

COVID-19 Immunization Campaign

Supersite Operational Manual

Disclaimer: The information therein is accurate as of the date posted, but can change over time as new information becomes available. For general inquiries please contact VITF@gov.mb.ca.

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Table of Contents

1	Introduction	4
2	Standard Information	4
2.1	Eligibility Criteria.....	4
2.2	COVID-19 Vaccine Product Details	4
2.2.1	Vaccine Administration	5
2.3	Vaccine Cold Chain Storage Requirements	5
2.4	General Cold Chain Protocols	6
2.5	Vaccine Distribution and Redistribution.....	6
2.6	Health and Safety Procedures	6
2.6.1	Infection Prevention & Control	6
2.6.2	Enhanced cleaning	6
2.7	Supply Management.....	6
2.8	Accessibility.....	7
2.9	Documentation & Reporting	7
2.9.1	Data Entry	7
2.9.2	Digital Health.....	7
2.9.3	Informed Consent	8
2.9.4	Adverse Events Following Immunization (AEFI).....	8
2.9.5	Cold chain reporting.....	9
2.9.6	Wastage	9
2.9.7	Evaluation.....	9
2.10	Communications.....	9
2.10.1	Vaccine Hesitancy	9
3	Immunization Clinic Framework	10
3.1	Coordination	10
3.1.1	Provincial government	10
3.1.2	Regional health authorities	10
3.1.3	Clinic implementation	11
3.1.4	Clinic assumptions.....	11
3.1.5	Staffing	11
3.1.6	Workforce expansion.....	12
3.1.7	Training and Orientation.....	12
3.2	Operations	13
3.2.1	Appointment booking	13

3.2.2	Clinic flow	14
3.2.3	Crowd Management	14
3.2.4	Vaccine Securities and Tracking.....	14
3.2.5	Parking	16
3.2.6	Security and safety plans	16
3.3	Data management	16
3.4	Supplies.....	17
Appendix A.....		18
Appendix B.....		21
Appendix C.....		43
Appendix D.....		46

1 Introduction

The purpose of the Supersite Operational Manual is to provide guidance for service delivery organizations to implement immunization clinics that are scalable in size from small, medium to large. It offers tactical guidelines for setting up clinics to deliver COVID-19 vaccine, including vaccine and clinic information, staffing details and responsibilities, supplies, and reporting mechanisms. The contents within are informed by the Government of Canada's Planning Guidance for the Administration of COVID-19 Vaccine and Planning Guidance for Immunization Clinics for COVID-19, as well as standard provincial immunization processes in Manitoba that have been adapted to the COVID-19 context.

This Operational Manual is a guiding document for Manitoba's COVID-19 immunization campaign and is designed to support the overall goal to minimize serious illness and overall death due to SARS-CoV-2 infection while minimizing societal disruption as a result of the COVID-19 pandemic.

Members of the public may be referred to as client, patient or resident throughout this document.

DISCLAIMER: THIS DOCUMENT WILL BE UPDATED WITH NEW INFORMATION AND TO REFLECT REGULATORY CHANGES. PLEASE CHECK THE [WEBSITE](#) TO ENSURE YOU HAVE THE LATEST VERSION.

2 Standard Information

2.1 Eligibility Criteria

A complete vaccine series of COVID-19 vaccine may be offered to individuals who meet province of Manitoba eligibility criteria. Please refer to Manitoba's [COVID-19 Vaccine website](#) for information on provincial eligibility criteria.

All people residing in Manitoba including International students and out-of-province visitors can obtain a COVID-19 vaccine free-of-charge regardless of third-party insurance and/or Manitoba Health Seniors and Active Living (MHSAL) coverage.

2.2 COVID-19 Vaccine Product Details

Health Canada (HC) Biologics and Genetic Therapies Directorate (BGTD) is responsible for regulation of vaccines for human use under the Food and Drugs Act and Food and Drugs Regulations. Vaccines must meet the regulatory requirements for safety, efficacy and quality before they can be approved for use in Canada. Please see **Appendix A** for a list of vaccines approved for use in Canada.

The [guidance documents](#) from the National Advisory Committee on Immunization (NACI for COVID-19) provide further details on the vaccines available to Manitoban's. For additional vaccine specific information, consult the vaccine product leaflet or information contained within the product monographs listed below. These monographs MUST be physically on-site at each Supersite.

[Pfizer-BioNTech COVID-19 Vaccine Product Monograph](#)
[Moderna COVID-19 Vaccine Product Monograph](#)

2.2.1 Vaccine Administration

Refer to Clinic Reference folder for further information.

2.3 Vaccine Cold Chain Storage Requirements

Proper storage and handling practices are critical to minimize vaccine loss and limit the risk of administering COVID-19 vaccine that is less effective. Appropriate storage temperatures and light requirements must be maintained at each step of the way.

Physical security arrangements are necessary at all stages of delivery and storage. Additionally, some of the expected products will require special handling, storage and shipping considerations that are new to Manitoba's vaccine storage and distribution system.

The cold chain requirements for the specified vaccine products require storage and distribution in a frozen state unless otherwise specified. Limiting the movement of product is preferential to reduce cold chain excursions. Due to the sensitivity of these products emergency backup power supplies and alternative storage locations are required in the event of a power or freezer failure. The vaccines require thawing before use and cannot be frozen a second time. There are specified periods of time where the vaccines can be stored in the refrigerator, between 2° to 8° Celsius prior to use. There are also limited periods of time that vaccines can be used once mixed with diluent or adjuvant, once the vial is punctured and/or when pre-loaded into a syringe. Therefore, sufficient supply to accommodate the anticipated needs of the clinic should be available on site. The Clinic Manager must have a plan to minimize additional thawed vaccine on hand at the end of each day's clinic operation. The date the product is thawed and the date which it must be used by should be clearly marked on the vial and/or outer package.

Certain fixed immunization clinics will be furnished with equipment to store both frozen and thawed vaccine overnight. Other clinics will be furnished with refrigerators for the storage of thawed product at the manufacturers' specified temperature throughout the day and overnight if necessary. Please use caution when planning the amount of frozen vaccine that will be thawed for use on any given day.

Protocols must be established by the Clinic Manager or their designate for monitoring and recording the vaccine storage temperature at designated frequencies during the operation of a clinic and after hours. These protocols are intended to help avoid vaccine temperature excursions and to identify when and how they may have occurred so they can be understood and subsequent occurrences minimized. The Clinic Manager or his/her designate shall monitor and record vaccine temperatures at specified frequencies twice daily at minimum, including upon receipt and periodically during the clinic until the supply is exhausted.

If a cold chain break is identified after a vaccine has been administered, inform the Clinic Manager or his/her designate for immediate reporting and mitigation.

A plan is necessary to prevent the vaccine from exposure to direct UV or fluorescent light, as described in the vaccine(s) product monograph.

Refer to Standard Operating Procedures (SOP) for COVID-19 Immunization Clinics Vaccine Dry Ice Storage and Usage SOP for Pfizer vaccine.

Refer to SOP for COVID-19 Vaccine Immunization Clinics Ultra Low Temperature (ULT) Freezer Product Handling.

2.4 General Cold Chain Protocols

In the absence of specific protocols for COVID -19 vaccines please refer to [MHSALs cold chain protocol](#) for further guidance or the current [National Vaccine Storage and Handling Guidelines for Immunization Providers](#) for information on cold chain management, vaccine storage, temperature monitoring and transportation requirements.

2.5 Vaccine Distribution and Redistribution

Manitoba will use a mixed provider delivery model for the Manitoba COVID-19 Immunization Program. Vaccine distribution will be managed by Material Distribution Agency (MDA).

2.6 Health and Safety Procedures

2.6.1 Infection Prevention & Control

Refer to **Appendix B** for information on IP&C procedures.

2.6.2 Enhanced cleaning

Refer to **Appendix B** for enhanced cleaning protocols/schedule and approved disinfectants for cleaning.

2.7 Supply Management

The required and recommended list of supplies to operate a COVID-19 Immunization Clinic will vary from site to site depending on availability. A comprehensive list for supplies required at a clinic is detailed in

Appendix C. Given the nature of the items required to operate a clinic, the items will be ordered through MDA. Additionally, where possible some items that can be more easily provided by the site (e.g. tables) should only be ordered where this option is not available.

Clinic managers are responsible for ordering non-clinical supplies. The Immunization Clinical Lead is responsible for ordering all clinical supplies. The list of supplies and recommended daily quantities is in

Appendix C. Refer to SOP for Receiving Pfizer Vaccine and Diluent.

All supply orders use the following procedures:

- All items are entered into the supplies order form.

- All items sourced through MDA must be requested no later than 10 days before the start of a clinic.
- For “On Demand” items clinic managers should contact the location of the clinic in order to determine which items are already on location or can be provided by the venue. For items that are unable to be provided by the venue orders must be submitted to MDA, using the order form, nor less than 10 days before the start of a clinic.

2.8 Accessibility

Planning a clinic must incorporate methods to improve access as well as accessibility, per the [Accessibility for Manitoban’s Act](#).

2.9 Documentation & Reporting

The following will be recorded in PHIMS: Immunizations administered, consent obtained, immunization errors (e.g., injection too high up the arm, administration of vaccines found to have been involved in incidents of adverse storage conditions, etc.) and adverse events following immunization (AEFI).

2.9.1 Data Entry

Every health care provider and facility in Manitoba **MUST ACCOUNT FOR EVERY DOSE OF VACCINE ORDERED AND ADMINISTERED**. Immunizations are entered into a client’s electronic public health record via the Manitoba Immunization Registry (PHIMS). PHIMS is a secure, integrated electronic public health record that contains important public health information maintained by Manitoba Health, Seniors and Active Living (MSHAL).

