Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook

Public Health Sudbury & Districts
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Public Health
Santé publique
SUDBURY & DISTRICTS

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

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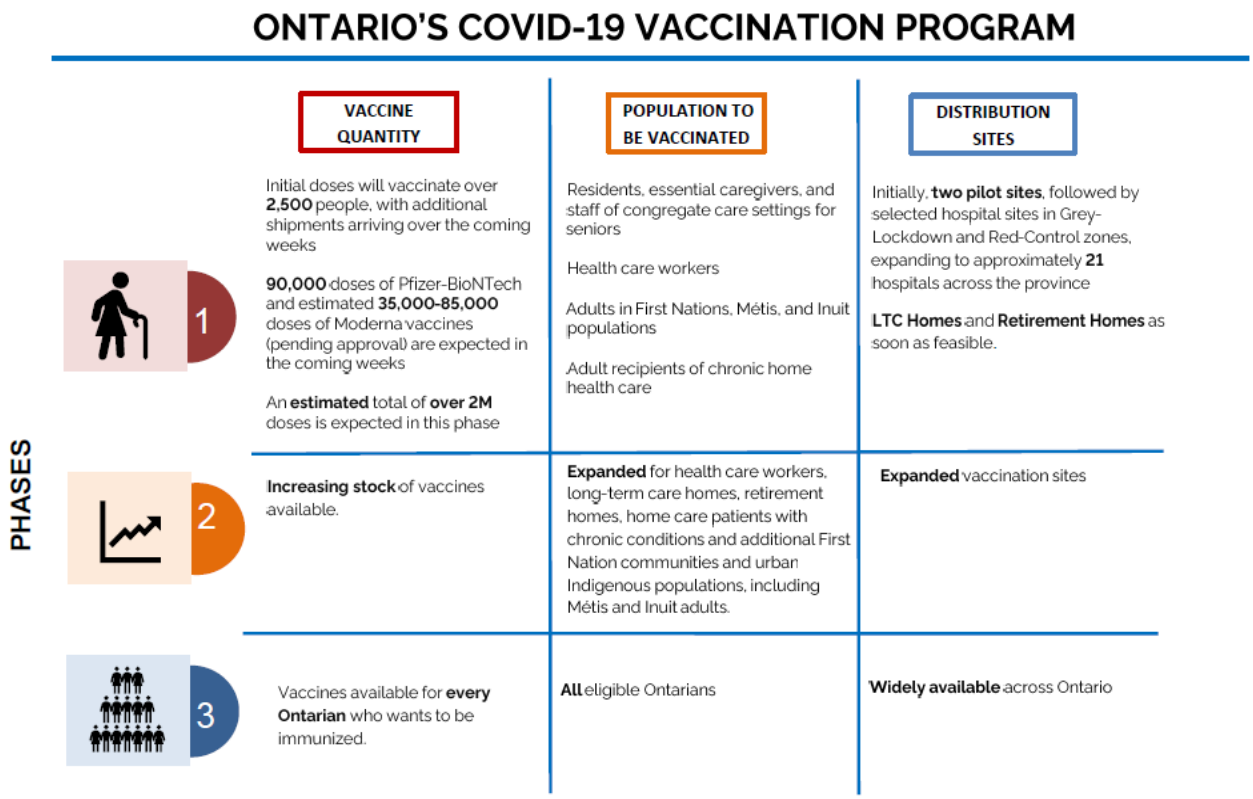
Background

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, Public Health Sudbury & Districts has the overall responsibility for the unprecedented COVID-19 vaccination program. This responsibility is 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 *Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook* (Playbook) 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 Public Health Sudbury & Districts' service area, within the prescribed timeframe and respecting provincial direction on vaccine recipient sequencing.

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

The Playbook recognizes the diversity of communities and capacities within Public Health Sudbury & Districts' service area and is committed to building on unique strengths and partnerships to ensure local implementation plans are maximally effective.

Importantly, Public Health Sudbury & Districts recognizes that its service area is within Anishinaabe and Cree territory and the Playbook explicitly acknowledges the rights of Indigenous peoples under the Robinson-Huron Treaty, Treaty 9, and the unceded territory of Wikwemikong. As such, the Playbook 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 Public Health Sudbury & Districts' 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.

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 Playbook will be adapted as the following assumptions are confirmed or otherwise amended:

1. COVID-19 vaccines will be supplied by the province.
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.[1] 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 Public Health Sudbury & Districts 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.
7. The 2021 projected area population of those aged 16 and over is 167 846. To achieve a vaccine coverage rate of 75% (125 885 residents), a total of 251 769 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.
10. 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

[1] The Canadian National Advisory Committee on Immunization (NACI) has provided recommendations nationally on the priority groups for the initial doses of COVID-19 vaccine as outlined in *Guidance on the prioritization of initial doses of COVID-19 vaccine(s)* (Health Canada).

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.

Leadership and partnership

Public Health Sudbury & Districts is responsible for immunization in partnership with various stakeholders within:

- Chapleau area
- Greater Sudbury
- Lacloche Foothills area
- Manitoulin area
- Sudbury East area

Public Health works with Indigenous peoples locally to support the COVID-19 vaccination program in ways that further self-determination. For First Nations aligned with the service area of Public Health Sudbury & Districts, it is anticipated that Public Health will work to support access to COVID-19 vaccine in partnerships that are led by the First Nation, including for example First Nations health staff, Aboriginal Health Access Centres, and Indigenous Services Canada.

Outlined below are key stakeholders and their respective overarching roles, subject to further refinement, within the COVID-19 vaccination program planning and rollout.

Stakeholders and proposed roles

Table 1:

Stakeholder	Roles
Federal government	> Procure vaccines on behalf of all jurisdictions. > Authorize vaccines for use. > 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	> Decide the policy and process for vaccine distribution. > Plan, store, administer, and deliver vaccination programs to the populations they serve, including deciding on how to: > sequence the initial and subsequent doses

Stakeholder	Roles
	> manage, track, and share data on coverage and adverse events
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 and culturally safe vaccination program.
Local public health	> 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 > 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
Ontario Health North sub-regions	> Support vaccination program planning and logistics across sectors. > Supplement health human resources for specific sectors' participation in the vaccination program (e.g. long-term care and retirement homes, and home and community care). > Immunize chronic home health care clients in partnership with Paramedic Services and others as required. > Support local evaluation efforts. > Liaise and coordinate with other Ontario Health North and other Ontario Health regions to ensure knowledge exchange and continuous learning and improvement.
Hospitals	> Immunize all hospital staff (broadly defined) and patients (aligned with provincial direction). > Work in partnership with Public Health to roll out on-site clinics accessible to non-hospital individuals (e.g. long-term care staff), as applicable.
Paramedic Services teams	> Participate in targeted and mass vaccination clinics led or coordinated by Public Health (e.g. long-term care residents).

Stakeholder	Roles
	> Participate in chronic home health care vaccinations as needed in partnership with Ontario Health and coordinated by Public Health.
Community Health Centres and Aboriginal Health Access Centres	> Immunize clients, sequenced in alignment with provincial direction and in coordination with Public Health.
Long-term care homes and retirement homes	> Immunize residents and staff (broadly defined and including essential care providers) in partnership with other providers as required.
Primary care providers	> Immunize patients in either practice settings or in mass clinics as organized by Public Health. > Participate in communication campaigns. > Representatives participate in COVD-19 Vaccine Primary Care Committee. > Participate in other vaccination clinics and opportunities as feasible (e.g. chronic home care, essential workers, congregate settings).
Agencies serving marginalized groups	> Participate in communication campaigns. > Support dissemination of vaccine information. > Once authorized and as applicable, immunize clients in either practice settings (e.g., shelters) or mass clinics as organized by Public Health.
Workplaces including the academic sector	> Support dissemination of vaccine and clinic information. > Once authorized and as applicable, immunize employees and students at on-site clinics (e.g. Laurentian University, Vale) as coordinated by Public Health. > Provide venues for public vaccination as applicable.
Pharmacies	> Once authorized, immunize clients in pharmacy settings.
Police	> Contribute to security assessments and planning. > Consult on security resource requirements.
Community Paramedicine	> Provide support during vaccination clinics (ie. immunizer and monitor and recovery role).
District Social Services Administration Board (DSSAB)	> Support communication with clients regarding vaccine availability. > Support access to clinics and vaccination for those with limited means (most vulnerable populations).

Organizing structures

To operationalize the vaccination program, Public Health Sudbury & Districts will implement internal and external structures (see Figure 2) and adjust as circumstances necessitate.

The Command Table is led by Public Health Sudbury & Districts and ensures oversight of the entire COVID-19 vaccination program. The Command Table (Public Health *Incident Management System* structure, Appendix 1) is responsible for directing, providing oversight, and being accountable to all stakeholders for the vaccination program, in alignment with the purpose and principles as set out in the Playbook. The Command Table follows the Incident Management System (IMS) and includes redundancies for business continuity with designated alternates for the Incident Commander, Section Chiefs, and all roles.

The Vaccine Advisory Task Force advises the Command Table on the planning and coordination of the vaccination program for the population across Public Health Sudbury & Districts' service area. Membership is from health and non-health sectors and representation from Indigenous agencies and First Nation communities is anticipated.

The Vaccine Sequencing Strategy Collaborative advises the Command Table on the sequencing of vaccine recipients within provincially-established priority groups and based on local context. Membership includes diverse views from affected parties and groups to inform local decision making. Representation is anticipated to include for example, cultural and linguistic groups including First Nation and Indigenous community members, leadership from key health and social service sectors, and an ethicist.

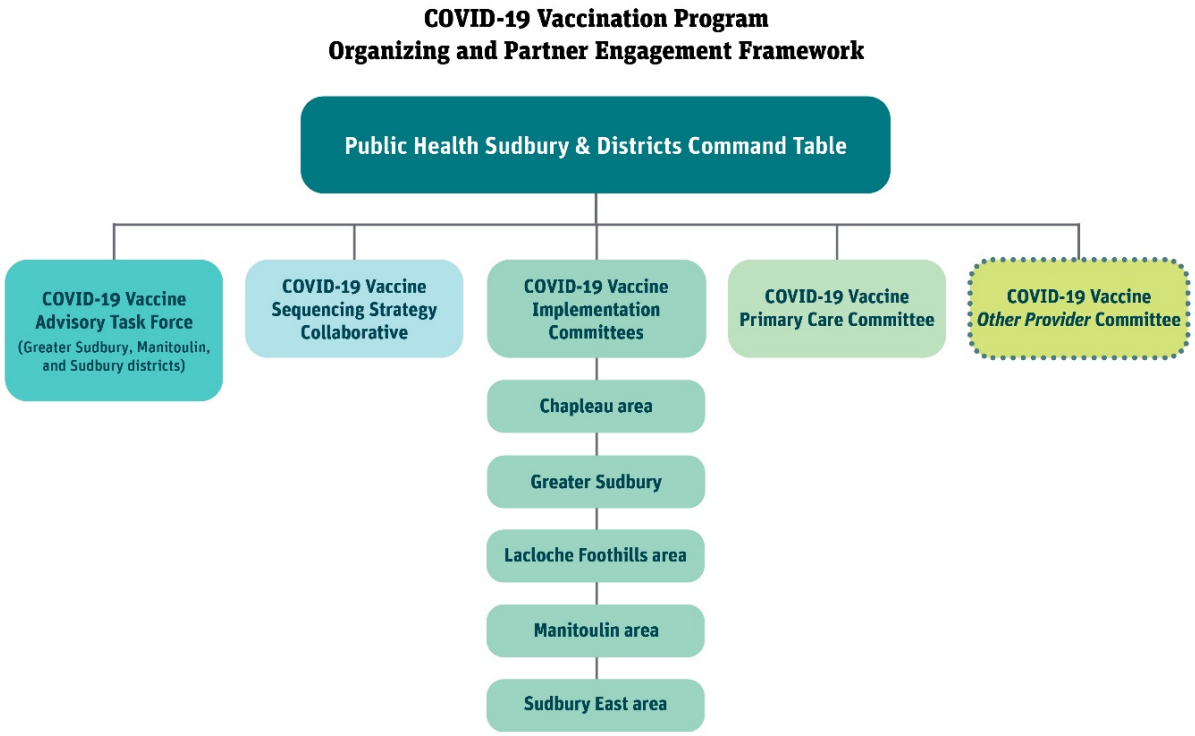
The Vaccine Implementation Committees are to be established for the five geographic clusters within Public Health Sudbury & Districts' service area. This committee structure recognizes that while adherence to core elements of the vaccination program is required (e.g. sequencing of priority groups, vaccine storage and handling, COVID-safe measures, key communications), actual implementation will look different across our region. Health system capacity, vaccine availability, administrative supports, population density, and community infrastructure are all characteristics that will impact on how vaccines are most effectively delivered across the region. A *COVID-19 Vaccine Implementation Template* is developed to facilitate this work (Appendix 2). Membership includes representation from groups responsible for the actual vaccination clinics and venues (e.g. Public Health, Indigenous partners and First Nation communities, municipal sector representatives, health care providers, buildings and support facilities, and communications).

The Vaccine Primary Care Committee ensures coordinated primary care engagement in the Vaccination Program with clinician representation from across Public Health Sudbury & Districts' service area.

The Vaccine *Other Provider* Committee is a placeholder to recognize that other committees may need to be established to ensure coordination of the work of other providers (e.g. Community Paramedicine, pharmacies) if not well captured in other structures.

The *Vaccination Program Organizing and Partner Engagement Framework* terms of reference for the respective committees can be found in Appendix 3. The *Principles for Decision-Making* (Appendix 4) includes prompts for considering health equity to help guide this work.

Figure 2:



COVID-19 Vaccination Program At-a-Glance

Per *Ontario's Vaccine Distribution Implementation Plan* (Government of Ontario, PDF), the Playbook 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 Playbook is used as per Ontario's prioritization of vaccine distribution.

- 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), Public Health Sudbury & Districts' 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 Public Health Sudbury & Districts service area: mass clinics (led by Public Health), mobile clinics (vaccination clinics in specific settings where people live or congregate, such are long-term care homes, retirement homes, shelters, etc.), and practice clinics (e.g. primary care, pharmacies).

The At-a-Glance plan describes the vaccination scenarios designed to achieve 75% vaccine coverage of the population according to priority sequence and projected vaccine availability. It maps out the **locations**, **approaches**, and **providers**, against the vaccine recipients in each priority population. This then permits Public Health to plan for the required human resources and partnerships to actually administer the vaccine in the Public Health Sudbury & Districts' service area.

The vaccination program At-a-Glance is based on the three **phases** described above and situates the **approaches** within these phases. The figure below describes the overall vaccination program which is further detailed in Appendix 5. Appendix 5 incorporates planning assumptions described in the Operations section of this Playbook and includes the following detailed tables:

- Estimated priority populations and COVID-19 vaccine doses required;
- Public Health Sudbury and Districts' target vaccination coverage rate by estimated priority population and doses required per week to achieve this target;

- Possible vaccination staffing scenarios by vaccination approach; and
- Estimated sequencing of vaccination by phase, if vaccines were available in required quantities.

The planning details were developed based on a number of local planning assumptions and estimates as well the latest provincial COVID-19 Vaccination Update (Government of Ontario). While the scenarios are therefore subject to change as new guidance and information is available, they provide helpful guidance for the use of Implementation Committees in their planning.

