

# MASS IMMUNIZATION PLAN

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## SIMCOE MUSKOKA DISTRICT HEALTH UNIT

APPENDIX A

TO

VACCINE – ANTI-VIRALS SECTION OF THE SIMCOE  
MUSKOKA DISTRICT HEALTH UNIT PANDEMIC INFLUENZA  
PLAN

SEPTEMBER 2006

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## INTRODUCTION

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The purpose of the mass immunization plan is to provide staff with the information and training to be able to plan, work confidently and competently and effectively manage a mass immunization clinic.

Should the need arise for staff to work in a mass antiviral dispensing setting, similar roles and responsibilities would apply.

The plan describes roles and responsibilities for staff, clinic sites, clinic organization, and supply needs. The plan also assists the SMDHU in identifying areas that require further development.

Due to the changing nature of the public health environment, it is difficult to predict all factors that need to be considered. In addition, changing software and anticipated direction on relevant issues from the Ministry of Health and Long-Term Care continues to require that our plans are practical yet adaptable to changing circumstances.

Vaccines remain one of the most important public health strategies for the protection of people from diseases. In the event of a serious outbreak of a vaccine preventable disease, this plan is intended to guide the health unit in a large scale response.

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## ROLES AND RESPONSIBILITIES

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Human resource needs for mass immunization clinics are considerable. In order to ensure a smooth functioning clinic, a variety of roles are needed.

The staffing of mass immunization clinics is based upon the following assumptions:

Number of vaccinations that can be given per nurse per hour: 20 immunizations per hour  
Maximum number of hours each nurse can immunize per 8 hour clinic shift: 6.5 hours (1 hour lunch and two, 15 minute breaks)  
Maximum number of nurse immunizers who can work at one clinic giving needles: 20  
Number of clients that can be served by a clinic of this size: 2600  
Number of administrative support for 20 immunizers: 2 administrative support  
Number of volunteers required for 2,600 clients: 5- 6 volunteers.  
Number of clinics that can be run at one time on the county of Simcoe and the district of Muskoka: 7 clinics (Huntsville, Gravenhurst, Orillia, Barrie, Midland, Collingwood, South Simcoe)  
Number of days per week clinics can be run: 5- 6 days per week  
Maximum number of days each staff member works per week: 5 days per week  
Possible illness rate among staff members: 33%

### **CLINIC ROLES:**

#### **CLINICAL LEAD MANAGER:**

- Overall responsibility for clinics
- Recruitment of clinic staff
- Overall responsibility for orientation and training of all clinic staff, including security
- Signage of payroll tracking system for all clinic staff
- Identification and development of data collection tools needed for statistical purposes
- Follow up on any occupational health issues
- Liaise with Logistics/Supply Manager
- Provide direction for team leaders of all clinics
- Review staffing of clinic with Nurse Team Leader as needed
- Reviews roles and responsibilities of all clinic staff with the Nurse Team Leader Ensure scheduling of staff

#### **LOGISTICS/SUPPLIES MANAGER:**

- Oversee and arrange for the ordering, pick up, delivery and co-ordination of vaccines and clinic supplies
- Ensure that all necessary clinic supplies are delivered and on site in sufficient quantities during clinic operations, maintain inventory, oversee distribution of supplies. Arrange for delivery either by courier or seconded staff
- Ensure procedures are in place for the maintenance of the cold chain during transportation and throughout clinic
- Develop and maintain a system to ensure replenishment of supplies
- Orientation of logistics staff to adhere to policies
- Liaise with clinical lead manager, team leaders and security coordinator to provide support for clinics from set up to tear down
- Ensure clinic sites are prepared for clinic the next day
- Ensure clinic administrative support staff and security staff have been given orientation to clinic policies and procedures
- Oversee traffic control and parking needs at clinic sites

- Troubleshoot daily issues pertaining to administrative support staff
- Authorize and reallocate logistical resources to meet daily function of clinics
- Authorize reallocation of administrative support staff, clerical resources and staff to meet operational needs of the day

#### **SECURITY COORDINATOR:**

- Ensure supplies (e.g. vaccine & syringes) are secure
- Ensure provision of crowd control
- Ensure signage is in place for smooth running of clinics
- Link with security company to ensure staffing
- Liaise with Clinical Lead Manager re: any security issues at clinics

#### **VOLUNTEER COORDINATOR:**

- Oversee volunteer activity at the clinic sites
- Maintain rosters of persons available
- Prepare duty assignments
- Provide training with guidance of Clinical Lead Manager

