VAUGHAN

COMMITTEE OF THE WHOLE (1) – JANUARY 19, 2021

STAFF COMMUNICATIONS

Distributed January 15, 2021		Subject
SC1.	Memorandum from the City Manager, dated January 15, 2021.	COVID-19 Vaccine Planning

STAFF COMMUNICATION FOR INFORMATION ONLY

SC 1
Staff Communication
CW (1) - January 19, 2021

DATE: January 15, 2021

TO: Mayor and Members of Council

FROM: Jim Harnum, City Manager

RE: **STAFF COMMUNICATION – January 19, 2021**
COVID-19 Vaccine Planning

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1. Purpose

The purpose of this Staff Communication is to provide Mayor and Members of Council with information received from York Region regarding COVID-19 Vaccine Planning.

Vaughan is a participant on the York Region COVID-19 Vaccine Mass Implementation Advisory Group. This advisory group will plan and execute on identified actions needed to support the COVID-19 Mass Immunization Implementation Strategy.

2. Analysis

On January 12, 2021, a meeting was coordinated with York Region CAO's and Human Resources representatives to provide an update on COVID-19 Vaccine Planning. The meeting discussed how municipalities in York Region will support vaccination centres with an overview of current assumptions, the Vaccine Distribution Plan and Mass Immunization Planning and Staffing (Attachment 1).

Attachment 1: COVID-19 Vaccine Planning, January 12, 2021, Local CAO's Briefing

For more information, contact Jim Harnum, City Manager, 8427.

COVID-19 Vaccine Planning

January 12, 2021
Local CAO's Briefing

Zahra Kassam
Nada Barqawi

York Region

AGENDA

- Current Assumptions
- Update - vaccine distribution plan
- Mass Immunization planning and staffing
- Discussion/Questions

Current Assumptions

- Vaccinate at least 75% of the 1,176,773 YR residents (882,085)
- Public Health role: planning, support, distribution and administration
- Timing of vaccine distribution – starting late 2020 (will come in stages in 2021)
- Initial roll out to priority populations
- Double dose, 3 weeks apart, (at least for two initial vaccines)
- Potential for other providers to support immunization (e.g., physicians or pharmacies) –assumption is these providers to vaccinate 50% of population
- Could run drive-through clinics from April –October
- Support community run drive-through clinics led by local practitioners & mobile clinics led by EMS
- Type of clinic offered will determine the number of vaccinations staff can provide

UPDATE: VACCINE DISTRIBUTION PLAN

DRAFT

COVID-19 Vaccine Distribution Plan

*For deployment of Pfizer and Moderna vaccines**

Phase

Phase I

Phase II

Phase III

Priority Populations

High-risk population vaccination

- 431k — Congregate living for srs. (residents, staff, esst'l care, other employees)
- 458k — Health care workers
- 266k — Adults in First Nations, Métis, and Inuit populations
- 300k — Adult chronic home care recipients

Mass deliveries of vaccines

- 1.5 M — Essential workers
- 3.5 M — Adults (75+, 60-75)
- 500k — At-risk populations
- 4M — Adults (16-60)

Steady state

- <3 M — Remaining eligible Ontarians

Expected Doses

DEC 2020	JAN	FEB	MAR	Move to Ph2	APR	MAY	JUN	JULY	02 AUGUST	AUG – DEC
150,000	350,000	600,000	1.2 M		5 M	5 M	5 M			

Vaccination Sites and Populations Served

(populations identified are not exclusive to each site—PHU guidance will be utilized to determine how each population is best served)

Hospital Site Clinics
- Congregate living
- Health care workers (physicians, nurses, paramedics…)

Mass Site Pilot

Public Health-led Mass Vaccination Sites (incl. continued Hospital sites) – *Occupational Focus*
- Essential workers (first responders (police, firefighters…), teachers, food industry, construction…)
- Adults (16-60)

On-Site Clinics
- Northern / remote First Nations communities
- On-Reserve Indigenous residents
- Adult chronic home care recipients

Pharmacies / Public Health Clinics – *Biological Focus*
- Adults (80→ 75 → 70 → 65…)
- Individuals w/ high-risk chronic conditions + caregivers
- Remaining eligible Ontarians

Mobile Sites – *Social and Geographical Focus*
- Congregate living
- Urban Indigenous
- Other populations and communities at greater risk (racialized…)
- Specific geographic locations (including food production sites)

**dose volumes would change with approval of AstraZeneca and/or other COVID-19 vaccines*

V23 – 03 JAN 2021

Key Phases of the Vaccination Program

Phase I: December 2020 to March 2021.