NOTE: PHIMS users should continue to refer to the internal PHIMS website for reference documents, training and support tools, tip sheets, FAQs and other materials related to immunization and inventory management.

2.9.2 Digital Health

PHIMs users should follow these steps for access issues, account requests, and downtime procedures.

System Access Issues

If users encounter internet related issues, speak with your site manager to determine if it’s a local issues. If users can access the internet but are encountering system access issues (for example they are unable to access the Public Health Information Management System (PHIMS) or they are experiencing email access issues), contact the Shared Health Service Desk.

User Account Requests

To get a user set up on the Public Health Information Management System (PHIMS) complete and submit the Digital Health ACMT (Add Change Move Transfer) form, and the Authentication Questions. Both forms can be obtained from digital health to grant them access to the system or obtain forms from the Forms folder. The ACMT form must be approved and submitted by a pre-authorized Manager or Director.

Please note the hyperlink provided above is located on an intranet (internal) website, therefore, not accessible from public internet or those that may be attempting to access external to the Provincial Data Network.

Downtime Procedures

Downtime refers to a point in time when a specific system such as PHIMS is not available (or not working as expected) and workflow procedures must be changed to continue working without the system. Downtime can be either scheduled or unscheduled.

Refer to Digital Health operational manual.

2.9.3 Informed Consent

As per [MHSAL's Informed Consent Guidelines for Immunization](#), written consent must be obtained prior to immunization and must be documented via a [consent form](#). Signed forms are valid for one year from the time of signing.

The (standard) COVID-19 Immunization Consent Form **MUST** be completed prior to completing this Enhanced Consent Form. Individuals who are pregnant, planning to become pregnant or breastfeeding; immunosuppressed due to disease or treatment and/or have an autoimmune condition are to complete two consent forms ([Enhanced Consent](#)).

2.9.4 Adverse Events Following Immunization (AEFI)

An AEFI is any untoward medical occurrence in a vaccine that follows immunization and that does not necessarily have a causal relationship with the administration of the vaccine. The event may be any unfavourable and/or unintended sign, abnormal laboratory finding, symptom or disease.

In accordance with The Public Health Act, health care providers are to report to the regional Medical Officer of Health (MOH) a reportable AEFI within seven days of becoming aware of the AEFI (as per section 59 of The Act). Health care providers should report a serious AEFI within one business day, which can be by telephone, followed by the complete report within 72 hours.

A reportable AEFI is an event that:

1. is temporally associated with a vaccine, and
2. has no other clear cause at the time of reporting.

An AEFI is considered “unexpected” if either of the following criteria is met:

- is not listed in the most current Health Canada-approved product monograph for vaccines marketed in Canada, and
- listed in the product monograph but is different in nature, severity, frequency, specificity or outcome.

Please see the User Guide for the Completion and Submission of the [AEFI Reports](#).

Information contained in the [AEFI User Guide](#) will provide immunization providers with direction for how to correctly complete and submit either in PHIMS or by using the [pdf reporting](#) form. Please see [PHIMS Training and Support Tools - COVID Immunizer Resources](#) for information on documenting an AEFI. For providers without access to PHIMS there are instructions at the bottom of the last page for how and where to submit the completed form. Any reported AEFI is routinely reviewed and, if needed, investigated further. In all cases, recommendations with respect to future immunizations is provided by a Medical Officer of Health.

For more information on AEFI, visit [Manitoba Public Health](#) online.

2.9.5 Cold chain reporting

Please refer to [MSHALs Cold Chain Protocol](#) for further information. COVID-19 specific protocols are still under development.

2.9.6 Wastage

Industry standard for vaccine wastage is approximately 5%. All wastage must be tracked in PHIMS. Refer to PHIMS link on Documenting Vaccine Wastage and refer to 3.2.4 on vaccine securities and wastage.

2.9.7 Evaluation

To ensure immunization clinics are running as efficiently and optimally as possible, the Province is developing an evaluation process. The information collected will be recorded and used by the Province of Manitoba for the sole purposes of improving the efficiency and effectiveness of the immunization clinics.

2.10 Communications

Manitoba's [COVID-19 Vaccine webpage](#) includes information for Manitobans about the COVID-19 vaccines as well as Manitoba's plan for delivering the COVID-19 vaccine to its population. Clinic resources can be found on the [Resources](#) page, for both the public and health care providers (e.g., product monograph, factsheets, and consent forms). Regularly check this website for the most up-to-date resources and information, and please encourage others to access this website to mitigate the spread of misinformation.

2.10.1 Vaccine Hesitancy

Health care providers should refer to evidence-based resources tailored to a range of socio-cultural groups, to address vaccine hesitancy, including:

- Factsheets.
- Product monographs.
- Information on Health Canada's regulatory and approval process for vaccines.

The resources and links to the information can be found on the [COVID-19 Vaccine webpage](#).

Refer to PowerPoint presentation from Indigenous Services Canada on Vaccine Hesitancy/Vaccine Confidence.

3 Immunization Clinic Framework

3.1 Coordination

Planning and implementation of immunization clinics requires experienced leadership and the coordination of many community groups and individuals. Clinic leadership will provide overall management, planning and coordination of clinic operations, as well as knowledge of public health practices and infection prevention and control to prevent the transmission of COVID-19.

3.1.1 Provincial government

The provincial government provides primary leadership and coordination for planning clinic delivery models and developing the pool of human resources for key clinic roles. Agreements for facilities, parking, security, transportation, are negotiated in advance. The provincial government also manages procurement, storage and distribution for all the vaccines and required supplies to the immunization clinics.

Provincial Covid-19 Immunization Workforce Director

- Responsible for the overall coordination of vaccine administration in Manitoba, working with the six Service Delivery Organization (SDOs) across the province: Interlake-Eastern Health Authority; Northern Regional Health Authority, Prairie Mountain Health, Southern Health Santé Sud, Winnipeg Regional Health Authority, and Shared Health
- Leads and manages a flexible and collaborative team with a culture of client service to prepare and oversee vaccine administration in Manitoba
- Direct authority and accountability for COVID19 immunization clinics
- Accountable for the delivery on all service level commitments for:
 - Human resources
 - Financial management
 - Inventory control and distribution
 - Contracts with external companies
 - Reporting
 - Ensuring client satisfaction
 - Operations and policy development

3.1.2 Regional health authorities

Regional Health Authorities or other service providers such as FNIHB or First Nations are responsible for the management and oversight of service delivery within their jurisdiction. Regional Health Authorities are responsible for identifying appropriate staff, developing a staffing plan, and ordering all necessary supplies to implement immunization clinics in their region. If further resources are required, they can secure more staff from the pool of provincially hired staff. Regional managers will adapt the details for clinic planning within this manual to accommodate their specific needs.

3.1.3 Clinic implementation

Clinic managers will be responsible for the oversight of the clinics. Core staff and roles and responsibilities are identified in the staffing section of this manual.

3.1.4 Clinic assumptions

Clinic planning begins with determining the number of people to be immunized which is based on vaccine supply and eligibility screening criteria. This number is then used to determine the number of staff required at each clinic.

Factors to consider when planning immunization clinic:

- Vaccine allocation, timing of distribution, and eligibility criteria impact the number of people who can be immunized
- Staffing needs are based on vaccine supply, clinic size, and resource constraints may allow for roles to be consolidated or eliminated
- Immunization rates are impacted by time taken for pre-loading, loading, administering to children or people with language or cultural barriers, those requiring special assistance, and receiving consent
- Number of immunizers within a clinic is limited to 1 per station to account for physical distancing
- Flexible clinic hours should accommodate where possible, people working or attending school during the business hours. If running clinics more than five days per week, it is optimal to provide each full time staff member with two consecutive days off per week, if possible
- Receive and store the vaccine and supplies locally or have delivered for second dose clinic
- Use same location to administer first and second dose to avoid confusion and control volumes
- Strongly recommended that clients receive the same vaccine product for first and second dose.

3.1.5 Staffing

The following five (5) roles in Table 1 are deemed essential part of immunization clinics. The Manitoba Government is generating a pool of human resources for these key roles. Detailed job descriptions for these roles and other critical roles/services are found in **Error! Reference source not found..** FTEs may change based on clinic size.

Table 1: Key roles for immunization clinics

Position	Main Tasks
Clinic Manager (non-clinical)	Focuses on flow of clinic, managing media issues, other occurrences, complaints, staffing or logistical issues, ordering non-clinical supplies
Immunization Clinical Lead	Primary focus on clinical services, consent, adverse reactions, clinical practice, post immunization observation area, ordering clinical supplies, vaccine inventory management
Immunization Team Member (clinical)	Draw up and administer vaccine and records immunization

Immunization client Navigator (non-clinical)	Screening at door before entry, validating appointments, assisting with queuing as public enters immunization area, and other required tasks such as inventory.
Post immunization observation team (clinical)	Observe the public after immunization for the recommended time based on the vaccine administered to respond to any immediate reactions or medical emergencies and/or answer any health questions. Also, to respond if there are other medical emergencies at the clinic e.g. heart attack in the greeting area.

NOTE: Other required positions include a data entry clerk, Custodial staff, Cleaning/disinfection services, Parking attendants, Security

Position descriptions for key roles and other critical roles/services have been developed. See <https://sharedhealthmb.ca/covid19/providers/jobs/>.

3.1.6 Workforce expansion

Manitoba is broadening eligibility of staff who can immunize and observe post-immunization, to ensure there is sufficient staff to implement rapid immunization throughout the province (Table 2). A Request for Proposals was issued, and successful proponent(s) will be able to hire the following professionals for the designated roles:

Table 2: Workforce expansion

Role	Professional occupation
Immunization Lead	Physicians, Physician Assistants, Clinical Assistants, Nurse Practitioners, Registered Nurses
Expanded immunization eligibility	The following health care professionals are eligible to apply for immunization positions and includes those who currently provide the COVID19 vaccine under their scope of practice and with the Ministerial Order
Post-immunization observer	Physicians, Physician Assistants, Clinical Assistants, Nurses, Nurse Practitioners, Paramedics, Midwives

3.1.7 Training and Orientation

A comprehensive training and orientation package for clinic staff has been developed. Please see table below for brief details.

