

# Mobile Team Vaccine Moderna Dose 2 Process Overview

January 2021



# Dose 2 Mobile Team Vaccine Clinic Overview

The Clinical Vaccination Team will be providing **dose 2 Moderna vaccine to residents, staff and essential caregivers (ECGs)** who received dose 1 of Moderna

- Timing of dose 2 is **within 21-28 days** after dose 1 (as per Moderna guidelines)
- The exact date of your **Dose 2 Vaccine Clinic** will be sent via email
- It is the responsibility of the site to ensure all residents, staff and ECGs that received their dose 1 **are at the site for dose 2**
  - If you had additional primary care physicians and/or hospital staff vaccinated during dose 1 (part of the “no dose wasted” plan), we will work with you to ensure these individuals are back for dose 2
- As a result of a vaccine supply shortage, **we are unable to provide any additional dose 1 vaccinations at this time**

# Dose 2 Considerations – Consent

## Consent

- Another consent for dose 2 is not required
- Consent for dose 1 included dose 2 administration within 21-28 days

## Reassessment

- All residents, staff and ECGs must be reassessed before dose 2 following the screening criteria
  - Resident reassessment should be completed by a clinician
  - Staff and ECGs should review eligibility criteria on the consent form to ensure they still meet all criteria and flag the LTCH/RH if they do not
- **Confirmation of reassessment**
  - Verbally confirm reassessments are complete on call 48 hours before your site visit
  - Document confirmation in the client load template
- The Clinical Vaccination Team will complete a final reevaluation validation before administering vaccines

## Screening questions required for reassessment

(refer to the *COVID-19 Pfizer Moderna Consent Form*):

- Do you have symptoms of COVID-19 or feel ill today?
- Have you previously had an allergic reaction to any vaccine (including your first COVID-19 vaccination or any component of the Moderna vaccine)?
- Are you allergic to polyethylene glycol (PEG) which is contained in the vaccine?
- Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?
- Are you or could you be pregnant?
- Are you breastfeeding?
- Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g. high dose steroids, chemotherapy)?
- Do you have an autoimmune disease?
- Do you have a bleeding disorder or are taking medications that could affect blood clotting (e.g. blood thinners)?
- Have you ever felt faint or fainted after past vaccination or medical procedure?

# Client Load Template: BEFORE Your Dose 2 Vaccine Clinic

Before your Dose 2 Vaccine Clinic we need to validate the exact number of residents, staff and ECGs who will be receiving the vaccine:

- A new *Client Load Template* will be emailed securely listing names and demographic information of all residents, staff & ECGs who we anticipate to be vaccinating with dose 2
  - This information was provided by your site for dose 1
- You will need to validate this list **in detail** in advance of the Dose 2 Vaccine Clinic
  - **It is your responsibility** to ensure this verification is comprehensive
- If there are any residents, staff and/or ECGs that received Moderna dose 1 and are not in this template or are no longer at your LTCH/ RH, it is **your responsibility to identify and share with our team**
  - For example: Resident received dose 1 and was transferred to another home, or is now in hospital or home; Resident received dose 1 at another site was transferred to your home

Reassessment Documentation:

- The LTCH/RH is responsible for documenting confirmation that reassessment was completed for all of these individuals by indicating “yes” in this column of the client load template

AA	AE	
	Reassessment of this resident, staff or ECG was completed utilizing the screening criteria outlined in the COVID 19 consent form	P
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	
	Yes	

# Client Load Template: DURING Your Dose 2 Vaccine Clinic

**During the Dose 2 Vaccine Clinic**, LTCH/RH staff will document dosage information into the *Client Load Template* for each **resident, staff and ECG** receiving the vaccine

Fill in all **red** columns in this template for all residents, staff and ECGs that have consented:

- Product name
- Lot Number
- Dose Amount
- Dose Number
- Anatomical Site
- Route
- Date Given
- Time Given
- AEFI
- Dose administered by:
  - Last name
  - Legal First name
  - Designation
  - Professional License Number

