COVID Immunization-Long Term Care Collaborative Model Region of Waterloo

June 2, 2021

Goal: To support LTCHs in the selfmanagement of COVID-19 immunization for staff, residents and essential care providers

Partners:

- Waterloo Wellington Nurse-Led Outreach Team (NLOT)
- Home and Community Care Support Services Waterloo Wellington
- > Region of Waterloo Public Health
- uWaterloo School of Pharmacy/Centre for Family Medicine

Model Overview - 4 Steps

Step 1: Long Term Care Homes identify thresholds of residents/staff/essential caregivers for vaccinations

Consider collaboration with other on-campus congregate living sites (e.g. retirement homes) or other nearby LTCHs

Step 2: Preparing for vaccination

- Reach out to NLOT Team for:
 - Coordination of onsite clinic and review of operational processes
 - Order vaccine and supplies from Public Health
 - Onsite support for vaccine management (draw-up Pfizer™, training for Moderna™) and coordination of clinics
 - Support arranged through NLOT from University of Waterloo School of Pharmacy/Centre for Family Medicine as required for large clinics (60-100)
 - Assistance with the coordination of vaccine distribution for partnering homes
 - COVax entry support

Model Overview - cont'd

Step 3: Immunization

- Registered staff (nursing/pharmacist) in the LTC administer vaccines
- NLOT Nurse Consultant will administer vaccines that they have drawn up and are transporting to other sites (i.e. residents at multiple homes requiring 1-2 doses per site and do not have enough requirements for a full vial/clinic)
- One agent per clinic (i.e. Pfizer™ or Moderna™ to avoid risk of wrong agent being given)

Step 4: Post-vaccination responsibilities

- COVax entry
- Submission of Accountability Log to Public Health
- Ensure 2nd dose timing
- Notifying Public Health for staff who have received vaccine onsite to cancel any mass immunization clinic booking
- Arrange follow up clinic with NLOT as required

NLOT COVID-19 Vaccine Initiative Process





NLOT COVID-19 Vaccine Support for Long-Term Care and Retirement Homes

COVID-19 Vaccination Need Identified

- LTC/RH home identifies residents who require COVID-19 vaccine (1st or 2nd dose)
- LTC/RH identify which vaccine is required and doses (e.g. Pfizer or Moderna) and ensures enough indivudals for a vial to be utilized (Pfizer (6), Moderna (10))
- Ensure dose intervals as recommended (drug monograph/MOLTC direction); residents 21-28 days between doses and staff/essential caregivers 112 days (may change based on MOLTC direction)

Onsite Vaccine Clinic Planning

- . LTC/RH connects with NLOT around supporting clinic
- . First clinic planning, arrange a zoom meeting to review the process and needs with the LTC/RH
- . NLOT NC to support home through reviewing process for ordering and planning clinics
- Review storage/handling vaccine, obtaining consent, preparation for management of anaphylaxis, COVax entry etc.
- LTC/RH staff to obtain consent with capable resident/staff/caregiver, or SDM(s) if resident incapable*

Clinic Day

- . NLOT Nurse Consultant to arrive to LTC/RH on day of clinic
- Proceed with rapid antigen testing per requirements
- Clinic set up and review plan with home
- · Review vaccine storage/handling to ensure temperature chain maintained
- NLOT NC to support with vaccine draw up, labelling as required and ensure staff are aware of the time limit to administer
- · Support staff with COVax entry review/education as required

Post-Clinic

- . LTC/RH to complete COVax entry as required for each vaccine administered
- · LTC/RH to complete PH logs as required
- LTC/RH to consult with NLOT once identifies additional staff needing vaccine for another clinic ensuring following requirements for dosing interval as outlined by MOLTC

* The individual receiving vaccination must be able to understand the information relevant to the decision and must be able to appreciate the reasonably foreseeable consequences of that decision, otherwise an SDM should be asked to make that decision on the resident's behalf, (see Corsent and Capacity Board, L.M. [Re], 2003 Can LI48182] SDM: Substitute Decision Maker, NF: Nurse Practitioner, NLOT: Nurse Led Outreach Team

NLOT COVID-19 Vaccine Clinic Checklist





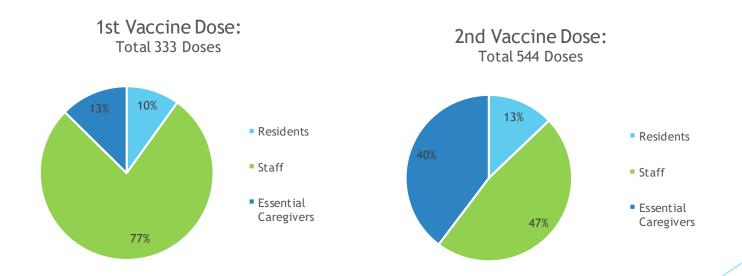
NLOT COVID-19 Vaccine Support Checklist for Long-Term Care and Retirement Homes