#### **VOLUNTEERS:**

- Greet people at the clinic, inform about wait times, ensure they are in the right location for vaccine, review eligibility (priority group being immunized)
- Assist with crowd flow, maintain a steady flow of clients; redirect clients who create bottlenecks
- Assist with after care area; assist parents with children; assist as needed in the event of an adverse vaccine reaction as directed by staff
- Restock supplies as directed by Nurse Team Leader
- Assist with set up and take down of clinic
- Identify to Nurse Team Leader any person who might need to be fast tracked

#### **ADMINISTRATIVE SUPPORT COORDINATOR:**

- Oversee payroll of union/non union staff
- Ensure contracts in place for location of clinics
- Contract for refreshments for clinics: staff
- Liaise with other managers/coordinators re: daily issues

#### **ADMINISTRATIVE SUPPORT STAFF:**

- Ensure sufficient staff is scheduled
- Ensure sufficient registration staff is available to handle crowds
- Schedule staff to arrive 1 to 2 hours before clinic opening time to welcome and screen clients even if pre-scheduling is being used
- Assist with registration
- Provide person to be immunized with resource material to assist with consent process
- Collection and data entry of required information
- Assist with tallying of information required for each clinic
- Run reports at the end of each clinic as required
- Ensure all forms are restocked or reordered for the next clinic

**NURSE TEAM LEADER:**

- Coordinate and oversee the clinic set up and take down
- Pre clinic briefings and clarification of everyone's roles and responsibilities: nurse immunizers, administrative support staff (what information they should be collecting, stocking supplies as needed),volunteers for after care, security
- Review break times, lunches and rotations of nursing and non nursing staff
- Monitor communications and responses in the event of an adverse event
- Assist at different stations as necessary
- Coordinate sign in/out for all staff
- Ensure vaccine supply and medical supplies are accessible and securely stored
- Communicate with Logistics and Supplies Manager at the end of each clinic to restock supplies
- Communicate with Clinic Lead Manager and Logistics/Supplies Manager as needed
- Ensure emergency kit is accessible to all immunizers and after care volunteers and is secure
- Utilize runners to keep vaccinators stocked with ample supplies so that they can remain at their stations

**IMMUNIZERS:**

- Ensure that the individual presenting for an immunization matches the name on the consent and that the consent form is signed by the individual /parent/guardian
- Review all screening questions
- Provide an opportunity for the individual to ask questions
- If no contraindications, proceed with immunization
- After the immunization has been administered complete the documentation; include date, time, site, dose if applicable, signature and designation
- Direct the individual to the aftercare area where they are observed for 15 minutes by a nurse with assistance of a trained volunteer

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## ORIENTATION AND TRAINING

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SMDHU believes it is necessary to ensure that public health staff who do not routinely administer vaccines are trained and able to vaccinate during an outbreak of a vaccine preventable disease. This includes providing opportunity for staff to participate in the annual SMDHU Universal Influenza Immunization Program.

Orientation for other staff that may be called upon in the event of a need to mobilize this mass immunization plan needs to be developed.

Factors to be considered:

- Understanding the critical components to vaccine administration: screening for contraindications, illness and anxiety and response to adverse vaccine associated events
- Training needs to be specific, timely and ongoing as updated information is received
- Specific training for each clinic location so that staff are familiar with the environment of their clinic and where to seek assistance
- Medical directive training will need to be completed
- Security procedures will need to be consistent and well-understood by all staff
- Vaccine Preventable Disease Guidebook and Universal Influenza Immunization Program Training Manual provide excellent resources for orientation, however specific orientation for mass immunization settings needs to be developed

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## CLINIC LAY-OUT

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### **Overall Considerations:**

- Clinics should have clearly marked entrance and exit points with adequate waiting space
- Traffic flow within the clinic should be controlled and follow a logical path from entry to exit
- Individual building / area maps for clinic design to be used as available
- Easy to read signage should be provided to guide people through the clinic process
- Registration and waiting areas should be separated from the vaccine administration and aftercare area
- The aftercare area should be located as close to the vaccine administration area as possible

### **Registration Area:**

- Greeters direct vaccine recipients to registration tables
- Arrange accommodations for special-needs clients (e.g., persons with disabilities, very advanced age or fragility) for expedited access into the clinic
- Administrative Support Staff collect data, confirm eligibility and provide information
- Vaccine recipients are given a number and asked to wait in the holding area
- Persons with overt signs of illness are directed to a separate room for more in-depth evaluation with a Nurse or Nurse Team Leader

### **Holding Area:**

- Client reads information as provided
- Nurses are available to provide additional information and answer questions

### **Vaccination Area:**

- Numbers or letters on flags identify immunizing stations; a volunteer calls out the number who is next and directs that individual to the available station
- Client screened for precautions/contraindications
- Nurse answers questions regarding information handouts