Figure 3:

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

January 2021

Phase	Phase 1						Phase 2						Phase 3
Priority populations	**1718** (LTCH) **756** (RH) Congregate living for seniors – residents[1]	**3415** (LTCH) **457** (RH) Congregate living for seniors – staff[2]	**8849** Health care workers[3]	**6158** On–reserve Indigenous populations[4]	**17 887** Urban Indigenous populations / off reserve[5]	**2446** Chronic home care recipients[6]	**34 416** Essential workers[7]	**15 682** (75+) **40 466** (60-74) Adults 75 + yrs 60-74 yrs[8]	**1296** Other congregate settings – staff & residents[9]	**15 602** At-risk populations[10]	**18 338** Remaining adults 16-59[11]		Remaining eligible populations
Locations	Facility	Facility	Community Facility	First Nation (TBD)	Community Facility Practice setting	Home	Community Practice setting	Community Practice setting	Community Facility Practice setting	Community Facility Practice setting	Community Practice setting		Community Practice setting
Approaches[12]	Mobile clinic	Mobile clinic	Mass clinic Mobile clinic	Mass clinic Mobile clinic	Mass clinic Mobile clinic	Mobile clinic	Mass clinic Practice clinic	Mass clinic Practice clinic	Mass clinic Mobile 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	Community Paramedicine Primary care	Public Health Community Paramedicine Primary care	Community Paramedicine Primary care Ontario Health	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 August						September and ongoing
Areas	Chapleau, Greater Sudbury, Lacloche Foothills, Manitoulin Island, Sudbury East.												
Target	Achieve a coverage rate of 75% of those eligible for vaccine by the provincially prescribed timelines.												

[1]Source: PHSD LTCH/RH Targeted surveillance summer 2020
[2]Source: PHSD LTCH/RH Targeted surveillance summer 2020
[3]Health Data Branch Web Portal, Healthcare Indicator Tool (HIT). Unit Producing Personnel (UPP) FTE. Hospitals, CCAC, Community Mental Health & Addictions, Community Support Services available for NE LHIN only. Adjusted for PHSD population and 2:1 FT:PT ratio per NE LHIN "Health Human Resources: today's Northeastern Ontario Landscape and a Forecast for Transformation-Related Capacity, Dec 2014. Data from Health Profession Database (HPDB), 2011 submission. Minus LTCH/RH staff
[4]Indigenous and Northern Affairs Canada, First Nation Profiles, Registered Population 2020, living on reserve
[5]Indigenous and Northern Affairs Canada, First Nation Profiles, Registered Population 2020, living on reserve minus 2016 census Aboriginal Identity
[6]Per NE LHIN/OH-North CCM sheets
[7]2016 Census NOC Health; Education, law and social, community and government services; Trades, transport and equipment operator and related; Natural resources, agriculture and related production; Manufacturing and utilities. Minus Health Care Workers
[8]2021 population projections MOHLTC IntelliHealth minus LTC/RH residents
[9]PHSD Vaccines_Congregate_Settings_List_2021-01-07 based on maximum capacity
[10]OHT Health Profile Groups, Sudbury & districts major chronic diseases, major mental health, major cancer and other cancers. Minus Chronic Care Recipients.
[11]2021 population projection 16+ 167 486 minus all previously estimated cells.
[12]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).

Logistics: Vaccine management and distribution

Public Health Sudbury & Districts recognizes the criticality of correct 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* (Ontario Ministry of Health, PDF).

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

Public Health Sudbury & Districts meets the following vaccine storage and temperature monitoring requirements:

- *Use purpose-built or pharmaceutical-grade equipment to store vaccines.* Public Health Sudbury & Districts is not currently responsible for storage of the Pfizer-BioNtech vaccine. Public Health Sudbury & Districts has two -40ºC freezers; one will be the primary freezer for applicable vaccines with the needed monitoring approaches and the second will be a back-up freezer to mitigate against main freezer failure.
- *Set-up temperature monitoring devices.* Monitoring includes temperature range surveillance, out of range alarms, and low battery alarms. Public Health Sudbury & Districts monitors temperatures through a live system. A temperature gauge will be used to monitor minimum and maximum temperature ranges over a 24/7 period.
- *Ensure uninterrupted power supply.* Public Health Sudbury & Districts has an uninterrupted power supply for its freezers.
- *Conduct regular maintenance of storage units and temperature monitoring devices.* Public Health Sudbury & Districts has a regular maintenance schedule for storage units. Maintenance of temperature monitoring devices is conducted by an external provider.

- *Identify alternate storage if primary unit(s) cannot be repaired or replaced*. Public Health Sudbury & Districts has a back-up freezer, if needed. Partnerships are also in place for vaccine storage and monitoring as an alternative option.

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

- Public Health Sudbury & Districts 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 rooms with security camera monitoring.

Processes for handling and storing vaccines has been established consistent with manufacturer requirements.

Inventory and distribution systems

Public Health Sudbury & Districts has an established supplies inventory system that provides thresholds and automated notifications ensuring inventory levels are maintained. Supply thresholds will be adjusted to support this vaccination program. The system provides reporting functionality for continuous supply management.

Public Health Sudbury & Districts also has a robust vaccine delivery system for current influenza vaccine and many 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.

Public Health Sudbury & Districts 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.

Public Health Sudbury & Districts has compiled an inventory of staff skills and has hired casual nurses to support the vaccination program. With this, we currently have a pool of 61 available nursing staff 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. Further, if available vaccine supplies increase, timelines become shorter, or COVID-19 case and contact management work escalates, more capacity will be required. In anticipation of these needs, the following work is underway:

- Post-secondary nursing students have been contacted for placements
- Retired nurses are being sought for onboarding
- The opportunity for medical learners is being explored
- Response assistants are being recruited and trained to support check-in and check-out roles

The measures above are in addition to engaging with facility health care providers, primary care, community paramedics, and pharmacies.

Call centre staff from Public Health are also available to support the vaccination program. Support from the City of Greater Sudbury 311 Call Centre is also being explored. Further, recruitment of volunteers to support vaccination clinic logistics is underway.

Transportation of clients

Transportation is an issue for many northerners and a comprehensive vaccination program must consider thoughtful strategies to meet clients' needs.

Existing formal and informal networks of patient and client transportation will be leveraged to ensure transportation is not a barrier to vaccine access. Local municipalities and volunteer groups are essential to addressing this issue.

The City of Greater Sudbury is exploring free transportation for community members to help ensure equitable access to the COVID-19 vaccine. Additional discussions are to occur with district partners to address transportation.

Sites for mass vaccination clinics

Public health-led vaccination clinics will occur in various sites 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. Public Health Sudbury & Districts is working with partners to match sites with these factors to enable rapid decision-making and ramp-up once details are known, enabling local action. Public Health is currently assessing various community locations. Potential locations are listed in Appendix 6. Public Health's close linkages with local municipalities and other service providers and workplaces will be leveraged to secure sites as was done for the early years of the *Universal Influenza Immunization Program*.

Proposed vaccination clinic locations will be assessed based on a number of factors including:

- accessibility
- physical distancing
- chairs and tables on-site
- two or more entrances/exits
- janitorial services
- geography
- large open area
- electrical outlets
- temperature control in room
- snowplowing (if applicable)
- safety
- indoor waiting area
- Wi-Fi connection
- washroom facilities
- waste disposal
- security
- privacy
- parking
- space for staff (breaks/lunches)
- ventilation

Information technology (IT)

Provincial IT supports include COVax, a vaccination system that tracks vaccinations provided to clients. In some instances, hospital sites are being provided a *clinic in a box.* The Ministry of Health will provide IT support (Accenture team or other Ministry IT support) for hospital sites for the first week of implementation. Following the first week, all clinics will have access to a provincial service desk for IT support if required.

IT considerations:

- on-site IT structures and protocols in place
- local on-site IT support is available to support as required
- client booking system established
- staff scheduling system is being explored

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. Public Health Sudbury & Districts contracts security services and ensures 24/7 security is available when required.

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

- security plans for site-specific and clinic operations
- emergency protocols identified and mitigation strategies established
- dry runs completed at clinic sites and planning for unknown incidents
- alarms on freezers and generator or back up power
- security guard presence (venue dependent)
- freezer(s) capacity testing: two to seven days of stability data

Contingency planning

Public Health Sudbury & Districts will use the existing Emergency Planning and Business Continuity plans as a baseline for consistent delivery of vaccinations. The plans will be regularly reviewed and updated by the Logistics and Operations Chiefs to ensure they continue to encompass current and emerging concens (e.g. seasonal weather, security issues, access issues, etc.) and evolving logistical factors (e.g. vaccine supply, internet access, etc.).

Continuity of operations includes:

- A vaccine storage and handling contingency checklist, to be used in the event of a power outage, electrical disruption or refrigerator/freezer malfunction
- Backup vaccine freezers/refrigerators will be identified, and transport processes in place to safeguard vaccine supply against emergencies
- A plan for "surge capacity" staffing, or over-staffing, to address unexpected staff
- absences;this includes systems to cancel clinics and notify clients
- Alternate locations will be determined in advance to mitigate the risks associated with emergencies whereby space cannot be used
- Protocols for emergencies, security and communication will be developed in the form of a "security plan tool box" for each vaccination clinic site with checklists and site-specific emergency plans

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.).

Staffing

Staffing needs are based on the following assumptions:

- Clinics will operate from 9 a.m. to 7 p.m., seven days per week
- Staffing assumptions are based on the goal of 14 vaccinations per hour
- Clinic staffing, throughput capacity, and setup will be dependent on venue and vaccine availability
- On average, mass vaccination clinics will host:

- two (2) public health nurses (PHN) as clinic leads
- twenty (20) immunizers (combination of temporary, casual, and full-time PHNs, community paramedics, and/or nursing and medical students)
- fifteen (15) response assistants to support greeting and check in
- eight (8) response assistants to support check out

Vaccination appointment scheduling

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.

Clinic process

The goal for mass vaccination clinics is 14 vaccinations per hour, or one vaccination per every 4.3 minutes. Clinics will be planned to ensure a seamless process, including flow and distancing.

Community Mass Vaccination Clinics

The scenarios below are estimates based on the following:

- clinics are open from 9 a.m. to 7 p.m.
- vaccines are preloaded
- consent forms are completed prior to arriving at vaccination station
- uninterupted flow of clients
- operating with a float staff immunizer

Table 2: Summary Scenarios by Estimated Vaccinations / hr Over a 10 hr Day

Immunizers Required	10 vaccinations / hr x 10 hrs = 100 vaccinations / day	12 vaccinations / hr x 10 hrs = 120 vaccinations / day	14 vaccinations / hr x 10 hrs = 120 vaccinations / day
For 1000 Vaccinations / Clinic Day	10	9	8
For 750 Vaccinations / Clinic Day	8	7	6

For 500 Vaccinations / Clinic Day	5	5	4
For 250 Vaccinations / Clinic Day	3	3	2

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

A general process map is found in Appendix 7 and as well as two models of a vaccine floor plans in Appendix 8.

Roles

Vaccination clinic roles

Each vaccination clinic will include staff listed below and further described in Appendix 9. Required rolls include clinical and administrative staff. The number of required staff will be dependent on venue and vaccine availability.

Table 3:

Clinical roles	Administrative and supportive roles
> clinic lead > greeter (response assistants) > check-in (response assistants) > immunizer (PHNs, Community Paramedicine, student nurses) > monitor (PHNs or Community Paramedicine) > check-out (response assistants) > runner (response assistants or volunteers)	> booking and scheduling (office assistant or intake staff) > staff scheduling (administrative assistant) > information technologist > security (contracted) > waste collection (contracted)

Training and orientation

Role-specific training and orientation will be provided by public health managers, with support from the Chief Nursing Officer, 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 and as needed, starting in January 2021. Completion of each session will be dependent on module progress, knowledge of the key concepts, and comfort with assigned roles. Details related to specific staffing roles and training and orientation are in Appendix 10. Additionally, see staffing scope of practice for implementation of COVID-19 vaccine (Appendix 11).

Communications and engagement

Context

Public Health Sudbury & Districts' COVID-19 vaccination program communications approach will align with the phases of the provincial vaccination program and will be reflected throughout the entirety of vaccine deployment. Public Health has in-depth experience in traditional and non-traditional media, and relevant to this program, is a trusted source of information on COVID-19 and on vaccination in general. The need for constant communication and engagement with all stakeholders and the general public is key to building and establishing trust and encouraging vaccine uptake.

This section describes the communications strategy and approach to informing residents in Greater Sudbury and the districts of Sudbury and Manitoulin. The strategy will be deployed throughout the implementation of the vaccine program and will include internal and external communication tactics.

Communications objectives

1. Setting the stage for vaccine arrival
    a) outline the leadership and preparedness of local public health
    b) provide credible information on the COVID-19 vaccines and who is eligible
    c) raise awareness of vaccine safety and efficacy
2. Vaccine readiness
    d) identify and address barriers leading to vaccine hesitancy
    e) communicate benefits to receiving a vaccine
    f) address misinformation
3. Vaccine rollout
    g) foster trust: demonstrate to the public how Public Health Sudbury & Districts will effectively deploy the vaccine
    h) communicate information on the administration of the vaccine
4. Ongoing transparency and accountability
    i) communicate timely information
    j) report back on local vaccine data and uptake

Setting the stage for vaccine arrival

In anticipation of the vaccine, 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. Messaging will be tailored to communities and target populations as required.

Communications regarding the vaccine will follow important guiding principles. Public Health Sudbury & Districts will:

1. Put provincial and federal information into a local context.
2. Address rumours and misconceptions in a timely manner.
3. Be transparent and proactive in its communications to residents.
4. Consider diversity and inclusion in its communications.
5. Communicate in both official languages.
6. Coordinate with partner organizations to create communications that better serve residents.

Vaccine readiness

Environmental analysis

Public Health Sudbury & Districts has conducted situational assessments to inform our agency's work in this context and allow us to provide our community partners and decision-makers the best advice possible, both during the response and into the future. Gathering information from residents and stakeholders in our service area through surveys, staff engagement sessions, and call centre and social media themes are important to inform these situational assessments.

To date, over 10 COVID-19 themes surveys have been administered of residents aged 16+. Our most recent surveys have focused on safe COVID-19 practices and vaccine readiness.

Local perceptions and frequently asked questions are also collated and themed based on call centre inquiries and messages or comments received through social media.

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). Approaches should be sensitive and supportive given this context.

Local communication approach

Rolling out a broad campaign to encourage residents to get vaccinated will include spokespeople and campaign materials to deliver key messages in a way that strikes the right balance between simultaneous—yet sometimes conflicting—truths. Messaging will address the various stages of change to encourage vaccine uptake.

Ongoing public education and timely response to inquiries will continue to through a variety of communication media including Public Health Sudbury & Districts' website and social media channels. Key messages will guide communication plans and speaking points. Continuous monitoring of the local context and public feedback (from partners, social channels, and call centre themes) will inform additional communication to ensure community needs are addressed.

The Public Health Sudbury & Districts' bilingual call centre customer services representatives will support local communication by responding to calls and email messages, addressing general inquiries, providing requests for information, such as immunization records, direct calls to the most appropriate contact, and inform the public about available website resources. Messages can be left after-hours on public health's answering machine; calls will be returned by customer service representatives as soon as possible.

Vaccine rollout

Communication planning is ongoing for an effective rollout of the COVID-19 vaccine, under the leadership of Public Health and in collaboration with key partners. Public Health will provide the community with relevant, practical, and timely information about the vaccines in advance of and throughout the vaccine rollout. Various tactics and mediums will be used to disseminate information to the public and community partners.

Noting that each vaccine clinic will have specific needs, each vaccine clinic will follow their own specific communications plan to ensure that the information communicated to the public is accurate, timely, and relevant.

Ongoing 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. Communication strategies will include ongoing updates through various communication methods such as social media updates and bulletins to community partners and members of the public. Local data on vaccine administration and uptake will also be presented as it becomes available.

