

Providing COVID-19 vaccines through your practice

An overview guide

April 19, 2023
v.13

Final Version Notice

This is the final version of the overview guide, reflecting the resources and information available up to April 19, 2023. The guide will no longer be updated beyond this date.



Getting ready to vaccinate

This guide provides a series of checklists to prepare you and your staff for offering COVID-19 vaccines through your practice in addition to continuing to provide essential primary care services. If you are unsure whether providing COVID-19 vaccines through your practice is right for you, please refer to [Deciding whether to provide the COVID-19 vaccine in your practice](#).

Throughout this guide, lessons learned and practical tips from the primary care pilot sites that were the first to offer COVID-19 vaccinations in Ontario will be highlighted to help you set-up and run your own vaccine clinic.

Updates in this version

This version of the guide includes the following updates. For a full history of updates, see the [History of Document Updates](#).

- Added final version notice (pg. 1)
- Added link to Ministry's COVID-19 Vaccine Storage and Handling Guidance (pg. 9, 17 & 19)
- Updated links to consent forms (pg. 12, 16, 21 & 22)
- Added link to Ministry's COVID-19 vaccine guidance (pg. 13 & 17)
- Updated link to Ontario Health Portal to access aggregate primary care vaccination reports (pg. 15)
- Updated recommendations for observation periods and physical distancing following vaccination (pg. 24)
- Added Public Health Ontario resource on best practices for environmental cleaning in healthcare settings (pg. 26)
- Updated link to Ministry resources (pg. 27)

Checklist at-a-glance

Plan ahead.....	6
Choose a clinic model	6
<input type="checkbox"/> Do you want to vaccinate with booked appointments in your practice?	
<input type="checkbox"/> Do you want to run a vaccination clinic on-site?	
<input type="checkbox"/> Do you want to run a vaccination clinic off-site?	
Learn about COVax	7
Understand your capacity	8
<input type="checkbox"/> Calculate how many patients you can safely book based on your physical set-up	
<input type="checkbox"/> Understand how much vaccine you will receive	
<input type="checkbox"/> Prepare to store the vaccine	
Recruit and train your staff and volunteers.....	9
<input type="checkbox"/> Determine roles within the clinic and share a list of assigned roles in advance	
<input type="checkbox"/> Source additional staff and volunteers to support if needed	
<input type="checkbox"/> Arrange for COVax training	
<input type="checkbox"/> Provide other additional training for staff and volunteers if needed	
Prepare your physical space.....	11
<input type="checkbox"/> Plan your patient flow to maintain physical distancing	
<input type="checkbox"/> Secure your space if you choose to run an off-site clinic	
<input type="checkbox"/> Ensure there is a phone connection to call 911 in the event of an emergency	
<input type="checkbox"/> Ensure stable internet access where possible	
<input type="checkbox"/> Prepare adequate signage throughout the clinic	
<input type="checkbox"/> Provide a space for childcare	
<input type="checkbox"/> Ensure access to washrooms	
Order supplies.....	12
<input type="checkbox"/> Ensure you have sufficient supplies for your clinic	
Identify and contact eligible patients.....	13
<input type="checkbox"/> Understand which patients are eligible for vaccination	
<input type="checkbox"/> Identify eligible patients in your practice	
<input type="checkbox"/> Review your practice for missed patients	
<input type="checkbox"/> Prioritize your patients who are at higher risk	
<input type="checkbox"/> Determine whether your eligible patients have already received a vaccine	
<input type="checkbox"/> Determine how you will contact patients about the vaccine	

- ☐ Track patients who decline the vaccine and revisit their decision in subsequent appointments

Book patient appointments 16

- ☐ Determine how you will book patients: manually or automated self-serve
- ☐ Provide patients with documentation ahead of time
- ☐ Consider booking fewer patients in the first few days of your clinic
- ☐ Consider pre-booking an appointment for the next dose (optional)
- ☐ Communicate with your patients about your vaccine supply
- ☐ Ensure you create a waitlist to reduce vaccine waste
- ☐ Print paper copies of booked patients prior to each clinic day

Enter patient data into COVax 18

- ☐ Enter patient data into COVax ahead of your clinic, when possible

Identify your eligible billing codes..... 18

- ☐ Understand which billing codes your practice is eligible to use

The day of vaccinations.....19

Prepare doses 19

- ☐ Ensure you have enough doses drawn for the patients you are expecting

Screen patients 19

- ☐ Screen patients for COVID-19 at entry
- ☐ Divert screen-positive patients to seek testing at an assessment centre or emergency room as appropriate, or if you are providing COVID-19 testing, test them in your office

Find and review patient record in COVax..... 20

- ☐ Search for patient record in COVax and review entered data

Document consent to collect data in COVax 21

- ☐ Ask your patient if they consent to having their data collected in COVax and document this in COVax

Vaccinate patients 21

- ☐ Begin new immunization record in COVax
- ☐ Conduct and document the pre-screening assessment to confirm the patient is eligible to receive the vaccine
- ☐ Confirm and document your patient's consent to receive the vaccine
- ☐ Administer the vaccination
- ☐ Document your patient's vaccination in your EMR/patient chart

Observe patients..... 24

<input type="checkbox"/> Observe patients for a minimum of 15 minutes following vaccination, or a minimum of 30 minutes for those with allergies to a COVID-19 vaccine or other vaccines or injectable therapies <input type="checkbox"/> Document adverse events, if any	
Print vaccine receipt	25
<input type="checkbox"/> Print vaccine receipt for patient to take with them	
Clean your clinic.....	26
<input type="checkbox"/> Clean surfaces and equipment between patients, and at the beginning and end of every shift	
Log out of COVax and clear your devices	26
<input type="checkbox"/> Ensure you input all remaining information into COVax, log out, and clear cache and recycling bin once you are done your shift	
Appendix A: Additional Resources	27
Resources to help set-up your COVID-19 vaccine clinic.....	27
Communities of practice	
Resources to build vaccine confidence	27
Ministry of Health Resources	27
Contact for Vaccine Questions:.....	27
History of Document Updates.....	28

Plan ahead

This planning ahead checklist provides information on what you need to prepare ahead of time for your vaccination clinic. Wherever possible, practical tips from the pilot sites were included to help you learn from what worked well at these sites.