Table 3: Training/orientation required by role

Role	Training materials
Clinic Manager	<ul style="list-style-type: none"> • Clinic Manager Training required • RRC Non-Credential Immunization Training recommended • RRC PHIMS Practical Course recommended • Clinic Navigator Training required • Petal MD training required • LMS Training (PHIA, Fire Safety, Hand Hygiene, PPE, WHIMS) – if Shared Health employee

Role	Training materials
	<ul style="list-style-type: none"> • Clinic Orientation offered first shift by regional manager
Clinic Lead	<ul style="list-style-type: none"> • RRC Micro-Credential Course (theory and practical) or Non-Credential Immunization Training (self learning) - depending on previous immunization and PHIMS experience required • RRC PHIMS Practical Training required • RRC PHIMS Training specific to Clinic Lead role • PHIMS Practical Training provided first shift by experienced clinic lead • LMS Training (PHIA, Fire Safety, Hand Hygiene, PPE, WHIMS) required if Shared Health employee • Clinic Orientation offered first shift by regional manager
Clinic Navigator	<ul style="list-style-type: none"> • Clinic Navigator Training required • Petal MD training required • LMS Training (PHIA, Fire Safety, Hand Hygiene, PPE, WHIMS) required • Clinic Orientation offered first shift by clinic manager/clinical lead
Immunizer	<ul style="list-style-type: none"> • RRC Micro-Credential Course (theory and practical) or Non-Credential Immunization Training (self learning) - depending on previous immunization and PHIMS experience required • RRC PHIMS Practical Course required • LMS Training (PHIA, Fire Safety, Hand Hygiene, PPE, WHIMS) required if Shared Health employee • Clinic Orientation offered first shift by clinic manager/clinical lead
Post Immunization Observer	<ul style="list-style-type: none"> • RRC Micro-Credential Course (theory and practical) or Non-Credential Immunization Training (self learning) - depending on previous immunization and PHIMS experience required • RRC PHIMS Practical Course required • CPR certification required (if not recertified within last two years) • LMS Training (PHIA, Fire Safety, Hand Hygiene, PPE, WHIMS) required if Shared Health employee • Clinic Orientation offered first shift by clinic manager/clinical lead
PCH Staff	<ul style="list-style-type: none"> • RRC Non-Credential Immunization Course

3.2 Operations

3.2.1 Appointment booking

Appointments to be booked in advance online or by phone. Register for first dose and pre-register for second dose at the same time.

Clients without PHINs can be booked for appointments, when they present for immunization, they will need to be manually created following the “create client” process.

3.2.2 Clinic flow

In order to ensure the efficient operation of a clinic, the stages below need to be set up in a way to deliver smooth flow for clients. It is estimated that a client should spend 45 minutes to move through the entire immunization process from entrance to exit. **Appendix D** contains a sample clinic layout provided by the Public Health Agency of Canada.

3.2.3 Crowd Management

Even with pre-booked appointments there may be some who arrive early or without an appointment. Effective crowd management is important to ensure the safety and security of staff and for smooth clinic flow. The following factors should be considered for crowd management:

- Schedule staff to arrive at least one hour before the actual clinic start time to be organized and ready. Surge staffing may be necessary at these times.
- Monitor traffic flow at multiple points to reduce bottlenecks.
- Special needs clients (those with disability, frail) may need to have accommodation planned for and expedited access to the clinic. Careful planning will be needed to avoid line-ups outside or inside the venue.
- Communicate the number of doses available and remaining at the clinic to the clients if it is possible for doses to be used before all clients are immunized.
- Inform waiting clients that only the eligible populations will be served and that an appointment based system will be used. Update clients on the estimated wait times before immunization and of the 15 minute wait time after immunization. Some people may be advised to wait 30 minutes. Schedule adequate health screeners to avoid wait time by rapidly identifying and retaining eligible clients and dispersing the rest.

3.2.4 Vaccine Securities and Tracking

Since the supply of vaccine may be limited and the demand may be extremely high, care must be taken to protect the vaccine supply from theft and fraud. Every vaccine and vial must be accounted for at the start and end of each immunization clinic day.

DAILY INVENTORY RECONCILIATION:

Count 1* = SKU on hand x doses per SKU (per vial in this case)

**you must first convert the physical count data into doses by multiplying by number of doses in the vial.*

THEN:

Count 1 (in doses) – Doses Administered – Doses Wasted = Expected Count 2 (in doses)

THEN:

Convert your Expected Count 2 into SKUs by dividing it by number of doses per vial

****additional vaccine deliveries received throughout the day will also need to be taken into account. In this case, the calculation would be:*

Reports can be accessed in PHIMS by selecting Reports on the PHIMS Landing page.

If there is a discrepancy between the actual inventory remaining at the end of the clinic day and the expected quantity on hand based on the calculations above, investigate and identify potential reasons for the difference.

Some examples include:

Scenario 1: Doses on hand at the end of the clinic day are higher than expected

Possible Causes for the discrepancy include:

- Wastage documented in PHIMS was more than actual
- Additional doses were drawn from vial(s) above the expected dose/vial in PHIMS
- Mass Immunization Event did not auto decrement doses from the correct Holding Point Location
- Mass Immunization Event did not auto decrement at all

Scenario 2: Doses on hand at the end of the clinic day are lower than expected

Possible Causes for the discrepancy include:

- Wastage occurred during the day but was not documented in PHIMS
- Vials of vaccine are physically missing on site
- Vaccine trays were transferred to another site but not documented properly in PHIMS

If you are able to identify the issue and correct it within PHIMS so that your expected inventory equals the end of day physical count, no further steps are required.

If you are unable to fix the discrepancy, please email the COVID Vaccine Inventory Management Officer. Please include the following information:

Subject line: "Name of Site – Inventory Discrepancy Issue"

Please include the following information in the body of the email:

- Site Name
- Site Holding Point Code
- Issue Identified (please include the calculation if necessary)
- Potential causes identified

If internet connectivity is an issue, the number of doses administered may be manually tallied from the paper copies of the administration forms of persons receiving vaccine/medication per day that are transcribed on to the Daily Vaccine/Medication Tracking Record, which records the following information:

- Beginning inventory balance (i.e. the number of vials/bottles and doses from the previous day).
- Vials/bottles and doses received (i.e. the number of new vials/bottles and doses received during the day of the dispensing site).

- Ending inventory (i.e. vials/bottles and doses at the end of the day).
- The number of unused doses will be determined by subtracting the beginning of the day inventory number from the end of day inventory.
- The number of doses wasted will be determined by subtracting the number of doses administered per day from the beginning inventory balance (which includes previous days' supply and new doses received).

3.2.5 Parking

All facilities will have ample parking to allow for the appropriate clinic size. Some clinics may be located at sites where there are either parking fees or time restrictions. As parking time restrictions may adversely affect clinic flow and process, clinic managers are to work with property managers to ensure clinic staff and clients have dedicated access to parking free of restrictions. Where there is a parking fee, clients and staff will be provided a voucher to cover the costs.

3.2.6 Security and safety plans

This section contains the security and safety plans for vaccines, supplies, staff, members of the public, and biomedical waste.

3.2.6.1 Biomedical Waste

- Refer to regional policy.

3.2.6.2 Vaccine Security on Site

All facilities with vaccine on hand (frozen or otherwise) will have security on site as long as the inventory exists.

3.2.6.3 Vaccine Security in Transit

COVID-19 vaccines transported from location to location (including those carried by Focused Immunization Teams "FITs" and Pop-up Clinics) shall be provided security as per currently approved VITF practice.

3.3 Data management

All Supersites will require internet and will have access to the Public Health Information Management System (PHIMS) directly and will be required to input the immunization details into that system as each individual receives their vaccine, through the PHIMS Immunization Module. Data will be loaded to PHIMS on a per immunization basis. Shared health or the RHA will be responsible for ensuring appropriate staff gain access to PHIMS.

If internet or WIFI is not available on site, downtime procedures are initiated using paper-based system for consent form and immunization record management to ensure the immunization details are captured for later entry.

3.4 Supplies

In order to ensure supplies are delivered on site prior to receipt of the vaccine, all order must be submitted a minimum of **48 hours** before and must follow the established ordering procedures.

The list of medical and general supplies needed for fixed immunization clinics is provided in **Appendix C**. All items on the list may or not be needed/available for every setting.