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. This work will also be informed by monitoring of the corporate social media channels and through identified call centre themes. Staying up-to-date with emerging questions will help keep a finger on the pulse, help inform gaps of information, aid in informing decisions, and help improve our services.

The COVID-19 vaccination program communication plan outlines the communications strategy to be used by Public Health with respect to the local COVID-19 vaccine rollout and can be found in Appendix 12.

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

Throughout the COVID-19 vaccination program it will be required to collect data for various purposes. All data about vaccinations will be reported in accordance with Ministry of Health requirements. COVax will be the primary means of vaccine tracking. Training in COVax is currently underway..

For the purposes of this Playbook it is noted that it will be important to identify the methods to collect, manage, store, and transport data and to establish appropriate systems to support secure data management, based on jurisdictional legislative and policy requirements.

A sample preliminary list of data identified as essential by Public Health Sudbury & Districts is below. For each data set it will be critical to specify the data source, responsibility, storage, ethics considerations, and reporting purpose and destination.

- vaccine recipient list, priority populations
- consent forms
- number of people immunized
- number of scheduled appointments by volume, day, facility
- number of clinics, size of clinic
- continuous quality improvement (CQI): Standards of work, processes, utilization, queues, wait times, time per station
- number of people immunized: Dose, by volume, day, facility
- COVax requirements
- number of adverse reactions
- number of staff immunizing per person
- other metrics for monitoring operations: 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

The overall purpose of this evaluation will be to understand Public Health Sudbury & Districts' COVID-19 vaccination program planning and implementation with respect to the efficiency and effectiveness of processes and the impact of the vaccination program. This will include an exploration of what worked well, what worked less well, and what could be improved in planning for, and responding to, further evolution of the COVID-19 pandemic and/or future pandemics. An overview of the key focus areas and questions that will guide the evaluation are presented in the Table below, along with proposed data sources.

Evaluation framework

Table 4:

Focus area	Evaluation questions	Data sources
Process: Implementation—vaccine logistics and operations (all sites)	What was the efficiency and the effectiveness of the vaccine administration process?	> COVaxON > Tracking data: human resources, procurement, communications > Infection Prevention and Control (IPAC) and Occupational Health & Safety (OH&S) Surveys: > general public, targeted populations > clinic clients > planning and implementation teams > support teams
Outcome: Vaccine uptake	What was the uptake of the vaccine in the local population and what factors influenced vaccine uptake?	> COVaxON Surveys: > general public, targeted populations > clinic clients > planning and implementation teams > Tracking data
Process and outcome: Leadership and partnership collaboration	What was the effectiveness and efficiency of the leadership and partnership collaboration?	> COVaxON Surveys: > planning and implementation teams > support teams
Process and Outcome: Communications and engagement	What was the effectiveness and efficiency of communications and engagement efforts?	> Communications metrics > Surveys: > general public, targeted populations
Priority populations / Health equity	How equitable was the vaccination program?	> COVaxON Surveys: > general public, targeted populations > clinic clients > planning and implementation teams

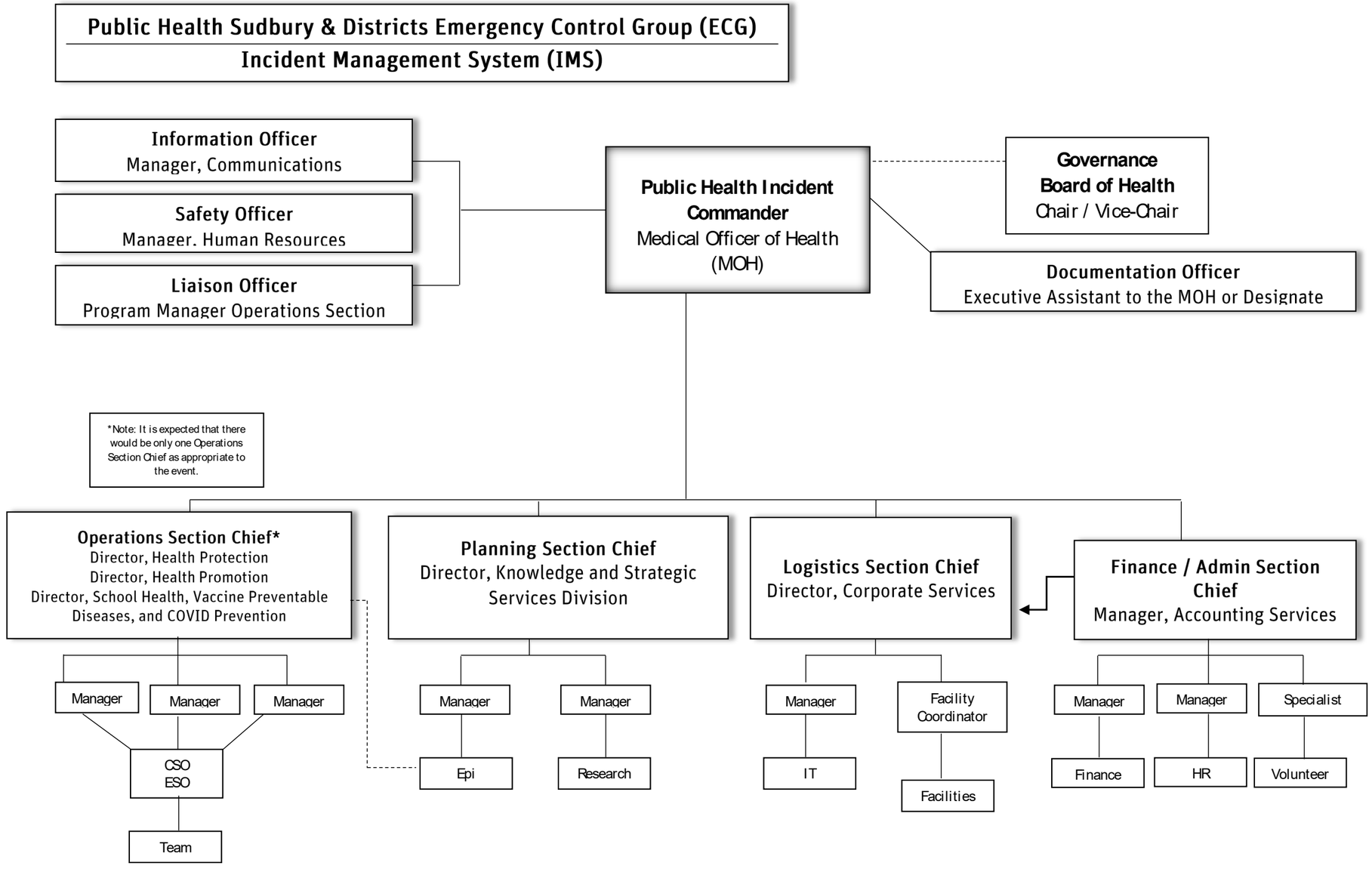
Concluding statements

Planning for the implementation of the COVID-19 vaccination program within the Sudbury & Districts' 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 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 Playbook 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 1: Public Health Incident Management Structure



Appendix 2: Public Health Sudbury & Districts COVID-19 vaccination implementation template

Description of clinic being planned for (e.g. geographic location, priority population, approach, etc.):

Date:

Elements/Domains	Goals – Important Considerations	Identified Gaps	Proposed Actions to Fill Gaps	Supports Needed	Anticipated Date for Completion	Status	Items Complete	Items Outstanding
Staffing - Health Human Resources	> number of immunizers > identify pool of immunizers > list of staff who can support vaccination clinic (e.g. registration, runner, recovery > monitoring staff, parking > staff and security, > cleaning staff, volunteers > etc.) > contingency staff in the event of illness *Once number of immunizers and clinic size known, this will allow estimation of rate of vaccinations/hr. etc.							
Staff Training	> list of staff who will be available for training > who will be responsible for training staff > format of training (e.g. module and hands on training)							

Elements/Domains	Goals – Important Considerations	Identified Gaps	Proposed Actions to Fill Gaps	Supports Needed	Anticipated Date for Completion	Status	Items Complete	Items Outstanding

Vaccine Storage and Cold Chain	> Vaccine storage and temperature monitoring:
	  > temperature monitoring devices
	  > uninterrupted power supply
	  > regular maintenance of storage units and temperature monitoring devices
	  > identification of alternate storage, if primary unit cannot be repaired or replaced
	> Distribution
	> Transportation to site/clinics							

Location Sites for Vaccination Clinics	> number of potential clinic sites > dates of availability > hours of operation > number of days per week > weekend availability > adequate space to allow for recovery after vaccination while adhering to physical distancing > adequate caretaker staff and cleaning supplies > adequate space for registration > adequate parking > washroom facilities > internet connectivity							
Transportation of Clients	> transportation of clients to vaccination clinics, if appropriate (i.e. equitable access for priority populations)							
Vaccination Clinic Supplies	> adequate supplies of PPE for staff > masks for clients who are unable to afford them > hand sanitizer for vaccine clinic staff and clients > adequate supplies of vaccination equipment (e.g. syringes, needles, alcohol swabs, cotton etc.) > monitoring of inventory							
Information Technology (IT), Tracking, Documentation, and Monitoring	> client and staff scheduling systems > onsite and remote IT support > training on and access to COVax > paper documentation system in the event of IT failure							

Elements/Domains	Goals – Important Considerations	Identified Gaps	Proposed Actions to Fill Gaps	Supports Needed	Anticipated Date for Completion	Status	Items Complete	Items Outstanding
Safety and Security	> 24/7 security personnel onsite > number of security personnel needed for clinic operations and to safeguard vaccine > where will security be sourced > contingency security personnel identified in event of illness etc. > generator/back-up power > planning for unknown incidents							
Communication Materials	> internal communications with staff > external communications with the public							
Vaccine Implementation Materials	**Preclinic Preparation:** > scheduling instructions > self-screening questions > education & consent **Clinic Day:** > in clinic signage & communications > departure message and second dose communications **Post-Clinic Communications:** > automatic emails > (FAQs) reminder & confirmations							
Finance	> adequate financial resources to support implementation of vaccination clinic							
IPAC	> identified IPAC lead > training of staff on appropriate IPAC clinic measures > checklist to monitor adherence to IPAC measures							

Appendix 3: Vaccination Program Organizing and Partner Engagement Framework Terms of Reference

COVID-19 Vaccine Advisory Task Force – Greater Sudbury, and the districts of Sudbury and Manitoulin

TERMS OF REFERENCE
O: January 2021

As a local public health agency with responsibilities under the Ontario Public Health Standards for immunization and infectious and communicable disease control, Public Health Sudbury & Districts has the overall responsibility for the unprecedented COVID-19 Vaccination Program. This responsibility is executed in close collaboration with others in health care and non-health care sectors.

The work of the COVID-19 Vaccine Advisory Task Force for Greater Sudbury, and the districts of Sudbury and Manitoulin will be informed by the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook which provides the essential pillars/overarching framework for the development of geographic and sector-specific implementation plans to outline a coordinated approach for vaccine program. This monumental collective effort will ensure that the overall objectives of the Public Health Sudbury & Districts COVID-19 Vaccination Program are achieved. These objectives include:

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.

Purpose

To advise Public Health Sudbury & Districts on the planning and coordination of the COVID-19 Vaccination Program for the population across the Public Health Sudbury & Districts catchment area.

Planning Assumptions

The COVID-19 vaccine environment is very dynamic with many key elements either yet not known or rapidly evolving. Assumptions are therefore required to make planning possible. Refer to the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook for the current planning assumptions. As the assumptions are confirmed or otherwise stated, the Playbook will be adapted OR updated.

Advisory Task Force Objectives

1. To advise Public Health Sudbury & Districts Command Table on key operational aspects of the COVID-19 Vaccination Program.
2. To identify opportunities and risks for the implementation of the Vaccination Program.
3. To identify and assist in mobilizing resources and creative solutions to manage risks and leverage opportunities for the Vaccination Program.
4. To support the identification of and engagement with priority populations for the Vaccination Program.
5. To facilitate coordinated communication with all stakeholders involved in with the Vaccination Program.
6. To liaise with Vaccine Implementation Committees, as appropriate.

Reporting Relationship

The COVID-19 Vaccine Advisory Task Force (Advisory Task Force) is advisory to the Public Health Sudbury & Districts COVID-19 Vaccine Command Table.

Advisory Task Force Membership

The Advisory Task Force will consist of representation from each of the following sectors, and membership will not exceed 20. Initial membership will be upon invitation from Public Health Sudbury & Districts and will ensure representation from across the service area.

- Public Health Sudbury & Districts
- Acute care
- Long Term Care Homes/Retirement Homes

- Congregate settings
- Municipal
- Paramedic Services
- Manitoulin-Sudbury District Services Board
- Ontario Health
- Indigenous Service Agency/Partner
- Primary Care
- Pharmacy
- Police Services

Advisory Task Force Member's Responsibilities

- To actively participate in meeting the Advisory Task Force objectives.
- To carry out the objectives outlined within the Terms of Reference.
- To participate in the Advisory Task Force's meetings and complete assigned tasks.
- To seek input from, and relay information to, their respective sectors, including their own organizations and relevant tables.
- To work in a respectful, professional, collaborative, consensual and empowering manner and recognize and respect the diversity of opinions
- To make every reasonable effort to ensure the effective, meaningful and fair participation of all members.
- To keep confidential any issues or materials indicated as such by the Chair.

Proceedings

Chairperson

- Medical Officer of Health is initial Chairperson, transitioning to a Member upon consensus among the Members.

Role of Chair

The Chairperson will:

- Coordinate and chair meetings
- Hold meetings at a location convenient for all committee members
- Disseminate all materials relevant to meetings (given dynamic circumstances, these may be just-in-time receipt)
- Indicate if any materials or issues are to be handled in a confidential manner

- Retain official committee documents, including but not limited to agendas, minutes and correspondence (PHSD responsibility)
- Forwards reports, minutes, recommendations and supporting documentation from the Advisory Task Force in writing to the COVID-19 Vaccine Command Table.

Role of the Recorder

- A recorder appointed by Public Health Sudbury & Districts will track key decisions and meeting action items and assist the Co-Chairs in follow up as applicable.

Frequency and Duration of Meetings

- Meeting Frequency: Bi-weekly or at the call of the chair and depending on the stage of the vaccination program development and operationalization.
- Duration: 1 hour or determined by chair
- Commencement date: the third 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 Advisory Task Force members.
- Meeting schedule/dates to be mutually agreed upon by the Advisory Task Force members.
- Meetings will be held virtually.

Quorum

Quorum is met when at least 50% of members are present.

Date Committee Formed

January ##, 2021

COVID-19 Vaccine Sequencing Strategy Collaborative - Greater Sudbury, and the districts of Sudbury and Manitoulin

TERMS OF REFERENCE

O: January ##, 2021

As a local public health agency with responsibilities under the Ontario Public Health Standards for immunization and infectious and communicable disease control, Public Health Sudbury & Districts has the overall responsibility for the unprecedented COVID-19 Vaccination Program. This responsibility is executed in close collaboration with others in health care and non-health care sectors.

The work of the COVID-19 Vaccine Sequencing Strategy Collaborative for Greater Sudbury and the districts of Sudbury and Manitoulin will be informed by the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook which provides the essential pillars/overarching framework for the development of geographic and sector-specific implementation plans to outline a coordinated approach for vaccine program. This monumental collective effort will ensure that the overall objectives of the Public Health Sudbury & Districts COVID-19 Vaccination Program are achieved. These objectives include:

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.

Purpose

To provide recommendations to the Public Health Sudbury & Districts COVID-19 Vaccine Command Table on the vaccine sequencing of populations or groups of individuals across the Public Health Sudbury & Districts service area in alignment with the broader vaccine priority groupings as determined by the province.

