# Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook Summary



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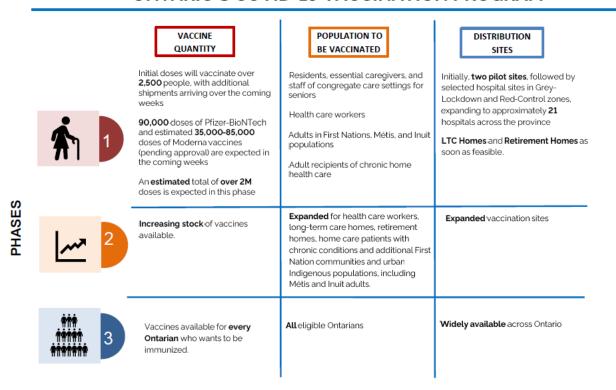
Note: There will be no further revisions to this document at this time. Any changes related to the Public Health Sudbury & Districts' Vaccine Program will be communicated through news releases and social media.

# **Background**

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

Figure 1:

#### ONTARIO'S COVID-19 VACCINATION PROGRAM



As a local public health agency with responsibilities under the <u>Ontario Public Health Standards</u> (Ontario Ministry of Health), Public Health Sudbury & Districts has the overall responsibility for the unprecedented COVID-19 vaccination program. This responsibility is executed in close collaboration with partners in health care and non-health care sectors. The following is a summary of Public Health Sudbury & Districts' comprehensive <u>Vaccination Playbook</u>.

## **Purpose and objectives**

The *Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook* (Playbook) provides the anticipated geographic and sector-specific implementation plans to achieve a vaccine coverage level of at least 75% of eligible recipients. The Playbook provides a detailed and coordinated approach for storage, delivery, distribution, and administration of the COVID-

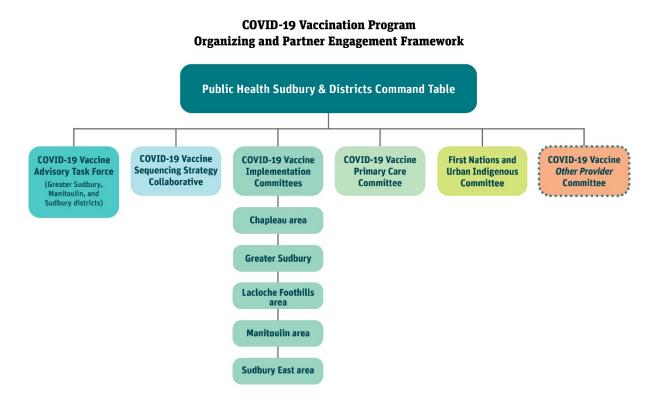
19 vaccine. Importantly, Public Health Sudbury & Districts recognizes the diversity of communities within its service area, which shares its unique geography within Anishinaabe and Cree territory. The Playbook explicitly acknowledges the rights of Indigenous peoples under the Robinson-Huron Treaty, Treaty 9, and the unceded territory of Wikwemikong.

The overall objectives of the 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.
- 4. Achieve a coverage rate of 75% of those eligible for vaccine by the provincially prescribed timelines.

# Organizing structure and partnerships

Figure 2:



Public Health works with Indigenous peoples locally to support the COVID-19 vaccination program in ways that further self-determination.

The <u>Command Table</u> is led by Public Health Sudbury & Districts and ensures oversight of the entire COVID-19 vaccination program and is responsible for directing, providing oversight, and being accountable to all stakeholders for the vaccination program.

The <u>Vaccine Advisory Task Force</u> advises the Command Table on the planning and coordination of the vaccination program for the population across Public Health Sudbury & Districts' service area.

The <u>Vaccine Sequencing Strategy Collaborative</u> advises the Command Table on the sequencing of vaccine recipients within provincially-established priority groups and based on local context. Representation is anticipated to include for example, cultural and linguistic groups including Indigenous community members and from key health and social service sectors.

The <u>Vaccine Implementation Committees</u> are to be established for the five geographic clusters within Public Health Sudbury & Districts' service area, recognizing that implementation will look different across our region.

The <u>Vaccine Primary Care Committee</u> ensures coordinated primary care engagement in the Vaccination Program with clinician representation from across the region.

The <u>First Nations and Urban Indigenous Committee</u> advises the Command Table on the planning and coordination of the vaccination program for First Nation communities and Indigenous populations. Membership is from First Nation communities, Aboriginal Health Access Centres and health and non-health sectors.

The <u>Vaccine Other Provider Committee</u> recognizes that other committees may need to be established as required to ensure coordination of the work.