- The vaccine is administered and documentation is completed
- Client provided with necessary follow-up instructions (written and verbal) re: adverse reactions to immunization
- Clerk maintains supplies and collects data information
- Recommendation given to wait for 15 minutes in aftercare area near the exit

**Aftercare Area:**

- Client remains in aftercare area for 15 minutes
- Confirm follow-up instructions have been provided and understood
- Clients showing adverse reactions are dealt with in the aftercare area and additional staff may be required as determined by the Nurse Team Leader
- Professional staff and potentially student nurses/trained volunteers need to be assigned in aftercare area
- Assess and refer for medical intervention or send home

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## CLINIC LOCATION

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See Appendices:

Appendix i) - Assessment Criteria for Possible Mass Vaccination Clinics

Appendix ii) - Potential Contact List for Clinic Locations

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## ADVERSE EVENTS

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Existing SMDHU policies and procedures will be followed including: management of fainting, severe allergic reactions; needle stick injuries, injuries to clients and witnessing child abuse.

All clinics will have emergency bags available - see supply list

All vaccine recipients will remain in aftercare area for 15 minutes to ensure there are no acute adverse reactions.

Trained staff will be available in aftercare area to monitor vaccine recipients and respond to adverse reactions.

List of emergency contact numbers, information on closest door for ambulance and any other relevant information will be available for each clinic location.

If an incident/error or vaccine reaction occurs in the administration of a vaccine, accurate documentation of the situation is required. The **Unusual Incident/Vaccine Reaction Report Form** will provide a place to concisely record details and interventions. Accurate and timely reporting ensures that corrective action can be taken. See Public Health Agency of Canada (PHAC) Adverse Event Report Form – Appendix iii)

**Examples of errors may include situations such as:**

- vaccine dosage was incorrect
- vaccine was given to the wrong client
- vaccine was given without a valid consent
- vaccine was given at an inappropriate time interval from previous dose
- vaccine was given to a client with allergies to any component of the vaccine



**Examples of incidents may include situations such as:**

- the vaccine was not given due to a medical contraindication or allergy and follow-up is required
- double needle stick due to either: a) blood withdrawn back into syringe b) the client moved unexpectedly
- the client sustained an injury unrelated to a vaccine reaction i.e. Fainting prior to or after the administration of the vaccine
- the vaccine was given twice due to duplicate consents
- sharps container spill

**Examples of vaccine reactions may include:**

- redness, swelling or itchiness at the site of injection
- hives develop following the injection
- anaphylaxis following the injection

**Documentation:**

- All notations should be clear, concise and objective
- When the form is completed the nurse should check one of the options on the bottom of the page indicating either:
  - a) No further action required
  - b) Follow up required
- The Adverse Event Form and the consent should be stapled together and returned to the manager of the VPD team
- See Appendix iii) for PHAC Adverse Event Form

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## **SECURITY**

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Care must be taken to protect the vaccine supply from theft and fraud as the supply of vaccine may be limited and the demand for vaccine is expected to be extremely high.

Security personnel will need to be present and clear protocols will need to be developed in the event that non-eligible individuals seek to obtain vaccine. Security arrangements will be made with a private security firm. In addition, Barrie Police Service, other police services in Simcoe County and the District of Muskoka and the Ontario Provincial Police will be made aware of all clinic locations in the event that additional security is required.

Provision of appropriate security should be made for the following:

- Vaccine storage sites (clinic and non-clinic) including security personnel and door locks; limited access areas for vaccine storage
- Vaccination clinic sites: security personnel for crowd control, clinic personnel safety, traffic movement, and related security issues
- Vaccine transportation to storage sites and dispensing clinics

All staff have a responsibility to ensure that security issues are taken into consideration in the planning and implementation of the mass immunization clinic.

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## INVENTORY MANAGEMENT

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Each dose and vial must be accounted for before and after each clinic session. The number of doses administered must manually tallied from the paper copies of the *Clinic Vaccination Records* of persons receiving vaccine that day.

In addition, daily inventory management will include:

- Beginning inventory balance, i.e., the number of vials and doses from the previous day
- Vials/Doses received (i.e., the number of new vials and doses received during the day of the clinic)
- Total doses administered by age and lot number
- Ending Inventory (i.e., vials and doses at the end of the day)

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## COLD CHAIN

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The term “Cold Chain” refers to all material, equipment and procedures used to maintain vaccines within the temperature range of +2C and +8C from the time of manufacture until it is administered. All vaccines are sensitive to temperature fluctuations.

The Ministry of Health and Long-Term Care (MOHLTC) has mandated local health units to ensure that facilities and agencies that store and handle publicly funded vaccines utilize the appropriate equipment and procedures to maintain the cold chain process.

The SMDHU follows the MOHLTC – *Guidelines for Storage and Handling of Publicly Funded Vaccines, 2006*.