- Expecting 2.3M doses (~1.2M people) with the focus on high-risk populations. These include congregate living residents/staff, health care workers, First Nations, Métis and Inuit, and adults in chronic home care. Focus is on hospital delivery of Pfizer and use of Moderna in congregate living (for residents) and in indigenous communities.

Phase II: April 2021 to early August 2021.

- Expecting about 5M doses per month with an unknown split between Pfizer and Moderna. Expansion of delivery channels, including mass vaccination clinics, mobile service delivery, and pharmacy and primary care. Potential populations to include: older adults (in age increments 60+), essential workers, other at-risk populations.

Phase III: August 2021 onward.

- Completion of the emergency immunization process and move into a steady state with ongoing vaccinations through regular channels (pharmacy, primary care).

PFIZER VACCINE

Sites for Pfizer vaccine delivery in York Region

- Southlake Regional Health Centre
- Mackenzie Health Hospital

Population to be vaccinated

- Initial target population – LTCH staff
- Secondary target population - Health Care Workers and essential caregivers

Public Health Support

- Consultation and feedback for mass immunization clinic set up and workflow at hospitals and consideration for prioritization of LTCH’s and retirement homes

MODERNA VACCINE

Public Health Role

- Lead
- Distribution and support
- Expected doses: 17,400 or 8,700 vaccinations (Dec 30-Feb 1)

Population to be vaccinated

- Residents of LTCH, retirement homes and congregate settings

COVaxON

- Vaccine handling & storage
- Supply chain management
- Documentation and reporting
- Client booking

MASS IMMUNIZATION PLANNING

PLANNING EFFORTS

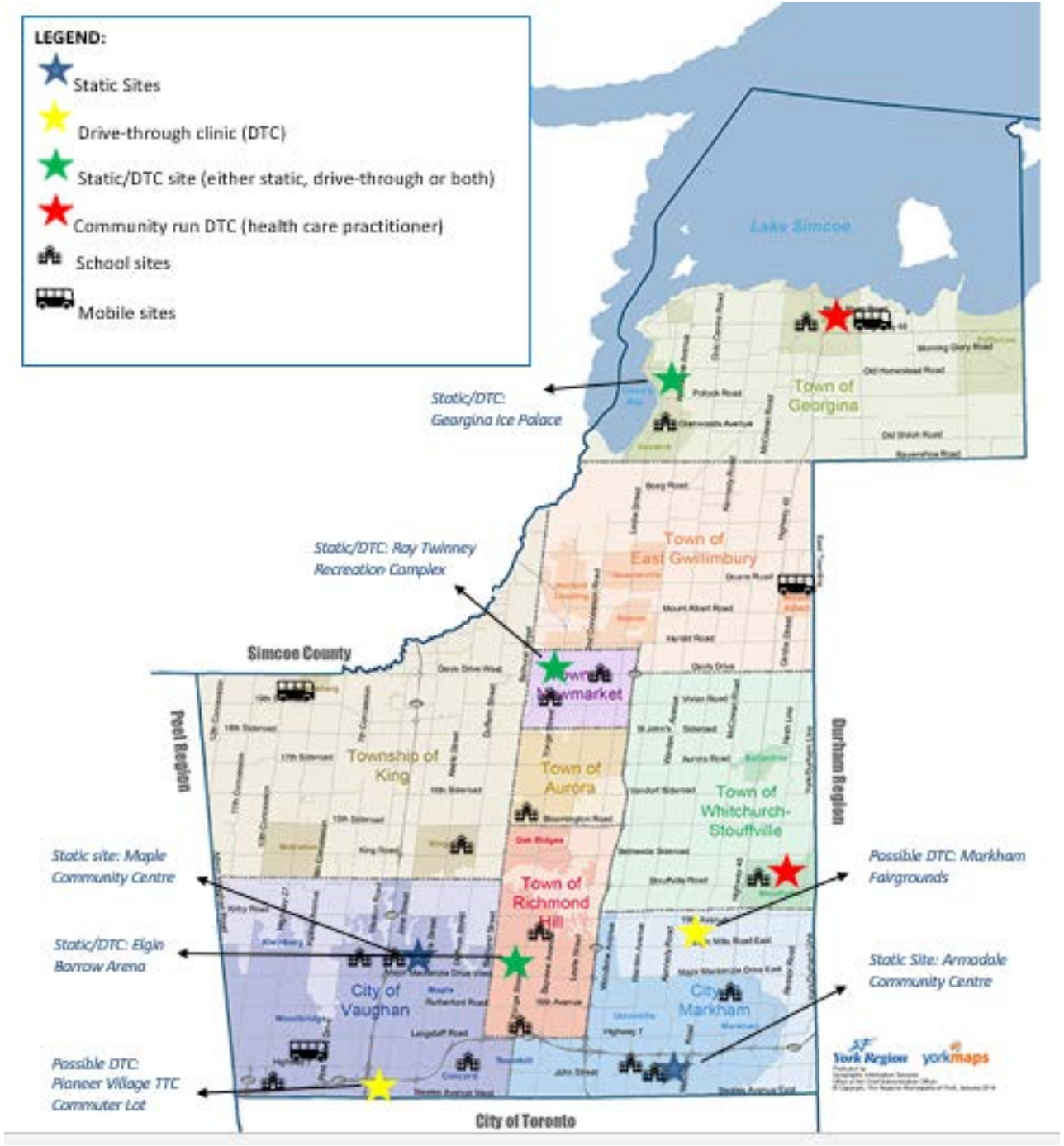
Establishment of COVID-19 Vaccine Mass Implementation Advisory Group to plan and execute on identified actions needed to support the COVID-19 Mass Immunization Implementation Strategy