AA	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
Dosage Info ->	Reassessment of this resident, staff or ECG was completed utilizing the screening criteria outlined in the COVID 19 consent form	Product Name	Lot #	Dose Amount	Dose#	Anatomical Site	Route	Date Given (YYYY-MM-DD)	Time Given	AEFI?	Dose Administered By Last Name	Dose Administered By Legal First Name	Dose Administered By Designation	Dose Administered By Professional License Number

## Reminders:

- AEFI: Do not forget to complete the AEFI column
- Given By: "XXX hospital vaccination team" is not acceptable. **Must write** clinician's last/first name, designation and license number

# Client Load Template

## AFTER Your Dose 2 Vaccine Clinic

### Option One:

If your site feels comfortable inputting information into COVax independently, please do so within 24 hours of your clinic

- This would be our recommendation for QA purposes, ability to account for any future vaccinations, and ability to print proof of vaccination receipts
- If you are doing this independently and require any support, please contact the MOH Support Team (Service Desk):
  - Phone: (416) 327-3512 or Toll Free [1-866-272-2794](tel:1-866-272-2794)
  - Email: [PublicHealthSolutions@Ontario.ca](mailto:PublicHealthSolutions@Ontario.ca)
  - Hours: 7:00am to 10:00pm, 7 days per week
- You can also connect via MS teams (Daily, 8:00am-6:00pm) with a video conferencing device:
  - [923074430@msteams.ontario.ca](mailto:923074430@msteams.ontario.ca)
  - Video Conference ID: 114 673 184 0
  - [Alternate VTC dialing instructions](#)
  - Call in (audio only):  
[+1 647-749-1728](tel:+16477491728), [780359341#](tel:+1780359341) or  
[833\) 250-5389](tel:+18332505389), [780359341#](tel:+1780359341)  
Phone Conference ID: 780 359 341#

### Option Two:

If you require support, email your completed *Client Load Template* to [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca) following the steps below and Mobile Team Vaccine will input in COVax on your behalf

1. Save the file with the name of **your site** (e.g., NYGH Cummer Lodge\_CLIENTS\_LTCH\_LOAD\_v14\_with Dosage V5)
2. Go to <http://fileshare.uhn.ca/>
3. Drag and drop the completed template to the grey box (or click the grey area and select your file) and click *Next*
4. Select Patient Info (in red)
5. Document the download password, then create and document the unzip password and click *Next*
6. Enter in [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca) under *email address* with the subject "[site name] Client Upload Template" and click *Done*
7. Please send the download password and unzip password in separate emails to [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca)



# Additional Documentation

In addition to all resident, staff and ECG vaccinations being documented in the client load template, each require **additional documentation**:

- **Resident vaccines:** must also be documented in charts as you would for any other immunization, following your home's standard operating procedures
- **Staff and ECG vaccines:** must also be documented on the **bottom portion** of the "*C-19 Vaccine data entry form v1.1*"
  - This is their receipt for receiving the vaccine
  - You only need to fill out the bottom section of this form below the scissor line

Ministry of Health Ontario  
COVID-19 Vaccine Data Entry Form Version 1.1 – December 30, 2020

**CLIENT INFORMATION**

Last Name First Name Identification (e.g. health card number)

Long-Term Care Home or Retirement Home Name (if applicable) Gender  Male  Female  Third Gender  Other  Prefer not to say

Date of Birth (month, day, year) Age  Your first or second dose of the vaccine  First  Second Please indicate the date of birth of the vaccinee: / / (month, day, year)

**PROXY INFORMATION**

Last Name First Name Phone

Relationship to Client:  Child  Friend  Roommate  Spouse/Partner  Power of Attorney -  Maker - SDM  Other

**CONSENT**

Consent to data collection  Consent to receive the vaccine

Consent to receive communications:  by email  by phone/SMS

Consent to receive communications regarding COVID-19 vaccine:  by email  by phone/SMS

