine and clinic information.
Pharmacies	Partner with Public Health to immunize priority groups (Long Term Care Home residents and staff, retirement home residents and staff). Once authorized, immunize clients in community pharmacy settings.
Police	Contribute to security assessments and planning at Public Health Site and Mobile sites within the Community. Consult on security resource requirements.
Community paramedicine/EMS	Provide support during vaccination clinics (ie. immunizer and monitor and recovery role).

ORGANIZING STRUCTURES

To operationalize the vaccination program, Grey Bruce Health Unit will implement internal and external structures and adjust as circumstances necessitate.

The Grey Bruce Health Unit Vaccine Working Group is an internal table that ensures oversight of the entire COVID-19 vaccination program. The Working Group is

responsible for directing, providing oversight, and being accountable to the Grey Bruce Community for the COVID 19 vaccination program in our region.

The Grey Bruce Health Unit Vaccine Advisory Task Force provides feedback on the the planning and coordination of the vaccination program for the population across Grey Bruce. Membership is from health and non-health sectors and representation from Indigenous Communities. Listing of Grey Bruce Health Unit Vaccine Advisory Task Force Terms of Reference can be found in Appendix A. .

Local Priorization of Populations

Per *Ontario's Vaccine Distribution Implementation Plan* (Government of Ontario, PDF), the Plan addresses priority populations[2] in all three phases:

- Phase 1
- Congregate living for seniors—residents
- Congregate living for seniors—staff, essential care, and other employees
- Health care workers
- Adults (16+) First Nations, Métis, and Inuit—On-Reserve Indigenous residents
- Adults (16+) First Nations, Métis, and Inuit—Urban Indigenous and off- reserve Indigenous populations
- Adults (16+) chronic home care recipients

[2] Priority populations is a term used by public health to denote populations at greater risk of experiencing health inequities. The term in this plan is used as per Ontario's prioritization of vaccine distribution.

Grey Bruce Health Unit COVID 19 Immunization Program at a Glance

Phase	Priority Population	Population Estimate	Data Source
Phase 1	LTCH Residents	1,300	
Phase 1	RH Residents	1,164	
Phase 1	LTC Staff	2,108	
Phase 1	RH Staff	672	
Phase 1	HCWs	3,135	[2016 Census count for Grey Bruce residents in 'Health occupations'] - [LTCH and RH Staff]
Phase 1	On-reserve Indigenous	1,521	Indigenous and Northern Affairs Canada, First Nation Profiles, Registered Population 2020, living on reserve
Phase 1	Off-reserve Indigenous Population	3,999	[2016 Census Aboriginal Identity] - [Indigenous and Northern Affairs Canada, First Nation Profiles, Registered Population 2020, living on reserve]
Phase 1	Chronic Home Care Recipients	1,644	Ministry of Health Home Care Database, Unique Adult Home Care Clients in Grey Bruce 2017
Phase 2	Essential Workers	31,320	Census count for Grey Bruce Residents in 'Education, law and social, community and government services'; 'Trades, transport and equipment operator and related'; 'Natural resources, agriculture and related production'; and 'Manufacturing and utilities' occupations
Phase 2	Adults 60-74	36,250	2016 Census
Phase 2	Adults 75+	13,911	[2016 Census] -[LTCH & RH Residents]
Phase 2	Other Congregate Settings- staff and residents	1,000	
Phase 2	At-risk Populations Under 65 yrs	26,670	([Adults 20-64 with asthma, COPD, diabetes from ICES Derived Chronic Disease Cohorts] + [Cases of cancer among persons 15-59 from Cancer Care Ontario]) - [Chronic Home Care Recipients]
Phase 3	Remaining eligible populations	11,021	[Population Aged 16+ from 2016 Census] - [All previous estimates]

*Phase 1 January to March Phase 2 April to August Phase 3 August to end of 2021

- Phase 2
  - Essential workers
  - Adults 75+ years
  - Adults 60 to 74 years
  - At-risk populations
  - Additional congregate care settings (for example shelters, groups homes and correctional facilities)
  - Adults 16 to 59 years
- Phase 3
  - Remaining eligible Ontarians (16+ years)

As per the provincial *Ethical Framework for Covid-19 Vaccine Distribution* (Government of Ontario), Grey Bruce Health Units'processes will be guided by the following principles:

- minimize harms and maximize benefits
- equity
- fairness
- transparency
- legitimacy
- public trust

Three different **approaches** will be utilized for vaccination of all residents in the Grey Bruce Health Unit service area:

1. Mass Immunization Clinics (led by Public Health) are held in large municipal structures such as arenas. Currently 3 sites are being readied for mass immunization clinics in Grey Bruce. The sites are geographically dispersed within the region to ensure a large catchment area of population. The sites will be set up and operational shortly, based on Provincial Priority groups for vaccination and vaccine supply. Mass Immunization Model can be found in Appendix B.

2. Mobile Clinics (led in partnership with Public Health and Priority population sites). Mobile Clinics will happen in specific settings where people live or congregate, such as long-term care homes, retirement homes, First Nations, shelters, etc.). Currently Grey Bruce Health Unit is rolling out the Long Term Care Home COVID 19 vaccine using the Mobile Clinic Model for staff, residents and essential caregivers. The Priority population Sites, such as Long Term Care, provide facility staff to assist with the

clinics in roles such as screening. Post vaccine monitoring, immunizing and traffic flow.

3. Practice Clinics (led in partnership with Primary Care, Community Health Centres, Aboriginal Health Access Centres and Pharmacies). The role of Public Health in Practice Clinics will be to support the safe transportation and delivery of vaccine to immunization sites, provide training and education to staff who will be immunizing clients, and ensure sites are accountable for the appropriate utilization of vaccine with minimal wastage.

Grey Bruce Health Unit endeavors to achieve a 75% vaccine coverage of the population according to priority sequence and projected vaccine availability.