Planning Assumptions

The COVID-19 vaccine environment is very dynamic with many key elements either yet not known or rapidly evolving. Assumptions are therefore required to make planning possible. Refer to the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook for the current planning assumptions. As the assumptions are confirmed or otherwise stated, the Playbook will be updated.

COVID-19 Vaccine Sequencing Collaborative Objectives

1. To ensure recommendations:
    - Align with provincial directions and guidance including the Ethical Framework for COVID-19 Vaccination Distribution to promote consistency, stewardship, accountability and public trust.
    - Use the National Advisory Committee on Immunization EEFA Framework to systematically consider local programmatic factors including ethics, equity, feasibility and acceptability.
    - Are informed by expert opinion including members from diverse population groups disproportionately impacted by COVID-19.
    - Support an effective and expeditious vaccination strategy.
2. Maintain an awareness of changes to provincial guidance regarding the sequence of populations to be vaccinated.
3. Routinely monitor prioritization-related operational issues and work collaboratively with the Public Health Sudbury & Districts COVID-19 Vaccine Command Table and other health system partners to problem solve issues accordingly. Ensure urgent issues are escalated to the Command Table.
4. Support knowledge transfer and information sharing concerning sequencing with neighbouring health units in Northeastern Ontario and, secondarily, other health units across the province.
5. Provide recommendations to the COVID-19 Vaccine Command Table on outreach activities to maximize participation of groups that are sequenced before other populations/groups and advise of access barriers that may prevent a population/group from being vaccinated before other populations/groups.
6. Provide advice on data collection as it relates to monitoring of progress of vaccination in sequential groups for planning purposes.

Reporting Relationship

The COVID-19 Vaccine Sequencing Strategy Collaborative (Vaccine Sequencing Collaborative) reports to the Public Health Sudbury & Districts COVID-19 Vaccine Command Table through the Co-Chairs.

Vaccine Sequencing Collaborative Membership

The COVID-19 Vaccine Sequencing Strategy Collaborative will consist of representation from each of the following sectors, and membership will not exceed 20. Initial membership will be upon invitation from Public Health Sudbury & Districts. Membership should also include a mix of rural and urban representatives.

- Public Health Sudbury & Districts
- Diverse community representation including a minimum of at least one representative from:
    1. Indigenous; First Nations
    2. French language speaking community
    3. Newcomers to Canada
    4. Older adults
    5. African, Carribean, Black Community
    6. Inuit
    7. Homelessness/shelters/housing
- Administrative and clinical leadership from key health sectors including a minimum of one representative from:
    1. Acute care/hospitals
    2. Mental health and addictions
    3. Primary care
    4. Patient/family/caregiver
    5. Home care
- A bioethicist (may be on a consultation basis pending availability)
- Other(s) as identified

Vaccine Sequencing Strategy Collaborative's Responsibilities and Guiding Principles

- To actively participate in meeting the Vaccine Sequencing Collaborative's objectives.
- To carry out the objectives outlined within the Terms of Reference.

- To participate in the Vaccine Sequencing Collaborative meetings and complete assigned tasks.
- Members will be expected to seek input from, and relay information to, their respective sectors, including their own organizations and relevant tables.
- Members will work in a respectful, professional, collaborative, consensual and empowering manner and recognize and respect the diversity of opinions
- Members will make every reasonable effort to ensure the effective, meaningful and fair participation of all members.
- To seek input from, and relay information to, their respective sectors, including their own organizations and relevant tables.
- To work in a respectful, professional, collaborative, consensual and empowering manner and recognize and respect the diversity of opinions
- To make every reasonable effort to ensure the effective, meaningful and fair participation of all members.
- To keep confidential any issues or materials indicated as such by the Chair

Proceedings

Co-Chairs

- The Collaborative will be a co-chair model, including leadership from Public Health Sudbury & Districts and a representative from the membership as supported by the Committee.

Role of Co-Chairs

The Co-Chairs will share responsibility for the following:

- Coordinate and chair meetings
- Hold meetings at a location convenient for all committee members
- Disseminate all materials relevant to meetings (given dynamic circumstances, these may be just-in-time receipt)
- Indicate if any materials or issues are to be handled in a confidential manner
- Retain official committee documents, including but not limited to agendas, minutes and correspondence (PHSD responsibility)
- Forwards reports, minutes, recommendations and supporting documentation from the Sequencing Strategy Collaborative in writing to the COVID-19 Vaccine Command Table.

Role of the Recorder

A recorder appointed by Public Health Sudbury & Districts will track key decisions and meeting action items and assist the Co-Chairs in follow up as applicable.

Frequency and Duration of Meetings

- The Task Force will meet initially 1-2 times per week. If needs emerge between meetings, the co-chairs will reach out to the group between meetings for an ad-hoc meeting, or work with specific members in the interim, with a report-back to the broader group.
- Duration: **1 hour** or determined by chair
- Meeting schedule/dates to be mutually agreed upon by the Sequencing Strategy Collaborative members.
- Meetings will be held virtually.

Quorum

Quorum is met when at least 50% of members are present.

Date Committee Formed

January ##, 2021

COVID-19 Vaccine Implementation Committee – "GEOGRAPHY"

TERMS OF REFERENCE

O: January 2021

As a local public health agency with responsibilities under the Ontario Public Health Standards for immunization and infectious and communicable disease control, Public Health Sudbury & Districts has the overall responsibility for the unprecedented COVID-19 Vaccination Program. This responsibility is executed in close collaboration with others in health care and non-health care sectors.

The work of the COVID-19 Vaccine Implementation Committee for "GEOGRAPHY" will be informed by the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook which provides the essential pillars/overarching framework for the development of geographic and sector-specific implementation plans to outline a coordinated approach for vaccine program. This monumental collective effort will ensure that the overall objectives of the Public Health Sudbury & Districts COVID-19 Vaccination Program are achieved. These objectives include:

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.

Purpose

To ensure the implementation of the Public Health Sudbury & Districts Vaccination Program in the specified geographic area.

The Vaccine Implementation Committees are established for the five geographic clusters within Public Health Sudbury & Districts. This committee structure recognizes that while adherence to core elements of the Vaccination Program is required (e.g. sequencing of priority groups, vaccine storage and handling, COVID-safe measures, key communications, etc.), actual implementation will look different across the region. Health system capacity, vaccine availability, administrative supports, population density, and community infrastructure are all characteristics that will impact on how vaccines are most effectively delivered across the region.

COVID-19 Vaccine Implementation Committees are to be established in the following geographic areas:

- Chapleau
- Greater Sudbury
- Lacloche Foothills
- Manitoulin Island
- Sudbury East

Planning Assumptions

The COVID-19 vaccine environment is very dynamic with many key elements either yet not known or rapidly evolving. Assumptions are therefore required to make planning possible. Refer to the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook for the current planning assumptions. As the assumptions are confirmed or otherwise stated, the Playbook will be adapted OR updated.

Vaccine Implementation Committee Objective

- To ensure the implementation of the Public Health Sudbury & Districts COVID-19 Vaccination Program within the specified geographic area and as authorized by the Command Table.

Reporting Relationship

Through the co-chairs, the COVID-19 Vaccine Implementation Committee reports to the Public Health Sudbury & Districts COVID-19 Vaccine Command Table.

Vaccine Implementation Committee Membership

The "GEOGRAPHY" Vaccine Implementation Committee will decide on membership as is appropriate to local circumstances. Representation from the following sectors, and others as appropriate, should be considered with a maximum membership of 20.

- Public Health Sudbury & Districts
- Municipal
- Indigenous partners/First Nation communities
- Health Care
- Buildings & Support / Facilities
- Communications / Media
- Private Sector

Vaccine Implementation Committee's Responsibilities

- To actively participate in meeting the Vaccine Implementation Committee's objectives.
- To carry out the objectives outlined within the Terms of Reference.
- To participate in the Vaccine Implementation Committee's meetings and complete assigned tasks.
- To facilitate coordinated communication with all stakeholders in "GEOGRAPHY"
- To liaise with the COVID-19 Vaccine Advisory Task Force, as appropriate.
- To seek input from, and relay information to, their respective sectors, including their own organizations and relevant tables.
- To work in a respectful, professional, collaborative, consensual and empowering manner and recognize and respect the diversity of opinions
- To make every reasonable effort to ensure the effective, meaningful and fair participation of all members.
- To keep confidential any issues or materials indicated as such by the Co-Chairs

Proceedings

Co-Chairs

- The Committee will be a co-chair model, including leadership from Public Health Sudbury & Districts and a partner agency representative as supported by the Committee.

Role of Co-Chairs

The Co-Chairs will share responsibility for the following:

- Coordinate and chair meetings
- Hold meetings at a location convenient for all committee members
- Disseminate all materials relevant to meetings (given dynamic circumstances, these may be just-in-time receipts)
- Indicate if any materials or issues are to be handled in a confidential manner
- Retain official committee documents, including but not limited to agendas, minutes and correspondence (PHSD responsibility)
- Forwards reports, minutes, recommendations and supporting documentation in writing from the Vaccine Implementation Committee to the Public Health Sudbury & Districts COVID-19 Vaccine Command Table.

Role of the Recorder

A recorder appointed by Public Health Sudbury & Districts will track key decisions and meeting action items and assist the Co-Chairs in follow up as applicable.

Frequency and Duration of Meetings

- Meeting Frequency: **weekly** or at the call of the Co-Chairs until the development of the operationalization plan for the Public Health Sudbury & Districts COVID-19 Vaccination Program is complete. Following this, meetings will take place monthly to monitor implementation of the COVID-19 Vaccination Program.
- Duration: **1 hour** or determined by chair
- Commencement date: the third 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 members.
- Meeting schedule/dates to be mutually agreed upon by the Vaccine Implementation Committee members.
- Meetings will be held virtually.

Quorum

Quorum is met when at least 50% of members are present.

Date Committee Formed

January ##, 2021

COVID-19 Vaccine Primary Care Committee Greater Sudbury, and the districts of Sudbury and Manitoulin

TERMS OF REFERENCE
O: January 11, 2021

As a local public health agency with responsibilities under the Ontario Public Health Standards for immunization and infectious and communicable disease control, Public Health Sudbury & Districts has the overall responsibility for the unprecedented COVID-19 Vaccination Program. This responsibility is executed in close collaboration with others in health care and non-health care sectors.

The work of the COVID-19 Vaccine Primary Care Committee for Greater Sudbury, and the districts of Sudbury and Manitoulin will be informed by the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook which provides the essential pillars/overarching framework for the development of geographic and sector-specific implementation plans to outline a coordinated approach for vaccine program. This monumental collective effort will ensure that the overall objectives of the Public Health Sudbury & Districts COVID-19 Vaccination Program are achieved. These objectives include:

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

Purpose

To provide input from a primary care perspective to inform the planning and coordination of the Public Health Sudbury & Districts COVID-19 Vaccination Program for the population across the Public Health Sudbury & Districts catchment area.

Planning Assumptions

The COVID-19 vaccine environment is very dynamic with many key elements either yet not known or rapidly evolving. Assumptions are therefore required to make planning possible. Refer to

the Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook for the current planning assumptions. As the assumptions are confirmed or otherwise stated, the Playbook will be adapted OR updated.

Primary Care Committee Objectives

- To ensure coordinated primary care engagement with the Public Health Sudbury & Districts COVID-19 Vaccination Program.
- To provide informed advice to Public Health Sudbury & Districts regarding primary care implementation of the COVID-19 Vaccination Program.
- To communicate with and seek feedback from respective practices.

Reporting Relationship

The COVID-19 Vaccine Primary Care Committee (Primary Care Committee) reports to the Public Health Sudbury & Districts COVID-19 Vaccine Command Table and members are accountable to their respective practices.

Primary Care Committee Membership

The Primary Care Committee will consist of representation from Primary Care across the region, including consideration of diversity of primary care practices, geographic locations, patient populations, and settings. Membership will be upon the recommendation of the Co-Chairs.

Primary Care Committee Member's Responsibilities and Guiding Principles

- To actively participate in meeting the Primary Care Committee's objectives.
- To carry out the objectives outlined within the Terms of Reference.
- To participate in the Primary Care Committee meetings and complete assigned tasks.
- To seek input from, and relay information to, their respective sectors, including their own organizations and relevant tables.
- To work in a respectful, professional, collaborative, consensual and empowering manner and recognize and respect the diversity of opinions
- To make every reasonable effort to ensure the effective, meaningful and fair participation of all members.
- To keep confidential any issues or materials indicated as such by the Co-Chairs.

Proceedings

Co-Chairs

- The Committee will be a co-chair model, including the Medical Officer of Health or delegate and a Primary Care Practitioner as supported by the Committee.

Role of Co-Chairs

The Co-Chairs will share responsibility for the following:

- Coordinate and chair meetings
- Disseminate all materials relevant to meetings (given dynamic circumstances, these may be just-in-time receipt)
- Indicate if any materials or issues are to be handled in a confidential manner
- Retain official committee documents, including but not limited to agendas, minutes and correspondence (PHSD responsibility)
- Forward reports, minutes, recommendations and supporting documentation from the Primary Care Committee in writing to the COVID-19 Vaccine Command Table.

Role of the Recorder

A recorder appointed by Public Health Sudbury & Districts will track key decisions and meeting action items and assist the Co-Chairs in follow up as applicable.

Frequency and Duration of Meetings

- Meetings are virtual and scheduled weekly on Fridays from 1:30 to 2:30 or earlier
- Meetings may be canceled with little notice if determined by the Co-Chairs that no meeting is necessary
- Additional meetings may be called at the discretion of the chair, or if there is an identified need to complete projects
- The Committee will cease operation when no longer needed to support the COVID-19 vaccination program as determined by the Co-Chairs

Quorum

Quorum is met when ten or more members are present.

Date Committee Formed

January 8, 2021

Appendix 4: Principles for decision-making

The planning for the rollout of the COVID-19 vaccination program is guided by key principles for decision-making, which provide the overarching framework for planning discussions and decision-making.

These principles are well aligned with Public Health Sudbury & Districts' *Strategic Plan: 2018–2022*, including:

1. Maximizing health opportunities for all
2. Ensuring alignment with agency values of humility, trust, and respect
3. Advancing our agency strategic priorities of:
   - Fostering health equity
   - Establishing meaningful relationships
   - Striving for ongoing excellence in practice
   - Advancing organizational commitment

Further principles for decision-making include:

- Appropriately engaging with partners, staff, and the Board of Health
- Making decisions based on best available evidence and ensuring that proposed actions are in line with government direction, the *Ontario Public Health Standards*, and legislative requirements
- Ensuring the Public Health COVID-19 vaccination program is aligned with the capacities of the broader health system and responsive to the local context
- Ensuring attention to quality assurance, transparency, and risk management

Prompts for considering health equity in COVID-19 response include:

1. Which groups or settings are likely to be disadvantaged in relation to an option being considered?
2. Are there anticipated differences in the relative effectiveness of an option for disadvantaged groups or settings? If yes, what are they?
3. Are there different baseline conditions across groups or settings such that the effectiveness of an option would be different, and/or the problem more or less important, for disadvantaged groups or settings? If yes, what are those conditions?
4. Are there factors that need to be considered when implementing an option to ensure inequities are not increased and, if possible, reduced? If yes, what are those factors? (NCCID, 2020)

Appendix 5: Scenarios vaccination distribution plan[3]

The scenarios outlined here describe: 1) Estimated priority populations by COVID-19 vaccine doses required and Public Health Sudbury & Districts' target vaccination coverage rate by estimated priority population and doses required per week to achieve this target; 2) Mock vaccination staffing scenarios by vaccination approach; and 3) Estimated sequencing of vaccination by phase, if vaccines were available in required quantities. These documents were created with various assumptions and estimates as described in the Playbook and are subject to change as new guidance and information is available.

