

Klachkova, Anastasiya (CSC/SCC)

From: Boudreau Harold (NHQ-AC)
Sent: March 9, 2021 1:33 PM
To: Clement Chris (NHQ-AC); Morse Jennifer (NHQ-AC); Guirguis Bassem (NHQ-AC); Carver Regan (PRA); Smith Jonathan (NHQ-AC); MacGuigan Deirdre (NHQ-AC)
Cc: Smith Jonathan (NHQ-AC); Kyle Vanessa (NHQ-AC)
Subject: Weekly NHQ planning for COVID vaccine roll out

Hi all,

Thanks so much for a very productive discussion this morning. Below is a quick summary of discussion points and action items. Please let me know if there is anything I missed or noted incorrectly. The topics below not discussed today will be applied in an agenda for the next meeting on Tuesday afternoon next week. Please let me know if there are other topics to include on this running list. Thanks

- Any need for additional members of NHQ vaccine group - Suggested to add Vanessa Kyle to group from a Comms perspective. Suggested that Regan can be kept on invite as optional to attend when topics relevant to supplies delivery/distribution as her focus is on PPE. Discussion on potentially inviting Kathy Dunn from CORE COVID team. Decided to hold off inviting Kathy for now but keep as an option depending on need.

Action Item: Harold to add Vanessa to recurrent meeting invite and keep Regan on invite as optional. Regan to be kept on email distribution list for minutes to keep her informed when she is not in attendance

- Proposed plan for regional distribution of quantities of vials to Regional Pharmacies (to be prepared when PHAC asks) – Agreed by group that this is an important immediate deliverable to have details ready to send to PHAC when the call out is received (expect in mid-March). Bassem already started work on proposed breakdown of quantities to be finalized once details of vaccine roll out are finalized. To be presented at next meeting

Action Item: Bassem to present proposed regional vaccine distribution plan at next meeting

- Vaccine supplies needed for large roll out (needles, syringes, sharps containers, etc..) - Jenn indicated sending a request to RMPHs regarding need for needles and sharps containers. There was a question whether the syringes CC expects to receive include needles or if needles are needed separately. Jenn will follow up with PHAC on this

Action Item : Jenn to check on details of syringes being provided by PHAC in order to determine if sites will need additional needles for IM injection.

- Indigenous blessing of vaccine for healing lodges (or institutions with indigenous inmates) – proposed by Minda – Agreed this is important to investigate further within CSC. Chris is meeting with CSC Indigenous Initiative Directorate (IID) and Elders and will bring this for further discussion. Other activities to encourage vaccine uptake by indigenous patients will be discussed at that meeting that Chris can bring back to group

Action Item: Chris to follow up on blessing of vaccine with IID and Elders (among other strategies to encourage vaccine uptake)

- **New** – Introduction of monitoring of fridges at each site (similar to what was done at Regional Pharmacies) to ensure temperature range at 2-8C - Request made to investigate monitoring of fridges at site. At next meeting, Bassem to provide details of how this was done at Regional Pharmacies (cost, equipment, consideration on management staff responsible) to look to expand to all sites.

Action Item: Bassem to prepare information requested for discussion/planning at next meeting

- Process for CSC internal tracking of adverse reactions to vaccine (beyond reports of death) – As number of vaccinations will dramatically increase in full roll out, it is expected so will the rate of adverse events following immunization. Current process of tracking AEFIs reported to NHQ by email is not sustainable. It was agreed that AEFI data will be important to have during large roll out so process is required to ensure this information is collected in a standard method and easily retrievable. Currently in EMR, there is a tick off box in Preventions module (identified it is not likely health staff will go back into module to check this off as it will happen after vaccination occurs) and staff are to document in progress note (info in Progress note not easily pulled in an automated report). Topic to be discussed at next Regional RPMH/RD call to confirm how the information will be standardly collected and reported. There was also discussion regarding the appropriate types of AEFIs collected (all event vs only unexpected OR serious event). A call will be requested with PHAC to get direction on this point

Action item: Jenn to lead this discussion at the Regional RPMH/RD call and will reach out to PHAC for call to discuss requirements for AEFI reporting process

- Discussion on anticipated direction on administering additional doses based on residual volume in vials – Recommendation to change previous policy to encourage administration of all possible doses in vial. Direction to be finalized ahead of vaccine roll out.

Action Item: No action item at this time

Items below were not discussed due to lack of time – to be placed on agenda for upcoming meetings.

- Updates needed to Q&A, consent form and medical directive – (i.e. related to comment on vaccine clinic tool kit below)
- Plan for proof of vaccination card / record of vaccination
- Follow up on need for health staff vaccination training session (coordinated by CHEO I believe)
- Involvement of NHQ in collection of vaccine clinic dates and estimated numbers per clinic to determine expected number of vaccinations per day/week
- Process for NHQ daily check of COVID vaccine refusals
- Roll out / training on new HARS report to assist site staff in planning clinics and check on documentation of vaccine administration

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