Health Unit offices will serve as headquarters for vaccine distribution. Vaccine should be transported to clinics via insulated vaccine cooler bags with adequate ice packs and a min/max thermometer. Staff will be responsible to ensure that vaccine is maintained between +2C and +8C throughout the duration of the clinic and will be responsible to record these data on the Cold Chain Monitoring Form.

Current Refrigerator Capacity at the Simcoe Muskoka District Health Unit:

Health Unit Office	Fridge Specifications	Data Logger	Amount of Vaccine
Barrie (generator)	3 large double door Revco fridges - each fridge has a capacity of 34,000 vaccine doses, leaving small amount for routine childhood vaccines.	In each fridge	102,000 dose total capacity
Collingwood	single door Revco fridges	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Orillia	single door Revco fridges	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Cookstown	single door Revco fridges	yes	17,000 doses, leaving a small amount for routine childhood vaccines
Midland	single door Revco fridges	yes	17,000 doses, leaving a small amount for routine childhood vaccines

Gravenhurst (generator)	single door Revco fridges	On order	17,000 doses, leaving a small amount for routine childhood vaccines
Huntsville	single door Revco fridges	On order	17,000 doses, leaving a small amount for routine childhood vaccines

Antivirals, if used for treatment only will require a small 10 X 8 room to store (i.e. Chair storage room in Gravenhurst adjoining the Trillium Room may be suitable).

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## SUPPLIES

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Assumptions:

1. 1 nurse can immunize 20 people in 1 hour plus 100 more
2. Each nurse will work an 8 hour shift with a 1 hour lunch and (2)15 min breaks – 6.5 hours
3. In one shift, a nurse could immunize approx. 130 people

<b>Medical Supplies</b>	<b>5 nurses (650 people)</b>	<b>10 nurses (1300 people)</b>	<b>15 nurses (1950 people)</b>	<b>20 nurses (2600 people)</b>
3cc syringe with 1 inch needles	750	1400	2050	2700
5/8 inch needles	50	100	150	200
Alcohol wipes	750	1400	2050	2700
Cotton Balls	750	1400	2050	2700
Non-latex gloves	1 box	1 box	1 box	1 box
Band-aids	1 box	1 box	1 box	1 box
Sharps containers	10	15	20	25
Biohazard waste boxes and yellow bags	2	3	4	5
1 cc TB syringes with 5/8 needles (if using epinephrine)	1 box	1 box	1 box	1 box
Masks - surgical	1 bag/50	1 bag/50	1 bag/50	1 bag/50
Masks – N95 - prefitted	1/staff if needed	1/staff if needed	1/staff if needed	1/staff if needed
Forceps (for sharps spill)	1	1	1	1

<b>Administrative Supplies</b>				
Consents	750	1400	2050	2700
Aftercare Sheets	750	1400	2050	2700
Contraindication/Screening Questions	1 Per nurse	1 Per nurse	1 Per nurse	1 Per nurse
Nursing Progress Notes	100	100	100	100
Vaccine Bag Temperature Log Sheet	1/vaccine bag	1/vaccine bag	1/vaccine bag	1/vaccine bag
Pens	10	15	20	25
Stat Sheet/Replenish List to be created	1/bin	1/bin	1/bin	1/bin
Staplers and staples	2 full	2 full	2 full	2 full
English Fact Sheets	750	1400	2050	2700
Translated Fact Sheets (languages TBD)				

Date Stamp and Stamp Pads	1/nurse	1/nurse	1/nurse	1/nurse
Flip Chart and/or White Board	1	1	1	1
Masking Tape	1	1	1	1
Elastics	1 box	1 box	1 box	1 box
File boxes	2 boxes	2 boxes	2 boxes	2 boxes
Envelopes	1 box	1 box	1 box	1 box
List of emergency telephone numbers	3	3	3	3
ID badges for staff (or colour-coded t-shirts)	Per staff	Per staff	Per staff	Per staff
Self Assessment Tool for immunization and antivirals	750	1400	2050	2700

<b>General Supplies</b>				
Juice	1 case	1 case	1 case	1 case
Water	1 case	1 case	1 case	1 case
Tables	10	15	20	25
Chairs	20	30	40	50
Mats (for aftercare area)	5	10	15	20
Clipboards	10	15	20	25
Facial tissue	10	20	30	40
Stickers for children	100	200	300	400
White drapes for	10	20	30	40
Small Blue drapes	10	20	30	40
Paper bags	10	20	30	40
Paper towels	1 box	1 box	1 box	1 box
Garbage Bins	5	5	5	5
Garbage Bags	10	10	20	20
Blankets	5	10	15	20
Emesis bags	10	20	30	40
Spray bottle of 10% bleach solution	1	1	1	1
Antibacterial hand washing solutions pumps	1 per nurse 1 at registration	1 per nurse 1 at registration	1 per nurse 1 at registration	1 per nurse 1 at registration