# **COVID-19 vaccination program**

In accordance with <u>Ontario's Vaccine Distribution Implementation Plan</u> (Government of Ontario, PDF), the Playbook addresses priority populations<sup>1</sup> in all three **phases**:

- > Phase 1 includes: Seniors living in congregate settings; staff, essential care, and other employees of seniors' congregate settings; health care workers; adults (18+) First Nations, Métis, and Inuit residing on and off Indigenous communities; adults (18+) whom are chronic home care recipients; and adults 80 years or older.
- > Phase 2 inlcudes: essential workers; adults 75 years or older; adults 60 to 74 years; adults 18 to 59; at-risk populations; additional congregate care settings staff and residents (shelters, groups homes and correctional facilities)

Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook

<sup>&</sup>lt;sup>1</sup> Priority populations is a term used by public health to denote populations at greater risk of experiencing health inequities. The term in this Playbook is used as per Ontario's prioritization of vaccine distribution.

> Phase 3 includes: remaining eligible Ontarians (18+ years)

Three different **approaches** will be utilized for vaccination of all residents in the Public Health Sudbury & Districts service area: <u>mass clinics</u> (led by Public Health), <u>mobile clinics</u> (such are long-term care homes, shelters, etc.), and <u>practice clinics</u> (e.g. primary care, pharmacies).

Figure 3:

#### Updated March 2021

### **Public Health Sudbury & Districts COVID-19 Vaccination Program At-a-Glance**

Phase	Phase 1 High-risk population groupings							Phase 3 Remaining population				
Priority populations	7 190 <sup>i</sup> Congregate living for seniors <sup>1</sup>	<b>9 058</b> <sup>ii</sup> Health care workers	<b>20 204</b> <sup>iii</sup> Adults in First Nations, Métis and Inuit populations <sup>2</sup>	<b>2 042</b> <sup>iv</sup> Adult chronic  home care  recipients	<b>6 761</b> ° Adults ≥ 80 years		<b>34 416</b> vi Workers who cannot work from home	<b>33 847<sup>vii</sup></b> Adults 60-79 years	12 452viii  Individuals  with chronic  conditions and their caregivers	16 395 <sup>ix</sup> At-risk populations³	1 296 <sup>x</sup> Individuals living and working in congregate settings <sup>4</sup>	16 872 <sup>xi</sup> Remaining adults 18-59 years and General population
Locations	Facilities Community facility	Community facility Hospital	First Nations communities Community facility	Community facility	Community facility		Community facility Practice setting Pharmacy	Community facility Practice setting Pharmacy	Community facility Practice setting Pharmacy	Community facility Practice setting Pharmacy	Community facility Practice setting Pharmacy	Community facility Practice setting
Approaches <sup>5</sup>	Mass clinic Mobile clinic	Mass clinic	Mass clinic Mobile clinic	Mass clinic	Mass clinic		Mass clinic Practice clinic	Mass clinic Practice clinic	Mass clinic Practice clinic	Mass clinic Mobile clinic	Mass clinic Practice clinic	Mass clinic Practice clinic
Immunizers	Public health Facility staff Community Paramedicine	Public health Facility staff Community Paramedicine	Public health Facility staff Community Paramedicine	Public health Community Paramedicine	Public health Community Paramedicine Primary care		Public health Primary care Pharmacy	Public Health Primary care Pharmacy	Community Paramedicine Primary care	Community Paramedicine Primary care	Public Health Primary care Pharmacy	Public Health Primary care Pharmacy
Timeline	January to March						April to July					August and ongoing
Areas	Chapleau, Greater Sudbury, Lacloche Foothills, Manitoulin Island, and Sudbury East.											
Target	Achieve a coverage rate of 75% of those eligible for vaccine by the provincially prescribed timelines.											

<sup>&</sup>lt;sup>1</sup>Congregate living for seniors includes residents, staff, essential caregivers and other employees in LTCH, RH, Elder care settings and other congregate living settings.

<sup>&</sup>lt;sup>2</sup>First Nations, Métis and Inuit populations includes on-reserve individuals and offreserve individuals who self-identify as First Nations, Métis and Inuit.

<sup>&</sup>lt;sup>3</sup>At risk populations includes people who live in hot spots with high rates of death, hospitalizations and transmission

<sup>&</sup>lt;sup>4</sup>Other high-risk congregate settings include but are not limited to shelters, groups homes and correctional facilities

<sup>&</sup>lt;sup>5</sup>Approaches are the various means by which vaccinations will be available. In general, mobile means that the vaccines will be available in venues where specific populations congregate or live; mass means that vaccines will be available at a community site to which individuals, depending on prevailing eligibility, must present to be immunized;

practice means that vaccine will be available at clinics held in the practice settings of specific providers (e.g. Public Health, Primary Care, Pharmacy).