Choose a clinic model

The first step to planning your vaccination clinic is to decide what type of clinic you want to run. If you had or were part of a clinic model that worked well for flu vaccination during the pandemic, that is a good place to start, as many of the requirements are the same (e.g., symptom screening, physical distancing, PPE, cleaning, etc.).

However, the primary care pilot sites found that COVID-19 vaccination clinics were substantially different than flu clinics, because they require more time for both onboarding and documentation in the COVax_{ON} system (referred to as COVax in this guide), and for conversations with patients to [build vaccine confidence](#).

Consider the following clinical model options and select which might work best for your vaccination clinic (note that COVax is mandatory for all models):

☐ Do you want to vaccinate with booked appointments in your practice?

This means either offering your patients regular office appointments throughout the day to get the COVID-19 primary vaccination series or booster dose(s), or offering these vaccinations as an add-on to an unrelated visit.

Advantages	Disadvantages
Lower costs: you can use your existing booking system and resources.	May disrupt your practice: vaccination may extend the length of your appointments and/or take up appointment bookings from your other patients.



Tip from pilot sites: Many patients preferred end of day appointments (e.g. 4-6pm) to coincide with the end of the workday.

☐ Do you want to run a vaccination clinic on-site?

This means blocking off periods of time, either during your regular clinic hours or after hours/on weekends, to offer primary vaccination series or booster dose(s) to your patients, considering the capacity and layout of your practice.

Advantages	Disadvantages
<p>Easier to execute: you can use the booking system and resources you already have in your practice</p> <p>Vaccinate more patients: an on-site clinic is an efficient way of reaching a higher volume of patients.</p>	<p>Higher costs: extended practice hours can lead to additional staffing costs.</p>



***Tip from pilot sites:** A sustainable model for many practices was to book a dedicated 1-2 hour slot for COVID-19 vaccines, either at the beginning or end of the day. This allowed for existing staff to be used. Morning clinics also ensured that doses for any no-shows could still be used for stand-bys later in the day.*

☐ Do you want to run a vaccination clinic off-site?

This means securing a location that allows for a larger capacity than your practice for physical distancing between patients, such as a parking lot, drive-through, or community centre.

Advantages	Disadvantages
<p>Vaccinating more patients: an off-site clinic is an efficient way of reaching a high volume of patients in a relatively short amount of time.</p> <p>Ability to scale: multiple practices can work together to set up an off-site clinic to vaccinate a larger number of patients.</p>	<p>Higher costs: staffing costs, as well as supplies.</p> <p>Logistical challenges: requires planning and investment up front to organize.</p>



***Tip from pilot sites:** Parking lot clinics were the most efficient.*

Learn about COVax

COVaxON (COVax) is a mandatory, secure, cloud-based set of digital tools to support the clinical administration and inventory management of COVID-19 vaccines.

All COVID-19 vaccinations must be recorded in COVax. Vaccine inventory must also be recorded in COVax.

COVax is available real-time, anywhere; all you need is access to the internet and a browser. Similar to other EMR software, you must use COVax in accordance with PHIPA.

Note: A new version of COVax was released on June 8, 2022. This version no longer has a simplified workflow or separate steps to *check in*, *administer* and *check out* patients. Instead, there is one clinical workflow with fewer steps to make it easier for primary care physicians to use in their practices.

COVax help:

For help with COVax registration, account set-up and passwords:

- Contact Ministry of Health COVax support at: 416-637-8672, 1-888-333-0640, or covaxonsupport@ontario.ca

For questions about navigating COVax software or accessing job aids, templates, and training:

- Visit [OntarioMD's COVax training page](#) for videos and supporting training materials. Contact OntarioMD support at: support@ontariomd.com



Tip from pilot sites: *The onboarding of staff onto COVax, including the training and registration process, and the steps involved in the clinical administration of the vaccine initially posed an administrative burden.*

It is important to understand the requirements of COVax ahead of time (highlighted in the boxes below) and identify the resources needed to support these administrative tasks in your clinic.

To use COVax, you need to be registered as a user. If you are working at more than one vaccination location, you need a different COVax account/login for each vaccination site that you work at. For example, if you provide vaccinations at a mass vaccination clinic and in your practice, you will need a different set of COVax credentials for each location.

Understand your capacity

- ☐ Calculate how many patients you can safely book based on your physical set-up
 - Use the [COVID-19 Immunization Toolkit: Immunization clinic capacity estimator](#) to estimate the number of patients to book per clinic shift
 - Use the [COVID-19 Immunization Toolkit: Immunization clinic duration estimator](#) to determine how many hours you will likely need to run your immunization clinic based on the vaccine doses you receive from your Public Health Unit

- ☐ Understand how much vaccine you will receive

Your Public Health Unit will tell you how much vaccine you will receive and when it will expire.

☐ **Prepare to store the vaccine**

All Health Canada approved COVID-19 vaccines can be stored in a regular refrigerator between 2 to 8°C. No ultra-cold storage is necessary. Protect vaccines from light and do not refreeze thawed vaccine product.

Refer to [MOH's COVID-19 Vaccine Storage and Handling Guidance](#) for proper storage of unpunctured vials for different vaccine products.



Tip from pilot sites: Rates of vaccination can vary greatly depending on the clinic model, from one vaccinator administering about 10 doses per hour at a mass vaccination clinic, up to one dose per minute with two vaccinators at a drive through clinic. It may be helpful to speak with other practices actively vaccinating in your region to inform your estimates.

Recruit and train your staff and volunteers

☐ **Determine roles within the clinic and share a list of assigned roles in advance**

- Refer to [COVID-19 Immunization Toolkit: Clinic Roles Worksheet](#) to help identify the roles needed within your clinic
- Refer to PHAC's [examples of clinic roles and activities in immunization clinic operations](#)
- Additional staff and volunteers needed may include IT support for COVax and translator(s) for patients
- Outline which roles are appropriate for volunteers (e.g. greeting patients, etc.) and which must be done by staff (e.g. entering personal health information into COVax, etc.)
- Pair experienced staff with new staff to serve as mentors/coaches
- Consider giving staff and volunteers the same role each time



Tip from pilot sites: Have the vaccinator only be responsible for administering vaccinations in order to speed up the clinic flow and get more patients vaccinated.