<b>Vaccine Supplies</b>				
Vials of Vaccine	65	130	195	260
Diluent				
Blue Storage and Handling Bags	1 per 2 nurses	1 per 2 nurses	1 per 2 nurses	1 per 2 nurses
Ice Packs	10	20	30	40
Styrofoam Coolers	2	4	6	8
Min/Max thermometers	5	5	10	15

<b>Emergency Supplies</b>				
Blood Pressure cuffs— adult/child/infant	2	2	2	2
Epi Pens or ampoules	2	4	6	8
Anaphylaxis Medical Directive	1	1	1	1
Incident Report Forms	5	10	15	20
Adverse Reaction Report Form	5	10	15	20
CPR Pocket face mask	5	10	15	20

<b>Communications Equipment</b>				
Laptop Computers	2	4	6	8
Photocopier paper				
Printers	1	1	1	1
Public announcement system /or bullhorn(s)	1	1	1	1
Two-way hand-held radios for key personnel and security staff	4	6	8	10
Telephone (fixed and mobile)	2	2	2	2
Line control – pylons and ropes	10	15	20	25

<b>Signage</b>	
Closed	
Enter	
Exit ← ↑ → ↓	
Lists of other clinics –Location, dates and times- Clinic purpose, and priority populations, how to pre-schedule appointments, if appropriate	
Thanks to Volunteers	
Washroom ← ↑ → ↓	
Please remain in waiting area 15 min	
Table number 1 2 3 4 5 6 7 8 9 10	
Staff Picture Identification	
Colour T-Shirts (SMDHU Logo)	
Immunization Clinic Entrance (Folding Road Sign / Door Sign)	
Registration (Large)	
Tickets or Numbers for clients	
Aftercare Area	
Wait for 15 minutes in Aftercare Area (Large print)	
Clearly marked Exit	
Assessment Area	

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## SURVEILLANCE AND TRACKING

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The data bases or tracking tools that will be needed or need to be developed are as follows:

**BIOS** will track vaccines inventory. Reports can be run to determine the facilities that have received doses of vaccine. If there is a need to recall any vaccine, lot numbers are recorded so a report can be generated and acted upon.

iPHIS to be used to record adverse events.

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## COMMUNICATION

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- Distribute sequentially numbered tickets, vaccine information statement (VIS) or other forms in appropriate languages that permit entry into the clinic to high-risk clients only
- Instruct clients to assess their eligibility to receive vaccination by reviewing the self-screening form and VIS; provide language translation services where necessary
- Update clients on their estimated waiting times to be screened
- Provide high-priority clients who cannot be served for lack of vaccine an up-to-date listing of alternative clinics providing vaccinations
- Communicate clinic updates and wait times for vaccination so that clients are free to leave and return to be vaccinated

### Clinic Advertising: External

#### Public Announcements

- Use of multi-lingual and multimedia channels to widely post clinic, purpose, dates, locations, times, and priority populations served
- Use national, local and educational TV and radio networks to present uniform messages. Consider how messages could be quickly modified, to accommodate sudden changes in site locations and/or recommendations
- Establish list of non-English speaking media outlets that can be utilized to deliver messages to non-English speaking communities
- Messages (videos, tapes, press conferences, experts)

#### Pre-Event Messages

- Advising population on prevention and treatment; preparatory steps being taken by the health department; methods to be used to inform public in case of impending event; outline of health department plan if an event occurs; adequacy of vaccine supply

## APPENDICIES:

**APPENDIX 1): ASSESSMENT CRITERIA FOR POSSIBLE MASS VACCINATION CLINICS:**

[illegible]