Planning assumptions for the clinic delivery models described above include:

- Estimated priority populations and COVID-19 vaccine doses required;
- Grey Bruce Health Unit target vaccination coverage rate by estimated priority population and doses required per week to achieve this target;
- Possible vaccination staffing scenarios by vaccination approach
- Estimated sequencing of vaccination by phase, if vaccines were available in required quantities.
- Ability to scale up or down any clinic model described above based on community need, space, target population, provincial direction and vaccine availability.

Logistics: Vaccine management and distribution

Grey Bruce Health Unit recognizes the importance of appropriate vaccine storage and handling practices to minimize wastage and preserve vaccine efficacy. Public Health has expertise and responsibility under the *Ontario Public Health Standards*, *Vaccine Storage and Handling Protocol.*

Established protocols with quality assurance checks for transferring vaccine from the ultra-low freezer or -40ºC freezer to the fridge for thawing are to be strictly followed. These include all Ministry of Health required accountabilities for vaccine storage, clinic briefing logs, contingency plans, inventory management, safety, and security.

VACCINE STORAGE AND COLD CHAIN

The COVID-19 vaccines are temperature-sensitive and must be stored correctly to ensure efficacy and maximize shelf life. The Pfizer-BioNtech vaccine requires ultra-low

temperature freezer storage between -60ºC and -80ºC, whereas the Moderna vaccine requires freezer storage at -20ºC. Grey Bruce Health Unit currently has 2 ULT freezers to store Pfizer BionTech vaccine.

All cold chain requirements, from the manufacturers, will be carefully followed and monitored.

GBHU meets the following vaccine storage and temperature monitoring requirements:

- Use purpose-built or pharmaceutical-grade equipment to store vaccines. GBHU has 2 ULC Freezers
- Set-up temperature monitoring devices. Monitoring includes temperature range surveillance, out of range alarms, and low battery alarms. GBHU monitors temperatures through a live system. A temperature gauge will be used to monitor minimum and maximum temperature ranges continuously over a 24/7 period.
- Ensure uninterrupted power supply. GBHU Health Unit freezers are on our emergency power circuit to ensure power is supplied during outages The secondary site is also equipped with back-up power. Back-up power is supplied by generators with adequate capacity, fuel and contingency plans to maintain their operation.
- Conduct regular maintenance of storage units and temperature monitoring devices.

  Grey Bruce Health Unit has a regular maintenance schedule for storage units. Maintenance of temperature monitoring devices is conducted by an external provider. All fridges/freezers that store COVID 19 vaccine have been calibrated within the past year.

- *Identify alternate storage if primary unit(s) cannot be repaired or replaced*. GBHU's contingency plan for a ULT freezer failure is to transfer vaccine to the secondary unit. Likewise, any vaccine in the secondary unit would be transferred to the primary unit in the case of a failure. Both freezers are sized to allow excess storage capability. If both units failed (or in order to transfer vaccine), a thermal shipper would be used. GBHU has an ongoing contract with a local dry ice supplier. Flake dry ice can be provided very quickly if necessary (as it is produced at a local facility). Pellets are preferred but would take longer to be supplied. Partnerships are also in place for vaccine storage and monitoring of non-ULT vaccines.

Public Health also meets the Ministry of Health requirements for facilities.

- GBHU meets facility requirements. These include space for freezers; backup generators; automatic transfer switches and action in case of power failure; well functioning HVAC for optimal temperature control and air circulation for freezers and refrigerators; reliable storage and temperature monitoring equipment; accurate vaccine inventory management; and freezer room with security camera monitoring and proximity card access.

DISTRIBUTION SYSTEM

Grey Bruce Health Unit has a robust vaccine delivery system for current influenza vaccine and many other routine vaccines. The current model for influenza vaccine will be used as a model for COVID-19 vaccination planning, distribution, and delivery, especially in the vaccine approach using practice settings..

Grey Bruce Health Unit is working with key community partners in the planning and development of a vaccine distribution model. The distribution system will be partly dependent on vaccine storage and handling requirements for each of the vaccines as well as local resources to support these requirements.

HEALTH HUMAN RESOURCES

Health human resources need to be considered for the vaccination program as a whole, including for each of the approaches that will be used: mass vaccination clinics, mobile vaccination clinics, and vaccination clinics in practice settings.

Grey Bruce Health Unit has compiled an inventory of staff skills . Grey Bruce Health Unit has approximately 45 nurses available to immunize targeted populations across our service area. Based on our current assumptions of a steady supply of available vaccines, these resources would be sufficient to meet provincially prescribed timelines, albeit with a significant impact on current Public Health resources and programs. As required nurses and pharmacists and EMS staff will assist with vaccine administration. Other sources of clinical staffing include Georgian College Nursing Students, Retired Nurses (list currently on hand at GBHU), local physicians, pharmacists and paramedics. Non-clinical roles at clinics can be completed by internal GBHU non-clinical staff, municpal partners staffing, volunteers and community members. Human Resource needs will be brought to the Grey Bruce Vaccine Task Force for filling of positions.

Transportation of clients

Transportation is an issue for our rural georgraphic area. Transportation will be an undertaking of the Grey Bruce Vaccine Task Force. Muncipal leaders and private business will develop a transportation network to encourage access to mass vaccination clinics when these roll out in Grey and Bruce. Accessible and low cost transportation are requirements of this strategy. Further recruitment of volunteers to support vaccine clinic logistics is underway.

MASS IMMUNIZATION CLINICS

Public health-led vaccination clinics will occur in geographic locations during the vaccination program and will be determined based on factors such as vaccine product, community logistics, provider availability, program phase, and priority population served. Grey Bruce Health Unit has secured 3 spaces used as recovery centres and spaces provided by local municipalities to utilize as mass immunization clinics. Links with community partners have enabled Grey Bruce Health Unit to have quick access to these facilities as well as materials to erect the components of mass immunization clinics (chairs, tables, barriers, electrical upgrades, security, accessibility, etc). ULT Freezer space will be available in Mass Immunization clinic spaces as required. The Mass Immunization clinic model proposed by Grey Bruce is easily scaled up or down depending on vaccine supply, priority population to be vaccinated and geographic locations.