1	dentify Need for Vaccination
	$\label{log-log-log} \mbox{Long-Term Care or Retirement Home residents (1^{st} \mbox{ or } 2^{nd} \mbox{ dose interval minimum 21 days between doses for Pfizer$^{\mbox{\tiny M}}$ and minimum 28 days between doses for Moderna$^{\mbox{\tiny M}}$ (per MOH direction for dose interval).}$
	Identify staff or essential caregivers requiring 1^{st} or 2nd dose (per MOH direction for dose interval).
	Identify number of doses needed (Pfizer™ 6 doses/vial and Moderna™ 10 doses/vial), ensuring no waste.
Planning for onsite COVID-19 Vaccine Clinic	
	Contact your NLOT Nurse Consultant to assist clinic planning and draw up vaccine.
	Consult with your MD/NP around ability to support on the day of the clinic or be available by phone if there are questions from pre-screening risk assessment or adverse vaccine events.
	Order vaccine from Region of Waterloo Public Health <u>pheidsvaccineinventorynurses@regionofwaterloo.ca</u> Include LTCH name, date/time of clinic, vaccine and #doses required and contact for home.
	Ensure vaccine storage and handling requirements are maintained.
	Obtain consent for Personal Health Information (PHI) collection in COVax and for vaccine administration prior to clinic with capable resident/staff/caregiver, or SDM(s) if resident incapable *. Consider using paper pre-risk screening assessment and consent form. Note: for staff/essential caregivers, obtain consent to access COVax around dosing schedules as this is their PHI.
	Review COVax entry and ensure you have access prior to clinic date. Ensure a vaccination event was created for your clinic. If no event, email PHECOVAX@regionofwaterloo.ca Note: Staff that are vaccinating clients must be registered with COVax prior to clinic date.
	Consider pre-registering clients for vaccination event prior to clinic.
COVID-19 Vaccine Clinic Day	
	Prepare and set up clinic and supplies. Ensure anaphylaxis management supplies and medical directive available. Have k-basins available for transporting vaccine within the building as vaccine is fragile and needs to be handled with care. Note: Pfizer™ cannot be transported off site but may be walked to another area of the home. If Pfizer™ vaccine is mishandled, contact them directly (1-514-944-9650).
	Confirm consents completed and review pre-risk screening assessment. Consult MD/NP PRN. With consent, document and input email address into COVax for vaccine receipt.
	$NLOT\ Nurse\ Consultants\ will\ support\ with\ vaccine\ draw\ up.\ Administer\ as\ ordered\ within\ 6\ hours\ of\ reconstitution.$
	Document vaccine administration on resident's chart and in COVax for residents and on paper consent and in COVax for staff and essential caregivers. COVax support 1-888-333-0640
	Complete Public Health logs and submit to pheidsvaccineinventorynurses@regionofwaterloo.ca

^{*} The individual receiving vaccination must be able to understand the information relevant to the decision and must be able to appreciate the reasonably foreseeable consequences of that decision, otherwise an SDM should be asked to make that decision on the resident's behalf. (see Consent and Capacity Board, L.M. [8e], 2005 Can LII 48182] SDM: Substitute Decision Maker, MD: Medical Doctor, NP: Nurse Practitioner

COVID-19 Vaccine Initiative Outcomes

- Began May 6, 2021
- Initially supported 1st/2nd doses for residents and 1st doses for staff and essential caregivers
- With change in Ministry direction re: reducing dosing interval between 1^{st &} 2nd doses, both doses supported in this model
- ▶ As of May 31, 2021, supported 877 vaccine doses in 27 LTC homes in Waterloo Region
 - ► Many LTC homes supported large clinics (60-102)
 - Many LTC homes have had multiple clinics
 - Some LTC homes have turned away individuals not pre-booked



Successes & Opportunities

- ► Homes incredibly supportive, engaged and appreciative of this opportunity
- Support from NLOT team who were onsite and previously had developed trusting relationships with LTC homes
- Vaccination of residents (many requiring 1st dose) following admission which has occurred since initial Public Health Mobile Clinic
- Consider opportunities to support those awaiting LTC with vaccination
- Increased staff vaccination rates with reducing barriers of access and providing onsite
- Increased vaccination rates with essential caregivers
- Plan to also support Retirement Homes using same model
- Pilot clinic to be launched in June 2021 with another Public Health Unit using same model
- Reach out from a neighbouring Public Health Unit around this initiative