**Note:** 1 indicates present: 0 Indicates absent

**APPENDIX II): POTENTIAL CONTACT LIST FOR CLINIC LOCATIONS**

Need to rate each potential location to ensure adequate facilities

**Barrie & Area**

<b>Location</b>	<b>Address</b>	<b>City/Town</b>	<b>Postal Code</b>	<b>Contact</b>	<b>Phone</b>	<b>Fax</b>
Angus Arena		Angus		Diane	424-9770	424-2367
Barrie Central Collegiate Institute	125 Dunlop St. W.	Barrie	L4N 1A9		726-1846	733-0608
Barrie Native Friendship Centre	175 Bayfield Street	Barrie	L4M 3B4	Sarah Ann or	721-7689	721-7418
Barrie North Collegiate Institute	110 Grove St. E.	Barrie	L4M 2P3		726-6541	725-8246
Bayfield Mall	320 Bayfield Street	Barrie	L4M 3C1	Bernadetta	726-7632	726-9973
Bear Creek Secondary School	100 Red Oak Dr.	Barrie	L4N 9M5		725-7712	720-1088
Borden Family Resource Centre	23 Arnhem Road, Bldg #123	Borden			424-1200 x3048	423-3432
David Busby Centre	24 Collier Street	Barrie	L4M 1G6	Ann Burke	739-6919	739-9543
Eastview Secondary School	421 Grove St. E.	Barrie	L4M 5S1		728-1321	728-6053
Georgian College-Barrie Campus	21 Georgian Drive	Barrie	L4M 3X9	Nina Konich	728-1968 x1461	
Innisdale Secondary School	95 Little Ave.	Barrie	L4N 2Z4		726-2552	726-5422
Kozlov Centre	400 Bayfield Street	Barrie	L4M 5A1	Anna	728-3100	728-0968
Nantyr Shores Secondary School	1146 Anna Maria Ave.	Innisfil	L9S 1W2		431-5950	431-7921
Sandy Cove Acres	The Wheel-908 Lockhart Road	Innisfil		Donna Madeley	431-2726 728-9143	
The Event Center	Hwy 400 & Essa Road	Barrie	L4M 4T2		737-3670	737-2581
Zehrs Markets	620 Yonge Street	Barrie	L4N 4E6	Glenda	735-6041	735-4379
Zehrs Markets	Bayfield Street North	Barrie	L4M 5A2	Bernadette	730-1577	735-6654



### Collingwood & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Collingwood Centre	55 Mountain Road	Collingwood	L9Y 4M2	Rona (Midland Mall)	526-7806	526-0092
Collingwood Collegiate Institute	6 Cameron St.	Collingwood	L9Y 2J2		445-3161	444-9270
Real Canadian SuperStore	25 45 <sup>th</sup> Street South	Wasaga Beach	L9Z 1A7	Lois Maxwell	429-4748	429-8953
Royal Canadian Legion	490 Ontario Street	Collingwood	L9Y 1N6	Gary Jamieson	445-3738	445-7910
Stayner Collegiate Institute	7578 Hwy. 26 RR#2	Stayner	L0M 1S0		428-2639	428-0562

### Gravenhurst & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Bala Community Centre	Maple Street	Bala	P0C 1A0	Wally Henderson	762-3761	
Bracebridge and Muskoka Lakes Secondary School	28 McMurray Street	Bracebridge	P1L 2E9		645-4496	645-3375
Gravenhurst High school	325 Mary St. S	Gravenhurst	P1P 1X7		687-2283	687-4132
Independent Grocers	270 Wellington St.	Bracebridge	P1L 1B9	Colleen Swider	645-1412	
St. Dominic Sec. School	955 Cedar Lane	Bracebridge	P1L 1W9		646-8772	646-7613

### Huntsville & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Huntsville Centennial Centre	20 Park Dr.	Huntsville	P1H 1P5		789-6421	
Huntsville High school	58 Brunel Rd	Huntsville	P1H 2A2		789-5594	789-2269
Huntsville Place Mall	70 King William St.	Huntsville	P1H 2A5		789-3889	

### Midland & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Beausoliel Health Centre	82 A Katekegwin Street	Christian Island	L0K 1C0		247-2035	247-2006
Elmvale District High School	25 25 Lawson Ave. Lawson Ave.	Elmvale	L0L 1P0		322-2201	322-3714
Le Caron Secondary School	22 John St.	Penetanguishene	L9M 1N8		549-3202	549-4818
Midland Secondary School	865 Hugel Ave.	Midland	L4R 1X8		526-7817	526-1442
Mountainview Mall	County Road 93 & Hugel	Midland		Rona	526-7806	526-0092
Penetanguishene Secondary School	51 Dunlop St.	Penetanguishene	L9M 1J3		549-7446	549-4328
Real Canadian SuperStore	9292 County Road 93 & Hugel	Midland	L4R 4K4	Tammy	527-0388	527-5617

### Orillia & Area

Location	Address	City/Town	Postal Code	Contact	Phone	Fax
Brechin United Church	3252 County Road 47	Brechin	L0K 1B0	Darlene	426-5169	484-5997
OPP Headquarters	777 Memorial Avenue	Orillia	L3V 7V3	Gloria Longstreet	329-6771	329-6188
Orillia Park Street Collegiate	233 Park St.	Orillia	L3V 5W1		326-7386	326-7388
Orillia Square Mall	1029 Brodie Drive	Orillia	L3V 6H4	Verena Ziebell	325-2366	325-4264
Royal Canadian Legion	215 Mississauga Street East	Orillia	L3V 1W2	Debbie	325-1266	325-3758
Royal Canadian Legion		Warminster		Shirley MacDougall	325-6920	
Twin Lakes Secondary School	381 Birch St.	Orillia	L3V 2P5		325-1318	325-4291