Appendix A

Vaccine Specific Information

[Pfizer-BioNTech COVID-19 Vaccine Product Monograph](#)

[Moderna COVID-19 Vaccine Product Monograph](#)

Preparation(s) of COVID -19 vaccines authorized for use in Canada

	Pfizer-BioNTech COVID-19 Vaccine mRNA Vaccine (Tozinameran or BNT162b2)	Moderna COVID-19 Vaccine mRNA Vaccine
Type of vaccine	COVID-19 mRNA vaccine	COVID-19 mRNA vaccine
Date of authorization in Canada	December 9, 2020	December 23, 2020
Authorized ages for use	16 years of age and older	18 years of age and older
Dose	30 mcg of mRNA per 0.3 mL dose	100 mcg of mRNA per 0.5 mL dose
Schedule	2 Doses, 21 days apart (alternate schedule 28 days apart)	2 Doses, 28 days apart (Minimum 21 days apart)
Route of administration	IM in the Deltoid muscle	IM in the Deltoid muscle of the upper arm

	Pfizer-BioNTech COVID-19 Vaccine mRNA Vaccine (Tozinameran or BNT162b2)	Moderna COVID-19 Vaccine mRNA Vaccine
Supplies needed	<p>Supplies provided by Pfizer-BioNTech</p> <ul style="list-style-type: none"> • 1 Vial of Pfizer-BioNTech COVID-19 Vaccine, removed from ultralow temperature storage • 1 vial of Diluent (Sodium Chloride 0.9%, 9 mg/ml; DIN 00037796) • Supplies needed by Clinic per Vial of Pfizer-BioNTech COVID-19 Vaccine • 1 diluent syringe/needle (3 mL or 5mL syringe/21 G needle recommended) • 6 dosing syringes/needles (1 mL syringe/ IM injection needle) • Other ancillary materials such as alcohol swabs, gloves, PPE, and other items at the point of immunization as deemed necessary. 	<ul style="list-style-type: none"> • Vial of Moderna COVID-19 vaccine. • Use of standard needles and syringes. A needle length of ≥ 1 inch should be used as needs < 1 inch may be of insufficient length to penetrate muscle tissue in some adults <p>Other ancillary materials such as alcohol swabs, gloves, PPE, and other items at the point of immunization as deemed necessary.</p>
Reconstitution	<p>Yes required</p> <p>After reconstitution, vaccine is white to off-white in colour, with no particulates visible. Do not use if vaccine looks different than this description.</p> <p>Do not shake</p>	<p>Not required</p> <p>Do not shake</p>
Adjuvant (if present)	None	None
Primary storage requirements	<ul style="list-style-type: none"> • -80°C to -60°C up to 6 months and protected from light. <ul style="list-style-type: none"> ○ If removal from the ULT freezer is required for a short period of time, the time allowed outside of the freezer is a maximum of 5 minutes for a full tray and 3 minutes for a partial tray. ○ If the time out of the freezer was close to 3-5 minutes, the vaccine should remain in the freezer for 2 hours before being handled again. • 2°C - 8°C for up to 5 days. Do not refreeze vials • Un-diluted vials can be at room temperature for a maximum cumulative time of 2 hours prior to dilution. The vial can be returned to the fridge at 2°C - 8°C with the time out of fridge tracked and considered when removed from fridge in the future. (2 hour maximum total at room temperature for undiluted vial). The maximum time in the fridge cannot exceed 5 days. 	<ul style="list-style-type: none"> • -25°C to -15°C up to 6 months and protected from light • 2°C - 8°C for up to 30 days prior to first use. Do not refreeze vials • Unpunctured vials may be stored between 8° to 25°C (46° to 77°F) for up to 12 hours. • Once the vial has been entered (needle-punctured), it can be stored at room temperature or refrigerated, but must be discarded after 6 hours. • Do not store on dry ice or below -40°C (-40°F).

	Pfizer-BioNTech COVID-19 Vaccine mRNA Vaccine (Tozinameran or BNT162b2)	Moderna COVID-19 Vaccine mRNA Vaccine
Forward Shipment beyond point of delivery	Any forward transportation is recommended to be done in frozen state. May consider forward distribution in liquid state (2°C - 8°C) with appropriate temperature monitoring and tracking during shipment. Maximum transportation time at 2°C - 8°C is 12 hours. The transportation time at 2°C - 8°C must be deducted from time stored in the refrigeration at end location and remove from the 5 days (120 hours) at 2°C - 8°C.	Any forward transportation is recommended to be done in frozen state. May consider forward distribution in liquid state (2°C - 8°C) with appropriate temperature monitoring and tracking during shipment. Maximum transportation time at 2°C - 8°C is 12 hours. The transportation time at 2°C - 8°C must be deducted from the overall allowed time at 2°C - 8°C of 30 days (720 hours).
Formats available	Multi-dose vial (6 doses), preservative and latex free, dilution required (see product monograph for specifications and instructions)	Multi-dose vial (10 doses), preservative and latex free, dilution not required
Usage limit post-dilution	<p>Product Monograph: 6 Hours from the time of dilution/vial puncture at 2°C to 25°C. Diluted vials can go back and forth from room temperature into the fridge.</p> <p>Protect vaccine from direct sunlight.</p> <p><u>Internal Pfizer Data</u>: Pfizer has conducted physical and chemical stability studies which has shown the vaccine maintains all its measured quality attributes when diluted vaccine is stored in the vial at 2°C to 32°C for up to 24 hours. Pfizer can be called to confirm use of vaccine post 6 hours of dilution.</p>	<p>Once the vial has been entered (needle-punctured), it can be stored at room temperature or refrigerated, but must be discarded after 6 hours.</p> <p>Protect vaccine from direct sunlight.</p>

Abbreviations: IM: intramuscular; mRNA: messenger ribonucleic acid

Appendix B

Health and Safety Procedures

IP&C Requirements for Planning COVID-19 FIXED Vaccine Clinic

The prevention of infection transmission is an important factor in the planning and development of the COVID-19 FIXED vaccine clinic. The following are the IP&C principles and requirements that need to be considered in the planning

- IP&C staff must be involved with the planning and design of the sites.
- Physical distancing of 2 metres (6 feet) must be applied. Other environmental changes may need to be considered if space is an issue and physical distancing cannot be maintained (e.g. installation of plexiglass barriers).
- Ventilation within the clinic/site may need to be assessed.
- Staff, volunteer, clients and others within the site must screen negative by the COVID-19 Screening Tool while in the clinic/area. This includes the supporting and implementation of PPE requirements if indicated and a plan if an individual becomes symptomatic while in the clinic/area.
- IP&C principles must be applied to traffic flow within the clinic/area (e.g. consistent traffic pattern from entrance to exit).
- Surfaces (including flooring), equipment and reusable items must withstand cleaning and disinfection with approved disinfectants and cleaning frequency.
- If there is consideration for a selfie photo area, it has to be able to be cleaned and disinfected with approved disinfectants according to the Cleaning Checklist.
- Supplies to support hand hygiene and respiratory hygiene must be available in the clinic/area and at point of care at all times.
- IP&C practices/principles must be applied to storage of vaccine and supplies.

Staff and volunteer recommended immunization

The following immunizations are recommended for staff and volunteers of immunization clinics unless contraindicated):

- COVID-19 immunization with the appropriate available vaccine.
- Hepatitis B immunization and measurement of hepatitis B surface antibody titres - for any health care provider or people who may handle sharps containers.
- Up-to-date tetanus immunization.
- Influenza immunization if the clinics/programs are occurring during influenza season.

Staff/volunteer/client accessing/participating in the FIXED Vaccine Clinic

Client

- Shared Health Triage Process for Alternate Points of Entry will be followed by the Clinic/Area Navigator for all clients.
<https://sharedhealthmb.ca/files/COVID-19-screening-for-points-of-entry-and-admitting.pdf>
- Clients must be screened for symptoms of COVID-19 on arrival.
<https://sharedhealthmb.ca/covid19/screening-tool/>
- Clients must be wearing facemasks (non-medical or medical mask) while in the clinic/area.

Staff and Volunteers

- All staff and volunteers will be required to self-screen for COVID-19 symptoms and exposure prior to reporting for work. Random audits will be completed and staff who report to work while ill will be sent home. <https://sharedhealthmb.ca/files/covid-19-staff-screening-tool.pdf>
 - If symptoms develop while at work, they should report to the Clinic Manager.
- All staff (physicians, nurses, allied HCWs, support staff, students, volunteers and others) is responsible for complying with Routine Practices. If issues with compliance occur, discuss with the site/program coordinator.
 - Use of Routine Practices is expected for the care of all persons at all times no matter where they are receiving care – in hospital, community or long term care. Microorganisms can be transmitted from symptomatic and asymptomatic people. This is why it is so important to follow Routine Practices at all times for all persons receiving care in all settings. <https://sharedhealthmb.ca/files/routine-practices-protocol.pdf>
 - Routine use of gloves while providing immunization is not usually required. However if the staff providing immunization assesses according to PCRA that they need gloves, they should be available for use. If staff assess gloves to be used, they must be changed between clients.
- Staff and volunteers should ALWAYS perform strict hand hygiene BEFORE and AFTER donning/doffing PPE.
 - Move slowly and thoughtfully through the procedure.
Donning: https://www.youtube.com/watch?v=pQ4vn_a-PGo&feature=youtu.be
Doffing: <https://www.youtube.com/watch?v=2uzDgt7I5ME&feature=youtu.be>
- All staff and volunteers, must follow Shared Health PPE recommendations for green zone depending on the role follow either outpatient settings/community clinics (<https://sharedhealthmb.ca/files/ppe-provincial-requirements-outpatient-settings.pdf>) or administrative and reception (<https://sharedhealthmb.ca/files/ppe-provincial-requirements-admin-reception.pdf>).
 - There should be a designated area in the clinic for donning/doffing of PPE.
- All staff and volunteers remove eye protection/face shields and disinfect (if reusable) or discard according to Shared Health recommendations.
<https://sharedhealthmb.ca/files/standard-operating-procedure-disinfecting-eye.pdf>
<https://sharedhealthmb.ca/files/covid-19-disinfection-and-storage-of-full-face-shields.pdf>
- All staff and volunteers will use extended use medical masks and if required extended use eye protection/face shields.
 - Refer to Shared Health Extended Use of Medical Masks
<https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf>
- Entrance screening points practices to be adopted:
 - Ensure appropriate signage available in all client entry locations (e.g., triage, registration, clinic, program area).
 - Encourage clients to perform respiratory hygiene/cough etiquette, mask client and escort, if not already wearing a mask and provide tissues, alcohol-based hand rub and a waste receptacle.
 - Assess clients presenting with exposure criteria in a timely manner.
 - Clients must be screened for symptoms of COVID-19 on arrival.
<https://sharedhealthmb.ca/covid19/screening-tool/>