Agent COVID-19 Product Name COVID-19 Vaccine Moderna Dose 0.5 ml

Anatomical Site  Left deltoid  Right deltoid  Intramuscular Dose # 1 of 2

Date Given / / Time Given AEFI?  Yes  No

Given By (Name, Designation) Location Authorized By

Reason for Immunization  Health worker: LTC Home  Health worker: Retirement Home  LTC Home Resident  Advanced care unit dwelling  Community dwelling  In acute care, LTC, RHs  Indigenous community dwelling  Electronic health care

Reason immunization not given  Determines immunization is contraindicated  Immunization but no consent  Determines that immunization will be temporarily deferred

Your dose 2 of 2 is scheduled for: / / (month, day, year) : am pm

Vaccinator: Please copy relevant information from above into the receipt below. Tear off the receipt and provide to the client.

Ministry of Health / ministère de la Santé Ontario

Name/Nom: \_\_\_\_\_

Health Card Number/Numéro de la carte Santé: # # # # #

Date of Birth/Date de naissance: / / (month / day / year)

Date/Date: / / (month / day / year) : am pm

Agent: COVID-19

Product Name/Nom du produit: COVID-19 Moderna Vaccine Mod

Lot/Lot: \_\_\_\_\_

Dose/Dose: 0.5 ml

Route/Voie: Intramuscular / intramusculaire

Site/Site:  Left deltoid / deltoïde gauche  Right deltoid / deltoïde droit

Dose/Dose 1 of 2

Administered By/administré par: \_\_\_\_\_

Location/Lieu: \_\_\_\_\_

Your dose 2 of 2 is scheduled for/ Votre 2e dose est prévue pour: / / (month / day / year) : am pm

# Vaccine Arrival

- Confirm that you have a fridge, between 2 – 8 degrees, that has been temperature checked twice daily for 14 days (and document temperature check)
- The vaccines will arrive via courier the day of your vaccine clinic between 2 hours – 15 minutes before clinic start time
  - Your site engagement lead will provide more precise timing closer to the clinic date
- **Assign a lead to receive the vaccine**
- **When the vaccine arrives:**
  - Immediately put into the fridge
  - Fill out the Moderna packing slip, take a picture of the slip and send to: [Alison.branigan@uhn.ca](mailto:Alison.branigan@uhn.ca) and [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca)

**UHN** Toronto General  
Toronto Western  
Princess Margaret  
Toronto Rehab

**Packing Slip**

Date: January 9 2021  
Customer ID: [redacted]

Ship To: [redacted] Shipping Address: (if Different) [redacted]

Order Date	Purchase Order #	Salesperson	Packing Date
JAN 8 21	Regional request		Jan 9 21

Item #	Description	Quantity	■
6	vials MODERNA COVID 19 Vaccine - 10doses per vial LOT 300042460 Expiry Date: 5/29/21  Computed expiry date upon arrival: Feb 7 2021 TEMPERATURE READING UPON ARRIVAL:  Signature of person receiving:  Printed name of person receiving and contact phone number:		

Total Quantity of Cases

**Special Notes**  
Storage 2-8C - Expiry 30 days  
Please sign this form (signature and print name) and scan back to [alison.branigan@uhn.ca](mailto:alison.branigan@uhn.ca)  
Any discrepancies to be identified and reported to [alison.branigan@uhn.ca](mailto:alison.branigan@uhn.ca) or 416 262 6330 upon receipt.

