

# Mobile Team Vaccine – COVax Guidance

## Client Load Template Instructions: Dose 2 Moderna

Before your Dose 2 Vaccine Clinic, we need to validate the exact number of residents, staff and essential caregivers (ECGs) who will be receiving the vaccine. A new *Client Load Template* will be emailed securely to you listing names and demographic information of all residents, staff and ECGs who we anticipate to be vaccinating at your site with dose 2.



**NOTE:**

- The information in the *Client Load Template* was provided by your site for dose 1
- Please review pages 4-5 for more information on receiving files through the secure File Portal

The client load template you that you will receive will look like this:

[illegible]

### IMPORTANT:

**You must validate the contents** of the Client Load Template 48 hours before your Dose 2 Vaccine Clinic to inform the pharmacy order

Please follow the steps below in order to validate and submit your Dose 2 Client Load Template. **Please note:** During your pre-clinic call, **48 hours before your Dose 2 Clinic**, we will ask you to notify us of any discrepancies on this form – this will be the opportunity for us to resolve any discrepancies and finalize dose 2 recipients.

1. Once you receive the Client Load Template, you will need to validate this list **in detail** in advance of your site's Dose 2 Vaccine Clinic
  - **It is your responsibility** to ensure this verification is comprehensive
  - Please **identify and share with the team** and indicate in the Client Load Template any:
    - residents, staff and/or ECGs that received Moderna dose 1 and are not in the template (e.g. resident received dose 1 at another site was transferred to your home)
    - residents, staff and/or ECGs no longer at your LTCH/ RH (e.g. resident received dose 1 and is now in hospital or at home)
2. **NEW: Reassessment Documentation**
  - All residents, staff and ECGs must be reassessed before dose 2 following the screening criteria included in the COVID-19 Pfizer Moderna consent form
    - 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
  - The LTCH/RH is responsible for documenting confirmation that reassessment is completed for all of these individuals by indicating "yes" in this column of the client load template
3. During the Dose 2 Vaccine Clinic, LTCH/RH staff will document dosage information and will need to input the following information into the Client Load Template for each resident, staff and ECG vaccinated.

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4. Complete all columns in **red** in this template (as shown in the image below):

- **Product name:** [please enter: COVID-19 Moderna Vaccine Mod]
- **Lot Number:** [please ask the Clinical Vaccination Team to provide this]
- **Dose Amount:** [please enter: 0.5ml Moderna]
- **Dose Number:** [please enter: 2 of 2]
- **Anatomical Site:** [please select: Right Deltoid or Left Deltoid]
- **Route:** [please select: Intramuscular]
- **Date Given:** [please note the date]
- **Time Given:** [please note the time]
- **AEFI:** [please note yes or no]
- **Dose Administered by** [please work with the Clinical Vaccination Team to ensure this is happening during vaccinations]
  - **Last Name**
  - **Legal First Name**
  - **Designation**
  - **Professional License Number**



## IMPORTANT:

Please ensure these red columns are completed. This includes the lot number, full name and licence of the clinician who administered the vaccine – these fields were often missed on dose 1 and have led to a great deal of corrections being required.

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
	Yes	COVID-19 Moderna Vaccine Mod	1300042698	0.5ml (Moderna)	2 of 2	Left Deltoid	Intramuscular	2021-01-29	11:01	No	Anderson	Lucy	Doctor	23476
	Yes	COVID-19 Moderna Vaccine Mod	1300042698	0.5ml (Moderna)	3 of 2	Left Deltoid	Intramuscular	2021-01-29	11:02	No	Anderson	Lucy	Doctor	23477
	Yes	COVID-19 Moderna Vaccine Mod	1300042698	0.5ml (Moderna)	4 of 2	Right Deltoid	Intramuscular	2021-01-29	11:03	No	Anderson	Lucy	Doctor	23478
	Yes	COVID-19 Moderna Vaccine Mod	1300042698	0.5ml (Moderna)	5 of 2	Right Deltoid	Intramuscular	2021-01-29	11:04	No	Raheya	Michael	Doctor	33492
	Yes	COVID-19 Moderna Vaccine Mod	1300042698	0.5ml (Moderna)	6 of 2	Left Deltoid	Intramuscular	2021-01-29	11:05	No	Raheya	Michael	Doctor	33493