- Client is symptomatic
 - Have clients and escort perform hand hygiene.
 - Mask all symptomatic clients (procedure or surgical) and escort (even if asymptomatic).
 - Segregate immediately into a single room; maintain 2-metre separation.
 - If not possible to immediately isolate, direct symptomatic client(s) and escort to a segregated waiting room/area that is physically separate from the main waiting room/area and allows a 2-metre separation between clients.
 - Screen escort for signs and symptoms of acute respiratory illness, refer for medical assessment where appropriate.
 - If the clinic is in WRHA follow Shared Health IP&C COVID-19 Specific Disease Protocol (Winnipeg) – Acute and Community Settings.
<https://sharedhealthmb.ca/files/IPC-acute-care-manual-winnipeg.pdf>
 If the clinic is outside Winnipeg, follow Shared Health COVID-19 Specific Disease Protocol (Provincial) – Acute and Community Settings.
<https://sharedhealthmb.ca/files/IPC-acute-care-manual-provincial.pdf>

Strategies to support physical distancing

- Scheduling appointments for immunizations is in place and the client will be able to book appointment online.
- Navigators will have a list of appointment times and names to confirm any one entering the clinic/area has an appointment before letting them access.
- Vaccination station will be set 2 meters apart from each other.
- Ensuring clinic/area processes and flow minimize interactions and time in any given area. Strategies can include on-line completion of Consent Forms before arrival. The clinic/area should be set up to ensure unidirectional flow of clients.
- Ensuring any seating is at least 2 metres apart. Use tape on the floor to mark the spots where seats should be spaced.
- At the immunization tables, place seats so that the client sits with their shoulder facing the Immunizer and not their face.
- Closely monitoring and re-enforcing physical distancing between clients, staff and volunteers. If clients need to wait in line, use tape or pylons to mark where they should stand so that they remain 2 metres apart.

Overall Infection prevention control principles

- Installing clear plastic barriers at reception areas and between immunization stations may be considered if physical distancing of 2 metres cannot be maintained.
- Providing alcohol based hand rub (ABHR)/hand sanitizer stations throughout the clinic/area, including on entry, at each immunization station and at the exit. Hand hygiene with ABHR/hand sanitizer should be used by Immunizers according to Routine Practices. Hands should be washed with soap and water if visibly dirty. If handwashing stations are not available within the clinic/area, there should be portable handwashing stations readily available (e.g. immunization area, post immunization area).
<https://sharedhealthmb.ca/files/routine-practices-protocol.pdf>
- Set up immunizer stations so clients do not touch table surfaces. Advise client to use alcohol based hand rub/hand sanitizer.

- There must be a process for designating clean versus dirty (contaminated) reusable items that clients touch (e.g. pens, clipboards). There also must be a process for cleaning and disinfection of these dirty (contaminated) items.
- There must be a process for education of IP&C principles/processes for the clinic/site.
- Service animals either for staff or client can be allowed in the clinic/area
 - Only the handler can touch the service animal and they must practice strict hand hygiene before and after contact with the animal.
- Personal protective equipment for staff and volunteers according to the Manitoba's Supply Management and Stewardship Planning and Guidance Framework.
The following guidelines have been developed by clinical and public health leadership, in consultation and with the support of Infection Prevention and Control, Occupational and Environmental Safety and Health and with the endorsement of Manitoba's COVID-19 Incident Command.
<https://sharedhealthmb.ca/files/covid-19-provincial-ppe-framework-guidance.pdf>
- Immunizers, if experiencing any respiratory illness symptoms, should seek care and should not come to work, vaccinate or have contact with vaccination supplies.
- Client mask
 - All clients should wear a mask (non-medical or medical mask) at all times while in the clinic/area (except for children less than 2 year of age, those who cannot tolerate a mask or those who require removal of the mask for medical attention). If a client attends without a mask, they should be provided with a disposable mask. Consult current infection prevention and control prevention practices as detailed in Public Health orders by focusing on the fundamentals.
<https://www.gov.mb.ca/covid19/updates/prepareandprevent.html#fundamentals>

Disinfection and cleaning protocols and schedule

Cleaning protocols for staff during their shift

- Cleaning protocols for staff/volunteers during their shift
 - Cleaning of the immunization station:
 - Disinfectant wipes will be used to clean surfaces between clients
 - Chairs where client is seated should be cleaned between clients
 - Immunization work area (e.g. table, carts) should be cleaned and disinfected by the staff/volunteer prior to going on breaks, at the end of work shift, and when soiled
 - Incontinent pads used for immunization work area should be changed prior to going on breaks, at the end of work shift, and when soiled
- Tablets, laptops, keyboards, mouse, printers and other components of the laptop
 - Hand hygiene must be performed prior to and after contact with the tablets, keyboards, laptops, mouse and other components of the computer.
 - Cleaning and disinfection of the medical grade external keyboard and mouse with accelerated hydrogen peroxide wipes (in approved disinfectant list) must be done prior to going on breaks, before use by another individual and at the end of the day according to WRHA Cleaning, Table, Keyboard, Mouse, Wrist Support, PushHandles, Workstation, Wheels.
https://professionals.wrha.mb.ca/old/extranet/ipc/files/Standard%20Work%20Sheets/Cleaning_Table_Keyboard_Mouse_WristSupport_PushHandles_WorkStation_Wheels.pdf

- Infection prevention and control management of the tablet according to Shared Health Disinfecting Shared Devices.
<https://sharedhealthmb.ca/files/disinfecting-shared-devices.pdf>
 - Cleaning and disinfection must be done before use by another individual
- Laptops and other components must be cleaned at the end of the day.
 - Laptop cleaning guideline recommends an alcohol solution consisting of 70% isopropyl alcohol and 30% water (rubbing alcohol).
 - Wear disposable gloves when cleaning and disinfecting surfaces of the laptop and other components.
 - Turn off the device and disconnect AC power (for printers, devices should be unplugged from the outlet).
 - Remove batteries from items like wireless keyboards. Never clean a product while it is powered on or plugged in.
 - Disconnect any external devices.
 - Moisten a microfiber cloth with a mixture of 70% isopropyl alcohol / 30% water (rubbing alcohol). Wet contact time (time for disinfection) is 10 minutes. Ensure alcohol remains on the surfaces to ensure disinfection.
 - Do not ever spray any liquids directly onto the product.
 - Gently wipe the moistened cloth on the surfaces to be cleaned. Do not allow any moisture to drip into areas like keyboards, display panels or USB ports located on the printer control panels, as moisture entering the inside of an electronic product can cause extensive damage to the product.
 - Start with the display or printer control panel (if applicable) and end with any flexible cables, like power, keyboard and USB cables.
 - When cleaning a display screen or printer control panel, carefully wipe in one direction, moving from the top of the display to the bottom.
 - Ensure surfaces have completely air-dried (minimum of 10 minutes) before turning the device on after cleaning. No moisture should be visible on the surfaces of the product before it is powered on.
 - After disinfecting, copier/scanner glass should be cleaned again using an office glass cleaner sprayed onto a clean rag to remove streaking.
 - Gloves should be discarded after each cleaning. Perform hand hygiene immediately after gloves are removed.
- Cleaning of the waiting area and post-immunization recovery area:
 - Chairs and tables where client is seated should be cleaned according to the Cleaning Checklist.

Cleaning of freezer and fridge

- Clean the inside of the fridge and freezer quarterly, or as needed
- Refer to <https://www.gov.mb.ca/health/publichealth/cdc/protocol/ccp.pdf> for details

Enhanced cleaning protocols/schedule and approved disinfectants for cleaning staff

- Please refer to Cleaning Checklist and Approved Disinfectant List for enhanced cleaning protocols/schedule and list of approved disinfectants.
- Initial cleaning and termination of clinic/area cleaning

Ensure a thorough cleaning of all equipment, surfaces and floors are cleaned using approved disinfectants

January 28, 2021

COVID-19 Vaccine Clinic Approved Disinfectants and Cleaners for All Surfaces Except Floors

You must follow the wet contact time listed for each of the following products to ensure appropriate cleaning and disinfection.

Do not interchange hydrogen peroxide based cleaners/disinfectants with quaternary ammonium based cleaners/disinfectants.

Product name	Active ingredient	Kill & wet contact time	Suitability	Comments
Accel Intervention RTU Liquid	Accelerated Hydrogen Peroxide	1 minute wet contact time	Non-porous hard surfaces	IP&C approved product for general use disinfectant cleaner
Accel Intervention RTU Wipes	Accelerated Hydrogen Peroxide	1 minute wet contact time	Non-porous hard surfaces	IP&C approved product for general use disinfectant cleaner
Accel Prevention RTU Liquid	Accelerated Hydrogen Peroxide	3 minute wet contact time	Non-porous hard Surfaces	IP&C approved product for general use disinfectant cleaner
Accel Prevention RTU Wipes	Accelerated Hydrogen Peroxide	3 minute wet contact time	Non-porous hard Surfaces	IP&C approved product for general use disinfectant cleaner
Oxivir TB	Accelerated Hydrogen Peroxide	1 minute wet contact time	Non-porous hard surfaces	IP&C approved alternate AHP product for general use disinfectant cleaner
Oxivir Plus	Accelerated Hydrogen Peroxide	5 minute wet contact time	Non-porous hard surfaces	IP&C approved product for general use disinfectant cleaner, but due to the longer wet contact time required, other products with shorter wet contact time are preferred
Cavicide	Quaternary Ammonium	3 minute wet contact time	Non-porous hard surface	IP&C approved product for general use disinfectant cleaner
Caviwipes	Quaternary Ammonium	3 minute wet contact time	Non-porous hard surfaces	IP&C approved product for general use disinfectant cleaner
Fisher Scientific (60-665-24) Isopropyl Alcohol wipes	70% isopropyl alcohol	<i>Variable</i>	Non-porous hard surfaces	6 x 9 in. wipes for specialized use only Remove visible soil first. Does not work through soil

Product name	Active ingredient	Kill & wet contact time	Suitability	Comments
Clorox Healthcare® Bleach Germicidal Wipes	Sodium Hypochlorite	3 minute wet contact time	Non-porous hard Surfaces	IP&C approved product for general use disinfectant cleaner

COVID-19 Vaccine Clinic Approved Cleaners for Floors

Product name	Active ingredient	Kill & wet contact time	Suitability	Comments
Perdiem	Hydrogen Peroxide	Not applicable for cleaning of floors	Non-porous hard surfaces including floors	Commonly used as a cleaner Limited use as a disinfectant at full strength with a 10-minute contact time*
PerCept	Hydrogen Peroxide	Not applicable for cleaning of floors	Non-porous hard surfaces including floors	Commonly used as a cleaner Limited use as a disinfectant at full strength with a 5-minute contact time*

*Use as a floor cleaner and not for equipment/surface disinfection

Please Note:

- If you are using/wanting to use a product not in the above tables, please contact your site Vaccine Clinic Coordinator.
- Products listed in table were up-to-date at the time of posting
- Test disinfectant before using on any transparent surface as “clouding” may result

COVID-19 VACCINE SITE CLEANING SERVICES

CLEANING FREQUENCY SCHEDULE

Tier 1 Areas

Tier 1 areas are considered non-clinical office and common space.