Packed By: Eunice Koh  
Checked By: Alison Branigan  
Signature: [signature]



# PPE and Supplies

Supplies the LTCH/RH Must Prepare	Supplies Clinical Vaccination Team Brings
Hand sanitizer pump bottles	Syringes (1' or 3')
Blue pads	25G 1.25" needles or 25Gx1" 1mL VanishPoint syringe
Mobile Carts (3-4)	Alcohol swabs
Garbage bins/bags	Band-Aids
5 Sharps containers	Cotton balls
Extra PPE available for the Clinical Vaccination Team if required (gloves, isolation gowns, level 3 surgical masks & face shields)	Anaphylaxis kit
	PPE for Clinical Vaccination Team

# Mandatory 15 Minute Observation and Adverse Events

- There is a mandatory 15 minute observation period following vaccination
- **LTCH/RH staff are responsible for observation** (please ensure you have enough staff on site for this)

## Adverse events preparation

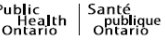
- If you have epinephrine, Benadryl or oxygen on site, please know where it is and have it available
- The Clinical Vaccination Team will also bring an anaphylaxis emergency kit

## If an adverse event occurs:

- The Clinical Vaccination Team will provide medical support
- If additional support needed, LTCH/RH staff will call 911 (as you know your location best)
- Complete the AEFI form, document in your health record and follow local procedures
- Some hospital staff who received dose 2 of Pfizer reported fever, headache, chills, myalgia. Should this happen with your staff or residents they should receive a COVID swab and be isolated; Refer to slide 16 for more detail. ECGs should follow PH guidance.

### Report of Adverse Event Following Immunization (AEFI)

When completed, please send the form to your local [Public Health Unit](#) by a secure means. For more information about AEFI reporting in Ontario visit the [Public Health Ontario website](#). The form should be used to capture AEFIs for all vaccines, including COVID-19 vaccines.



Case ID (for local use only):

#### 1 - CLIENT INFORMATION

Client last name:	Given name(s):	Ontario Health Card #:	Date of Birth (yyyy/mm/dd):
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Unknown	Parent/guardian/caregiver full name, as applicable:		Telephone #:
Address:		City:	Postal Code:
Reported to public health by:	Relationship with case:	Date of report (yyyy/mm/dd):	
Form completed by:		Contact information (if different from above):	

#### 2 - IMMUNIZATION INFORMATION

Date (yyyy/mm/dd)	Time (24hr - HH:MM)	Agent and Manufacturer	Lot #	Exp. date (yyyy/mm/dd)	Dose #	Site	Route

Immunization error:  No  Unknown  Yes\* Describe in Section 4

Previous history of AEFI:  No  Unknown  Yes\* Describe in Section 4

Vaccine administered by:

#### 3 - ADVERSE EVENT INFORMATION (ALL VACCINES. FOR ADDITIONAL COVID-19 VACCINE SPECIFIC EVENTS SEE SECTION 4)

Report only events which cannot be attributed to co-existing conditions. Reactions marked with an asterisk (\*) must be diagnosed by a physician. Record the time to onset of the event (time between vaccine administration and onset of each event) and the duration of each event in minutes or hours or days. If the interval / duration is less than one hour record in minutes, if less than 24 hours record in hours, if greater than or equal to 24 hours record in days.

Local Reaction at the Injection Site	Specify minutes or hours or days		Allergic Reactions	Specify minutes or hours or days	
	Time to onset of event	Duration of event		Time to onset of event	Duration of event
<input type="checkbox"/> Pain/redness / swelling extending past nearest joint			<input type="checkbox"/> Event managed as anaphylaxis		
<input type="checkbox"/> Pain/redness / swelling lasting 4 days or more			<input type="checkbox"/> Oculorespiratory syndrome (ORS)		
<input type="checkbox"/> Infected abscess*			<input type="checkbox"/> Allergic reaction - skin (E.g. hives)		
<input type="checkbox"/> Sterile abscess*			Neurologic Events	Time to onset of event	Duration of event

# Dose 2 Vaccine Clinic Day – Process

## Before the clinic

- Ensure site is set up and prepared
- Huddle with your staff that are supporting the clinic to ensure everyone knows what is going to happen and is prepared
- Vaccine delivery

## At the start of the clinic

- Clinical Vaccination Team will arrive at your designated clinic time
  - Note: if coming in the afternoon, may arrive early or late depending on previous clinic length
- Site lead from your organization greets the Clinical Vaccination Team: the two teams discuss the plan and make changes as required

