

Mobile Team Vaccine

Dose 2 Readiness Checklist

Please complete this checklist and submit it to your Site Lead and mobilevaccinationteam@uhn.ca by 5:00 pm today.

LTCH/RH Information	
LTCH/RH name	
LTCH/RH address	
Scheduled dose 2 vaccination date and time (0900 or 1300)	
If your home is scheduled for more than one dose 2 clinic, please indicate date of additional visit(s)	
Key Roles to Identify	
Team member who will accept vaccine shipment delivery	
Name:	Role:
Email:	Phone:
Site lead who will meet the Clinical Vaccination Team when they arrive at the site	
Name:	Role:
Email:	Phone:
Information about your home that we will share with the Clinical Vaccination Team	
Parking: Please provide details as to where the Clinical Vaccination Team should park	
Home layout: Number of floors and units at your home including number of residents per unit/wing	
Outbreaks: Do you have any units/floors on outbreak? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any COVID positive patients or persons under investigation in your home? If yes, please identify which floors/units they reside on	<input type="checkbox"/> Yes <input type="checkbox"/> No
Centralized vaccination or room-to-room Describe your plan for how you recommend the Clinical Vaccination Team administer vaccines to your residents; if a hybrid approach, please indicate which units will use which method	<input type="checkbox"/> Centralized <input type="checkbox"/> Room-to-room <input type="checkbox"/> Hybrid Comments
Any additional considerations that the Clinical Vaccination Team should be aware of (e.g. patient population, cultural/language considerations etc.)	

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Reassessment	
I have a strategy in place to ensure all residents, staff, and ECGs who will be receiving dose 2 are reassessed following the screening criteria in the consent form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplies	
PPE: I confirm that our home has extra PPE for the Clinical Vaccination Team in the event they end up requiring additional PPE during the clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVax	
<p>Is your site going to input the client load template information into COVax independently? If yes, please list the contact information of the individual who is trained to do this.</p> <p>Please note:</p> <ul style="list-style-type: none"> If you require support, please contact the Ministry of Health (MOH). This contact information is included in PowerPoint <p>If you would like Mobile Team Vaccine to do this on your behalf, follow steps in the PowerPoint to send to the team</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: Role: Email: Phone:
Do you provide consent for UHN to help upload data on your behalf into COVax should you ask them for this support (via the mobilevaccinationteam@uhn.ca email)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that our site is responsible for collecting the information required for COVax and documenting that the vaccination occurred in the resident's medical file (delegated from Clinical Vaccination Team).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cold Chain Storage	
I confirm our home has a dedicated vaccine refrigerator stored in an area with limited access and our home has submitted the temperature log (between 2 – 8 degrees) for the past 14 days to a Toronto Public Health.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staffing & Monitoring Requirements	
I confirm we have plans in place to monitor recipients of the vaccine for the required 15 minute observation period (and booked extra staff to support this, if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>I confirm our Medical Director/Physician lead will be on site during and the day after the Dose 2 Vaccine Clinic to provide support and help manage any dose 2 reactions (if applicable)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: Role: Email: Phone:</p>
<p>I confirm we have a plan to staff up for the day of and day after the Dose 2 Vaccine Clinic to support symptom management and back fill any staff sick calls</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I confirm we understand how to complete the reporting of any adverse events via the AEFI form and we will fax the completed form to 416-696-3492 or email to AEFI@toronto.ca if we have an adverse event. Note: review this form to understand what qualifies as an AEFI requiring documentation</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
LTCH/RH Quantitative Information	
<p>Residents: This includes <u>ALL</u> residents (e.g. vaccinated, non-vaccinated, COVID positive, isolated, non-isolated, consented, not consented, etc.)</p>	<p>Total number of residents current residing in your LTCH/RH:</p>
<p>Staff: This includes anyone who works in the home, including agency staff, contractors and leadership; includes <u>ALL</u> staff (e.g. vaccinated, non-vaccinated, etc.)</p>	<p>Total number of staff in your LTCH/RH :</p>
<p>ECGs: Only include those with official ECG designation. We are unable to vaccinate additional family members at this time</p>	<p>Total number of ECGs in your LTCH/RH:</p>