All tier 1 surfaces must be wiped down with an approved disinfectant product at the frequencies detailed in the following tables even if they appear clean to the eye.

Tier 1 - Area A: Washrooms

Tier 1 - Area B: Lounge, waiting and reception areas, entrances, exits, corridors, meeting and planning rooms, elevators, stairwells

Tier 1 - Area C: Offices, miscellaneous rooms/areas

Tier 1 - Area D: Kitchens, coffee stations, staff rooms

Tier 2 Areas

Tier 2 areas are considered medical/clinical space.

All tier 2 surfaces must be wiped down with an approved disinfectant product at the frequencies detailed in the following tables even if they appear clean to the eye.

Tier 2 - Area A: Vaccine administration area, examination/treatment rooms, clinical supply storage (vaccines, immunization supplies, PPE)

Tier 2 - Area B: Washrooms

Tier 2 - Area C: Post-immunization recovery area, lounge, waiting and reception areas, meeting rooms

Public health reserves the right to test surfaces using an ATP testing method, black light test, or other applicable testing method at any time during the term of the contract to ensure cleaning is being completed per the terms of the contract.

Tier 1 - Area A:	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Washrooms									
Call Cord (if applicable)	X								
Change Table/Counter	X								
Commode Chair	X								
Cubicle Walls & Cubicle Door	X								
Dispenser: Paper Towel	X								
Dispenser: Soap & hand rub	X								
Dispenser: Toilet Paper	X								
Dispenser: Sanitary Napkins	X								
Door Knobs/Handle & surrounding area	X								
Floor: Sweep & Damp mop	X								
Grab Rail	X								
Hand Dryer	X								
Light switches	X								
Linen Hamper	X								
Cabinet / Shelf	X								
Mirror	X								
Sink, Fixtures, & Countertops	X								
Toilet/Urinal	X								
Walls (spot clean)		X							
Waste Container		X							
Windows & other glass / Plexiglas surfaces (spot clean only)		X							
Ceiling				X					
Wall Fixtures				X					
Floor: Scrub (thorough clean)				X					
Baseboards					X				
Ledges & Pipes					X				
Light Fixtures					X				
Radiator					X				
Vents: vacuumed					X				
Doors					X				
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Signage							X		
Walls (thorough clean)							X		
Window Coverings							X		
All Other Surfaces									X

Tier 1 - Area B: Lounge, waiting and reception areas, entrances, exits, corridors, meeting and planning rooms, elevators, stairwells *Chairs need to be cleaned and disinfected at minimum twice daily and when visibly soiled.	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Chairs in waiting/reception area	X								X*
Door Knobs/Handles & surrounding area	X								
Elevator buttons (in & out)	X								
Floor: Sweep & Damp mop	X								
Water Fountain	X								
Light switches	X								
Reception desk		X							
Stool/Chairs		X							
Table		X							
Telephone		X							
Waste Container		X							
Carpet: Vacuum		X							
Counter		X							
Shelf		X							
Stair Railing/Banister		X							
Selfie Station/Other Frequently Touched Posters/Stands		x							
Wndows & other glass / Plexiglas (spot clean)			X						
Window ledges - dust			X						
Chair: Vacuum all fabric surfaces & wash all washable surfaces			X						
Couch/Bench: Vacuum all fabric surfaces & wash all washable surfaces			X						
Mirror			X						
Coat Rack			X						
Elevator walls				X					
Walls (spot clean)				X					
Wall Fixtures				X					
White Boards/Chalk Board - use a product specifically formulated for cleaning white boards				X					
Floor: Scrub (thorough clean)				X					
Artificial plants					X				
Baseboards					X				
Door Tracks					X				
Lamp					X				
Ledges/Pipes					X				
Light Fixtures					X				

Radiator					X				
Television (if applicable) (more frequent if visibly dirty)					X				
Vents: vacuumed					X				
Doors					X				
Carpet: Shampoo							X		
Ceiling							X		
Clock							X		
Signage							X		
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Pictures Etc.							X		
Walls (thorough clean)							X		
Window Coverings							X		
Carpet: Spot Cleaning									X
All Other Surfaces									X

Tier 1 - Area C: Offices, Miscellaneous Rooms/Areas	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Waste Container			X						
Floor: Sweep & Damp mop (if vinyl flooring)			X						
Light switches			X						
Windows & other glass / Plexiglas surfaces (spot clean only)				X					
Window ledges - dust				X					
Carpet: Vacuum				X					
Chair: Vacuum all fabric surfaces & wash all washable surfaces				X					
Counter				X					
Plastic floor mat under desk chair - damp mop				X					
Table				X					
Telephone				X					
Walls/Partitions (spot clean): Vacuum all fabric surfaces & wash all washable surfaces				X					
Floor: Scrub (thorough clean)					X				
Lamp					X				
Ledges & Pipes					X				
Light Fixtures					X				
Coat Rack					X				
Desk unit, hutch, & cabinet					X				

Lockers					X				
Radiator					X				
Stool/Chair					X				
Vents: vacuumed					X				
Baseboards							X		
Carpet: Shampoo							X		
Ceiling							X		
Clock							X		
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Pictures, Etc.							X		
Walls / Partitions (thorough clean): Vacuum all fabric surfaces & wash all washable surfaces							X		
Window Coverings							X		
Carpet: Spot Clean									X
White Boards/Chalk Board - use a product specifically formulated for cleaning white boards									X
All Other Surfaces									X

Tier 1 - Area D:	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Kitchens, Coffee Stations, Staff Rooms									
Dispenser: Paper Towel	X								
Dispenser: Soap & hand rub	X								
Door Knobs/Handles & surrounding area	X								
Water Fountain	X								
Floor: Sweep & Damp Mop		X							
Stool/Chairs		X							
Table		X							
Telephone		X							
Waste Container		X							
Counter		X							
Light switches		X							
Chair: Vacuum all fabric surfaces & wash all washable surfaces			X						
Couch / Bench (Vacuum all fabric surfaces & wash all washable surfaces)			X						
Linen Hamper			X						
Sink & Fixtures			X						
Coat Rack			X						
Windows & other glass / Plexiglas (spot clean)				X					

Window ledges - dust				X					
Cabinet / Cupboard				X					
Carpet: Vacuum				X					
Microwave (interior & exterior)				X					
Mirror				X					
Walls (spot clean)				X					
Fridge (exterior)				X					
Shelf				X					
Wall Fixtures					X				
Baseboards					X				
Floor: Scrub (thorough clean)					X				
Lamp					X				
Ledges & Pipes					X				
Light Fixtures					X				
Fridge (interior): days cleaning is done will be determined by Site Manager					X				
Lockers					X				
Radiator (bi-weekly if visibly dusty)					X				
Vents: vacuumed					X				
Door					X				
Carpet: Shampoo							X		
Ceiling							X		
Clock							X		
Signage							X		
Fire Extinguisher							X		
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Pictures, Etc.							X		
Walls (thorough clean)							X		
Window Coverings							X		
Carpet: Spot Clean									X
All Other Surfaces									X

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Tier 2 - Area A	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Vaccine administration area, examination/treatment rooms, clinical supply storage (vaccines, immunization supplies, PPE) *Chairs in the vaccine administration area are to be cleaned once daily by the cleaning staff. However, they are to be cleaned and disinfected after every client by the immunization staff.									
Chairs/Stool		X ⁺							
Counter		X							
Cupboards/Cabinets (external only)		X							
Desk/Table		X							
Dispensers: Paper Towel		X							
Dispensers: Soap & hand rub		X							
Door/Signage		X							
Floor: Sweep & Damp mop		X							
Lamp		X							
Light switches		X							
Sink & Fixtures		X							
Telephone		X							
Walls & Baseboards (spot clean)		X							
Waste Container - new garbage bag required daily		X							
Windows & other glass / Plexiglas surfaces (spot clean only)		X							
All other horizontal surfaces not listed in this table		X							
Room Dividers		X							
Linen Hamper		X							
Fridge/Freezer – external only			X						
Baseboards (thorough clean)			X						
Ceiling			X						
Clock			X						
Fire Extinguishers			X						
Floor: Scrub (thorough clean)			X						
Ledges & Pipes			X						
Light Fixtures			X						
Pictures			X						
Radiator			X						
Shelf			X						
Television (if applicable)			X						
Vents: vacuumed			X						
Wall Fixtures			X						
White Board - use a product specifically formulated for cleaning white boards			X						

