

Guidance for Provision of Doses to Long-Term Care Homes (LTCHs) and Retirement Homes (RHs)

This document provides key readiness requirements that should be completed prior to a home receiving any COVID-19 vaccine.

Readiness Checklist for LTCHs/RHs Receiving Vaccine

Up to 2 days before receipt of vaccine, homes should complete all readiness activities per checklist below.

Readiness Area	Requirements	Completed (Y/N)	If no, please indicate steps to complete
1. Program Planning & Governance	a) Partnership and Accountability structure is established with local Public Health Unit and Hospitals (as applicable)		
	b) Key contact from PHU and vaccine lead at home identified, with a regular cadence for communication established to raise any concerns or issues		
	c) Memoranda of Understanding (MOUs) signed between PHU and home where necessary to ensure accountability for: <ul style="list-style-type: none"> a. Vaccine storage and handling 		

	<ul style="list-style-type: none"> b. Vaccine administration c. Inventory management d. COVax data entry within 24 hours e. COVax use 		
	<p>d) Process and timeframe for documenting opportunities for improvement in place, i.e., continuous quality improvement, with opportunities for homes to check-in with PHUs</p>		
<p>2. Communication Protocols</p>	<p>a) Communication contact(s) identified to work with PHU Communications Team (supported by Ministry of Health Communications Team where necessary)</p>		
	<p>b) Communication plans for site are in place regarding:</p> <ul style="list-style-type: none"> • Outreach to residents or their substitute decision makers, family, essential caregivers (ECGs), and staff to ensure awareness of vaccine availability <ul style="list-style-type: none"> ○ Consider developing targeted communications tactics such as materials on vaccine safety, why it is important to get the vaccine, what to do after getting a vaccine. ○ The LTC COVID-19 Vaccine Promotion Toolkit (available in 12 languages) can be 		

	used off-the-shelf or consulted as a basis for in-house materials.		
	c) Communications protocol in place		
3. Clinic Planning, Logistics, and Oversight	a) Infection prevention and control (IPAC) measures in place, following local PHU guidance and protocols where applicable		
	b) HHR plan has been established for vaccine administration and COVax data collection		
	c) Plan in place to avoid/minimize wastage of extra doses		
	d) Staff are trained on correct vaccine administration including consent process, screening, and post-vaccination recovery in place, per Ministry of Health guidelines		
	e) Resident/staff/employee/ECG movement protocols in place and tested/dry runs complete , including management of AEFIs		
	f) Sufficient immunization supplies and PPE are available from PHU, including relevant supplies to manage AEFIs		

	<p>g) Paper consent and screening forms available for individuals who decline consent to data collection</p>		
	<p>h) Process to store paper consent forms established, and ownership/accountability of forms determined in line with institutional protocols for managing PHI</p>		
	<p>i) Process in place to monitor for adverse events following immunization (AEFIs) such as allergic reactions and reporting of events to local public health unit (per standard practice), and AEFI reporting forms reviewed</p>		
	<p>j) Protocol in place for tracking vaccination administration coverage amongst residents/staff where appropriate</p>		
<p>4. Vaccine Receiving, Storage, and Movement</p>	<p>a) Staff are trained on storage and handling of vaccine</p>		
	<p>b) Staff are trained on preparation of vaccine for administration</p>		

	<p>c) Process in place for ongoing inventory management of vaccine and ancillary supplies, with point person(s) identified</p> <ul style="list-style-type: none"> o PHU specific end-of-day reconciliation processes reviewed 		
	<p>d) Designated vaccine/VAS shipment receiver and back-up receiver identified to intake vaccine upon arrival at the home</p>		
	<p>e) Protocols for excursions/wastage reviewed per Ministry of Health Storage and Handling Guidelines, and local PHU process for documentation and management reviewed</p>		
	<p>f) Backup protocols established in event of freezer/fridge breakdown</p>		
<p>5. IT, Data, and Reporting</p>	<p>a) Roles confirmed for data collection, data entry into COVax, inventory management/reconciliation in COVax</p>		
	<p>a) Training for COVax has been completed</p> <ul style="list-style-type: none"> • Training modules completed should reflect type of user (i.e. those with vaccinator status only need to complete clinical flow training) 		

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	<ul style="list-style-type: none">• PHU should provide Ministry IT training schedule and resources		
	b) COVax application has been set up and tested		
	c) List of COVax users submitted to PHU and user accounts confirmed		
	d) COVax dry-run has been completed		
	e) IT protocols and requirements in place as per Ministry of Health IT checklist guidance (Non-Clinic [LTCH, RH] Checklist)		
6. Site and Clinic Security	a) Vaccine fridge/freezer located in secure room with limited access		
	b) Consultation with local police jurisdiction to discuss security requirements <u>if vaccine is being held overnight</u>		
	c) Review and implement security requirements by local police as needed (<u>if vaccine is being held overnight</u>)		