INFORMATION TECHNOLOGY (IT)

Provincial IT supports include COVax, a vaccination system that tracks vaccinations provided to clients. We have been provided a *clinic in a box (CIB).* The Ministry of Health will provide IT training to the GBHU IT team for CIB All clinics will have access to a provincial service desk for IT support if required.

IT considerations:

- GBHU staff have the ability to use their own tablets to access COVax
- GBHU staff all have cell phones with data to allow for hot spotting as needed
- on-site IT structures and protocols in place
- local on-site IT support is available to support as required
- client booking system has been explored
- staff scheduling system is being established

SAFETY AND SECURITY

All security measures and situation protocols will be established and effectively managed. Emergency response measures and potential risks will be identified, assessed and mitigated. GBHU and a secondary site for mass immunizations have been assessed by an OPP security auditor. Recommendations have either been completed, or are in progress. GBHU will ensure that security is available when required for clinic activities and security of vaccine product.

Public Health is prepared and equipped to deploy public health staff to assist with clinic flow and additional clinic security. Safety and security considerations include:

> Security plans for site-specific and clinic operations

> Physical security measures including audited proximity card access, re-keyed locks, high security areas defined, double locked freezers including the use of UL437 secondary padlocks

> Additional security measures include CCTV

- Emergency protocols identified and mitigation strategies established
- Background checks on health unit staff
- Security and whistleblower policies in place
- Dry runs will be completed at clinic sites and planning for unanticipated incidents
- Alarms on freezers and generator or back up power
- Security guard presence (venue dependent)

ADDITIONAL CONTINGENCY PLANS

Although measures to address power outages, cold chain failures and security risks are identified elsewhere in this document, there are a number of other risks that need to be identified. GBHU will continue to use its Emergency Response Procedure to deal with a variety of potential risks. Central to that document is a Hazard Identification and Risk Assessment (HIRA) process. This identifies hazards such as infrastructure failures, weather events and security threats. Generally, this assessment is still valid during the pandemic response phase to assess other threats. Security issues would now rate higher in the risk assessment, and as a result, a number of additional risk mitigation strategies have been put into place.

Extreme weather events continue to be a major risk in Grey Bruce. In particular, precipitation events (winter storms) are a significant local risk. The likely result of this hazard to a clinic is that we would have to postpone it. Weather forecasting will be monitored ahead of clinics in order to make a timely decision regarding any need to postpone. Extreme weather could also impact on vaccine delivery. If it is not possible to delay delivery our initial plan would be to deliver to either site 1 or 2, whichever is less affected by the particular storm. If both locations are impacted we would work with OPP and Municipal partners (roads departments) to ensure safe delivery. It is quite likely that a clinic would continue to operate during a moderate winter weather event. Clinic plans have considered local weather events in relation to parking, outside access and eliminating the need for outside line-ups.

Operations for Public Health-led mass vaccination clinics

This section outlines operations requirements for **mass vaccination** clinics led by Public Health. Other approaches for vaccination include mobile and practice-based clinics. Operations requirements for these approaches will be developed in discussions with key partners involved in implementation (e.g. long-term care homes, shelters, clinical practices, etc.).

VACCINATION APPOINTMENT SCHEDULING

Assuming the COVAX system does not have the capacity for appointment booking; Grey Bruce Health Unit will take on the responsibility for scheduling appointments. At the time of booking, clients will be asked to provide their name, phone number and email

address. The email address will be used to send appointment details, educational materials, and consent forms for review prior to attending scheduled appointments. Health equity considerations will be planned for clients without telephone access, a health card, identification, address, or internet access. Cancellation instructions will also be given at the time of booking.

Mass Immunization Clinics will be planned to ensure a seamless process, including flow and distancing and IPAC measures. Output will be based on availability of vaccine. COVID-19 prevention remains critical throughout the vaccination program. Including:

- clinics by appointment only
- just-in-time appointments, early arrivals will be requested to wait outside of clinic site
- client attendance only at appointment, unless extenuating circumstances exist
- provision of electronic fact sheets and consent form
- option for clients to print consent form and bring signed hard-copy to appointment
- COVID-19 screening immediately prior to entering clinic
- mandatory masking, unless exempt

ROLES

Vaccination clinic roles

Clinical roles	Administrative and supportive roles
> Immunizer > Observer post vaccine	> Clinic lead > Registration > Door screener > Data Entry > runner (response

TRAINING AND ORIENTATION

Role-specific training and orientation will be provided by GBHU staff to each group of staff assisting with vaccination clinics. Training and orientation, using a just-in-time approach, will include independent review, virtual review, and in-person training. Training and orientation will be ongoing.

Communications and engagement

CONTEXT

Consistent and clear communication plays an important role in the implementation of the Grey Bruce Health Unit's COVID-19 vaccination plan. The Grey Bruce Health Unit COVID-19 Communication Plan aims to evolve in alignment with the three phases outlined in the provincial vaccination distribution and implementation plan.

Communication regarding COVID-19 vaccines will leverage existing relationships and tactics that have been used prior to and throughout the COVID-19 pandemic in order to share key messages about COVID-19 and vaccinations in general with stakeholders, including the public. Messages and tactics used will be tailored to the target audience, including meeting the needs of priority populations.

This section describes the communications strategy and approach to informing residents of the Grey Bruce Health Unit with regards to the COVID-19 vaccine. The strategy will be used throughout the implementation of the COVID-19 vaccine program and will include internal and external communications.

COMMUNICATION GOALS AND OBJECTIVES

To have informed public and stakeholders

- To Inform and educate the public and stakeholders about immunization, COVID-19 vaccines and vaccine safety.
- To support the public and stakeholders to be able to make an informed decision in getting the COVID-19 vaccine by sharing risks, benefits and other information.
- To support the social acceptance of COVID-19 vaccine and encourage vaccine uptake.
- To communicate information about the administration and availability of the vaccine.