Window Coverings			X						
Windows & other glass / Plexiglas (spot clean)			X						
Window ledges - dust			X						
Walls (thorough clean)						X			
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
All Other Surfaces									X

Tier 2 - Area B:	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Washrooms									
Call Cord (if applicable)	X								
Change Table/Counter	X								
Commode Chair	X								
Cubicle Walls & Cubicle Door	X								
Dispenser: Paper Towel	X								
Dispenser: Soap & hand rub	X								
Dispenser: Toilet Paper	X								
Dispenser: Sanitary Napkins	X								
Door Knobs/Handles & surrounding area	X								
Floor: Sweep & Damp mop	X								
Grab Rail	X								
Hand Dryer	X								
Light switches	X								
Linen Hamper	X								
Cabinet / Shelf	X								
Mirror	X								
Sink, Fixtures, & Countertops	X								
Toilet/Urinal	X								
Walls (spot clean)		X							
Waste Container		X							
Windows & other glass / Plexiglas surfaces (spot clean only)		X							
Windows & other glass / Plexiglas (spot clean)			X						
Window ledges - dust			X						
Ceiling				X					
Wall Fixtures				X					
Baseboards					X				
Floor: Scrub (thorough clean)					X				
Ledges & Pipes					X				
Light Fixtures					X				

Doors					X				
Radiator					X				
Vents: vacuumed					X				
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Signage							X		
Walls (thorough clean)							X		
Window Coverings							X		
All Other Surfaces									X

Tier 2 - Area C:	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Post-immunization recovery area, lounge, waiting and reception areas, meeting rooms *Chairs need to be cleaned and disinfected at minimum twice daily and when visibly soiled.									
Chairs in post immunization recovery area/waiting and reception area	X								X*
Door Knobs/Handles & surrounding area	X								
Water Fountain	X								
Floor: Sweep & Damp mop		X							
Stools/Chairs		X							
Desk/Table		X							
Telephone		X							
Waste Container		X							
Counter		X							
Light switches		X							
Windows & other glass / Plexiglas (spot clean)			X						
Carpet: Vacuum			X						
Chair: Vacuum all fabric surfaces & wash all washable surfaces			X						
Couch/Bench: Vacuum all fabric surfaces & wash all washable surfaces			X						
Mirror			X						
Coat Rack			X						
Walls (spot clean)				X					
Shelf				X					
Wall Fixtures				X					
White Boards/Chalk Board - use a product specifically formulated for cleaning white boards				X					
Baseboards					X				
Door Tracks					X				
Floor: Scrub (thorough clean)					X				
Lamp					X				

Ledges/Pipes					X				
Light Fixtures					X				
Radiator					X				
Television (if applicable) (more frequent if visibly dirty)					X				
Vents: vacuumed					X				
Doors					X				
Carpet: Shampoo							X		
Ceiling							X		
Clock							X		
Signage							X		
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Pictures Etc.							X		
Walls (thorough clean)							X		
Window Coverings							X		
Carpet: Spot Cleaning									X
All Other Surfaces									X

- January 28, 2021

Tier 2 - Area A	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Vaccine administration area, examination/treatment rooms, clinical supply storage (vaccines, immunization supplies, PPE) *Chairs in the vaccine administration area are to be cleaned once daily by the cleaning staff. However, they are to be cleaned and disinfected after every client by the immunization staff.									
Chairs/Stool		X ⁺							
Counter		X							
Cupboards/Cabinets (external only)		X							
Desk/Table		X							
Dispensers: Paper Towel		X							
Dispensers: Soap & hand rub		X							
Door/Signage		X							
Floor: Sweep & Damp mop		X							
Lamp		X							
Light switches		X							
Sink & Fixtures		X							
Telephone		X							
Walls & Baseboards (spot clean)		X							
Waste Container - new garbage bag required daily		X							
Windows & other glass / Plexiglas surfaces (spot clean only)		X							
All other horizontal surfaces not listed in this table		X							
Room Dividers		X							
Linen Hamper		X							
Fridge/Freezer – external only			X						
Baseboards (thorough clean)			X						
Ceiling			X						
Clock			X						
Fire Extinguishers			X						
Floor: Scrub (thorough clean)			X						
Ledges & Pipes			X						
Light Fixtures			X						
Pictures			X						
Radiator			X						
Shelf			X						
Television (if applicable)			X						
Vents: vacuumed			X						
Wall Fixtures			X						
White Board - use a product specifically formulated for cleaning white boards			X						

Tier 2 - Area A	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Vaccine administration area, examination/treatment rooms, clinical supply storage (vaccines, immunization supplies, PPE) *Chairs in the vaccine administration area are to be cleaned once daily by the cleaning staff. However, they are to be cleaned and disinfected after every client by the immunization staff.									
Window Coverings			X						
Windows & other glass / Plexiglas (spot clean)			X						
Window ledges - dust			X						
Walls (thorough clean)						X			
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
All Other Surfaces									X

Tier 2 - Area B:	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Washrooms									
Call Cord (if applicable)	X								
Change Table/Counter	X								
Commode Chair	X								
Cubicle Walls & Cubicle Door	X								
Dispenser: Paper Towel	X								
Dispenser: Soap & hand rub	X								
Dispenser: Toilet Paper	X								
Dispenser: Sanitary Napkins	X								
Door Knobs/Handles & surrounding area	X								
Floor: Sweep & Damp mop	X								
Grab Rail	X								
Hand Dryer	X								
Light switches	X								
Linen Hamper	X								
Cabinet / Shelf	X								
Mirror	X								
Sink, Fixtures, & Countertops	X								
Toilet/Urinal	X								
Walls (spot clean)		X							
Waste Container		X							
Windows & other glass / Plexiglas surfaces (spot clean only)		X							

Tier 2 - Area A	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Vaccine administration area, examination/treatment rooms, clinical supply storage (vaccines, immunization supplies, PPE) *Chairs in the vaccine administration area are to be cleaned once daily by the cleaning staff. However, they are to be cleaned and disinfected after every client by the immunization staff.									
Windows & other glass / Plexiglas (spot clean)			X						
Window ledges - dust			X						
Ceiling				X					
Wall Fixtures				X					
Baseboards					X				
Floor: Scrub (thorough clean)					X				
Ledges & Pipes					X				
Light Fixtures					X				
Doors					X				
Radiator					X				
Vents: vacuumed					X				
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Signage							X		
Walls (thorough clean)							X		
Window Coverings							X		
All Other Surfaces									X

Tier 2 - Area C:	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Post-immunization recovery area, lounge, waiting and reception areas, meeting rooms *Chairs need to be cleaned and disinfected at minimum twice daily and when visibly soiled.									
Chairs in post immunization recovery area/waiting and reception area	X								X*
Door Knobs/Handles & surrounding area	X								
Water Fountain	X								
Floor: Sweep & Damp mop		X							
Stools/Chairs		X							
Desk/Table		X							
Telephone		X							
Waste Container		X							
Counter		X							
Light switches		X							
Windows & other glass / Plexiglas (spot clean)			X						

Tier 2 - Area A	Twice a Day	Daily	Weekly	Bi-weekly	Monthly	Quarterly	Semi-Annually	Annually	As Required
Vaccine administration area, examination/treatment rooms, clinical supply storage (vaccines, immunization supplies, PPE) *Chairs in the vaccine administration area are to be cleaned once daily by the cleaning staff. However, they are to be cleaned and disinfected after every client by the immunization staff.									
Carpet: Vacuum			X						
Chair: Vacuum all fabric surfaces & wash all washable surfaces			X						
Couch/Bench: Vacuum all fabric surfaces & wash all washable surfaces			X						
Mirror			X						
Coat Rack			X						
Walls (spot clean)				X					
Shelf				X					
Wall Fixtures				X					
White Boards/Chalk Board - use a product specifically formulated for cleaning white boards				X					
Baseboards					X				
Door Tracks					X				
Floor: Scrub (thorough clean)					X				
Lamp					X				
Ledges/Pipes					X				
Light Fixtures					X				
Radiator					X				
Television (if applicable) (more frequent if visibly dirty)					X				
Vents: vacuumed					X				
Doors					X				
Carpet: Shampoo							X		
Ceiling							X		
Clock							X		
Signage							X		
Floor: Buff/Burnish - do not use wax if surface is no-wax vinyl flooring							X		
Pictures Etc.							X		
Walls (thorough clean)							X		
Window Coverings							X		
Carpet: Spot Cleaning									X
All Other Surfaces									X

January 28, 2021

Appendix C

Supplies list

List of Supplies and Recommended Daily Quantities.