1. **Eligible priority populations by COVID-19 vaccine doses required**

Phase	Priority Population	Population Count	Doses Required	Estimated Uptake	Estimated Doses Required
Phase 1	Congregate Living for Seniors (LTC) - Residents	1718	3436	95%	3266
Phase 1	Congregate Living for Seniors (LTC) - Staff, Essential Care and Other Employees	3415	6830	80%	5464
Phase 1	Congregate Living for Seniors (RH) - Residents	756	1512	95%	1438
Phase 1	Congregate Living for Seniors (RH) - Staff, Essential Care and Other Employees	457	914	80%	732
Phase 1	Health Care Workers	8849	17,698	80%	14,160
Phase 1	Adults (16+) First Nations, Métis, and Inuit - On-Reserve Indigenous Residents	6158	12,316	75%	9238
Phase 1	Adult (16+) First Nations, Métis, and Inuit - Urban Indigenous Population	17,887	35,774	75%	26,832
Phase 1	Adult (16+) Chronic Home Care Recipients	2446	4892	75%	3670
Phase 2	Essential Workers	34,416	68,832	80%	55,066
Phase 2	Adults 75+ years	15,682	31,364	75%	23,524
Phase 2	Adults 60-74 years	40,466	80,932	75%	60,700
Phase 2	At-risk Populations	15,602	31,204	75%	23,404
Phase 2	Other Congregate Living Settings Residents and Staff	1296	2592	75%	1944
Phase 2	Adults 16-59 years	9169	18,338	75%	13,754
Phase 3	Remaining Population (16+)	9169	18,338	75%	13,754

[3] Scenario assumptions include:

- Priority populations for Phases 1-3 and best assessment of population figures (sources same as Vaccination Program At-a-Glance)
- Overlaid the Provincial timelines for each of the 3 Phases (±3 weeks)
- Vaccine specifications- Pfizer with 21 days between dose 1 and 2; Moderna with 28 days between dose 1 and 2.
- A steady supply of vaccine which has been calculated for each Phase to meet the timelines outlined by the Province (at least 5400 doses / week for Phase 1 and 7433 doses / week for Phase 2).
- A series of mock immunization scenarios have been included for reference which include details such as staffing resources and immunization targets.

2. **Mock vaccination staffing scenarios by vaccination approach**

	Example 1a Mobile clinic 1 Immunizer (Homecare)	Example 1b Mobile clinic 3 Immunizers (Homecare)	Example 2a Practice clinic 2 immunizers (Practice Care Setting)	Example 2b Practice clinic 5 immunizers (Practice Care Setting)	Example 3a Mobile clinic 10 Immunizers (Rural Location)	Example 3b Mass clinic 10 Immunizers (Rural Location)	Example 4a Mass clinic 20 Immunizers (Community Clinic)	Example 4b Mass clinic 20 Immunizers (Community Clinic)	Example 4c Mass clinic 20 Immunizers (Community Clinic)	Example 5a Mass clinic 40 Immunizers (Community Clinic-Large)	Example 5b Mass clinic 40 Immunizers (Community Clinic-Large)
Total # of People Vaccinated	**12**	**36**	**120**	**300**	**600**	**840**	**2800**	**5600**	**8400**	**5600**	**11 200**
Estimated Vaccines / Immunizer / Hr	2	2	10	10	10	14	14	14	14	14	14
Hours of Immunizing Time / Shift	6	6	6	6	6	6	10	10	10	10	10
Total # of Days	1	1	1	1	1	1	1	2	3	1	2
PHN Immunizers						10	20	20	20	40	40
External Immunizers	1	3	1	4	10						
PHN Clinic Leads			1	1	1	1	2	2	2	4	4
PHN Float							2	2	2	4	4
Response Assistants (Greet and Direct, Support Check-in)							15	15	15	30	30
Response Assistants (Support Check-out)							8	8	8	16	16
Total PHSD Personnel Required			**1**	**1**	**1**	**11**	**47**	**47**	**47**	**94**	**94**

3. **Sequencing of vaccination by phase**

Phase 1 Vaccines per Priority Population per Week

Week	Congregate Living for Seniors (LTC) - Residents	Congregate Living for Seniors (LTC) - Staff, Essential Care and Other Employees	Congregate Living for Seniors (RH) - Residents	Congregate Living for Seniors (RH) - Staff, Essential Care and Other Employees	Health Care Workers	Adults (16+) First Nations, Métis, and Inuit - On-Reserve Indigenous Residents	Adult (16+) First Nations, Métis, and Inuit - Urban Indigenous Population	Adult (16+) Chronic Home Care Recipients	TOTAL VACCINES ADMINISTERED
25-Jan	1633	2732			1035				**5400**
01-Feb			719	366	4315				**5400**
08-Feb					1730	835	1000	1835	**5400**
15-Feb	1633	2732			1035				**5400**
22-Feb			719	366	4315				**5400**
01-Mar					1730	835	1000	1835	**5400**
08-Mar						3784	1616		**5400**
15-Mar							5400		**5400**
22-Mar							5400		**5400**
29-Mar						3784	1616		**5400**
05-Apr							5400		**5400**
12-Apr							5400		**5400**

Phase 2 Vaccines per Priority Population per Week

Week	Essential Workers	Adults 75+ years	Adults 60-74 years	At-risk Populations	Other Congregate Living Settings Residents and Staff	Adults 16-59 years	TOTAL VACCINES ADMINISTERED
19-Apr	7433						7433
26-Apr	7433						7433
03-May	7433						7433
10-May	7433						7433
17-May	7433						7433
24-May	7433						7433
31-May	5234	2199					7433
07-Jun	5234	7433					7433
14-Jun		2130	5303				7433
21-Jun		2199					7433
28-Jun		7433					7433
05-Jul		2130	5303				7433
12-Jul			7433				7433
19-Jul			7433				7433
26-Jul			7433				7433
02-Aug			7433				7433
09-Aug			7433				7433
16-Aug			7433				7433
23-Aug			2748	4685			7433
30-Aug				7017	416		7433
06-Sep					556	6877	7433
13-Sep			2748	4685			7433
20-Sep				7017	416		7433
27-Sep					556	6877	7433

Phase 3 Vaccines per Priority Population per Week

Week	Remaining Population 16+	TOTAL VACCINES ADMINISTERED
04-Oct	6877	6877
11-Oct		
18-Oct		
25-Oct	6877	6877
01-Nov		

Appendix 6: Potential locations of mass vaccination clinics

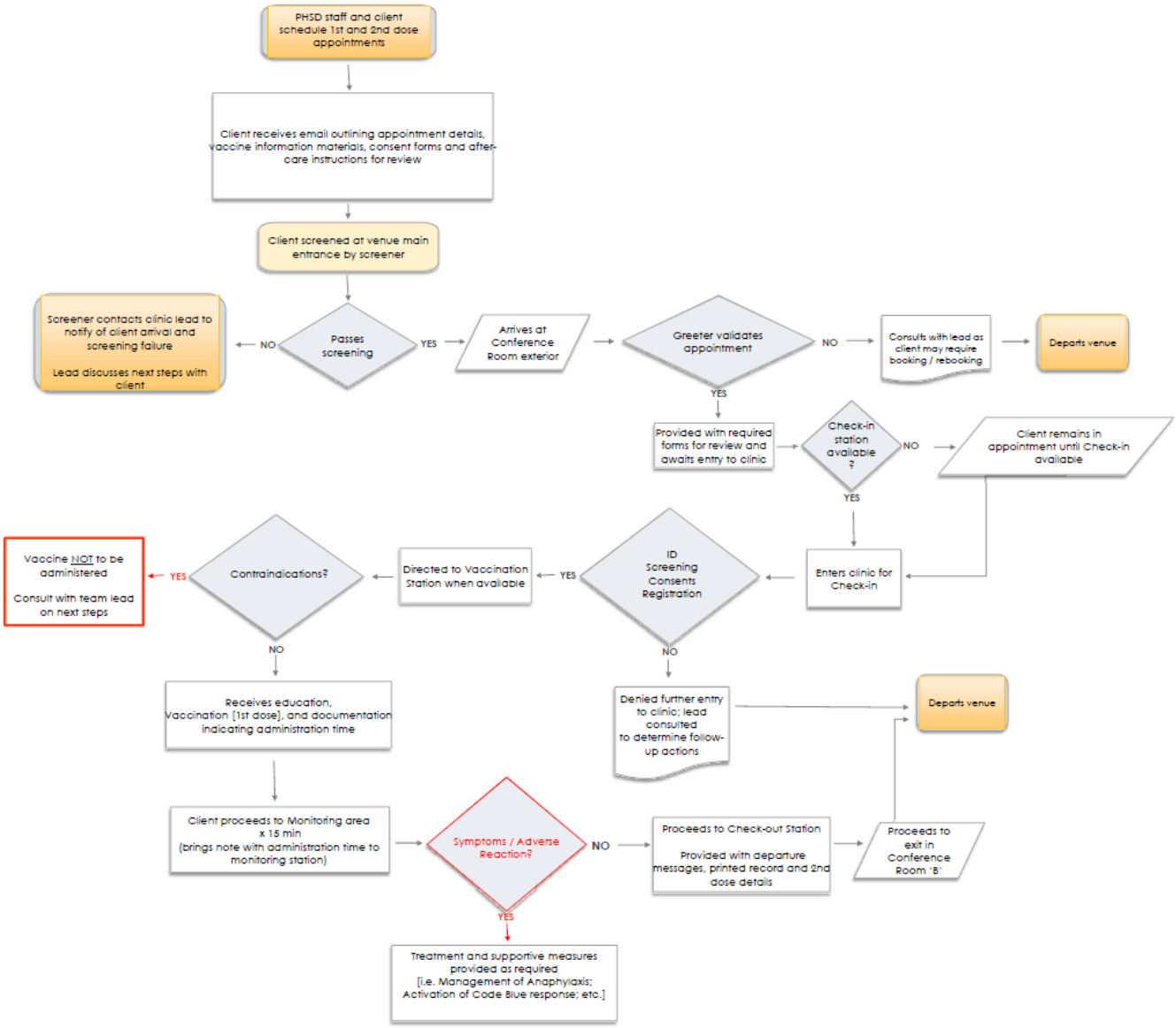
Table 1:

Facility Name	Area	Town/City
Alban Community Centre	Sudbury East	Alban
Big Lake Hall	Manitoulin	
Cambrian Arena	Greater Sudbury	Sudbury
Capreol Community Centre & Arena	Greater Sudbury	Capreol
Capreol Millennium Resource Centre	Greater Sudbury	Capreol
Carmichael Arena	Greater Sudbury	Sudbury
Centennial Community Centre & Arena	Greater Sudbury	Hanmer
Chapleau Recreation Centre	Chapleau	Chapleau
Chelmsford Community Centre & Arena	Greater Sudbury	Chelmsford
Club D'Age D'Or	Greater Sudbury	Hanmer
Countryside Arena	Greater Sudbury	Sudbury
Dowling Leisure Centre	Greater Sudbury	Dowling
Dr. Edgar Leclair Community Centre & Arena	Greater Sudbury	Azilda
Eglise Sacre Coeur - Sacred Heart Parish (basement, Catholic Church)	Chapleau	Chapleau
Espanola Recreation Fitness	Lacloche Foothills	Espanola
Falconbridge Wellness Centre	Greater Sudbury	Falconbridge
Garson Community Centre & Arena	Greater Sudbury	Garson
Gerry McCrory Countryside Sports Complex	Greater Sudbury	Sudbury
Gore Bay Memorial Arena	Manitoulin	Gore Bay
Howard Armstrong Recreation Centre	Greater Sudbury	Hanmer
I.J. Coady Memorial Arena	Greater Sudbury	Levack
Killarney-Shebahonaning Complex (aka Killarney Community Centre)	Sudbury East	Killarney
Lionel E. Lalonde Centre (Trilium)	Greater Sudbury	Azilda
Markstay-Warren Community Centre/Arena (upstairs)	Sudbury East	Warren
Massey District Community Arena	Lacloche Foothills	Massey
McClelland Community Centre & Arena	Greater Sudbury	Copper Cliff
M'Chiegeeng Community Arean	Manitoulin	M'Chigeeng
Mindemoya Community Centre	Manitoulin	Mindemoya
Noelville Community Centre	Sudbury East	Noelville
Providence Bay Arena	Manitoulin	Providence Bay
Raymond Plourde Arena	Greater Sudbury	Val Caron
Rayside Balfour Workout Centre	Greater Sudbury	Azilda
Royal Canadian Legion Harry Searle Branch No. 5	Chapleau	Chapleau

Sandfield Hall	Manitoulin	
Spring Bay Community Centre	Manitoulin	Spring Bay
St.-Charles Community Centre	Sudbury East	St.-Charles
Sudbury Community Arena	Greater Sudbury	Sudbury
T.M. Community Centre & Arena	Greater Sudbury	Lively
Toe Blake Memorial Arena	Greater Sudbury	Coniston
Town Hall (basement of the Township Office)	Chapleau	Chapleau
Wikwemikong Recreation Centre	Manitoulin	Wikwemikong

Appendix 7: General process map

Figure 1:



Appendix 8: Public Health Sudbury & Districts COVID-19 vaccination clinic floor plan samples

Figure 1: Small venue vaccination room:

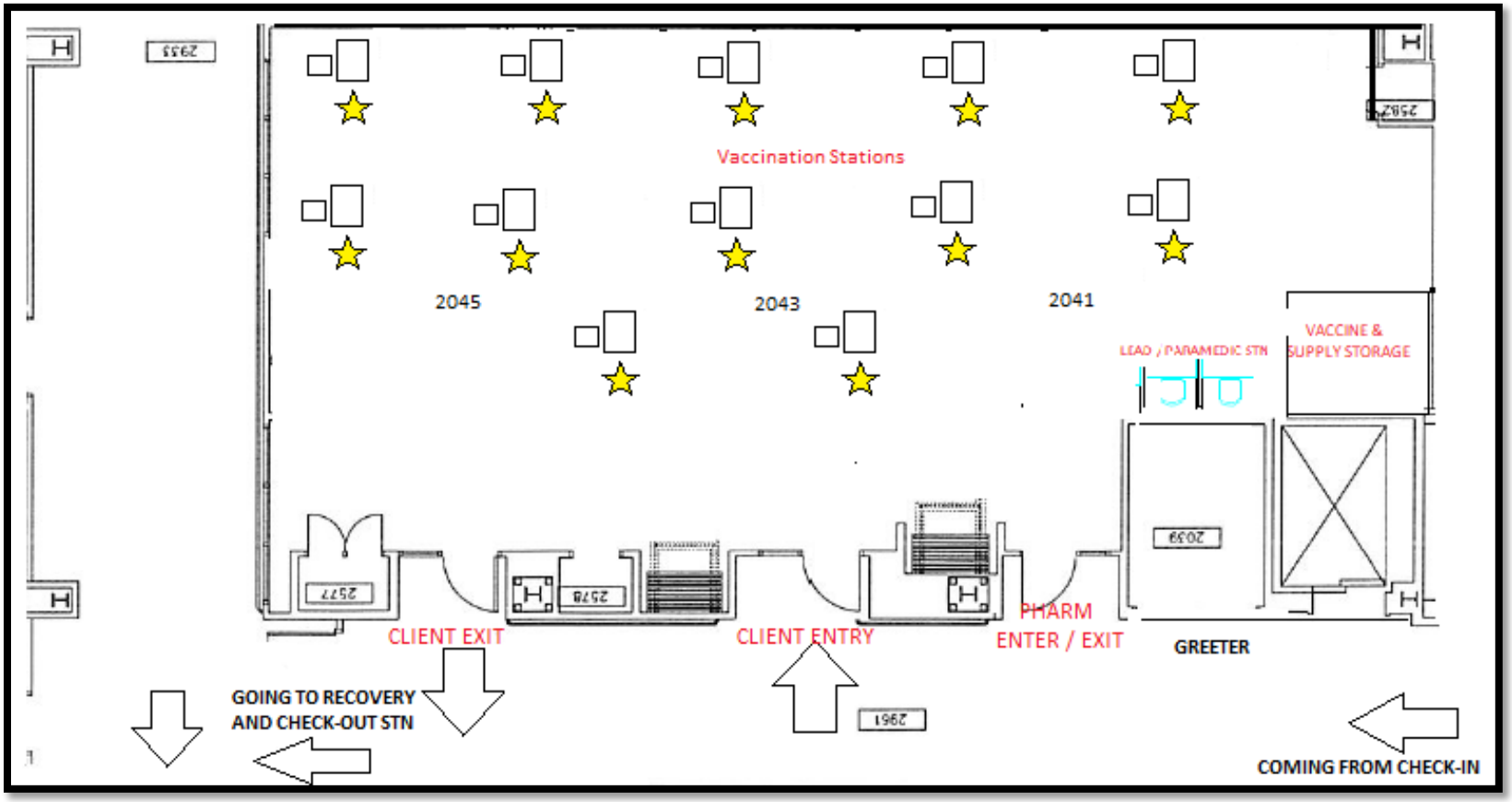


Figure 2: Small venue recovery/monitoring room:

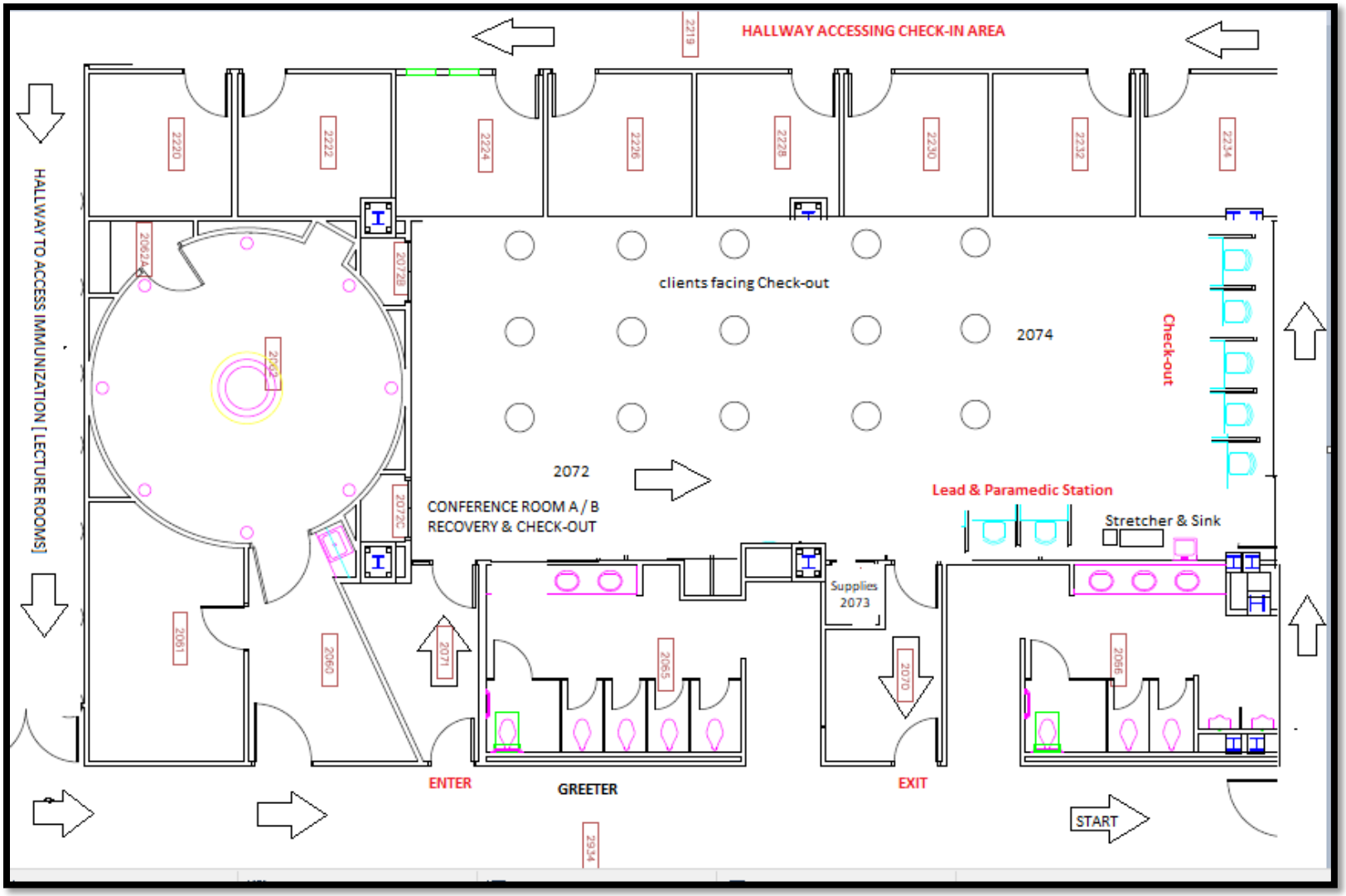
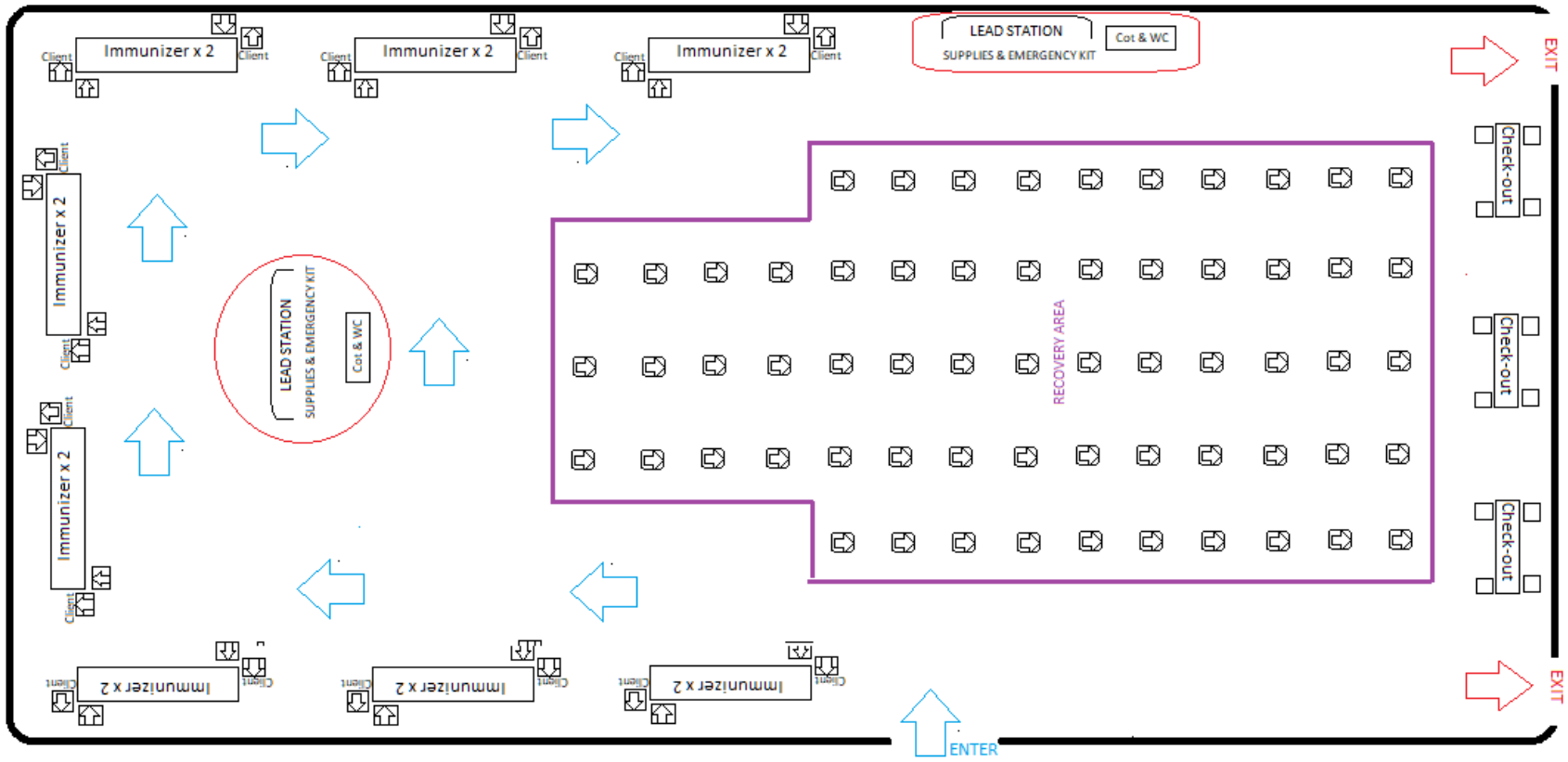


Figure 3: Large venue vaccination, recovery/monitoring, and check-out area:



Appendix 9: Vaccination clinic and administrative role descriptions

Clinical roles

Table 1:

Role	Description
Clinic lead	> Lead clinic set-up and take down. > Oversee management of clinic site by continually assessing and making changes, as needed. > Provide support to immunizers, staff and volunteers. > Liaise with IT for internet, hardware and software support. > Ensure access to cell phone service or landlines. > Update division manager re: unresolved issues requiring further problem solving. > Ensure cold chain management and transport of vaccine and supplies to clinic location and back to health unit after clinic. > Address client questions that cannot be resolved by nurse immunizers. > Assist nurses with any incidents/emergencies that may occur and report all incidents/emergencies to the manager as soon as possible. > Ensure completion of required paperwork for any incidents/emergencies. > Ensure clinic is always clean and well maintained, waste is removed in a timely manner and PPE and ABHR is readily available, well supplied, and properly used. > Ensure breaks are taken by all staff at clinics as per policies and procedures and Employment Standards. > Provide direct oversight for student nurses participating in the clinic functions. > Receive deliveries from pharmacy if in the hospital setting. > Manage the cold chain if in the community setting. > Share updates with clinic staff. > Debrief as a team as needed and when possible.
Greeter (response assistants)	> Assist with clinic set up and take-down. > Greet clients as they arrive at the clinic. > Validate appointments using daily appointment list. > Inform clients about line management system. > Manage late and early arrivals. > Direct clients to check-in in order of arrival. > Inform clients to have identification and consent form ready. > Communicate with team members regarding arrivals to determine station readiness. > Communicate concerns to clinic lead.
Check-in (response assistants)	> Assist with clinic set up and take-down > Verify identification and forms. > Initiate protocols for clients without documentation (health equity). > Register clients. > Use Vaccine Management System to track no-shows and reduce wastage. > Direct clients to vaccination stations as they become available.

Role	Description
	> Request assistance from clinic lead as needed.
Immunizer (PHNs, Paramedic Services, student nurses)	> Assist with clinic set up and take-down. > Provide necessary education to clients and address questions. > Review screening questions with each client, assess client's health status and eligibility for vaccination, including assessment for contraindications, as per directive. > Follow Public Health Sudbury & Districts Medical Directive. > Obtain informed consent from client. > Administers vaccine. > Provide documentation to clients indicating time of administration. > Documents via COVax and/or paper forms. > Know where to find emergency bag to respond to an emergency. > Ensure vaccine cold chain throughout the clinic. > Ensure supplies (e.g. vaccine and syringes) are secure and restocked. > Identify any concerns to the clinic lead. > Properly clean and sanitize work station between each client. > Practise hand hygiene. > Doff if PPE is visibly soiled. > Communicate station status and needs with clinic lead. > Monitors for and assists with medical emergencies. > Supervise student nurses, as needed.
Monitor (PHNs or Paramedic Services)	> Assist with clinic set up and take-down. > Support the transition of clients from the vaccination to recovery area. > Monitor clients in after-care for signs and symptoms of adverse reactions. > Alert a nurse in the event of an incident. > Assist nurse responding to any incidents. > Maintain a steady flow of clients within monitoring area. > Confirm absence of vaccine reaction symptoms prior to directing clients to check-out.
Check-out (response assistants)	> Assist with clinic set up and take-down. > Confirm absence of adverse reactions. > Provides departure messaging and printed proof of vaccination. > Confirm second-dose appointment date and time and cancelation instructions.
Runner (response assistants or volunteers)	> Assist with clinic set up and take-down. > Wipe down chairs in monitoring area. > Observe vaccination station laminated cards to determine immunizer status and need. > Assist with crowd control, work with site security. > Inform clinic lead of additional supports required. > Ensure signage is in place.

Administrative and supportive roles

Table 2:

Role	Description
Booking and scheduling (office assistant or intake staff)	> Book client appointments over telephone using provided IT system (COVax when available. Ottawa PowerApp until then). > Manage online bookings once online booking feature is available.
Staff scheduling (administrative assistant)	> Schedule individuals within vaccination clinic roles. > Manage scheduling throughout the duration of clinics.
Information technologist	> Assist with clinic set up in cooperation with Ministry of Health. > Liaise with Ministry of Health for COVax support, as needed.
Security (contracted)	> Report concerns to clinic lead. > Respond to requests for support. > Unlock clinic, as needed. > Secure all parts of clinic during clinic hours. > Secure clinic doors after-hours, as needed.
Waste collection (contracted)	> Waste disposal of sharps, biological waste, and Blood and Body Fluid Spills kits.

Appendix 10: Specific staffing roles and orientation

Clinic leads, immunizers, and monitoring staff:

- Overview of the vaccination program (sequencing, infectious agent).
- Overview of clinic flow and process.
- Review of Anaphylaxis & Epinephrine Administration Directive & Adverse Event Following Immunization (AEFI).
- Vaccination station set up, clinic set up, procedures, and cold chain.
- Routine Practices and Additional Precautions including PPE use during clinics.
- Directive training for vaccines to be administered.
- Review of Medication Administration (including injection refresher) & Obtaining Consent.
- Clinic booking and documentation, IT system training (COVax).
- Human resources (timecard completion, breaks, health and safety, scheduling).
- Security and emergency procedures will need to be consistent and well-understood by all staff.
- For clinic leads: training re: communication with management, venue staff, etc.

Check-in and check-out staff and greeter:

- Overview of the vaccination program (sequencing, infectious agent).
- Overview of clinic flow and process.
- Check-in and check-out station set up, clinic set up, procedures.
- Routine practices and additional precautions including PPE use during clinics.
- Human resources (timecard completion, breaks, health and safety, scheduling).
- Security and emergency procedures will need to be consistent and well-understood by all staff.

Offsite admin support:

- Pre-clinic scheduling and booking of clients using provided IT systems.

Appendix 11: Staffing scope of practice for implementation of COVID-19 vaccination program

Purpose: To define operating procedures for the implementation of the COVID-19 vaccination program

Clinic set up and delivery responsibilities

Staff scheduling

Staff scheduling will be done by public health managers in collaboration with administrative assistants. Clinics will be staffed by individuals from several teams, divisions, and organizations which will require clear communication and planning both internally at Public Health and with other organizations.