To Have Informed Internal Staff

- To ensure GBHU staff have all of the tools needed to inform and support the public and stakeholders.

To Enable Public Trust

- To enable public trust by ensuring transparency in the planning and implementation process.

COMMUNICATION STAGES AND TIMELINES

The focus of the objectives, tactics and key messages used will evolve to align with the provincial vaccination distribution plan.

Prior to the local arrival of COVID-19 vaccine

Ongoing public education about immunization and COVID-19 vaccines will be implemented using a variety of communication channels including the Grey Bruce Health Unit website, social media and traditional media. The education will offer evidence and credible sources of information about COVID-19 vaccine to support the public to make an informed decision. Messaging will be tailored to target populations as needed. Information about provincial and local vaccine planning will also be shared to continue to build trust in the community.

The Grey Bruce Health Unit's COIVD-19 information phone line will be available for general inquiries, questions about immunization and to provide information about COVID-19 vaccines. COVID-19 information line staff will redirect calls, as needed, to program teams at the Grey Bruce Health Unit. Public inquiries received by email or through social media are also directed to COVID-19 information line staff. COVID-19 information line staff are supported to respond to vaccine inquiries through information that is shared with them in information summaries, website links and internal document repositories.

Local perceptions, information line frequently asked questions and social media engagement are used to inform future communication activities.
Messaging Focus:

- Building trust by sharing information about the planning process.
- Encouraging the public to continue to prevent COVID-19 by practicing public health measures.
- Use reliable sources of information.
- Safety and efficacy of vaccines.
- Information about COVID-19 vaccines approved by Health Canada

Vaccine readiness

Environmental Analysis

The Grey Bruce Health Unit has existing knowledge and recent key learnings to inform our agency's work in this context and allow us to provide our community, stakeholders and decision-makers the best advice possible, throughout the vaccine timeline – in alignment with the provincial framework. The Health Unit assesses trends and patterns using our social media, website and help-line interactions to inform the organization on key needs from a vaccine and COVID-19 response standpoint. Local perceptions, information line frequently asked questions and social media engagement regarding vaccine acceptance will continue to be used to inform future communication activities. In addition, engagement with priority populations will support an understanding of their unique barriers and facilitators of vaccination.

Particular attention should be paid to vaccine hesitancy among Indigenous populations in the context of historical trauma and recent public health emergencies (e.g., SARS, H1N1), and those within Amish and Mennonite populations, and other specific sects

within Grey and Bruce Counties. Approaches should be modifiable, nimble, sensitive and supportive given this context.

Paying particular attention to reach those that typically do not have access to routine communication means is required. Mennonite, First Nation, homeless/near homeless and the senior population are less likely to have access to typical social media and web content. There is a requirement to use direct communication strategies, using pre-existing relationships and communication channels, to ensure the message reaches all corners of Grey and Bruce, and to minimize equitability challenges.

The approach will combat vaccine hesitancy by providing messages about the social acceptance of the COVID-19 vaccine and the community protection that immunization can provide. A local campaign to encourage those who have got vaccinated share with others will be developed. This campaign will include the use of stickers and a local social media hashtag and will be used along with other channels to share personal stories and reasons who others choose to get vaccinated.
Messaging Focus:

- Getting the vaccine protects you and those around you.
- Share personal stories
- Share reasons why others choose to get vaccinated.

Vaccine rollout

The local arrival of COVID-19 vaccine leading to widespread availability

Communication planning is ongoing and flexible (non-permanent) for an effective roll out of the COVID-19 vaccine, under the leadership of public health in collaboration with community partners. Public Health will provide the community with the information they need to make an informed decision about COVID-19 vaccination as timelines solidify for the Grey Bruce Region. Various tactics and channels will be used to disseminate information to the public and community partners. The Grey Bruce Health Unit's phone helpline, social media and email channels will continue to be available to anyone with questions. Paid media and social media opportunities will be used, tailored the target population, to provide information to the population in addition to radio, print, local television, website and messaging through system partners.

Noting that there is a need for different designs in vaccine administration throughout Grey and Bruce, the communication plan is nimble and modifiable in order to share these adaptations in an accurate, timely, and professional way to the required audience.
Messaging Focus:

- How information will be communicated when it is available.
- Vaccine rollout plans, including provincial and local prioritization.
- Ongoing general immunizations and COVID-19 vaccine messages.
- Eligibility, vaccine clinic information and scheduling

Ongoing transparency and accountability to enable public trust

The Grey Bruce Health Unit is committed to keeping the public and stakeholders updated on the COVID-19 vaccine and vaccine rollout in our local communities. Communication strategies will include ongoing updates through various communication methods such as direct emails, social media updates, web content updates and bulletins to community partners and members of the public. The Grey Bruce Health Unit's daily situation report will also share local data on vaccine administration and uptake.

Through continuous monitoring and feedback from the public and community partners, specific questions will continue to emerge. Continuous monitoring of the local landscape will help plan for and address emerging questions as they arise. Monitoring of the corporate social media channels and through identified call centre themes will also provide important feedback to ensure the plan changes to address these themes and needs. Staying up-to-date with emerging questions and themes will help the Grey Bruce Health Unit to stay informed on any gaps of information, aid in informing decisions, and help improve our services.

The COVID-19 vaccine communication plan outlines the communications strategy used by Public Health with respect to the local COVID-19 vaccine rollout. This internal document will be house locally for all staff to review and provide feedback as it evolves over time.

Finance

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 vaccination program costs will be tracked separately from the Board of Health approved cost-shared budget for reporting of costs associated with the COVID-19 vaccination program.