**South Simcoe & Area**

<b>Location</b>	<b>Address</b>	<b>City/Town</b>	<b>Postal Code</b>	<b>Contact</b>	<b>Phone</b>	<b>Fax</b>
Banting Memorial High School	203 Victoria St. E, PO Box 3000	Alliston	L9R 1W7		435-6288	435-3868
Bradford District High School	77 Professor Day Dr. General Delivery	Bradford	L3Z 2A3		(905) 775-2262	(905) 775-3192
Royal Canadian Legion	111 Dufferin Street S	Alliston	L9R 1E9	Nancy	435-7922	435-6827
Tottenham Lions Club	Queen Street N	Tottenham		Ralph	905-936-2098	

# APPENDIX III): PUBLIC HEALTH AGENCY OF CANADA VACCINE EVENTS



Health  
Canada

Santé  
Canada

In confidence to: Division of Immunization  
L.C.D.C., Tunney's Pasture 0603E1  
Ottawa, Ontario K1A 0L2  
(613) 957-1340 1-800-363-6456 FAX (613) 998-6413

## REPORT OF A VACCINE-ASSOCIATED ADVERSE EVENT

Protected when completed

IDENTIFICATION										
PATIENT IDENTIFIER	PROVINCE/TERRITORY	DATE OF BIRTH	YEAR	MONTH	DAY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF VACCINE ADMINISTRATION	YEAR	MONTH	DAY
VACCINES										
VACCINE(S) GIVEN	NUMBER IN SERIES	SITE	ROUTE	DOSAGE	MANUFACTURER	LOT NUMBER				
ADVERSE EVENT(S) <small>Events marked with an asterisk (*) must be diagnosed by a physician. Report only events which cannot be attributed to co-existing conditions. Additional information for all events should be provided under SUPPLEMENTARY INFORMATION on reverse side. Record interval between vaccine administration and onset of each event in minutes, hours or days.</small>										
<b>LOCAL REACTION AT INJECTION SITE</b> <input type="checkbox"/> <b>INFECTED ABSCESS</b> (tick one or both of the options below) (i) positive gram stain or culture <input type="checkbox"/> (ii) existence of purulent discharge with inflammatory signs <input type="checkbox"/> <input type="checkbox"/> <b>STERILE ABSCESS/NODULE</b> No evidence of acute microbiological infection <input type="checkbox"/> <b>SEVERE PAIN AND/OR SEVERE SWELLING</b> (tick one or both of the options below) (i) lasting 4 days or more <input type="checkbox"/> (ii) extending past nearest joint(s) <input type="checkbox"/> <input type="checkbox"/> <b>SCREAMING EPISODE/PERSISTENT CRYING</b> Inconsolable for 3 hours or more; OR quality of cry definitely abnormal for child and not previously heard by parents <input type="checkbox"/> <b>FEVER</b> Highest recorded temperature (Report only 39.0°C (102.2°F) or above) Temperature: _____°C (or _____°F) Site: rectal <input type="checkbox"/> oral <input type="checkbox"/> axilla <input type="checkbox"/> skin <input type="checkbox"/> tympanic <input type="checkbox"/> Temperature believed to be high but not recorded <input type="checkbox"/> Should be supported by the presence of other systemic symptoms <input type="checkbox"/> <b>ADENOPATHY</b> (tick one or both of the options below) (i) enlarged lymph node(s) <input type="checkbox"/> (ii) drainage of lymph node(s) <input type="checkbox"/> Site(s) _____ <input type="checkbox"/> <b>PAROTITIS</b> Swelling with pain and/or tenderness of parotid gland(s) <input checked="" type="checkbox"/> <b>* ANAPHYLAXIS OR SEVERE SHOCK</b> Explosive, occurring within minutes after immunization, and evolving rapidly towards cardiovascular collapse AND requiring resuscitative therapy <input type="checkbox"/> <b>OTHER ALLERGIC REACTIONS</b> (tick one or more of the options below) (i) wheezing or shortness of breath due to bronchospasm <input type="checkbox"/> (ii) swelling of mouth or throat <input type="checkbox"/> (iii) skin manifestations (e.g., hives, eczema, pruritus) <input type="checkbox"/> (iv) facial or generalized edema <input type="checkbox"/> <input type="checkbox"/> <b>RASHES</b> (other than hives) Lasting 4 days or more AND/OR requiring hospitalization Generalized <input type="checkbox"/> Localized (indicate site) <input type="checkbox"/> _____ Specify characteristics of rash _____ <input type="checkbox"/> <b>ARTHRALGIA/ARTHRITIS</b> Joint pain/inflammation lasting at least 24 hours If condition is an acute exacerbation of a pre-existing diagnosis, give details under <b>Supplementary Information</b>						<input type="checkbox"/> <b>SEVERE VOMITING AND/OR DIARRHEA</b> Must be severe enough to interfere with daily routine <input