Clinic process

A process map that outlines the steps the client goes through in the clinic will be adapted to reflect the specific requirements of each clinic venue. However, in general, the client will proceed through the following process (see Appendix 5):

1. Client is screened for entrance into venue (if applicable, for example at a hospital).
2. Client arrives at the clinic area where a greeter validates client's appointment and ensures client filled out appropriate paperwork provided to them in the booking reminder email (ex. consents). If client did not bring appropriate paperwork, it is provided to them by the greeter to fill out prior to proceeding to check-in. Once filled out, and once a station is available, the greeter directs client to proceed to check-in (stations are numbered).
3. Client is checked in by the greeter (into COVax). Greeter completes ID verification, registration, screening for vaccine, and consents.
4. Client is directed by the check-in staff member to go to the vaccination station (stations are numbered). Immunizer reviews COVax information, assesses for contraindications, provides teaching, answers questions, and administers the vaccine.
5. Client is directed by the immunizer to proceed to the recovery area (seats are numbered) where they must remain for 15 minutes. The immunizer provides the client with a sticky note indicating the time their waiting period is complete, so that the monitor may direct them to check-out.

6. Client proceeds to check-out station where they are provided with departure messaging, information package, printed record, and second dose appointment details.

Clinic set up procedures

The following considerations will be considered for each clinic:

- Ensure that if distancing cannot be maintained between stations, hard-surfaced physical barriers are in place.
- Ensure any cords are taped down or covered to prevent tripping.
- Ensure facility and room is clean prior to use (floors, walls, common touched surfaces, and washrooms) and that washrooms are fully stocked and cleaned regularly. Clinic staff to have separate washroom if possible.
- All tables, chairs, and horizonal surfaces to be used for the clinic need to be cleaned with Optim TB wipes between each client.
- Ensure proper signage is in place to indicate each area of the clinic and each station number.

Registration and screening

- Clients will undergo screening into the venue if required (for example in a hospital). If screening is not required or provided by the venue, clients will be screened by the greeter prior to arriving at check-in.
- All attendees will be required to wear a mask when in the clinic.
- There will be minimal waiting to ensure COVID precautions can be adhered to. If the venue allows for it, people may be asked to wait in their cars if needed in the event the clinic starts to run behind. However, every effort will be made when booking and organizing clinics to avoid this from happening.

Vaccination stations and recovery area

- Each vaccination station will include two chairs, a table, and all required supplies. Stations will either be physically distanced from one another or have a hard-surfaced barrier between them; however, it cannot be confirmed that the barriers would be non-transparent. If a client needs to remove clothing to allow for vaccine administration, we would ideally have a separate area for them to be immunized. However, if the venue does not allow for this, the client may be provided with a gown that would be used one time before being washed or discarded.
- The recovery area will include chairs that physically distanced from one another or have a hard-surfaced barrier between them. There will also be a first aid room or area with a stretcher for those who feel unwell, are having an adverse event following vaccination, or are unable to sit in the chair.

Clinic operations communication and updates

Updated information may become available that needs to be quickly and clearly communicated to all clinic staff. The clinic lead public health nurse will have a Public Health Sudbury & Districts' cell phone that will allow them to communicate quickly with Public Health management, communications, and any other necessary contacts at or from the venue.

Public Health management would communicate any significant updates to the clinic lead either the day before the clinic or the morning before the clinic. The clinic leads would lead a quick "huddle" with staff during the setup time prior to each clinic to provide any key updates to all staff and identify and potential issues that may arise throughout the clinic day.

Any questions or concerns from staff during the clinic will be answered by the clinic lead. If the clinic lead cannot answer the question, they will communicate with Public Health management via cell phone. Public Health management would also communicate any key updates or information with the clinic lead via cell phone.

Health and safety

Staff working in clinics will follow current Public Health Sudbury & Districts protocols for screening for work and will be screened upon entry to the clinic venue if required.

During all clinics, all staff will work in accordance with Public Health's health and safety policies. Any staff member who experiences an injury or potential near miss while working at a clinic will complete the appropriate forms. Copies of all health and safety forms will be provided to the clinic lead at the clinic who will bring it back to the Public Health site for follow-up and filing.

In the event a member of the public experiences an injury or near miss while attending a mass vaccination clinic, the staff member involved will complete the appropriate forms in line with Public Health Sudbury & Districts' policy and procedures.

All staff working in the clinic area are required to wear appropriate footwear and closed-toe shoes.

Personal Protective Equipment

Personal Protective Equipment (PPE) for immunizers is to be provided from the federal stockpile by the province. Staff working in the clinics will wear medical masks and eye protection, as per usual Public Health Sudbury & Districts process. Gloves will also be provided to immunizers to use as required.

Supplies and signage

Clinic ancillary supplies are to be provided by the province, but Public Health Sudbury & Districts may need to have an initial supply until those supplies are readily available. Clinic supplies and stock will be monitored and replenished as needed. During the clinic, supplies will be provided to each station and will be replenished by the runner as needed. Staff will hold up cards indicating which supply they require.

Vaccination station setup

Vaccination station setup will be reviewed with all clinic during their Role Specific Training. The following principles will be highlighted:

- ergonomics
- infection prevention and control, including PPE, hand hygiene, and disinfection of the vaccination station
- privacy of client information
- sharps containers on table (not floor)
- garbage bags on floor (separate from sharps)
- only empty vials, syringes and needles in sharps containers (no wipes, cotton, caps)
- client and clinic flow and process

Consent

Immunizers are required to obtain and document informed written or verbal consent to treatment from clients being immunized. Immunizers must ensure the client is informed and understands the risks, benefits, and potential side effects of the vaccine. Clients must be provided an opportunity to ask questions or request more information about the treatment. In addition, under *Personal Health Information Privacy Act* (PHIPA), clients must agree to have their personal health information collected.

There is no specific age of consent. If a nurse finds the client capable providing informed consent based on their ability to understand the information provided, they should obtain and document consent. If a nurse finds a person incapable of providing their own informed consent, consent must be obtained from a substitute decision-maker, which is ranked in priority:

1. Guardian of the person, appointed by the court
2. Someone who has been named as an attorney for personal care
3. Someone appointed as a representative by the Consent & Capacity Board
4. Spouse, partner, or relative in the following order:
    a) Spouse or partner

b) Child if 16 or older; custodial parent (who can be younger than 16 years old if the decision is being made for the substitute's child); or Children's Aid Society
c) Parent who has only a right of access
d) Brother or sister
e) Other relative (defined as two persons related by blood, marriage, or adoption)

5. Public Guardian Trustee is the substitute decision-maker of last resort in the absence of any more highly ranked substitute, or in the event two more equally ranked substitutes cannot agree

Vaccine administration and Directives

A vaccination refresher will be included in the immunizer role specific training. This will include:

- medication administration practices (10 rights)
- route, dose
- infection prevention and control
- landmarking
- injection technique

Any new Directives that are needed will be developed by staff and undergo Public Health Sudbury & Districts' approval process, being finalized and sent for sign off by the Medical Officer of Health. Then a review of all applicable Directives that nurses will be authorized to implement in clinics will also be reviewed during the immunizer role specific training. Immunizers' review and comprehension of the Directives will be tracked as per usual Public Health Sudbury & Districts' process.

Documentation

Documentation of service to clients is required.

An electronic clinic documentation solution, COVax, is being implemented across the province for COVID-19 vaccination clinics. More information on this system is still to come but what we know so far is:

- Each clinic location will receive a "Clinic in a Box" that will include all the hardware needed (iPads, chargers, extension cords, printers).
- COVax is a cloud based solution.
- COVax will include all aspects of COVID-19 vaccine including inventory and administration.

At this point, we also understand that Adverse Event Following Immunization (AEFI) reporting may be done through the CCM database, rather than COVax. If additional hardware is required for

the clinics, we understand that COVax would be compatible on hardware that public health units have already (i.e. iPads).

Though documentation is electronic, clients are required to fill out hard copy paper forms (consent and screening) that are then entered into COVax at the check in and check out stations. Both paper and electronic documentation will be handled, transported, and stored in a manner consistent with Public Health Sudbury & Districts' information privacy and record management procedures.

Reporting of medication errors and near miss

Orientation will be provided during the immunizer role specific training, and a copy of the form and the policy will be included in the clinic kits.

Adverse Events Following Vaccinations at clinics

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine. In Ontario, health professionals are required to report AEFIs to their local public health unit. Public health units investigate and provide support to immunizers, individuals, and their families. These can occur in the minutes following immunization (i.e. anaphylaxis) or in the days and weeks to follow. When it occurs while a client is still at our clinic location, the nurse who responds to the client needs to complete a form which the clinic lead will bring back to the local health unit office and report for investigation and follow up. Forms will be included in the clinic kits. This will eventually be documented in COVax or CCM (depending on direction from the Ministry of Health).

Clinic briefing report

Throughout the mass vaccination event, the following data is collected and will be compiled into a summary report:

- number of people immunized
- clinic attendance (by location, date, time)
- number of adverse reactions (if any)
- vaccine wastage
- number of clinics
- other relevant statistics (details of staffing and other costs)

Following the mass vaccination program, a staff debriefing will be conducted to discuss operation of the clinics. The discussion will include what went well, any challenges and concerns, and suggestions for next time. The discussion including key learnings and suggested revisions to the

vaccination program will be summarized and included in the summary report document. This will allow for management to determine areas of improvement and the implementation of next steps.

Internal communication

Clear communication is important to ensure efficient and timely information flow. Multiple strategies including teleconferences and electronic and print communication should be used. Regular communication will be sent from the Ministry of Health to all staff. It will be important to keep all staff informed and up-to-date regarding new information, issues, etc.

At the sites prior to the opening of each clinic, the clinic lead will provide any relevant updates to clinic staff at the clinic huddle.

At the end of each clinic, the clinic lead will email a clinic summary to Public Health manager and epidemiologist with the following information:

- the number of people immunized (by subgroups if applicable)
- the number of doses wasted if any (documented on Clinic Accountability Log)
- any adverse events reported at the clinic
- any adjustments to staff shifts (i.e. if anyone went home early)

Implementation considerations:

- Use of hubs to be connected to Public Health Sudbury & Districts' network for easy access to e-mails, the internet, and intranet.
- Written electronic updates from clinic managers are recommended for longer messages and new (or changes to) decisions.
- Wait times and statistical data should be sent electronically.

External communication

Opportunity to collaborate with other partners for overall communication strategy.

Disseminating information is an integral part of a mass vaccination strategy. Regular updates about clinic locations, hours of operation, and booking instructions will be provided to the public as appropriate. The information will be provided through a variety of media including print, radio, television, online, and social media.

The provincial Emergency Operations Centre has requested that broader program or vaccine questions (i.e. allocations, vaccine safety) be directed to the media desk for response.

Public Health Sudbury & Districts call centre will have access to Q&A information to be able to respond to callers about COVID-19 vaccine. Health care providers will be directed to the nurse on call line to report adverse vaccine events following vaccination. It is crucial that messaging be as

up-to-date as possible. Information can be provided online through Public Health Sudbury & Districts' Health Professionals portal, health faxes, or during information and education sessions.

Key messages will be prepared, approved, and shared through the avenues listed above.

Media calls will all be received and directed to the most appropriate person for response. Media will be strongly discouraged in the vaccination area as it can be distracting to clinic operations. If photo or filming is to take place of clients, there needs to be notice and written consent.

Appendix 12: COVID-19 vaccination program communication plan

Local vaccination efforts for the COVID-19 vaccine will be led by Public Health Sudbury & Districts and supported by key community partners. Public Health Sudbury & Districts' COVID-19 vaccination program communications approach will align with the phases of the provincial vaccination campaign program and will be reflected throughout the entirety of vaccine deployment phases. Public Health has in-depth experience in traditional and non-traditional media, and relevant to this Program, is a trusted source of information on COVID-19 and on vaccinations in general. Communication will be targeted to various populations, address various topics, and various communications tactics will be used. The need for constant communication and engagement with all stakeholders and the general public is key to building and establishing trust and encouraging vaccine uptake.

This plan outlines the communications strategy to be used by Public Health in Greater Sudbury and the districts of Sudbury and Manitoulin with respect to the local COVID-19 vaccine rollout. The strategy will be deployed throughout the t phases of the provincial distribution plan and includes internal and external communication tactics.

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1. Goals
2. Objectives
3. Guiding principles for communications
4. Key messages
5. Stakeholder list
6. Tactics

Goals

1. Setting the stage for vaccine arrival
    a) Outline the leadership and preparedness of local public health
    b) Provide credible information on the COVID-19 vaccines and who is eligible
    c) Raise awareness of vaccine safety and efficacy
2. Vaccine readiness
    d) Identify and address barriers leading to vaccine hesitancy
    e) Communicate benefits to receiving a vaccine
    f) Address misinformation
3. Vaccine rollout
    g) Foster trust: demonstrate to the public how Public Health Sudbury & Districts will effectively deploy the vaccine
    h) Communicate information on the administration of the vaccine
4. Ongoing transparency and accountability
    i) Communicate timely information
    j) Report back on local vaccine data and uptake

Objectives—throughout Phase 1, Phase 2, and Phase 3

> Develop content for general public and target populations to provide information on the vaccine plan, roles, safety, efficacy, and as needed.
> Promote informed decision-making to ensure vaccine readiness and uptake through all phases.
> Respond to public inquiries regarding vaccine planning and implementation of all phases.
> Engage with key stakeholders and partners to plan and anticipate needs for vaccine arrival and rollout though all phases.
> Provide timely updates and information to the public regarding local vaccine rollout on an ongoing basis.
> Monitor local context to inform planning and service delivery for high-risk population vaccination, mass deliveries of vaccine, and ongoing rollout.

Guiding principles for communications

Communications regarding the vaccine will follow important guiding principles:

- Public Health Sudbury & Districts will put provincial and federal information into local context.
- Public Health Sudbury & Districts will address rumours and misconceptions in a timely manner.
- Public Health Sudbury & Districts will be transparent and proactive in its communications to residents.
- Public Health Sudbury & Districts will consider diversity and inclusion in its communications.
- We will communicate in both official languages.
- We will coordinate with partner organizations to create communications that better serve residents.

Key messages

The following key messages have been developed to guide and respond to communication needs. Recognizing the evolving nature of the COVID-19 rollout, key messages will continue to be developed as needed.

- Public Health continues to lead local planning while working closely with community partners for a safe, effective, and efficient rollout of the vaccine.
- When the vaccine arrives locally, Public Health Sudbury & Districts will be ready to lead the local vaccine rollout and has been extensively planning and working with partners to ensure readiness.
- Health Canada has conducted a thorough and independent review for two COVID-19 vaccines so far (Pfizer-BioNTech & Moderna). The approved vaccines are safe for use in approved populations. The approval process was similar to that of other vaccines, except the COVID-19 vaccines were evaluated both during and after development. All components of the routine approval process were addressed.
- Before any vaccines are available in Ontario or anywhere in Canada, they must undergo rigorous clinical trials to determine if they are safe and effective, and be evaluated and authorized for use by Health Canada using rigorous standards.
- The COVID-19 vaccines currently approved do not use live components of the virus. This means that it is impossible for them to cause COVID-19 infection.

- It remains critically important to follow public health measures as we have seen locally and provincially how quickly cases can spike.
- The need to follow public health measures remains important even after receiving the vaccine.
- Public Health maintains committed to keeping the public informed. We will set up communication channels to get answers out as soon as we can.