Cost being tracked will include but not be limited to:

- staff costs in full time equivalents (FTEs) and dollar value; including overtime costs
- materials and supplies, and other operating costs in dollar value
- costs associated with the COVID-19 vaccination program
- other subcategories to track may include but are not limited to (based on reporting of extraordinary costs in 2020): Travel and accommodation, supplies and equipment, purchased services, communications.

Data, quality, and documentation

Data collection will play an integral part in the local COVID-19 vaccine rollout for Grey and Bruce, collected for various purposes. Above the local data captured, it is also expected that methods of collection will be coordinated by the province directly. Based on applicable legislative requirements, it will be important to identify the methods used to collect, manage, store, and transport data, along with establishing appropriate support systems to secure data management.

At present, Grey Bruce Public Health has identified the following as essential data sources and has noted the need to specify each source, along with responsibility for storage, ethical considerations, reporting purpose and intended destination.

- vaccine recipient client list
- client consent forms
- number of people immunized
- number of people scheduled for immunization
- appointments by volume, day, facility
- number of clinics & the size of each clinic
- continuous quality improvement - processes, queues, wait times, time per station
- COVax requirements
- number of adverse reactions
- number of staff immunizing per person
- Audits, tracking clinic attendance: Location, date, time, vaccine wastage, number of no shows and cancelled, with details
- other statistics: Details on recipients, staffing, costs

Evaluation

A Real Time Evaluation (RTE) approach will be undertaken to allow for continuous feedback about Grey Bruce Health Unit's COVID-19 vaccine campaign. The primary objective is to identify processes that can be altered in real-time to improve the efficiency and effectiveness of vaccine clinics, partnerships, and uptake (including equitability). Findings will support continuous improvement efforts by identifying areas where we can improve and giving us data to monitor changes, with an emphasis on immediate lesson learning. Results will compliment future post-completion evaluation of GBHU's pandemic response.

Of note, real-time interactions with stakeholders during the course of the vaccine rollout means that some discussions may bring about improvement-oriented changes which may or may not be reflected in final evaluation documentation.

The table below outlines the key topics and questions that will act as a framework to guide the vaccine campaign RTE.

Evaluation Topic	Evaluation Questions	Data Source
Outcome		
Vaccine Uptake & Hesitancy	What was the uptake of the vaccine in the local population? What factors influenced vaccine uptake? What factors influenced vaccine hesitancy?	**Uptake:** • COVaxON • Census data (denominator) • LTC/RH Dose Reporting Forms **Uptake and hesitancy influencing factors:** • COVID-19 public GBHU survey • Grey Bruce Healthcare Worker COVID-19 Vaccine Readiness Survey • Vaccine clinic client surveys
Priority Populations and Equity	How equitable was the vaccine campaign?	• COVax-ON • LTC/RH Dose Reporting Forms • Priority population estimates (GBHU Plan)
Process		
Vaccine Administration at Various Sites	What was the efficiency and effectiveness of the vaccine administration process?	• After-action reviews with vaccine teams • Vaccine clinic client feedback surveys • Quality Improvement tools to assess flow • Surveys of / debriefs with implementation partners (e.g., clinic site/facility staff; other collaborative partners) • COVax-ON data
Partnership and Collaboration	What local partnerships and collaborative efforts supported the vaccine campaign? What was the effectiveness of these local partnerships and collaborative efforts?	• Partnership Development planning and implementation documents • Surveys of / debriefs with local vaccine campaign partners. • After-action reviews and/or surveys with clinic operations; client

Evaluation Topic	Evaluation Questions	Data Source
	What was the effectiveness of inter-jurisdictional collaborative efforts for the vaccine campaign?	coordination, partnership development, and logistics teams.
External Communications	What communication approaches were used to reach each target populations (e.g., priority populations; general public)? What was the effectiveness of these communication approaches?	• Communications planning and metric tracking documents • COVID-19 public GBHU survey • Vaccine clinic client surveys • InfoLine call trends/summaries • After-action reviews with vaccine and communication teams

Concluding statements

Planning for the implementation of the COVID-19 vaccination program within the Grey Bruce service area and within multiples sectors and settings in the context of incomplete information is a challenging task that is made possible by Public Health's experience and expertise in mass vaccination programs and strong partnerships with local health and non-health sector partners.

Successful planning and implementation of the COVID-19 vaccination program can only be achieved in partnership with many sectors across Grey Bruce. The Grey Bruce Health Unit is committed to leading and coordinating the vaccination program to ensure an effective roll out as determined by vaccine coverage rates and community trust in this work.

The Plan is our framework to guide preparations as we progress through the COVID-19 vaccination program. It is an essential tool as we join up our collective efforts to put the COVID- 19 pandemic squarely in our rear-view mirror.

APPENDIX A – Grey Bruce Vaccination Task Force Terms of Reference

Grey Bruce Vaccination Task Force Terms of Reference

Purpose

The Grey Bruce Vaccination Task Force will provide both indirect and direct support on the implementation of the vaccination campaign against COVID- 19 for the population within the geographic boundaries of Grey and Bruce Counties.

Assumptions

- The vaccination campaign within the Counties of Grey and Bruce will be based on the Vaccine Proposal by the Grey Bruce Health Unit (GBHU) with provincial guidance and support.
- Vaccination Campaign will consist of two plans, depending on the type, quantity and timing of the available vaccine:
    1. Vaccine will be distributed via GBHU's traditional vaccine distributing systems with health system partners, including LTC, Retirement Homes, Indigenous Community Health Centre, Hospitals, Family Health Teams, Pharmacies, Physicians, EMS and other congregate settings.
    2. Mass Immunization Hubs: utilizing one or more centres predicated upon the quantity and window of time of delivery (the sequence of activation: the Grey Bruce Health Unit building, the Davidson Centre in Kincardine, with the potential for another Mass Immunization Centre at the P&H Centre in Hanover if required).