## Submitting Client Load Template into COVax

The information dosage information from the *Client Load Template* then needs to be input into COVax using one of the following options:

- **Option One – inputting into COVax independently:** If your site feels comfortable inputting information into COVax independently, please do so within 24 hours of your clinic
- **Option Two – support from Mobile Team Vaccine:** 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

### Option 1: Inputting into COVax Independently

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

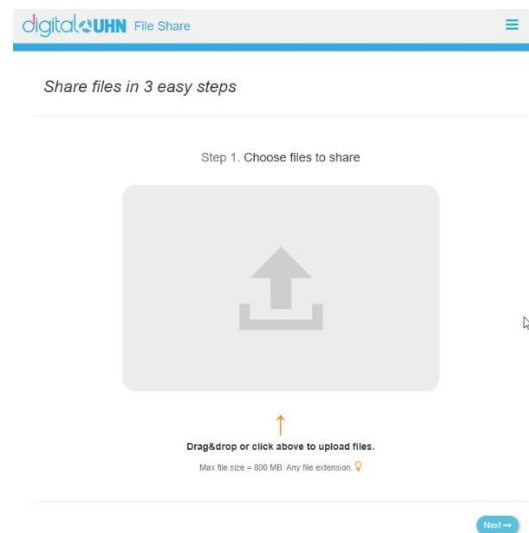
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2. This would be our recommendation for QA purposes, ability to account for any future vaccinations, and ability to print proof of vaccination receipts
3. If you are doing this independently and require any support, please contact the MOH Support Team
  - (Service Desk): Phone: (416) 327-3512 or Toll Free 1-866-272-2794, 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,,780359341# or (833) 250-5389,,780359341# Phone Conference ID: 780 359 341#

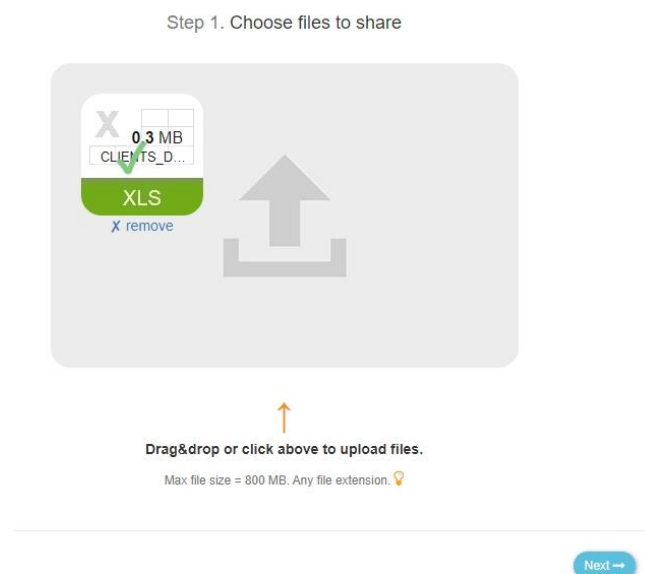
## Option 2: Support from Mobile Team Vaccine

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)



4. The new screen will show an icon of the file you added, then click *Next*



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5. This will bring you a screen where you will be selecting the protection level of the file
6. As these documents contain PHI, you will need to select the **Patient Info** icon in **red**. Click **Next**
7. This will bring you to the page where passwords are created, and the system will automatically create the *Download password* for you
8. Document the download password, then create and document the Unzip password
  - For the *Unzip password*, you create this, and the password must meet the following criteria:
    - Between 8-12 characters
    - Have at least one Capital letter
    - Have at least one Number
9. Once you have created your password, click on the *Next* button to move forward
10. On the next screen, please enter in the following and click *Done*:
  - Email address:  
[mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca)
  - Optional email subject: [site name] Client Upload Template
11. Please send the download password and unzip password in separate emails to [mobilevaccinationteam@uhn.ca](mailto:mobilevaccinationteam@uhn.ca)