☐ **Source additional staff and volunteers to support if needed**

Think broadly and creatively when considering how to fill these roles:

- You can seek support from local interprofessional health care providers (IHPs), office assistants, other clinicians, and community volunteers, including students
- Consider partnering with a nearby practice, pharmacy and/or laboratory for additional staff and volunteers

Note: If you run your clinic during regular hours, you can use your existing staff with no added costs. If you run your clinic after hours or on the weekend, you may have to pay your staff time-and-a-half.



Tip from pilot sites: Volunteers, including medical students, are excellent resources to serve functions such as wayfinding and screening.

☐ Arrange for COVax training

All staff and volunteers using COVax should first watch [OntarioMD's COVax training videos](#).

Important notes about COVax registration:

- A registration validation email will come from support@jp.salesforce.com and will expire within 24 hours; be sure to check your junk mail
- Registration includes the set-up of two-factor authentication, which requires two devices (e.g., a computer and mobile phone)
- Use Google Chrome, Microsoft Edge Chromium, Apple Safari or Mozilla Firefox when accessing COVax; don't use Internet Explorer
- Note down the two-word phrase and 4-digit passcode provided for future sign-ins
- A secure internet connection is recommended
- Turn off username and password autofill settings on your browser
- You will need to register for different COVax credentials (username and password) if vaccinating at different sites within different Public Health Units

If you have previously registered for COVax but have not used it within the last 30 days, email support@ontariomd.com to re-activate your account ahead of your clinic.

What do I need to do in COVax?

For onboarding staff onto COVax, you must identify system user roles such as:

- Site staff
- COVax vaccinator
- Primary Care Provider (PCP) vaccinator
- Clinic coordinator

Please refer to [MOH job aids on COVax role descriptions](#). Request the latest job aids by emailing support@ontariomd.com.

Staff names, emails and assigned COVax roles will need to be sent to the Ministry of Health at least one week before the clinic begins. Learn more in OntarioMD's [OntarioMD's COVax training](#).

☐ Provide other additional training for staff and volunteers if needed

- **Vaccination training:** Increasing the number of vaccinators could increase your capacity
- **CPR training:** At least one person on-site should have current CPR training
- **Anaphylaxis management:** Ensure a clear protocol for stabilizing a patient experiencing anaphylaxis is in place

- Refer to [Critical Care Learning Vaccine Resources](#) for more information on training

Prepare your physical space

☐ Plan your patient flow to maintain physical distancing

For all vaccination models, you will need to have space for the following:

- Entrance
- Check-in: registration and pre-waiting room
- Vaccination space: exam rooms or immunization stations
- Observation space: post-immunization observation room
- Check-out: exit

Refer to the [COVID-19 Immunization Toolkit: Examples of clinic flow](#) to ensure proper accessibility is maintained.



Tip from pilot sites: *In smaller clinics without dedicated observation areas, vaccination and observation can be done in an exam room.*



Tip from pilot sites: *Higher volume clinics experienced backlogs in patient flow at the point of observation and should consider planning for 3 times the number of post-observation spaces compared to vaccine administration spaces.*



Tip from pilot sites: *If you are running a parking lot vaccination clinic, consider the flow of cars. This includes things like ensuring the clinic is not located immediately off a main road (to avoid congestion) and ensuring parking spots for post-vaccine observation do not interfere with traffic flow into the clinic.*

☐ Secure your space if you choose to run an off-site clinic



Tip from pilot sites: *Partner with a local community centre or facility that can accommodate a larger number of patients either in their space or parking lot to help cut costs*

☐ Ensure there is a phone connection to call 911 in the event of an emergency

☐ Ensure stable internet access where possible

Ensure your clinic has access to a stable internet connection where possible, especially if you are running your clinic in a new space or parking lot.

It is recommended that you use a secure internet connection where possible.

Have paper forms available in case the internet connection is lost or cannot be established due to geographic location:

Consent forms

- [COVID-19 Vaccine Consent Forms \[English\]](#)
- [COVID-19 Vaccine Consent Forms \[languages other than English\]](#)

COVax Data entry forms (these forms are available on [OntarioMD's COVax Training](#) webpage)

- [COVID-19 Vaccine Data Entry Form Moderna](#)
- [COVID-19 Vaccine Data Entry Form Pfizer](#)

Adverse event following immunization (AEFI) reporting

- [AEFI Reporting Form and Support Documents](#)

☐ Prepare adequate signage throughout the clinic

- Screening signage at entrance
- Signs, banners and floor markers to guide traffic in one direction
- Signs with public health messaging (mask wearing, physical distancing, hand hygiene)
- [Simple, generic signs are available for download](#) from covidtoolkit.ca

Consider having signage in multiple languages based on your patient population.

☐ Provide a space for childcare

If possible, provide a safe and physically-distanced space that can be clearly observed by both staff and the parent/guardian.

☐ Ensure access to washrooms

- Washrooms should be available and clearly marked for patient flow
- If the patient must use the washroom during the observation period, they should inform the observer

Order supplies

☐ Ensure you have sufficient supplies for your clinic

Refer to [COVID-19 Immunization Toolkit: Supplies Checklist](#) and PHAC's [Clinic supply list](#) for additional supplies needed.

What do I need to do in COVax?

Ensure your Public Health Unit has allotted some of their vaccine inventory to your *vaccination event* and set this up within COVax. Refer to OntarioMD's [COVax training](#) for more details on this process.



Tip from pilot sites: Reach out to your community for supply donations, such as tents and heaters, to help to set-up your clinic at reduced costs.



Tip from pilot sites: If you are running a drive through vaccination clinic, consider securing headsets for staff to communicate with each other during the clinic.

Remember to ensure you have:

- Epinephrine 1:1000 or Epi-pens on site in case of an anaphylactic reaction
- Appropriate PPE on hand for all staff and volunteers, as well as patients if they need it. Refer to the [OMA PPE Guidance Poster](#)

Identify and contact eligible patients

☐ Understand which patients are eligible for vaccination

Refer to the [MOH: COVID-19 Vaccine Guidance](#) for the latest information on eligible populations, vaccine doses and intervals.

Refer to the [Government of Ontario's booster eligibility checker](#) to help determine if and when patients are eligible for their next booster dose.