ITEM	Unit	Small Clinic (431 clients)	Medium Clinic (864 clients)	Large Clinic (2160 clients)	Focused Immunization Team (50 clients)
Sharps container 11.3 L	unit	6	12	30	0
Alcohol swabs	unit	1728	3456	8640	200
Band-aids	unit	1728	3456	8640	200
3 ml syringe (for Moderna vaccine)	unit	432	864	2160	50
25 G 5/8 inch safety needle	unit	43.2	86.4	216	5
25 G 1 inch safety needle	unit	432	864	2160	50
23 G 1.25 inch safety needle	unit	43.2	86.4	216	5
5 ml syringe (for reconstitution)	unit	86.4	172.8	432	10
21 G 1 inch needle (for reconstitution)	unit	86.4	172.8	432	10
2x2 Gauze	unit	1728	3456	8640	200
1 ml syringe 25 G 1 " needle attached (for Pfizer vaccine)	unit	432	864	2160	50
Large cooler for clinic vaccine (may not need if fridge or freezer)	unit	1	2	5	2
Consent forms (print on demand)	unit	1296	2592	6480	150
Fact sheet (print on demand)	unit	1296	2592	6480	150
Clinic and vaccine procedure documents	unit	6	12	30	1
Safety glasses with side shields (Z94.3 standard)	unit	2	2	2	0
Cryogenic gloves (PPE dry ice) (assorted sizes)	unit	2	2	2	0
Cryogenic apron (PPE dry ice)	unit	2	2	2	0
Cryogenic Apron (PPE dry ice)	unit	1	1	1	0
Tongs for 10ml vials (PPE dry ice) or smaller	unit	1	1	1	0
Dry Ice Scoop (PPE dry ice) Don't know if required	unit	1	1	1	0
Stethoscope	unit	1	2	5	2
Blood pressure cuff (child and adult)	unit	1	2	5	2
Frozen packs	unit	24	48	120	4
Disinfectant wipes	container	12	24	60	2
Biohazard yellow bags	unit	6	12	30	2
Blue incontinent pads	unit	48	96	240	8
Disposable non-latex gloves (assorted sizes)	unit	864	1728	4320	100
Maximum-minimum thermometers (per cooler)	per cooler	12	24	60	2
Hand sanitizer	bottle	12	24	60	3
Surgical/ medical masks	unit	740	1500	3460	30
Disposable gowns	unit	48	96	240	12

ITEM	Unit	Small Clinic (431 clients)	Medium Clinic (864 clients)	Large Clinic (2160 clients)	Focused Immunization Team (50 clients)
Face shields	unit	48	96	240	12
Adrenalin (epinephrine) 1:1000 or Epi-pens	kit	2	4	10	1
Sharps container 22.7 L	unit	6	12	30	0
Sharps container 34 L	unit	6	12	30	0
Mats	unit	6	12	30	0
Partitions	unit	6	12	30	0
Plastic divider	unit	6	12	30	0
Laptop	unit	6	12	30	2
6' Table	unit	9	18	45	0
Chairs	unit	53	106	265	0
Wheelchair if possible	unit	1	1	1	0
Table covers (6' rectangle)	unit	36	72	180	0
Spray bottle	unit	12	24	60	2
Cookies and crackers, each prepackaged	package	216	432	1080	0
Floor cleaner disinfectant virucide 5.68L	bottle	1	1	1	2
Water bottles	unit	216	432	1080	0
Juice boxes	unit	216	432	1080	0
Small plastic Containers for sanitized pens and one for dirty	unit	12	24	60	4
Rulers	unit	12	24	60	2
Plastic Clip Boards	unit	12	24	60	2
Plastic Folders	unit	6	12	30	2
Pens, black	unit	36	72	180	12
Pens, red	Box	1	1	1	2
Highlighters	Box	1	1	1	2
Black Sharpie	Box	1	1	1	2
Paper clips - small, medium and large	Box	6	6	6	2
Sticky notes	unit	6	12	30	1
Masking tape	roll	2	2	2	1
Scotch tape	roll	2	2	2	1
Blue fun tack	unit	1	1	1	1
Scissors	unit	2	2	2	1
Stapler	unit	2	2	2	1
Flags or table top signs	unit	6	12	30	0
Banks boxes	unit	6	12	30	0
Name tags	unit	2	2	2	2
Insulated coolers and bags	unit	12	24	60	2
Hypoallergenic tape	roll	12	24	60	2
Biohazard waste boxes	unit	6	12	30	2
Tissues	box	12	24	60	2
Paper towel	roll	12	24	60	2

ITEM	Unit	Small Clinic (431 clients)	Medium Clinic (864 clients)	Large Clinic (2160 clients)	Focused Immunization Team (50 clients)
Paper bags (lunch size)	unit	72	144	360	12
All surface cleaner disinfectant AHP RTU 1 MIN CONTACT 1L	bottle	12	24	60	1
Garbage bags (large)	unit	12	24	60	4
Stickers for kids, developmentally delayed or young at heart	unit	180	360	900	30
Sticker for each client to know who has been immunized	unit	432	864	2160	50
Hand ice scraper	unit	1	1	1	0
Short thermal gloves (Ansell insulator thermal utility gloves) (assorted sizes)	unit	3	3	3	0
Butter knife	unit	1	1	1	0
Purple dot stickers (marks who has parking paid for)	unit	10	10	10	0
Sharps Container, 5L Disposable	unit	6	12	30	2
Sharps Container, 5.1 Litre, Side Entry Collector, Disposable	unit	6	12	30	2
Automated External Defibrillator	unit	6	12	30	1
Pulse Oximeter	unit	6	12	30	1
Blood Pressure Machine	unit	6	12	30	1
Glucometer	unit	6	12	30	10
Glucometer control strips	unit	6	12	30	1
First Aid Kit	unit	6	12	30	1
N95 Mask	unit	6	12	30	1
Ambu Bag	unit	6	12	30	1
Thermometer	unit	6	12	30	1
Hand held radios (walkie talkies)	unit	6	12	30	3
Microwave	unit	1	1	1	3
Cell Phone	unit	3	6	15	3
Wheeled Cart	unit	6	12	30	2
Portable Sink	unit	1	1	1	0
Fridge	unit	1	1	1	0
Kettle	unit	1	1	1	0
Printing Paper (Box)	unit	1	1	1	0
Packing Tape (6/pkg)	unit	1	1	1	0
Packing Tape Dispenser	unit	1	1	1	0
Page Partitions	unit	36	72	180	12
Metal Rings to hold page protectors together	unit	36	72	180	2
confidential recycling bin - small	unit	6	12	30	2
clear bags for workstation	unit	12	24	60	0
plastic ziplock bags (for visor and for vaccine)	unit	12	24	60	3
Medium garbage cans for all areas of the sites	unit	6	12	30	0
Yellow floor tape with black border (easy to remove with)	unit	1	1	1	0
Take a number system with triple digit display and wireless key fobs	unit	1	1	1	1
4L water bottles with pump OR water cooler for staff area	unit	12	24	60	1

Appendix D

Sample Clinic Layout

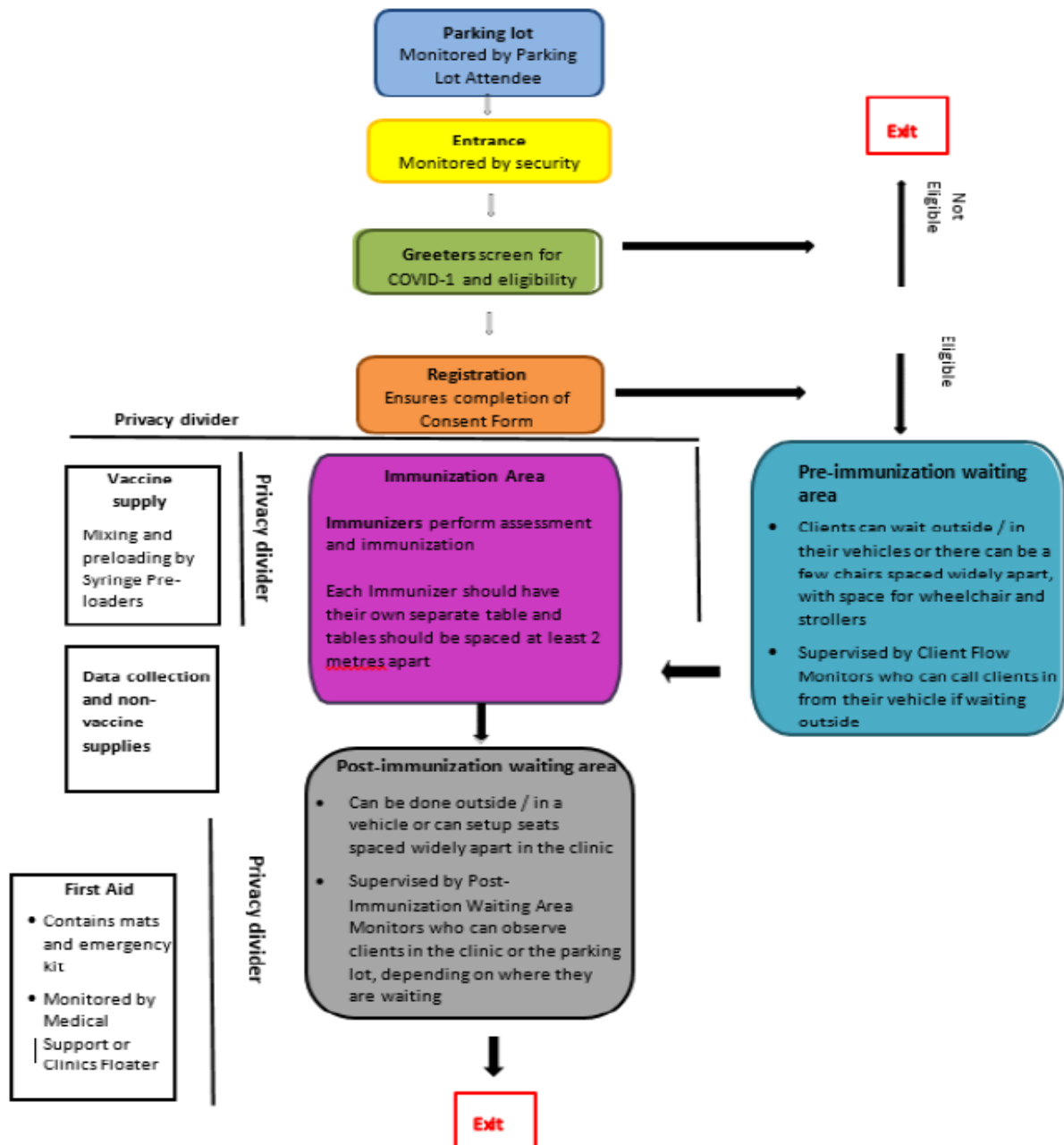


Figure 1: Sample Clinic layout extracted from the Public Health Agency of Canada