## Vaccine preparation

- 1-2 Clinical Vaccination team members will prepare the vaccines
- **Please set up:**
  - A table next to the fridge
  - Ensure space has good lighting
  - Sharps container and garbage nearby

# Dose 2 Vaccine Clinic Day – Resident Vaccination Process

## Vaccine administration

- The Clinical Vaccination team members will administer vaccines
- They will spread out into mini teams on different floors, up to 4 floors at a time → Please prepare your staff for this

## Centralized vaccine model

- Identify a room (e.g. dining room) on each floor where residents can come for their vaccination and 15 minute observation
- Ensure residents are physically distanced throughout this time and wear masks
- Consider employing porters/support staff to help transport residents to and from

## Individual room model

- Residents who cannot ambulate, have responsive behaviors or need to remain in their room can be vaccinated in their room
- Consider setting residents up in their doorway, if appropriate
- Consider 15 min observation strategy

## Outbreak units

- Will be visited last
- COVID negative patients can be vaccinated in a central room on this unit if appropriate or at the bedside
- Have a separate cart for sharps container so this can be brought in and out of room without contaminating main cart
- Other IPAC precautions should be discussed day of with both teams

## Staff and ECGs will typically be vaccinated after residents

- Consider asking them to arrive 1 hour into your clinic time

# Dose 2 Vaccine Clinic Day – Resident Vaccination Process (cont'd)

## LTCH/RH staff roles

- Observe residents for 15 minutes
- Confirm patient ID, allergy history, support residents as required
- Document in client load template & in resident's chart/ *C-19 Vaccine data entry form v1.1* for staff & ECGs
- Lead on each unit – with list of residents who have consented, who will be vaccinated & consent forms – knows which residents require bedside vs centralized administration → Please prepare you staff for this

## Supplies to prepare

- Copies of staff/ECG proof of vaccination form (*C-19 Vaccine data entry form v1.1*)
- Empty mobile cart for each floor
- Empty sharps container
- Garbage cans

## Residents

- Dress in short sleeves/loose clothing
- Wear masks & complete hand hygiene

# Dose 2 Vaccine Clinic Day – Staff and ECG Vaccination Process

If you have a large number of staff and ECGs being vaccinated, please follow these preparation steps:

## Vaccine administration

- Clinical Vaccination Team will administer vaccines

## “Clinic” Model

- Identify a large room to set-up a ‘clinic’ with up to 4 vaccine stations and a large observation area with physical distancing
- Set-up an administrative table where administrative roles can help fill out necessary paperwork

## LTCH/RH Staff Roles

- Roamer to go through line and consented staff and ECGs are lined up, reassessments are completed and physical distancing is in place
- Buddy at each vaccine station to document in *Client Load Template* excel and on *C-19 Vaccine data entry form v1.1* for staff and ECGs
- 15 minute observation

## Supplies

- Laptop with COVax Excel downloaded
- Back-up copies of proof of vaccine forms (*C-19 Vaccine data entry form v1.1*)
- Tables and chairs for each vaccine station
- Empty carts
- Empty sharps containers
- Garbage cans
- Sticky note/label to place vaccine time and observation end time on staff/ECGs and pen
- Hand sanitizer

## Staff

- Dress in short sleeves/loose clothing
- Wear masks and complete hand hygiene



# End of Dose 2 Vaccine Clinic Day

- Manually enter client load template data into COVax **within 24 hours or send to [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca)** to complete entry into COVax on your behalf (follow steps on slide 6)
- Send following information to [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca) and your designated site lead

LTCH/RH Site	Vaccine dose (dose 1 or 2)	# Residents vaccinated	# Staff vaccinated	#Essential Caregivers vaccinated	Clinic Start Time	Clinic End Time

**Please note:** Any inappropriate use of the vaccines for non-vulnerable populations will be reportable to regulatory bodies and disciplinary action will be taken. Also, the vaccine becomes unviable if transported without following a very specific protocol.