☐ Identify eligible patients in your practice

Use [eHealth vaccine eligibility EMR searches](#) and [OntarioMD's Planning a COVID-19 Vaccination Clinic](#) to learn how to search your EMRs for eligible patients and identify who may be excluded from a particular vaccine (e.g. those with myocarditis following mRNA vaccination).

Use [OMD's EMR queries for Accuro, OSCAR Pro, and TELUS PS Suite](#) to search your EMRs for patients ages 6 months to 5 years who are now eligible for COVID-19 vaccination, and patients 12 to 17 years old who may be eligible for booster dose(s).

If using paper records, this process will need to be done manually. Refer to [COVID-19 Immunization Toolkit](#) for information about how to leverage your billing system to do this.

☐ Review your practice for missed patients

Review your generated list of patients and discuss across your team who is missing from the list (e.g., those with a high-risk condition who have not been recorded or have been recently confirmed by a specialist).

Ensure that Indigenous Peoples are not missed when you use age brackets in your queries.

☐ **Prioritize your patients who are at higher risk**

[Vulnerable populations](#) at higher risk of a) more severe outcomes from COVID-19, and b) exposure to SARS-CoV-2 should be prioritized to receive the vaccine.

☐ **Determine whether your eligible patients have already received a vaccine**

Before you start reaching out to invite patients in for a vaccine, it is recommended to manually cross-check their vaccination status so that you and/or your staff only contact those who have not yet received their primary vaccine series or booster(s).

If the patient did not consent to their data being collected in COVax, their vaccination status will not be captured centrally.

COVax

You can look patients up individually in COVax using the *client search* function to view their vaccination status.

Note: Patients who received a COVID-19 vaccination outside of Ontario and/or Canada will have to contact their public health unit to have these vaccination(s) documented in COVax. Once entered into COVax as a historical dose by their public health unit, the patient's vaccination(s) will display under the patient's dose administration section and included in administered dose reports.

HRM reports

Daily vaccination reports may be available in your EMR through the Health Report Manager (HRM) if you are a registered HRM user. To receive vaccination reports via HRM, you must be a Patient Enrollment Model (PEM) physician or your patient must have named you as their primary care provider at the point of vaccination.

For PEM physicians who were not identified in COVax, vaccination records are matched with the Ministry of Health enrollment data in the Client Agency Program Enrolment (CAPE) database to provide patient vaccination records.

Once you have received an HRM vaccination report, you can then enter your patient's vaccination record into their cumulative patient profile (CPP) in your EMR or use available tools to automate this process where applicable.

- Refer to [OntarioMD: Accessing COVID-19 Vaccination Data](#) for more information about HRM and CAPE-matched data
- Refer to [eHealth Centre of Excellence: Bot](#) for an automated process to update your Telus Practice Solutions Suite EMR with the incoming HRM reports
- Refer to the HRM COVID immunization toolkit in the [Telus PS Suite EMR: Custom Forms for Ontario](#) for extracting vaccination records from HRM and reconciling them with your Telus EMR
- Refer to [OntarioMD: Reconciling COVID-19 vaccine data](#) for support on how to identify patients who have not received their primary vaccination series or booster dose(s) through your Telus PS, QHR Accuro or WELL/OSCAR EMR

Aggregate primary care vaccination reports

If you are a PEM-based physician, you can now access aggregate primary care vaccination reports for all your patients who are rostered to you. These reports are updated weekly and indicate which of your patients are vaccinated and those who are unvaccinated or don't have vaccination records.

To access your report, log into the [Ontario Health Portal](#) using your ONE ID. You will need to export the report and reconcile it with your EMR patient list outside of your EMR to identify the patients who still need a vaccination.

- Refer to [OntarioMD: EMR-eReport Reconciliation Toolkit](#) for the steps and template on how to compare and reconcile the vaccination report with your specific EMR
- Refer to [Accessing the COVax Aggregate Primary Care Vaccination Report](#) for FAQs on using these reports
- Refer to [OntarioMD: Understanding ONE Products for Physicians](#) for more information about the ONE ID login

Note: Aggregate reports will include patients vaccinated outside of Ontario or Canada if their vaccination is reported to and recorded in COVax by their public health unit and the patient has an identified primary care provider in COVax or is rostered with a PEM physician.

Clinical viewers

You can look up a patient's COVID-19 vaccination record (via their health card number) using the ConnectingOntario ClinicalViewer or ClinicalConnect. Data will only be available for patients with valid health card numbers who consented to having their data collected in COVax.

- Refer to [eHealth Ontario: Online access to COVID-19 vaccination information for health care providers \(HCPs\)](#) for more information about using the provincial clinical viewers to query COVID-19 vaccination records

☐ **Determine how you will contact patients about the vaccine**

You can choose to do passive promotion (e.g., emailing or robo-calling patients), active promotion (calling patients individually), or a mix of both. Passive promotion is much less work than active promotion. Active promotion can be time-consuming as your calls may turn into conversations around vaccine hesitancy, but it is also rewarding.

Consider targeting your active promotion efforts to the patients you know need it the most (e.g., ones with no internet, literacy challenges, or who have been vaccine hesitant in the past).

Resources:

- Refer to [CEP's Prepare to support vaccination toolkit](#) to identify your communication strategy and considerations for contacting eligible patients by email, text message, and/or phone

For active promotion:

- Refer to [OMA's vaccine hesitancy resources](#) and [CEP's ensuring patient confidence in vaccines](#)

- If conversations lead to discussing the patient's concerns about the vaccine, this work may be eligible for billing. Refer to the [OMA COVID-19 billing codes summary](#)

For passive promotion:

- Refer to the [CEP vaccination email template](#) for examples of how to structure your email to your patients

☐ Track patients who decline the vaccine and revisit their decision in subsequent appointments

People may change their mind and decide to vaccinate at a later time or with a newly available vaccine, so it is important to revisit this discussion over time with your patients.