type="checkbox"/> <b>HYPOTONIC-HYPORESPONSIVE EPISODE</b> (in children < 2 yrs. only) Characterised by <u>all the features</u> of: (i) generalized decrease/loss of muscle tone; AND (ii) pallor or cyanosis; AND (iii) decreased level of awareness or loss of consciousness Should not be mistaken for fainting, a post-convulsion state, or anaphylaxis <input type="checkbox"/> <b>CONVULSION/SEIZURE</b> Febrile <input type="checkbox"/> Afebrile <input type="checkbox"/> Past history of: A) Febrile seizures Yes <input type="checkbox"/> No <input type="checkbox"/> B) Afebrile seizures Yes <input type="checkbox"/> No <input type="checkbox"/> Omit fainting, seizures occurring within 30 minutes of immunization, and seizures occurring as part of encephalopathy or meningitis/encephalitis <input checked="" type="checkbox"/> <b>* ENCEPHALOPATHY</b> Acute onset of major neurological illness characterized by <u>any two or more</u> of: (i) seizures; (ii) distinct change in level of consciousness or mental status (behaviour and/or personality) lasting 24 hours or more; (iii) focal neurological signs which persist for more than 24 hours <input checked="" type="checkbox"/> <b>* MENINGITIS AND/OR ENCEPHALITIS</b> Abnormal CSF findings AND an acute onset of: (i) fever with neck stiffness or positive meningeal signs; OR (ii) signs and symptoms of encephalopathy (see ENCEPHALOPATHY above) Results of CSF examination should be provided under <b>Supplementary Information</b> <input checked="" type="checkbox"/> <b>* ANAESTHESIA/PARAESTHESIA</b> Lasting over 24 hours Generalized <input type="checkbox"/> Localized (indicate site) <input type="checkbox"/> _____ <input checked="" type="checkbox"/> <b>* GUILLAIN-BARRÉ SYNDROME</b> Progressive subacute weakness of more than one limb (typically symmetrical) with <b>hyporeflexia/areflexia</b> <input checked="" type="checkbox"/> <b>* PARALYSIS</b> (Do not code if Guillain-Barré Syndrome is coded) Limb paralysis <input type="checkbox"/> Facial or cranial paralysis <input type="checkbox"/> Describe _____ <input checked="" type="checkbox"/> <b>* THROMBOCYTOPENIA</b> Give lab results under <b>Supplementary Information</b> <input type="checkbox"/> <b>OTHER SEVERE OR UNUSUAL EVENTS</b> Include any adverse event believed to be related to immunization, that does not fit any of the categories listed above and for which no other cause is clearly established Report events of clinical interest which require medical attention, and particularly events that are (i) fatal, (ii) life-threatening, (iii) require hospitalization, or (iv) result in residual disability <b>DESCRIPTION</b> _____ _____ _____ _____				
<b>REPORTER'S NAME</b> _____ <b>PROFESSIONAL STATUS:</b> MD <input type="checkbox"/> RN <input type="checkbox"/> OTHER <input type="checkbox"/> _____ <b>SIGNATURE</b> _____ <b>DATE</b> Year _____ Month _____ Day _____						<b>TELEPHONE NUMBER</b> (_____) _____ <b>ADDRESS</b> (Institution/No., Street, etc.) _____ <b>City</b> _____ <b>Province</b> _____ <b>Postal Code</b> _____				

## SUPPLEMENTARY INFORMATION

1. Please use dark ink when completing form to improve legibility of copies.
2. Report only events which have a temporal association with a vaccine and which cannot be attributed to co-existing conditions. **A causal relationship does not need to be proven, and submitting a report does not imply causality.**
3. Events marked with an asterisk (\*) must be diagnosed by a physician. Supply relevant details in the SUPPLEMENTARY INFORMATION box.
4. Record interval between vaccine administration and onset of each event in minutes, hours or days.
5. Provide relevant information, when appropriate, in the SUPPLEMENTARY INFORMATION box. Includes details of events diagnosed by physician (see 3 above), results of diagnostic or laboratory tests, hospital treatment, and discharge diagnoses where a vaccinee is hospitalised because of a vaccine-associated adverse event. If appropriate, and preferred, photocopies of original records may be submitted.
6. Provide details of medical history that are relevant to the adverse event(s) reported. Examples include a history of allergies in vaccinee, previous adverse event(s), and concurrent illnesses which may be associated with the current adverse event(s).