Source: Targeted surveillance of congregated living facilities for seniors, Public Health Sudbury and Districts (2021)

iiSource: Targeted surveillance of workers, Public Health Sudbury and Districts (2021) iiiSource: Indigenous and Northern Affairs Canada, First Nation Profiles and Census 2016. Includes: On-reserve population 18+ years and off-reserve population 18+ years who self-identify as First Nations, Métis and/or Inuit.

<sup>&</sup>lt;sup>iv</sup>Source: NE LHIN/OH-North CCM (2021)

<sup>&</sup>lt;sup>v</sup>Source: Census 2016. Includes: Population 80+ years minus Residents of LTCHs and First Nations, Métis and Inuit populations 80+ years.

viSource: Census 2016.

viiSource: Census 2016. Includes: Population 60 to 79 years minus Residents of RH, ECS & other congregate living facilities for seniors, First Nations, Métis and Inuit populations 60-79 years and Chronic home care recipients.

 $<sup>^{</sup>m viii}$ Source: OHT Health Profile Groups. Includes: Population with major chronic diseases including mental health issues minus Chronic home care recipients.

<sup>&</sup>lt;sup>ix</sup>Source: OHT Health Profile Groups. Includes: Proportion of the population with moderate chronic diseases including mental health issues.

<sup>\*</sup>Source: Congregate Settings Maximum Capacity List, Public Health Sudbury & Districts (2021)

xiSource: Census 2016.

## Vaccine storage and distribution

The COVID-19 vaccines are temperature-sensitive and must be stored correctly to ensure their effectiveness and safety. The Pfizer-BioNtech vaccine requires ultra-low temperature freezer storage between -60°C and -80°C, while the Moderna vaccine requires freezer storage at -20°C. All Ministry of Health protocols will be followed for vaccine storage, clinic briefing logs, contingency plans, inventory management, safety, and security.

Public Health Sudbury & Districts is working with key community partners in the development of a vaccine distribution model. The agency has both an established supplies inventory system and a robust vaccine delivery system for current influenza and other routine vaccines. As applicable, the current model for influenza vaccine will be used as a model for COVID-19 vaccination planning, distribution, and delivery.

## Local vaccination program

Public Health Sudbury & Districts aims to build trust among the community, promote transparency, offer evidence and credible sources of information to make an informed decision, and build an environment conducive to vaccine uptake while adhering to COVID-safe behaviours.

Transportation is an issue for many northerners. The City of Greater Sudbury is exploring free transportation for community members to help ensure equitable access to the COVID-19 vaccine. Local municipalities and volunteer groups are essential to address transportation concerns throughout the district.

Public health-led vaccination clinics will occur in various sites during the vaccination program and will be determined based on factors such as availability of vaccines, community logistics, provider availability, program phase, and priority population served.

Mass vaccination clinics led by Public Health will operate from 9 a.m. to 7 p.m., seven days per week. Public Health Sudbury & Districts is responsible for scheduling appointments. At the time of booking, clients will be asked to provide their name, date of birth, gender, Ontario Health Card number, identification type, phone number, mailing address, 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.

# Local communication approach

Public Health Sudbury & Districts has developed a broad campaign encouraging residents to get vaccinated. Ongoing public education and timely response to inquiries will continue through a variety of communication media including Public Health Sudbury & Districts' website and social media channels to ensure community needs are addressed.

The Public Health Sudbury & Districts' bilingual call centre customer services representatives will be responding to calls and email messages, addressing general inquiries, directing calls to the most appropriate contact, and informing the public about available resources. Messages can be left afterhours on public health's answering machine; calls will be returned by customer service representatives as soon as possible.

# Transparency and accountability

Public Health Sudbury & Districts is committed to keeping the public and stakeholders updated on the COVID-19 vaccine and vaccine rollout in our local communities through various communication methods such as traditional and social media updates and bulletins. Local data on vaccine administration and uptake will also be presented as it becomes available. To that end, all data about vaccinations will be reported in accordance with Ministry of Health requirements. Continuous data monitoring will be used to evaluate the efficiency of our local vaccination program allowing us to modify, refine, and adapt to changing situations. Ongoing evaluation will assess the effectiveness of the program and contribute to ongoing quality improvement, all the while ensuring safety and minimizing burdens to the lives of local residents.

# **Concluding statements**

Successful planning and implementation of the COVID-19 vaccination program can only be achieved in partnership with many sectors across Chapleau, Greater Sudbury, Lacloche Foothills, Manitoulin, and Sudbury East. Public Health Sudbury & Districts 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 comprehensive <u>Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook</u> 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.