- Refer to [OMA's vaccine hesitancy resources](#) and [CEP's ensuring patient confidence in vaccines](#)

Book patient appointments

☐ Determine how you will book patients: manually or automated self-serve

- Consider using a booking system you already have in place
- For higher volumes, automated booking is recommended where possible for efficiency



***Tip from pilot sites:** Examples of automated booking systems used in the pilot sites included OCEAN, Verto and Cyberimpact.*

☐ Provide patients with documentation ahead of time

Email or mail the following two consent forms to your patients ahead of time and ask them to read these forms before their appointment. They can either bring the paper copies of the completed consent forms to their appointment or you can ask them to confirm their consent verbally on the day of.

- [COVID-19 Vaccine Consent Forms \[English\]](#)
- [COVID-19 Vaccine Consent Forms \[languages other than English\]](#)

You can also choose to provide additional resources for your patients ahead of their appointment, including [CEP: Vaccine After-Care Sheet](#)

What do I need to do in COVax?

You can ask patients verbally whether they consent to having their information uploaded into COVax ahead of the clinic (i.e upon booking) and document their verbal consent in your EMR/patient chart.

☐ Consider booking fewer patients in the first few days of your clinic

Booking fewer patients in the first few days will leave more time for troubleshooting any COVax or workflow challenges that may arise.

Once the clinic is fully operational, consider booking patients in blocks (e.g., booking batches of patients at once and then releasing in 15-minute intervals after observation). This works best if you have two doors: one for entry and one for exiting.



Tip from pilot sites: Consider booking fewer patients in the first 30 minutes of your clinic each day to leave some time for set-up. Also, to reduce congestion in your clinic, ask patients not to come in early for their appointment.

☐ Consider pre-booking an appointment for the next dose (optional)

Appointments for all dose(s) can be pre-booked at this stage or you can choose not to pre-book. If you do not pre-book, ensure you have a system in place for tracking which dose the patient received (e.g., documentation in EMR/patient chart) and following up with them within the appropriate timeframe to book another dose.

Refer to [MOH: COVID-19 Vaccine Guidance](#) for eligibility and dosing intervals.

To check if your patient is eligible for a booster, please refer to the [Government of Ontario's Booster Eligibility Checker](#).

☐ Communicate with your patients about your vaccine supply

If you receive a small supply of vaccines from your public health unit but have a large number of eligible patients, have a plan to manage expectations and identify who will be prioritized for vaccination. Consider the availability of future vaccine allotments from your public health unit when talking to patients.

☐ Ensure you create a waitlist to reduce vaccine waste

When booking, create a waitlist of up to 20% of your clinic's capacity to have patients available to fill in cancelled appointments or use any extra vaccine doses available at the end of the day. If you do have unused vaccine that is past its shelf life, dispose of it according to local requirements. Refer to the [Ministry of Health: Vaccine storage and handling guidance](#) for proper disposal.

☐ Print paper copies of booked patients prior to each clinic day

In the event that COVax cannot be accessed, prepare printed lists of booked vaccine appointments (including patient names, appointment times, etc.) the day before each clinic. Input this information into COVax once back online.

Enter patient data into COVax

- ☐ Enter patient data into COVax ahead of your clinic, when possible

If it is the patient's first dose, *manually* enter their record either ahead of time or during the clinic:

- Search for patient records in COVax by unique identifier(s) (e.g., health card number, first/last name, birthdate, location, phone number)
- If there is no patient record, create a new record – refer to OntarioMD's [COVax training](#) for step-by-step guidance on creating a new patient record
- Use an alternate ID for patients without a health card number (e.g., birth certificate, driver's license, employee ID, First Nation, passport, MRN or out-of-province health card number)

All other patients should already be entered into COVax if they provided consent at their previous doses.



***Tip from pilot sites:** Performing a dry run of the COVax clinical workflow ahead of time can help with ensuring your clinic day administration is as efficient as possible.*

Identify your eligible billing codes

- ☐ Understand which billing codes your practice is eligible to use

For more on COVID-19 billing codes, refer to the [OMA COVID-19 billing codes summary](#).

The day of vaccinations

This day-of guide provides information on what you need to have prepared and document on the day of your clinic. Wherever possible, practical tips from the pilot sites were included to help you learn from what worked well at these sites.



Tip from pilot sites: Consider scheduling a pre- and post-clinic huddle for at least the first few days of your clinic so that staff can address any questions, discuss what went well, lessons learned, and identify any improvements to be made for next time.

Prepare doses

- ☐ Ensure you have enough doses drawn for the patients you are expecting

Consider drawing up doses ahead of time, to make the clinic run more smoothly. To ensure that doses are not wasted, draw them up in batches.

When planning to draw doses in advance, refer to the [MOH: COVID-19 Vaccine Storage and Handling Guidance](#) for the proper preparation and storage of punctured vials for different vaccine products.



Tip from pilot sites: Engage other staff or members of the medical community to help prepare doses. For instance, physicians could train in-house staff how to draw up vaccines and then check their work. You could also invite pharmacists (e.g., those in the building) to help.

Screen patients

- ☐ Screen patients for COVID-19 at entry

- Implement passive screening procedures at entry with signage
- Refer to the [COVID-19 Immunization Toolkit: Prepare For Your Immunization Clinic](#) and [Ministry of Health's Guidance for the Health Sector](#) for signage
- Implement active screening procedures at entry
- Refer to Ministry of Health's [COVID-19 Screening Guidance](#) for screening questions
- Ensure adequate PPE for staff and volunteers conducting symptom screening. If they are not behind a plexiglass barrier, screeners should wear a gown, gloves, eye protection and a fit-tested, seal-checked N95 respirator. If a fit-tested N95 respirator is not available, a non-fit tested respirator or a well-fitting medical mask can be used as an alternative. Refer to the [OMA PPE Summary Poster](#).

- ☐ Divert screen-positive patients to seek testing at an assessment centre or emergency room as appropriate, or if you are providing COVID-19 testing, test them in your office
 - If you are diverting patients:
 - Ask the patient to perform hand hygiene
 - Provide the patient with a medical mask
 - Make efforts to ensure the patient has a method of travel that maintains physical distancing
 - If you are testing patients:
 - Wear a fit-tested, seal-checked N95 respirator (or a non-fit tested respirator or well-fitting medical mask where not available), eye protection, gloves and gown
 - Isolate the patient in a room with a closed door upon arrival, or if no exam room is available when the patient arrives, ask them to wait outside or in the car and call/text them when a room becomes available

Find and review patient record in COVax

- ☐ Search for patient record in COVax and review entered data

Search for patient records using the *client search* function in COVax (with the option to search healthcare numbers in the provincial registry). Review the patient record before vaccination to ensure it is accurate and complete, and to validate the patient's identity using their healthcare number or their name and other fields, such as date of birth and postal code.