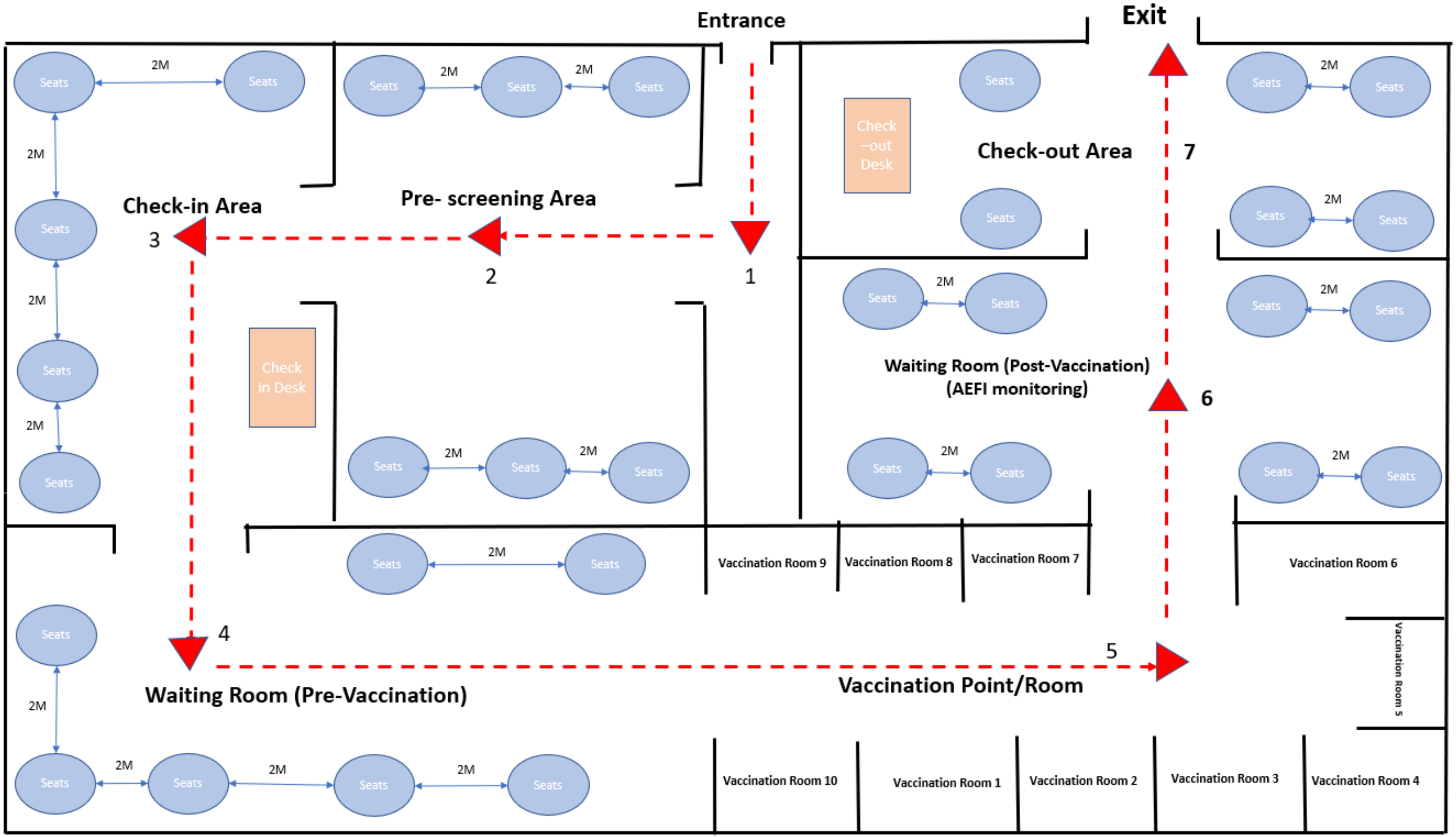
Eight Working Groups:

