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| **COVID-19 Vaccination Planning** |

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1. What is the name of your community? w



2. What is your name and role (Nurse, Health Director, Pandemic Team Lead)?

3. Where do members of your community usually get their vaccinations?

In community – specify location

Out of community – specify location (Doctor’s office, Health unit, etc)

4. When the COVID-19 vaccine is available, is your community planning to vaccinate in your community?

Yes

No

5. If yes, does your community have a Vaccination Plan? (this could be a part of your pandemic plan)

6. If vaccinating within community, who will be the lead or point of contact in community? w



7. How are you planning to vaccinate within community? Note: Please check all that apply. w

Vaccination centre or clinic

Home visits by nurses



Other (please specify)



8. Do you have an existing facility that will be appropriate to run the COVID-19 vaccine clinic? (see the Vaccination Guide p. 3 for facilities that can be used for clinics)w

Yes

No

9. Name the type of facility you will be using. w



10. Have you identified the staff needed to administer vaccinations (vaccinators) and the staff needed to support the process? w

Yes

No

11. Are you planning to have additional health care professionals available to assist primary care or public health nurses with administering vaccinations? Note: Please check all that apply. w

Paramedics

Home and Community Care nurses

Maternal and Child Health Nurse

Other (please specify)



12. Will you need additional surge staff?  Note: Please check all that apply. w

Vaccinators

Administrator to complete document and record management

Security

Supply staff/delivery staff

Facility cleaners

Other (please specify)



13. Do you have back up power supply for your vaccine refrigerator? w

Yes

No

14. When was your current vaccine refrigerator provided or last replaced? w



15. What is the available space in your vaccine refrigerator (for example how many vials of COVID-19 vaccine could you store, or what is the height, depth, and width inside your fridge)? w



16. How many portable vaccine coolers do you have, if any? w



17. How many vaccine thermometers do you currently have? w

18. What are the serial numbers and calibration dates of your vaccine thermometers? w



19. Do you require additional thermometers? If yes, how many?

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