If no patient record exists for your patient, manually enter a new patient record.

It is recommended that you complete the primary care provider field within the patient record to ensure the patient's family doctor will get the Health Report Manager (HRM) report that they can then append to their EMR. Learn more about [HRM COVID-19 vaccine notifications](#).

Alerts can be added to patient records pertaining to the following categories:

- Warning (e.g., fear of needles)
- AEFI (e.g., allergic reaction to first dose of the vaccine)
- Eligible for shortened interval
- Highest risk

Clinical notes can also be added to patient records in COVax. Note that these cannot be edited once added but the status can be changed to "entered in error."

Ensure the client is tagged to the correct *vaccination event*. Note that the *vaccination event* and *public health unit* documented for the patient's previous dose can be edited in the patient record if they are receiving their next dose at a different clinic.

Document consent to collect data in COVax

- ☐ Ask your patient if they consent to having their data collected in COVax and document this in COVax

Ask for the patient's consent to collect their data in COVax at their first dose appointment. If they consent, document this in COVax within the patient's client record. Once consent is recorded once, you will no longer need to record it for subsequent doses administered.

- Have paper copies of the [COVID-19 Vaccine Consent Forms](#) on hand for patients to review or if they did not consent to their data being collected in COVax. Note that the [vaccine consent forms are also available in other languages](#).

What do I need to do in COVax?

To document your patient's consent to have their data collected in COVax, select the appropriate checkbox on the client screen. This checkbox is mandatory.

Consent for follow-up communication by email or text/SMS and consent on a patient's behalf can also be documented at this step.

Vaccinate patients

- ☐ Begin new immunization record in COVax

If the patient has consented to having their data collected in COVax, document their immunization in COVax by creating a new immunization record.

Note that a new immunization record will need to be created each time the patient comes in for a vaccine dose.

What do I need to do in COVax?

On the *Person Account* page:

- select *new immunization*
- select the *administered* record type

If the patient is associated with a *vaccination event*, it will be pre-populated in the dropdown. If not, select from a list of active *vaccination events* linked to your organization. Next, select the *vaccine* that will be administered from the list of *vaccine event inventories* for the *vaccination event*.

- ☐ Conduct and document the pre-screening assessment to confirm the patient is eligible to receive the vaccine

The pre-screening assessment confirms the patient is eligible to receive the vaccine and does not have contraindications or conditions that would require additional precautions.

This pre-screening can be done verbally or you can consider sending the pre-screening assessment questions ahead of the clinic for the patient to complete. Note that screening questions will no longer appear in COVax during the workflow. The vaccinator is responsible for ensuring the patient meets the eligibility criteria and that those criteria are documented in COVax.

What do I need to do in COVax?

Pre-screening within COVax is no longer presented as a pop-window during the workflow. Please refer to your public health guidance and materials for pre-screening checklist. Note that for COVISHIELD and Janssen vaccine products, an added warning message related to contraindications will appear, along with a mandatory checkbox confirming that the COVID-19 Vaccine Information Sheet has been reviewed.

If the patient has a contraindication, an *alert* should be created on their patient record, and they should not receive the vaccine at this time.

- Refer to [OntarioMD's COVax training](#) for step-by-step guidance on how to document the pre-screening assessment

☐ Confirm and document your patient's consent to receive the vaccine

Have paper copies of the [COVID-19 Vaccine Consent Forms](#) if your patient did not bring a completed form with them or they did not consent to have their data collected in COVax

Note that the consent provided covers all recommended doses in the series.

What do I need to do in COVax?

Select the checkbox to indicate that the Vaccine Information Sheet has been reviewed and that your patient consents to receiving the vaccine, including all recommended doses in the series. If there is a substitute decision maker for the patient, select the checkbox that they are consenting on the patient's behalf. This will prompt an additional screen to appear requesting the substitute decision maker's name, phone number and relationship to the patient.

If the vaccine was not administered, use the dropdown to indicate why (e.g., immunization was contraindicated, etc.).

If this is the patient's second, third, fourth or fifth dose, the consent checkbox will already be selected since consent covers the full vaccination series. If the patient's wishes to withdraw their consent, deselect this checkbox.

- Refer to OntarioMD's [COVax training](#) for step-by-step guidance on how to document patient consent

☐ Administer the vaccination

Provide the vaccine dose to your patient.

This may also be an opportunity to answer any remaining questions your patient may have.

What do I need to do in COVax?

Document the details of the vaccine administration, including the anatomical site, route of administration, dosage, date/ time of vaccination, and vaccinator's name. Reason for immunization will already be populated, but this can be updated if needed and will require an institution name if the patient is living in a congregate setting or is a child or youth. Click 'Finish' to create the new immunization record with the status: *administered*.

For all vaccines except Janssen (Johnson & Johnson), an extra dose can be extracted from the vials, which affects the programmed vaccine inventory in COVax. Refer to the Ministry of Health's job aid for how to add additional doses (request the latest job aids by emailing support@ontariomd.com).

COVax also supports mixing and matching of different vaccine products for the same patient (e.g., having Pfizer for dose 1 and Moderna for dose 2).



Tip from pilot sites: If doing a large clinic, it is most efficient to ensure that the vaccinator focuses only on vaccinating and discussions around building vaccine confidence. Ideally, other staff are doing everything else, including documentation.

☐ Document your patient's vaccination in your EMR/patient chart

Because COVax is the 'source of truth' for COVID-19 vaccine information, a minimal note in your EMR/patient chart about the vaccination is considered sufficient. You may use the following format to document your patient's COVID-19 vaccination in your EMR/patient chart:

<Manufacturer name> COVID-19 vaccine, dose number, <date>. See COVax for details.

Example:

Moderna COVID-19 vaccine, first dose, April 2 2021. See COVax for details.

Also consider documenting the patient's allergies and/or any risk factors that may be relevant to the COVID-19 vaccine.