Stakeholder list

Active partners **Agencies involved in the or actively working with clients in the community. Active participation and communication may be required on the agencies' part.**	**Internal** **Specific groups within Public Health Sudbury & Districts that require targeted messaging.**	**External**
- Federal government - Provincial and territorial governments - Municipal governments - All governments together with respective Indigenous and key partners - Local public health - City of Greater Sudbury – 311 - Ontario Health North – sub regions - Health Sciences North (HSN) - Hospitals - Paramedic Services teams - Community Health Centres / Aboriginal Health Access Centres - Long-Term Care Homes and Retirement Homes - Correctional facilities - Primary care providers - Workplaces including academic sector – postsecondary, secondary & elementary - Pharmacies - Police - Community Paramedicine - Manitoulin Sudbury District Services Board - Private sector businesses as applicable	- Public Health Sudbury & Districts all staff (main office, Elm Place, and district offices) - Public Health Sudbury & Districts managers - Public Health Sudbury & Districts intake staff - CSR	- Media - Community - City councillors and municipal officials

Tactics

- Traditional media – communications issued to the media (News Release), media interviews
- Digital media – corporate website, corporate social media
- General and targeted resources – video, posters, infographics, lesson plans
- Paid advertisements – billboards, commercials, radio, newspaper, online advertisements, paid social media promotions
- Continuous monitoring and engagement – surveys, call centre themes, emerging trends and questions on social platforms and in the media, social media analytics to monitor engagement and reach
- Call Centre – for public education and responding to public inquiries and concerns
- Targeted communications – advisory articles, vaccine bulletin, newsletters, partner emails, presentations
- Mock exercises (targeted, as needed)

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
Phase 1	Traditional Media	> Issuing news releases and public service announcements as needed to maintain commitment of keeping public informed. > Respond to media interviews as requested. > Engage with key stakeholders for joint statements as needed.	> Provide information on the roles of each level of government and the role of local public health in vaccine distribution. > Describe vaccine planning and distribution as a core function of Public Health. > Provide information on key population groups for vaccination. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Current status information on vaccine arrival and Phase 1 vaccination. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines	General population

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
			administered, demographic information, adverse reactions, and other data deemed relevant.	
Phase 1	Digital Media	> Website content (Q&As). > Social media posts through corporate social channels.	> Highlight and promote safety and effectiveness of vaccines. > Provide information on the roles of each level of government. > Describe vaccine planning and distribution as a core function of Public Health. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	General population
Phase 1	General and Targeted Resources	> Promoting and sharing partner resources. > Develop specific communication plans for each clinic, noting that each vaccine	> Disseminate partner developed resources to relevant stakeholders as needed. > Provide information specific to location, date, time, and registration requirements for vaccine clinics. > Highlight and promote safety and effectiveness of vaccines.	General population Key populations for vaccination in Phase 1

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		clinic will have specific parameters. > Develop specific resources as needed, for example digital media to support clinic flow. > Develop key messages for Public Health and Call Centre staff. > Work with municipalities, to tailor communications to meet various community needs > Collaborate with First Nations and Indigenous partners to understand and support communication priorities identified > Leverage the work of Vaccine Sequencing Strategy Collaborative to inform communications to meet the needs of population groups disproportionately impacted by COVID-19 including First Nations and urban	> Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant. > Support and amplify Indigenous-led communication materials and priorities identified by First Nations and Indigenous partners	Vaccine clinic partners Municipal partners Urban Indigenous and First Nations communities Racialized communities Key populations identified (Government of Ontario) to receive the vaccine

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		Indigenous populations		
Phase 1	Paid Advertisements	• n/a	• n/a in Phase 1	
Phase 1	Continuous Monitoring and Engagement	> Monitor feedback from public and community partners. > Monitor corporate social media channels and call centre themes.	> Highlight and promote safety and effectiveness of vaccines. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Address additional concerns or themes that arise as needed.	General population
Phase 1	Call Centre	> Respond to incoming calls. > Provide education on COVID-19 vaccine. > Collate key themes for continuous monitoring.	> Provide credible information in response to all incoming inquiries. > Highlight credible sources of information to promote informed decision making. > Relay important themes both internally and externally as needed.	General population
Phase 1	Targeted Communications	> Ensure vaccine updates are provided to appropriate audiences through Advisory Articles, Advisory Alerts, and	> Provide information on the roles of each level of government and the role of local public health in vaccine distribution. > Describe vaccine planning and distribution as a core function of Public Health.	Health care providers Municipal representatives Public Health staff

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		the Vaccine Bulletin as indicated. > Conduct presentations for key stakeholders in municipalities. > Conduct training and information sessions targeted to public health staff and partners. > Work with First Nations, Indigenous partners and the Vaccine Sequencing Strategy Collaborative to ensure the implementation of ethical and equity principles > Leverage the work of Vaccine Sequencing Strategy Collaborative to inform communications to meet the needs of population groups disproportionately impacted by COVID-19 including racialized populations	> Provide information on key population groups for vaccination. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Share information on vaccine arrival and Phase 1 vaccination. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	Long-term care homes Indigenous communities Racialized Key populations identified (Government of Ontario) to receive the vaccine
Phase 1	Mock Exercises	> Engage with Public Health staff and	> Conduct mock clinic exercises as needed for planning purposes.	Vaccine clinic partners

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		partners for the implementation of mock exercises.	> Ensure unique challenges, situations, and successes are communicated to all relevant partners.	Municipal representatives Public Health staff
Phase 2	Traditional Media	> News releases as needed to maintain commitment of keeping public informed. > Media interviews as requested. > Public Service Announcements as indicated. > Advertisements in print as needed, for example in the newspaper.	New in Phase 2: > Utilize various forms of traditional media to provide information on mass vaccine clinics. > Share information on vaccine arrival and Phase 2 vaccination. > Promote vaccination of essential workers. > Promote vaccination of urban Indigenous populations. Continued from Phase 1: > Provide information on the roles of each level of government and the role of local public health in vaccine distribution. > Describe vaccine planning and distribution as a core function of Public Health. > Provide information on key population groups for vaccination. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	General Population Key populations for vaccination in Phase 2
Phase 2	Digital Media	> Website content (Q&As).	New in Phase 2: > Advertise mass vaccination clinics on corporate websites and social media channels.	General Population

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		> Social media posts through corporate social channels. > Collaborate with key partners to ensure mass vaccination clinics are advertised on their channels as well. > Leverage the work of Vaccine Sequencing Strategy Collaborative to inform communications to meet the needs of population groups disproportionately impacted by COVID-19 including racialized populations	> Advertise alternate clinic sites, for instance pharmacies or mobile clinics, if applicable. > Promote vaccination of essential workers. > Promote vaccination of urban Indigenous populations. Continued from Phase 1: > Highlight and promote safety and effectiveness of vaccines. > Describe vaccine planning and distribution as a core function of Public Health. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	Vaccine clinic partners Key populations for vaccination in Phase 2 (First responders, police, firefighters, teachers, food industry personnel, construction, older adults, individuals who are immunocompromised, urban Indigenous communities, populations at greater risk) Racialized populations
Phase 2	General and Targeted Resources	> Promoting and sharing partner resources. > Develop specific communication plans	New in Phase 2: > Provide up to date information on all available clinic sites and those eligible to receive the vaccine in a timely manner.	General population Key populations for vaccination in Phase 2 (occupational

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		for each clinic, noting that each vaccine clinic will have specific parameters. > Develop specific resources as needed, for example digital media to support clinic flow. > Develop key messages for Public Health and Call Centre staff. > Work with municipalities and to tailor communications to meet community needs > Collaborate with First Nations and Indigenous partners to understand and support communication priorities identified > Leverage the work of Vaccine Sequencing Strategy Collaborative to inform communications to meet the needs of population groups disproportionately impacted by COVID-	> Promote vaccination of essential workers. Promote vaccination of urban Indigenous populations. Continued from Phase 1: > Disseminate partner developed resources to relevant stakeholders as needed. > Provide information specific to location, date, time, and registration requirements for vaccine clinics. > Highlight safety and effectiveness of vaccines. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Promote safety and efficacy of vaccines. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	sector, older adults, individuals who are immunocompromised, urban Indigenous communities, populations at greater risk) Vaccine clinic partners Indigenous communities

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		19 including First Nations and urban Indigenous communities		
Phase 2	Paid Advertisements	n/a	n/a in Phase 2	
Phase 2	Continuous Monitoring and Engagement	> Monitor feedback from public and community partners. > Monitor corporate social media channels and call centre themes.	New in Phase 2: > Ensure that any potential misinformation circulating about vaccine clinics and those eligible to receive the vaccine is addressed. Continued from Phase 1: > Highlight safety and effectiveness of vaccines. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Promote safety and efficacy of vaccines. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Address additional concerns or themes that arise as needed.	General population
Phase 2	Call Centre	> Respond to incoming calls. > Provide education on COVID-19 vaccine.	Continued from Phase 1: > Provide credible information in response to all incoming inquiries. > Highlight credible sources of information to promote informed decision making.	General population

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		> Collate key themes for continuous monitoring.	> Relay important themes both internally and externally as needed.	
Phase 2	Targeted Communications	> Ensure vaccine updates are provided to appropriate audiences through Advisory Articles, Advisory Alerts, and the Vaccine Bulletin as indicated. > Conduct presentations for key stakeholders in the municipality. > Provide information updates and training sessions as needed to public health staff and partners. > Work with First Nations, Indigenous partners and the Vaccine Sequencing Strategy Collaborative to ensure the implementation of ethical and equity principles >	New in Phase 2: > Share information on vaccine arrival and Phase 2 vaccination. > Provide up to date information on all available clinic sites and those eligible to receive the vaccine in a timely manner. > Promote vaccination of essential workers. Promote vaccination of urban Indigenous populations. Continued from Phase 1: > Provide information on the roles of each level of government and the role of local public health in vaccine distribution. > Describe vaccine planning and distribution as a core function of Public Health. > Provide information on key population groups for vaccination. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Highlight credible sources of information to promote informed decision making. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	Health care providers Municipal representatives Public Health staff Long-term care homes Indigenous communities Key populations for vaccination in Phase 2 (occupational sector, older adults, individuals who are immunocompromised, urban Indigenous communities, populations at greater risk)

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
Phase 2	Mock Exercises	> Engage with Public Health staff and partners for the implementation of mock exercises for mass vaccination clinics.	Continued from Phase 1: > Conduct mock clinic exercises as needed for planning purposes. > Ensure unique challenges, situations, and successes are communicated to all relevant partners.	Vaccine clinic partners Municipal representatives Public Health staff
Phase 3	Traditional Media	> News releases as needed to maintain commitment of keeping public informed. > Media interviews as requested. > Public Service Announcements as indicated. > Advertisements in print as needed, for example in the newspaper.	New in Phase 3: > Share information on vaccine arrival and Phase 3 vaccination. > Continue to share new developments on the COVID-19 vaccine as they arise. Continued from Phases 1 and 2: > Utilize various forms of traditional media to provide information on mass vaccine clinics. > Provide information on the roles of each level of government and the role of local public health in vaccine distribution. > Describe vaccine planning and distribution as a core function of Public Health. > Provide information on key population groups for vaccination. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	General Population Remaining eligible members of the population

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
Phase 3	Digital Media	> Website content (Q&As). > Social media posts through corporate social channels. > Collaborate with key partners to ensure mass vaccination clinics are advertised on their channels as well.	New in Phase 3: > Share information on vaccine arrival and Phase 3 vaccination. > Continue to share new developments on the COVID-19 vaccine as they arise. Continued from Phases 1 and 2: > Advertise mass vaccination clinics on corporate websites and social media channels. > Advertise alternate clinic sites, for instance pharmacies or mobile clinics, if applicable. > Highlight safety and effectiveness of vaccines. > Describe vaccine planning and distribution as a core function of Public Health. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Promote safety and efficacy of vaccines. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines administered, demographic information, adverse reactions, and other data deemed relevant.	General Population Vaccine clinic partners Remaining eligible members of the population

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
Phase 3	General and Targeted Resources	> Promoting and sharing partner resources. > Utilize specific communication plans for each clinic, noting that each vaccine clinic will have specific parameters. > Continue to develop key messages for Public Health and Call Centre staff. > Work with municipalities and to tailor communications to meet community needs > Collaborate with First Nations and Indigenous partners to understand and support communication priorities identified > Leverage the work of Vaccine Sequencing Strategy Collaborative to inform communications to meet the needs of population groups disproportionately impacted by COVID-	New in Phase 3: > Share information on vaccine arrival and Phase 3 vaccination. > Continue to share new developments on the COVID-19 vaccine as they arise. Continued from Phases 1 and 2: > Provide up to date information on all available clinic sites and those eligible to receive the vaccine in a timely manner. > Disseminate partner developed resources to relevant stakeholders as needed. > Provide information specific to location, date, time, and registration requirements for vaccine clinics. > Highlight safety and effectiveness of vaccines. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Promote safety and efficacy of vaccines. > Provide information on key population groups for vaccination. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines	General population Remaining eligible members of the population Vaccine clinic partners Municipalities Indigenous communities

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
		19 including First Nations and urban Indigenous communities	administered, demographic information, adverse reactions, and other data deemed relevant.	
Phase 3	Paid Advertisements	> Purchase advertisements to promote widespread uptake of the vaccine, for example a billboard.	> Highlight safety and effectiveness of vaccines. > Promote informed uptake of the vaccine to achieve rates necessary to reach population level protection.	Remaining eligible members of the population
Phase 3	Continuous Monitoring and Engagement	> Monitor feedback from public and community partners. > Monitor corporate social media channels and call centre themes.	New in Phase 3: > Share information on vaccine arrival and Phase 3 vaccination. > Continue to share new developments on the COVID-19 vaccine as they arise. Continued from Phases 1 and 2: > Ensure that any potential misinformation circulating about vaccine clinics and those eligible to receive the vaccine is addressed. > Highlight safety and effectiveness of vaccines. > Address misinformation. > Promote informed decision making and address vaccine hesitancy. > Educate on various vaccine types and approvals. > Educate on the amount of time before body develops immunity. > Describe what is needed to reach population level protection. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Address additional concerns or themes that arise as needed.	General population

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
Phase 3	Call Centre	> Respond to incoming calls. > Provide education on COVID-19 vaccine. > Collate key themes for continuous monitoring.	Continued from Phases 1 and 2: > Provide credible information in response to all incoming inquiries. > Highlight credible sources of information to promote informed decision making. > Relay important themes both internally and externally as needed.	General population
Phase 3	Targeted Communications	> Ensure vaccine updates are provided to appropriate audiences through Advisory Articles, Advisory Alerts, and the Vaccine Bulletin as indicated. > Conduct presentations for key stakeholders in the municipality. > Provide information updates and training sessions as needed to public health staff and partners. > Work with Indigenous partners to ensure the implementation of ethical and equity principles	New in Phase 3: > Share information on vaccine arrival and Phase 3 vaccination. > Continue to share new developments on the COVID-19 vaccine as they arise. Continued from Phases 1 and 2: > Provide up to date information on all available clinic sites and those eligible to receive the vaccine in a timely manner. > Provide information on the roles of each level of government and the role of local public health in vaccine distribution. > Describe vaccine planning and distribution as a core function of Public Health. > Provide information on key population groups for vaccination. > Promote safety and efficacy of vaccines. > Highlight credible sources of information to promote informed decision making. > Promote need for continued public health measures. > Highlight credible sources of information to promote informed decision making. > Report local vaccine data and information to maintain commitment of transparency and accountability. Data reported could include local vaccine uptake numbers, type of vaccines	Health care providers Municipal representatives

Distribution Phase	Tactic	Strategy and Medium	Topic	Target Audience
			administered, demographic information, adverse reactions, and other data deemed relevant.	

Public Health maintains committed to keeping the public informed. We will set up communication channels to get answers out as soon as we can.