1. Clinic Planning & Set Up
2. Logistics HR Staffing
3. Onsite Logistics
4. Software Implementation Task Force
5. Communication
6. Practice, Protocols and Training
7. Data Management, Surveillance, Evaluation and Reporting
8. Health Equity

Assumptions and Considerations

- Phase 1 - vaccine distribution
- Phase 2 - outreach program to identified priority populations
  - Sites to be determined
  - Use of YRT buses
- **Phase 3 - general population**
  - Combination of static, mobile and drive-through clinics
  - Sites: 5 MOU locations
  - Mapping exercise to help finalize locations and clinic models
  - Equitable access: Ensure clinics are offered in each municipality and clinic models reflect the needs of the community




Entrance
Exit
Check-in Area
Pre- screening Area
Check-out Area
Check –out Desk
Check in Desk
Waiting Room (Post-Vaccination)
(AEFI monitoring)
Waiting Room (Pre-Vaccination)
Vaccination Point/Room
1
2
3
4
5
6
7
Seats
2M
Vaccination Room 9
Vaccination Room 8
Vaccination Room 7
Vaccination Room 6
Vaccination Room 5
Vaccination Room 10
Vaccination Room 1
Vaccination Room 2
Vaccination Room 3
Vaccination Room 4

MASS IMMUNIZATION STAFFING

Staffing Needs vs. Staffing Availability

Role	Phase 1-2 Range	Phase 2-3 Range	Potential Available	Potential Gap
Clinical Leadership	0 - 8	27 – 31	14.5	12.5 – 16.5
Clinical Staff	9 – 58	188 – 193	102	86 – 91
Support Staff	4 – 31	125 - 140	15 – 17.5	110 - 125

- To achieve “potential available”
  - Further reduce remaining Public Health services
  - Outbreak related workload decreases following phase 1 and 2
  - Clinical staff includes all proactive recruitment (30RNs, 30 part time students or 15FTEs)

Assumptions

- 50% of community immunization in phase 3 would be supported by other stakeholders (e.g., pharmacies, primary care physicians)
  - Dependent on logistics of vaccine and supply
  - Assume some support in phase 1-2 where possible
- Competing priority between vaccine and other COVID operations
- Significant decrease to outbreak related workload once priority populations are immunized (assume a base level of immunity)

Considerations

- Staggered approach to staffing requirements as mass immunization scales up based on vaccine supply
- Numbers provided today will be broken down by role using the top end of the range
- Numbers account for 7-day operations

Clinical Roles

- Clinical role resourcing will be led by Public Health and includes:
  - Clinical leadership – provides oversight, leadership and support
    - Clinic manager
    - Clinic coordinator and co-coordinator
  - Clinical staffing
    - Immunizer
    - Vaccine supply nurse

SUPPORT STAFF REQUIREMENTS

Overview

- No healthcare background required
- Crucial component of each clinic site for the success of the required clinic flow
- Will be provided with detailed training materials and any facilitated training as required

Greeters / Screeners

Maximum number needed: 34 staff

- Greet clients upon arrival to clinic
- Ensure client has appointment
- Screen for COVID19 prior to entry into clinic space using pre-determined screening questions
- Provide clients who screen positive with pre-determined instructions (e.g., seek testing, self-isolate)
- Direct clients who screen negative to clinic space

Line Managers

Maximum number needed: 20 staff

- Greet clients and direct to appropriate station
- Route clients to proper area
- Assist clients to navigate the areas of the clinic as needed

Supplies Clerks and Runners

Maximum number needed: 45-55 staff

- Supplies clerks
  - Support with on site inventory management using Operative IQ and liaise with HEOC supplies as needed
  - On site support for personnel feeding

- Runners
  - Two types of runner support needed

1) Support to immunizers in replenishing immunization stations where applicable (both vaccine** and other supplies)
2) Support in delivering additional supplies to each clinic site and potentially bringing biohazardous waste to a centralized location

Data Entry

Maximum number needed: 34 staff

- Continue to learn more daily on the roles and responsibilities related to data entry
- Contingent on the ongoing development of the new Ministry system: COVax-ON
  - Currently assume all immunizers will be able to complete point of care entry
- Number may increase if additional on-site support is needed – currently account for minimal data entry support as a contingency

DISCUSSION