Objectives

1. Advisory role on how to best support GBHU's efforts to deliver the vaccine through either or both the health system partners and Mass Immunization Centres within Grey and Bruce Counties. Support while not limited to, in the form of: personnel; equipment; transportation; and logistics.
2. To identify available resources in respective sectors that are needed to support the Mass Immunization Hubs.
3. To communicate to the sector whenever identified resources are needed
4. To identify risks and operational implications in the respective sector that may impede this campaign.
5. Act as an ambassador to communicate to the sector on the progress of the campaign

Committee Membership

The membership will consist of a representative from each of the following sectors, or delegate with operational experience if the content of meeting requires:

- Agriculture
- Business
- Community Health Centres
- Congregate Settings – such as Long Term Care, Retirement Homes and other aggregate Settings
- EMS
- Faith Based Organizations
- Fire
- First Nations/Indigenous Community
- Hospitals
- Municipalities
- Pharmacies
- Police
- Primary Care/Nursing
- Social Services

The present membership is listed in Appendix A (To be established after nomination process is complete).

Committee Member's Responsibilities

- To actively participate in meeting the committee's objectives
- To carry out the objectives outlined within the Terms of Reference
- Participate in committee meetings and complete assigned tasks

Chairperson

- Senior leadership from Grey Bruce Health Unit (GBHU) or delegate

Role of Chair/Co-Chair

The chairperson will:

- Coordinate and chair meetings
- Hold meetings at a location/format convenient for all committee members
- Disseminate all materials relevant to meetings (not limited to agendas or minutes)
- Retain official committee documents, including but not limited to agendas, minutes and correspondence
- Transfer all official committee documents, including all electronic or hard copies, to the next committee chair.

Role of the Recorder

The recorder of the meeting minutes will be directed by the lead agency
The recorder will:

- Track agenda items and ensure that actions to be completed are clearly documented.
- Provide completed minutes to the Chair via email within **an agreed upon time prior to next** meeting date

Frequency and Duration of Meetings

- Meetings Frequency: will be at the call of the chair for the implementation of the Vaccination Proposal for COVID-19 in Grey and Bruce Counties, target readiness to be completed by mid-February 2021. Following this, meetings will take place monthly or as required to monitor the implementation of the plan.
- Duration: **1 hour** or determined by chair
- Commencement date: the second week in January 2021.
- Additional meetings may be called at the discretion of the chair, or if there is an identified need to complete projects, agreed to by all committee members
- Meeting will be conducted by teleconference and web conferencing options

APPENDIX B – Mass Immunization Hub

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Media Release

February 1, 2021

Hockey Hub - COVID-19 Mass Immunization Hub in Grey Bruce

Clarification: There is not the quantities of vaccine in Grey Bruce to implement the Hockey Hub model, described below, at this time. The model will only be implemented when large quantities of vaccine become available.

The Grey Bruce Health Unit has developed the Hockey Hub, a made in Canada solution for mass COVID-19 immunization clinics.

The Hockey Hub uses local hockey arenas to deliver thousands of COVID-19 vaccines per day in local communities, based on a standard size hockey rink – ubiquitous throughout Ontario and Canada. The plan is scalable in that it can be expanded or contracted depending on the amount of vaccine available and the number of clients to be vaccinated.

The Hockey Hub (presentation attached) was presented on Saturday to General (retired) Rick Hillier, former Chief of Defence Staff for the Canadian Forces, chair of the province's Ministers' COVID-19 Vaccine Distribution Task Force. "A professional and well designed plan. Caring and considerate for all Ontarians." stated General Hillier. "Great example for rural and small urban areas across Ontario to consider - very much Hockeyville Canada!"

The Hockey Hub, set up in a standard hockey arena, can administer 4500 vaccines in a 10-hour shift of 5 nurses (or whoever is administering the vaccine). Traditional large volume clinics administer about 1000 vaccines a day, employing 20 nurses. Conventional smaller vaccine clinics administer 400 vaccines a day, in a shift of 8 nurses. The efficiency of the Hockey Hub model is based on utilizing a non-clinical staff for any task that is non-clinical, preserving the clinical capacity to support the healthcare system.

Process flow times have been calculated to the half minute. In the Hockey Hub, a vaccinator can administer 90 vaccines per hour. In a typical vaccine clinic, a vaccinator can administer 14 vaccines per hour.

The difference in the Hockey Hub model is the streamlined flow-through process. Once registered, the client remains in an individual pod for documentation, administering vaccine and recovery. The person administering the vaccine moves from pod to pod.

The typical set-up in a standard rink would have 150 pods with one nurse assigned 30 pods each. Activing all 3 Hockey Hubs in Grey and Bruce, given sufficient supply of vaccine, it would take about 21 days to vaccinate 140,000 people or 75 percent of Grey Bruce's population. Conventional vaccine clinics would take considerably longer, months rather than days.

The Hockey Hub provides several efficiencies. Clinically trained personnel are focused on administering the vaccine requiring only 5 clinically trained personnel to administer 450 vaccines per hour. Other non-clinical staff take on the clerical and support roles. There is a reduced risk of injury/fainting as clients are immunized and recover in the same location instead of risking fainting while walking to a recovery area (fainting is a well-known risk in immunization clinics). The one-touch surface means decreased surface cleaning to minimize the risk of transmission.

The model is cost-effective. The Hockey Hub costs about $6000 per thousand vaccines; about $1.7 million total for 140,000 population. Large volume clinics cost $26,000 per thousand or $7.2 million for 140,000 population.

The Hub model capitalizes on the optimal readiness and collaboration among the Grey Bruce Health Unit, Grey and Bruce municipalities, police services in Grey Bruce, and community partners. For example, Bruce Power (the largest nuclear generation facility in Canada) has provided resources and logistics for three recovery centres (field hospitals) in three locations. These sites are currently being converted to mass immunization hubs including adding an ultra-low temperature vaccine freezer and accessories. Lower-tier municipalities have provided the arenas, and Grey and Bruce Counties have funded and supported part of the project. Chapman’s has donated two ultra-low temperature vaccine freezers.