## Step 2. Choose protection level

<input type="radio"/> Public	- no password protection ⓘ
<input type="radio"/> Confidential	- password required to download ⓘ
<input checked="" type="radio"/> Patient Info	- passwords required to download and unzip ⓘ

## Step 2. Choose protection level

<input type="radio"/> Public	- no password protection ⓘ
<input type="radio"/> Confidential	- password required to download ⓘ
<input checked="" type="radio"/> Patient Info	- passwords required to download and unzip ⓘ

Download password: cooking ⓘ

Unzip password:  ⓘ

Write down password(s) and communicate to people you want to give access to your files.

Communicate password(s) separately, using different means of communication, for example, phone call, text message, or in person.

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Next →

## Share files in 3 easy steps

### Step 3. Your email address

The download link will be sent to the address you specify below.  
You can then share that link with the people you want to give access to your files.

Your email address:

Optional email subject:

- ☒ Remember me on this device
- ☐ Notify me when files are downloaded

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Done

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## Receiving Files through File Portal

1. You will receive *two separate emails* for your file. The first email will contain a link to the UHN File Portal where you can access the file. (The email text will be similar to the example)
2. The second email will contain the two passwords you need to unlock the file (the email text will be similar to the example)
3. Clicking the link on the first email, will take you to the *Password* page
4. On this screen, you will enter the password labeled **Download Password**. In our example, it is **cooking**

From: UHN File Share <NoReply.UHNFileShare@uhn.ca>  
Sent: January 25, 2021 11:03 AM  
To: McNeil, Tom <Tom.McNeil@uhn.ca>  
Subject: Your UHN File Share upload - COVax Dose 2 File

UHN File Share Notification

--- COVax Dose 2 File ---  
Your file upload was successful.  
To have others download your file(s), please send them this web link:  
<https://fileshare.uhn.ca/download/4922f539-79ef-4035-abd7-cb0a697c5c6e>  
Please note that this file upload will expire in 30 days.

**Download Password: cooking**  
**Zip File Password: TestFile1**

digitalUHN File Share

Please enter your Download Password

Password:

Submit



### NOTE:

For the following steps, you will require an application that unarchives zipped files. If you cannot unzip files, common programs are WinZip and 7-zip. 7-zip is a free application you can download from their [website](#). It is recommended you speak with your internal IT regarding this.

5. Once you submit the password, a prompt at the bottom of the screen will appear

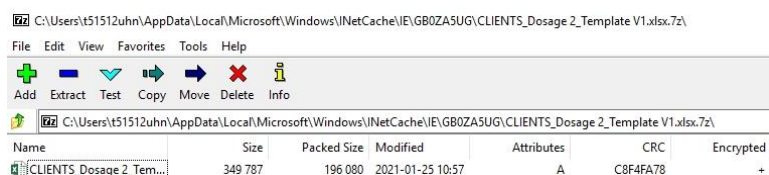
Do you want to open or save CLIENTS\_Dosage 2\_Template V1.xlsx.7z (191 KB) from fileshare.uhn.ca?

Open

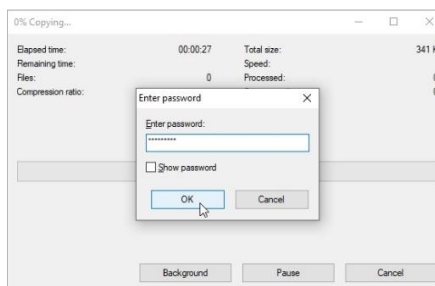
Save

Cancel

6. Clicking on the Open button will bring up a new window showing you the name of the file



7. Here, you can double click on the file to open it. This brings up a prompt to enter the **Zip File Password** you received, in this example **TestFile1**



8. Once you have entered the password and clicked on OK, the file will open on your computer