# Dose 2 Systemic Reactions

Some hospital staff that have received two doses of Pfizer are experiencing onset of typical COVID symptoms following their second dose – fever, headache, chills, muscle pain – after having a largely uneventful first dose of the vaccine. It is unknown whether this will happen with the Moderna vaccine, but below are some suggestions to help you prepare:

## In preparation of Dose 2 administration

- LTC/RH Medical Director order **PRN Tylenol & oral rehydration** for all residents receiving dose 2
- LTC/RH prepare by having **oral fluids & Jell-O** on hand
- Adequate supply of COVID swabs on hand
- Let your hub hospital IPAC lead know what day your home is being vaccinated for awareness
- **Book additional staff**
  - To support fever management overnight & following day
  - Staffing plan to cover anticipated staff sick calls after receiving dose 2
  - Agency staff, NLOT, LHIN staff
  - Small RHs ensure you have a nurse on site

## Dose 2 administration

- All consented residents receive dose 2
- **Medical Director on site** this day and next

## Post Dose 2 administration

All residents who received vaccine receive:

- **Increased fluid intake** to prevent dehydration
- **If febrile:**
  - PRN Tylenol
  - Place on isolation precautions

**If resident displays any COVID related symptoms, they require a COVID swab. (Follow your regular swabbing criteria)**

- Call your hub hospital IPAC lead if you require guidance on swabbing or isolation protocols

If persistently febrile, tachycardic, tachypneic, **notify LTC/RH Medical Director/Lead Physician**

**For additional support**, LTC/RH Medical Director or LTCH/RH nurse contact:

- **Virtual Emergency Departments (EDs)**  
Mon-Fri 2pm-9pm
  - [UHN Virtual ED](#)
  - [Sunnybrook Health Sciences Centre Virtual ED](#)
  - [St Michael's Hospital Virtual ED](#)
- 1-855-LTC-PLUS (24/7 telephone access to consultations with General Internal Medicine specialists)
- **Your hub hospital IPAC lead**

## When to seek Emergency Care

Serious side effects after receiving the vaccine are rare. However, should you develop any of the following adverse reactions within 3 days of receiving the vaccine, seek medical attention right away or call 911 if you are severely unwell:

- Diffuse hives
- Swelling of the face or mouth
- Trouble breathing
- Very pale colour and serious drowsiness
- High fever (over 40°C)
- Convulsions or seizures
- Other serious symptoms (e.g., "pins and needles" or numbness)

Additional information contained in MOH Covid-19 Vaccine After Care Sheet available at:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_vaccine\\_after\\_care\\_sheet.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_after_care_sheet.pdf)

# Next Steps

## 1. Following this Webinar

- You will receive an email post this webinar; please complete the table in email and send back to your Site Engagement Lead

## 2. 48 hours before your Dose 2 Vaccine Clinic

- Validate the *Dose 2 Client Load Template* listing all residents, staff and ECGs who we expect to vaccinate for dose 2
- Identify any residents, staff and/or ECGs that received Moderna dose 1 but are not in the template or are no longer at your LTCH/RH
- You will not be asked to submit the "Vaccine Readiness Checklist for Toronto LTCH and RH -v3" for dose 2; however, please feel free to refer to this to support your preparation activities
- We will schedule a meeting ~48 hours before your Dose 2 Vaccine Clinic to finalize your Dose 2 Vaccine Clinic plan (e.g. review key reminders, validate outbreak status, answer any specific questions, etc.)

## 3. The day of your Dose 2 Vaccine Clinic

- When you receive the vaccines, fill out packing slip and send a picture of it to your Site Engagement Lead
- As soon as your clinic is finished, fill in table below and email to your Site Engagement Lead

LTCH/RH Site	Vaccine dose (dose 1 or 2)	# Residents vaccinated	# Staff vaccinated	# Essential Caregivers vaccinated	Clinic Start Time	Clinic End Time

## 4. Within 24 hours after your Dose 2 Vaccine Clinic

- Input client load template information into COVax independently or email to [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca) through file share

**Questions?**