Health Report Manager (HRM) is now actively delivering new COVID-19 vaccination reports to registered users if you are a PEM physician or are named as a primary care provider in COVax. Once you have received an HRM vaccination report, you can then enter your patient's vaccination record into their cumulative patient profile (CPP) in your EMR or use available tools to automate this process where applicable.

- Refer to [OntarioMD: Health Report Manager](#) for more information on how to register for HRM
- Refer to [eHealth Centre of Excellence: Bot](#) for an automated process to update your Telus Practice Solutions Suite EMR with the incoming HRM reports. Note that you should check with your EMR vendor before using bots in your EMR

- Refer to the HRM COVID immunization toolkit in the [Telus PS Suite EMR: Custom Forms for Ontario](#) for extracting vaccination records from HRM and reconciling them with your Telus EMR
- Refer to [OntarioMD: Accessing COVID-19 Vaccination Data](#) for how to stay up-to-date with your patient's COVID-19 vaccination status using HRM, aggregate primary care vaccination reports, clinical viewers, and/or COVax



***Tip from pilot sites:** Documentation in the EMR/patient chart may be done in real-time or batched and done at the end of a clinic. For efficiency, consider delegating documentation to an individual who is not administering the vaccines.*

Observe patients

- ☐ Observe patients for a minimum of 15 minutes following vaccination, or a minimum of 30 minutes for those with allergies to a COVID-19 vaccine or other vaccines or injectable therapies

Patients with a history of allergic reaction within four hours of any other vaccine or injectable therapy that does not contain a component or cross-reacting component of the COVID-19 vaccines should be observed for a minimum of 30 minutes following vaccination. Those with suspected allergies to any component(s) of a COVID-19 vaccine should also be observed for a minimum for 30 minutes.

Patients with a known allergic reaction to any component of a mRNA vaccine, or who experienced a severe, immediate allergic reaction within four hours or anaphylaxis to a previous COVID-19 vaccine dose or any of its component(s) will also need a longer observation as determined by an appropriate physician or nurse practitioner.

- Refer to [OMA: Pathways to COVID-19 Vaccination for Patients with Allergies](#) for more information about vaccination settings, observation times and vaccine-related concerns

Note that a shortened observation period between 5-15 minutes for booster doses can be offered under certain conditions, such as the patient's experience with previous COVID-19 doses.

- Refer to [NACI: Recommendations for observation periods for influenza vaccination](#) for more information about conditions that allow for a shortened observation period.

Strongly consider having patients physical distancing in waiting rooms during the observation period.



***Tip from pilot sites:** Observation for drive-through clinics can be done by directing patients to a parking area after receiving their vaccination and instructing them to honk their horn if they feel any reactions during the assigned time period. It can also be helpful to put a sticky note on the patient's windshield that indicates when they can leave after observation.*

Provide patients with resources to support them following their vaccination, such as [CEP: Vaccine After-Care Sheet](#).

☐ Document adverse events, if any

It is important to document any adverse reactions that occur within the observation period in COVax.

If patients report instances of adverse events beyond the observation period, follow normal reporting procedures for adverse events (this does not need to be recorded in COVax).

If you are unable to access COVax during the post-vaccination observation period, have paper copies of the [Report of Adverse Event Following Immunization \(AEFI\) Reporting Form](#) available to manually document adverse events and treatments used to manage them. Input this information into COVax once back online.

For more information on adverse events reporting, you can also refer to [Public Health Ontario's Vaccine Safety webpage](#), which includes an [AEFI Reporting Fact Sheet](#) that details the types of adverse events to report and estimated timelines between vaccination and onset of symptoms.

What do I need to do in COVax?

Navigate to the client immunization tab, then select the immunization record and under the *Basic Details* tab, update the *Immediate AEFI* checkbox. Select the checkbox to indicate that adverse event(s) occurred during the observation period, or leave it unchecked if no adverse event(s) occurred.

Vaccinators, site staff, and site super users can create an *alert* on a patient's record to document the details of the AEFI they experienced to help with administration of future doses.

Print vaccine receipt

☐ Print vaccine receipt for patient to take with them

Download and print the vaccine receipt for your patient. The receipt contains vaccine administration details, including when the patient can leave after vaccination, time and date the vaccine was administered, and the route and site of administration.

It is recommended that you hand-write the date of the next vaccination on the receipt if it is booked. If you cannot access COVax at this stage, create a list of patients to follow-up with regarding appointments for their next doses.

You will need Adobe Reader to view and a printer to print a hard copy of the receipt for your patients.

Patients who have an email address or phone number listed in COVax and have consented to receiving email or text/SMS will also have a copy of the receipt sent to them. Paper receipts can be offered to all patients, even if they have consented to receive a receipt by email or phone.

What do I need to do in COVax?

Review your patient's vaccine administration details to ensure they are accurate and select if your patient wishes to receive a copy of their vaccine receipt by email. Navigate to the *Client Immunization* tab and then to the *Immunization Record* to click "generate receipt", which emails a copy of the vaccination record to the patient.

If you are printing the receipt to give to the patient, you then need to navigate to the patient record, go to the *Related* tab and find the PDF in "files" to print.

Clean your clinic

- ☐ Clean surfaces and equipment between patients, and at the beginning and end of every shift

Given that patients getting vaccinated must screen negative on the COVID-19 screening assessment, you may use standard cleaning processes. Medical equipment and surfaces that come into direct with the patient should be cleaned using low-level disinfection after each use.

At the end of every day, clinical offices, including communal areas, should be fully cleaned. Supplies should be replaced as needed (e.g. soap, paper towel, toilet paper, PPE) and sharps containers sealed, removed and replaced if full. Disinfect horizontal surfaces in the office daily and wipe down high-touch surfaces (such as doorknobs) at least once per day using a hospital-grade disinfectant. Cover less-used equipment that cannot be moved and use keyboard covers or wipeable keyboards.