"Almost everyone in Canada is near a hockey arena. That makes the Hockey Hub an ideal solution for large scale immunization, not just locally but across Canada." Says Grey Bruce Medical Officer of Health Dr. Ian Arra. "Through mobilizing community partners, I have the utmost confidence the Hubs will be activated to utilize vaccines promptly no matter how large the shipments we receive. I trust the plan and the action will impress.”

Attachment: Mass Immunization Hockey Hub Presentation

For More Information:

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM
Medical Officer of Health and Chief Executive Officer
To arrange to speak with Dr. Arra, please contact Drew Ferguson at:
519-376-9420 or 1-800-263-3456 ext. 1269 or d.ferguson@publichealthgreybruce.on.ca

Grey Bruce Mass Immunization Hub (Hockey Hub)

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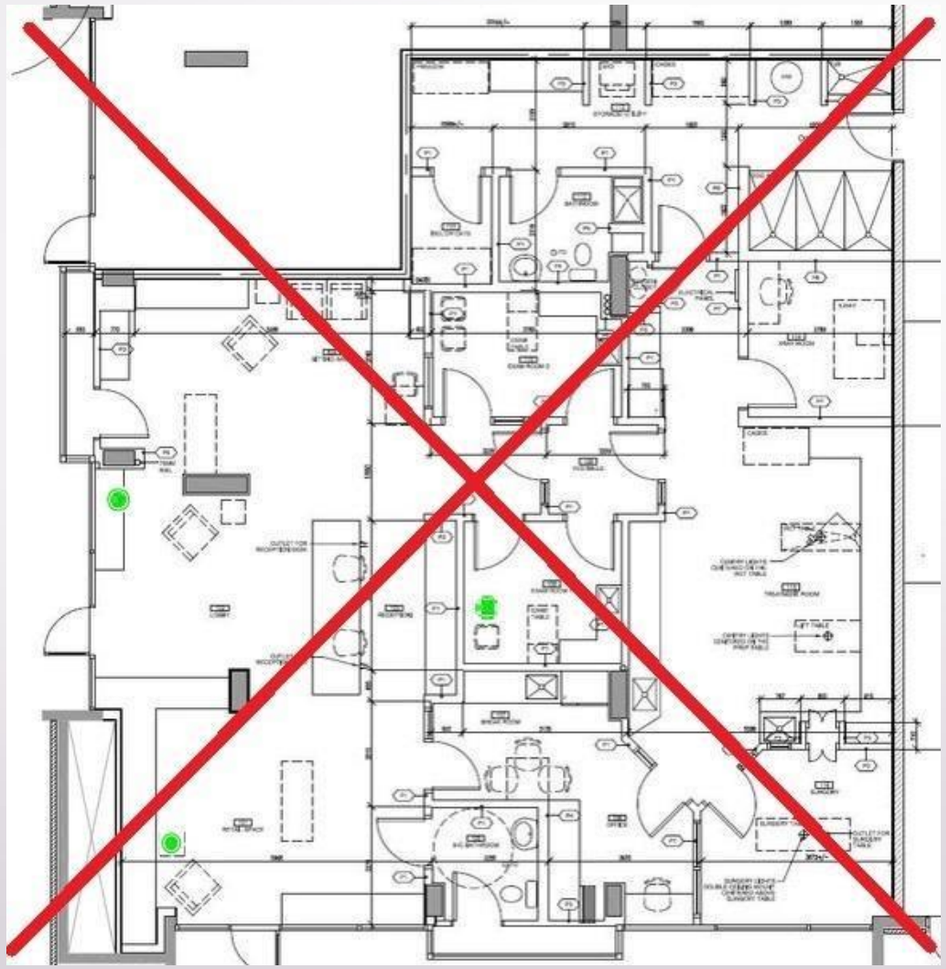
Standard Clinic Model