- Refer to [PHO: COVID-19 Key Elements of Environmental Cleaning in Healthcare Settings](#) for more information on environmental cleaning procedures

Log out of COVax and clear your devices

- ☐ Ensure you input all remaining information into COVax, log out, and clear cache and recycling bin once you are done your shift
 - If you were unable to access COVax at any point during the day, ensure you input the documented patient vaccinations and account for allotted vaccine inventory in COVax
 - Once your shift is done, log out of COVax to ensure no one accesses your account
 - Clear your browser's cache and the device's recycling bin to remove any saved data or downloaded vaccine receipts that contain PHI

Appendix A: Additional Resources

Resources to help set-up your COVID-19 vaccine clinic

- Refer to [Critical Care Learning Vaccine Resources](#) for clinical and site readiness for both community-led vaccination and long-term care and retirement home vaccination clinics
- Refer to the [COVID-19 Immunization Toolkit](#) for information on planning your immunization clinic and/or assisting with informing and identifying eligible patients
- Refer to the [IPHCC's gashkiwidoon toolkit](#) designed to support Indigenous organizations with the planning and implementation of community-level COVID-19 vaccination clinics
- Refer to the [CEP's guide: Prepare to support vaccination](#), which covers communication strategies, how to leverage the EMR to find eligible patients and conducting patient outreach

Communities of practice

- Join the [OCFP and University of Toronto's department of Community and Family Medicine's biweekly Community of Practice on COVID-19](#)
- Join [Ontario Health's weekly Community of Practice on COVID-19 vaccines](#) on Quorum

Resources to build vaccine confidence

- Refer to the OMA's compiled list of [COVID-19 vaccine hesitancy resources](#), which includes a section for children and youth with resources such as the [COVID-19 vaccine consult services from SickKids](#) and a [fact sheet developed by the OMA Pediatrics Section](#)
- Refer to the [OMA's vaccine hesitancy toolkit](#)
- Refer to the [OMA's webpage and video series on supporting Black patients experiencing vaccine distrust](#), created in partnership with the Black Physicians' Association of Ontario and community and physician leaders
- Access free [COVID-19 vaccination modules](#) developed by the Family and Community Medicine at the University of Toronto and OCFP

Ministry of Health Resources

- Refer to [MOH's COVID-19 Vaccine webpage](#) for the latest vaccine-related information and planning resources

Contact for Vaccine Questions:

- Ontario Health contact: OH-Vaccine@ontariohealth.ca

History of Document Updates

Highlight of changes in v.11 (August 3, 2022):
<ul style="list-style-type: none"> • Added expanded eligibility for second booster doses for individuals 18-59 • Added Moderna Spikevax vaccine for children ages 6 months to 5 years • Updated storage and preparation of the Pfizer vaccine, including red and royal blue cap vials • Added process to re-activate COVax account if not used within last 30 days • Added OntarioMD's EMR tools to identify patients ages 6 months to 5 years who are eligible for COVID-19 vaccination
Highlight of changes in v.10 (June 29, 2022):
<ul style="list-style-type: none"> • Updated information about Covifenz not being authorized for use as booster dose(s) • Updated COVax clinical workflow and resources • Updated eligibility for three-dose primary series, and first and second boosters • Updated link to OMD's Reconciling COVID-19 vaccine data • Updated guidance on vaccinating those who had COVID-19 • Updated link to MOH's Storage and Handling Guidance for proper vaccine disposal • Updated MOH documents • Updated preferential Pfizer use in individuals aged 5 to 29
Highlight of changes in v.9 (April 6, 2022):
<ul style="list-style-type: none"> • Added new vaccines Nuvaxovid and Covifenz: <ul style="list-style-type: none"> ○ Health Canada authorization and NACI guidance ○ Storage of unpunctured vials ○ Dose interval for primary series ○ Considerations for drawing up doses • Updated use of Moderna Spikevax for children ages 6-11 • Updated storage requirements • Updated information about COVax training and backdated reports • Updated eligibility for vaccination • Updated third dose and booster dose intervals, including after COVID infection • Updated billing information • Updated considerations for drawing up Moderna and Pfizer doses for children ages 5-11 • Updated EMR/patient chart documentation • New resources: <ul style="list-style-type: none"> ○ OMA pathways to COVID-19 vaccination for those with allergies ○ OMA webpage and videos supporting Black patients with vaccine distrust ○ Ministry of Health: Staying up to date with recommended doses
Highlight of changes in v.8 (December 22, 2021):
<ul style="list-style-type: none"> • Updated PPE requirements • Reduced observation period after vaccination during Omicron emergency response
Highlights of changes in v.7 (December 16, 2021):
<ul style="list-style-type: none"> • Approval of Pfizer vaccine for children 5-11 years old

<ul style="list-style-type: none"> • Storage of Janssen (Johnson & Johnson) and Pfizer vaccines • Eligibility and intervals for vaccination, including children 5-11 and booster doses
Highlights of changes in v.6 (October 20, 2021):
<ul style="list-style-type: none"> • Preferential Pfizer vaccine use in 12-24 year olds • New COVID-19 vaccine names • Eligibility for COVID-19 vaccination, including third doses • HRM historical reports and aggregate primary care vaccination reports with full list of rostered patients • Pre-booking of patients and timing for second and third doses • COVax documentation of third doses • Cleaning processes • New Ministry of Health resources, including those for third doses
Highlights of changes in v.5 (August 18, 2021):
<ul style="list-style-type: none"> • COVID-19 vaccine youth (age 12-17) consent form • Consent for collection of sociodemographic data in other languages
Highlights of changes in v.4 (August 11, 2021):
<ul style="list-style-type: none"> • HRM COVax reports for PEM doctors • COVax aggregate vaccination reports for PEM doctors • Billing for conversations about building vaccine confidence • Billing for assistance with vaccine-related forms or booking • Using HRM to document patient vaccinations in EMRs/patient charts
Highlights of changes in v.3 (June 11, 2021):
<ul style="list-style-type: none"> • Storage and handling information for COVID-19 vaccines • COVax documentation for patients vaccinated outside of Ontario and Canada • Using provincial clinical viewers to look up COVID-19 vaccination records • COVax documentation for second doses • New Ministry of Health resources, including youth resources
Highlights of changes in v.2 (June 3, 2021):
<ul style="list-style-type: none"> • Statement on AstraZeneca pause for first doses but continuation of second doses • Storage and handling information for Pfizer COVID-19 vaccine • COVax information including registration, HRM connection • COVID-19 vaccine data entry forms for Moderna and Pfizer • New item under book patient appointments • Find and review patient record in COVax instructions • Tips and forms for documentation during COVax outages • Ontario Health contact: OH-Vaccine@ontariohealth.ca