Vaccinates 400 people/day

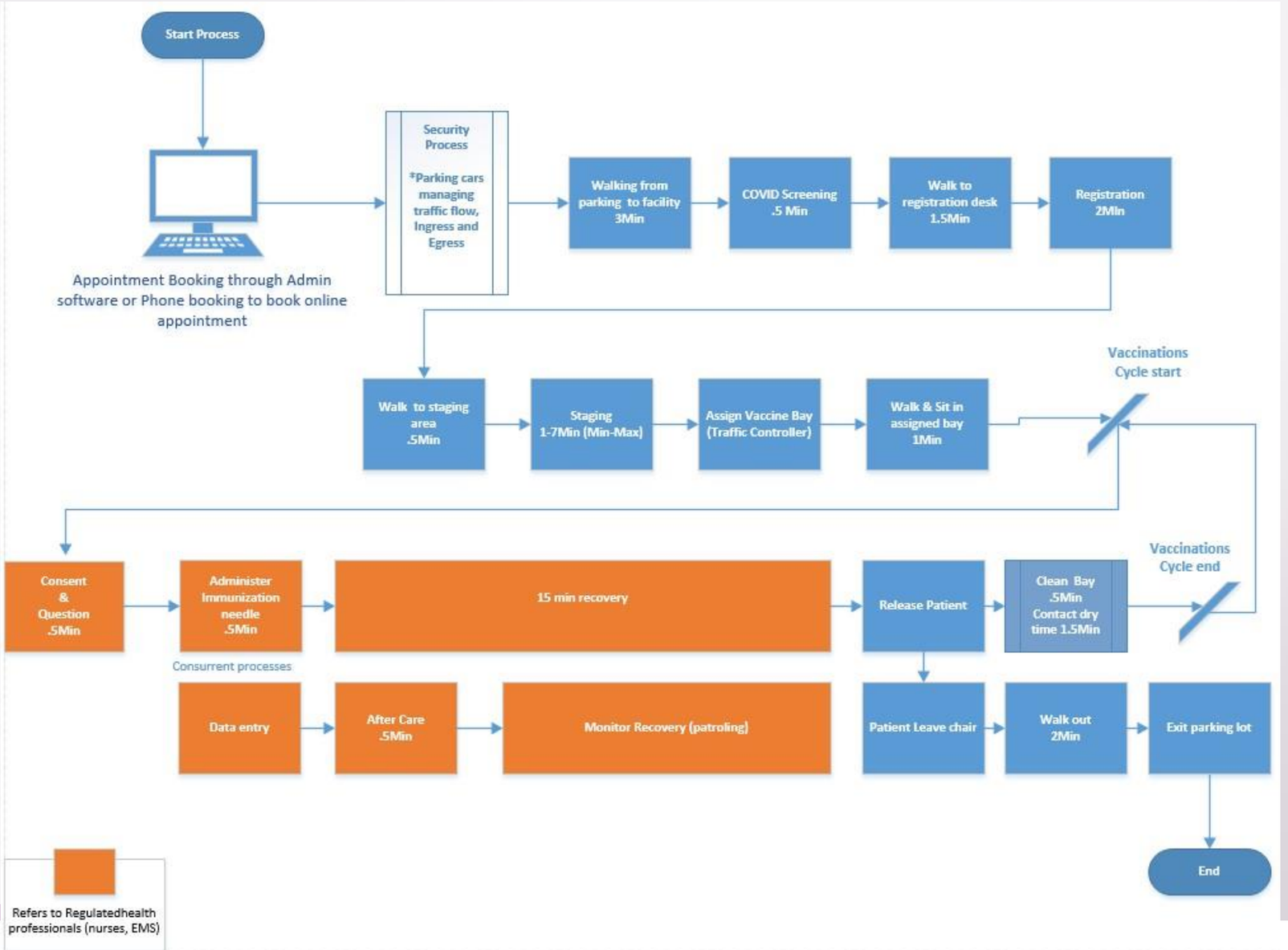


Traditional clinics are not designed for mass immunization

Mass Immunization Hub Model

Standard Rink vaccinates 4,500 people/day

Mass Immunization Hub Process Flow



Scalable:

- Base is the standard arena. Scale can be derived from:
- larger arenas
- multiple arenas on one site
- multiple sites

No need for prioritization, provide to all in a matter of days (Assuming sufficient supply of vaccine), saves unnecessary resources required for prioritization.

Relatively low Reaction Time (4 days)

Ubiquitous throughout Ontario and Canada, Plan is based on standard size hockey rink

Hockey Hub, Canadian Innovation

Limitation

- **Parking and road access**
- **Supply of vaccine**

Health Effects Comparison

Traditional Clinic Models	Hockey Hub Model
inefficiency in use of clinical staff	Minimal need of clinical staff Most tasks completed by non-clinical staff
Increase risk of injury/faint after vaccination related to client transition from immunization space to recovery area	Vaccination, and recovery in the same spot Reduce risk of injury/faint after vaccine
Risk of transmission related to touch surfaces. cleaning for “touch surfaces” as each client has 2-3 touch surfaces (waiting area, immunizing station and recovery station) Need to clean door-handles, elevators …	Decreased risk, decreased cleaning requirements for “touch surfaces” as each client has one touch surface (immunize and recovery in one spot) None

Human Resource Comparison of Models

	Standard Clinic Model	Large Venue Clinic Model	Grey Bruce Mass Immunization Hub Model
Vaccinations per vaccinator/per hour	6	14	90
Clinic Volume/day	400	1,000	4,500
Resource	#'s	#'s	#'s
Supervisors	1	2	2
Immunizers (nurses)	8	20	5
response assistants	6	15	-
Checkout support	3	8	-
Door Screener	-	-	4
Clinical navigators	-	-	10
Traffic flow/monitoring	1	4	10
Registration attendants	-	-	16
Data entry - floor	-	-	5
After care - clinical	-	-	5
Security	1	1	3
Cleaners	1	1	5
# of immunizers for 3 concurrent clinics/hubs	24	60	15

Cost Comparison of Models in Grey Bruce

	Standard Clinic Model	Large Venue Clinic Model	Grey Bruce Mass Immunizatio n Hub Model
Vaccinations per vaccinator/per hour	6	14	90
Clinic Volume/day	**1200**	**3,000**	**13,500**
Number of clinics per day	3	3	3
Population to be vaccinated	140,000	140,000	140,000
Comparison	$'s	$'s	$'s
Cost per model per day in thousands	11	25	27
Cost per 1,000 vaccines in thousands	26	26	6
Cost to vaccinate population (including x2) in millions	**7.4**	**7.2**	**1.7**
Comparison	Days	Days	Days
Raw days to vaccinate all of Grey and Bruce	234	94	21

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Mission and Strategic Use of Hub

To provide the Provincial Government with a successful pilot of a logistic hub for vaccine delivery all communities in Ontario and Canada whether be it urban, small-urban, or rural communities

Mission/Strategic Objective

The objective of the pilot is to prevent the danger of the pandemic (the hospital system's ability to care for COVID and non-COVID patients being challenged leading to death and suffering) by eliminating the following two scenarios in 4 weeks (assumption optimal vaccine supply):

- Increased demand: Hospital system overwhelmed by increased number of hospital admission of infected high-risk individuals (>65 year old, heart and lung disease)
- Decreased supply: Reduced hospital human resources by being in isolation (infected) or quarantined (exposed)

Mission/Strategic Objective

Resources in Grey and Bruce will be available to support Ontario hot spots:

- 3 hospital systems full capacity (no risk of capacity threat due to COVID-19 outbreaks)
- Public Health capabilities; and
- other available resources 3 COVID-19 filed hospitals

The prompt execution of the comprehensive pilot will be crucial in maintaining and maximizing public confidence that our Government is protecting the health and safety of Ontarians. Such confidence is instrumental in the success of the remainder of the emergency response.

www.publichealthgreybruce.on.ca

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