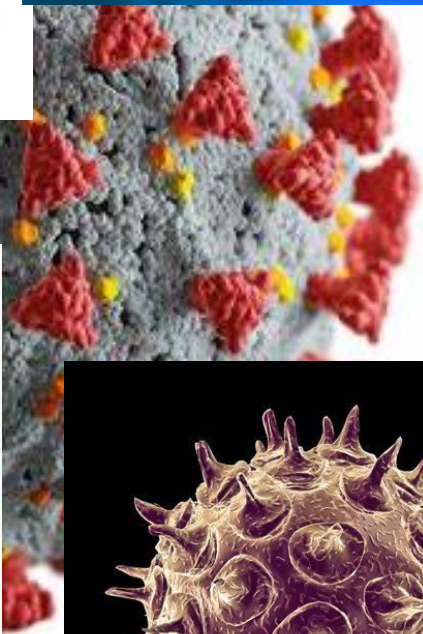
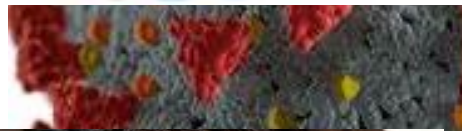


"TIS THE SEASON"

Discussing
Immunization
Care
During the
Pandemic and
Beyond



HOUSEKEEPING

1. Please feel free to ask questions!
2. Please email me if you:
 - *Would like a copy of my resources*
 - *Would like to join my biweekly COVID email Wrap-up*
3. Thank to you Immunize Canada for sponsoring this session
4. Thank you for sharing your lunch time with me
5. Get your flu shot

DISCLOSURES

Speaking and Moderating engagements/Honoraria:

Pfizer, Merck, Allergan, Bayer, GSK, Galderma, Valeant, Lundbeck, AZ, Bausch Health, Lundbeck, Sunovion, Nuvopharm. Novartis

Consulting Fees: Dr. Ho Medical, MDBriefcase, Immunize Canada, Bayer, GSK, Merck

Other: Lawrence Park Magazine, Pharmacy targeted CME

Happy Halloween .
Here's your flu shot.



som_{ee}cards
user card

HOT OFF THE PRESS!



Ministry of Health

Transition to Publicly Funded Shingrix[®] Vaccine for Ontario's Shingles (Herpes Zoster) Immunization Program: Information for Health Care Providers

This questions and answers sheet for health care professionals provides basic information only. It is not intended to provide or take the place of medical advice, diagnosis or treatment. For more information about Shingrix[®] vaccine, please refer to the product monograph authorized by Health Canada.

Starting mid-October 2020, the Ontario publicly funded shingles (Herpes Zoster) immunization program will begin to transition to Shingrix[®] vaccine instead of Zostavax[®] II vaccine.

Adult and older adult immunizations

- Older adults are particularly susceptible to severe outcomes of COVID-19 and are at high risk for VPDS (IPN, Influenza, and HZ)
- **COMBINING** vaccines is preferable and safe to avoid multiple visits
-
- For adults over 50 years of age who have received the first dose of recombinant zoster vaccine, the second dose can be deferred until the 6-12 month interval (doses are typically recommended 2-6 months apart, and may be considered up to 12 months apart) assuming that COVID-19 risk will be lower by that time.
- If an interval longer than 6-12 months after the first dose has elapsed, the vaccine series does not need to be restarted; the decision when to complete the series should take into consideration the local COVID-19 community transmission risk, recognizing that individuals may remain at risk of herpes zoster during a longer than recommended interval between doses 1 and 2.

FROM THE TORONTO STAR

Vaccines normally offered in school to Grade 7 students will instead be delivered at community clinics and doctors' offices in parts of Ontario, meaning parents will have to make arrangements to ensure their children are immunized.

The Ministry of Health says local public health units, which are responsible for immunization programs including those in schools, are working to let residents know where they can access the vaccines.

Students in Grade 7 are typically given vaccines for Hepatitis B, Human Papilloma Virus and Meningococcal disease in school. Some of those shots require more than one dose.

Those programs have been disrupted due to COVID-19, which has seen thousands of students choose virtual lessons over in-person classes.

In Ottawa and Toronto — two regions experiencing a surge in COVID-19 cases — public health officials say clinics will prioritize administering the flu vaccine this fall. But they say vaccination clinics for students will be held in the community at a later date to replace the in-school programs.

NACI – UPDATED POST IMMUNIZATION OBSERVATION PERIOD

Evidence shows anaphylactic reactions occur **between 0 -15 minutes post-vaccination**:

- Some put not all anaphylactic reactions will be captured in the first 5 minutes
- Syncope occurred very quickly
- Seizure often occurred

A **shorter** observation period should be considered if the patient:

1. Received influenza vaccine before
2. Reports no known history of severe allergic reaction to any component of the influenza vaccine being administered
3. Reports no history of other immediate post-vaccination reactions (fainting, seizures)
4. Will not operate a motorized vehicle or self-propelled or motorized wheeled transportation
5. Will be accompanied by an adult chaperone who will monitor for a minimum of 15 minutes post-vaccination

OBJECTIVES

1. To understand the importance of maintaining recommended immunizations throughout the life course during a pandemic
2. To identify best practices and strategies for safely coordinating and delivering immunization programs during a pandemic, and
3. To describe the importance of prioritizing immunizations during a pandemic

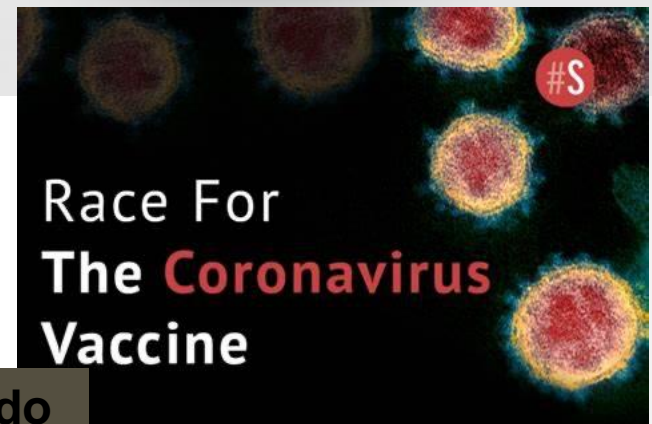
If you want to go fast, go alone.
If you want to go far,

GO TOGETHER.

African Proverb

SYMPHONY OF LOVE
Photo by Neha Gill

COVID VACCINE HYPE



It can take 10 years to develop a vaccine. How do you do it in one? Inside Canada's race for a COVID-19 vaccine

PREVENTION OF COVID-19



DATA OPTION

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nam egestas.



DATA OPTION

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nam egestas.



DATA OPTION

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nam egestas.

Since we're all suddenly following CDC guidelines. They also recommend having your children vaccinated.



ifunny.com

THE BOSSES SAY..

- Immunization services are an essential component of health services. Therefore, routine immunization sessions should be maintained as long as COVID-19 response measures allow.
- Disruption of immunization services will result in an accumulation of susceptible individuals, and a higher likelihood of VPD outbreaks

Any dip in vaccination rates poses a threat to vulnerable people, including young children and immunocompromised individuals. We urge families to keep scheduled appointments for routine immunizations, and clinicians to continue providing the same.



World Health Organization



Public Health Agency of Canada



Canadian Paediatric Society



**IT IS NOT THE STRONGEST
OF THE SPECIES THAT SURVIVE
NOR THE MOST INTELLIGENT
BUT THE ONE
MOST RESPONSIVE TO CHANGE**

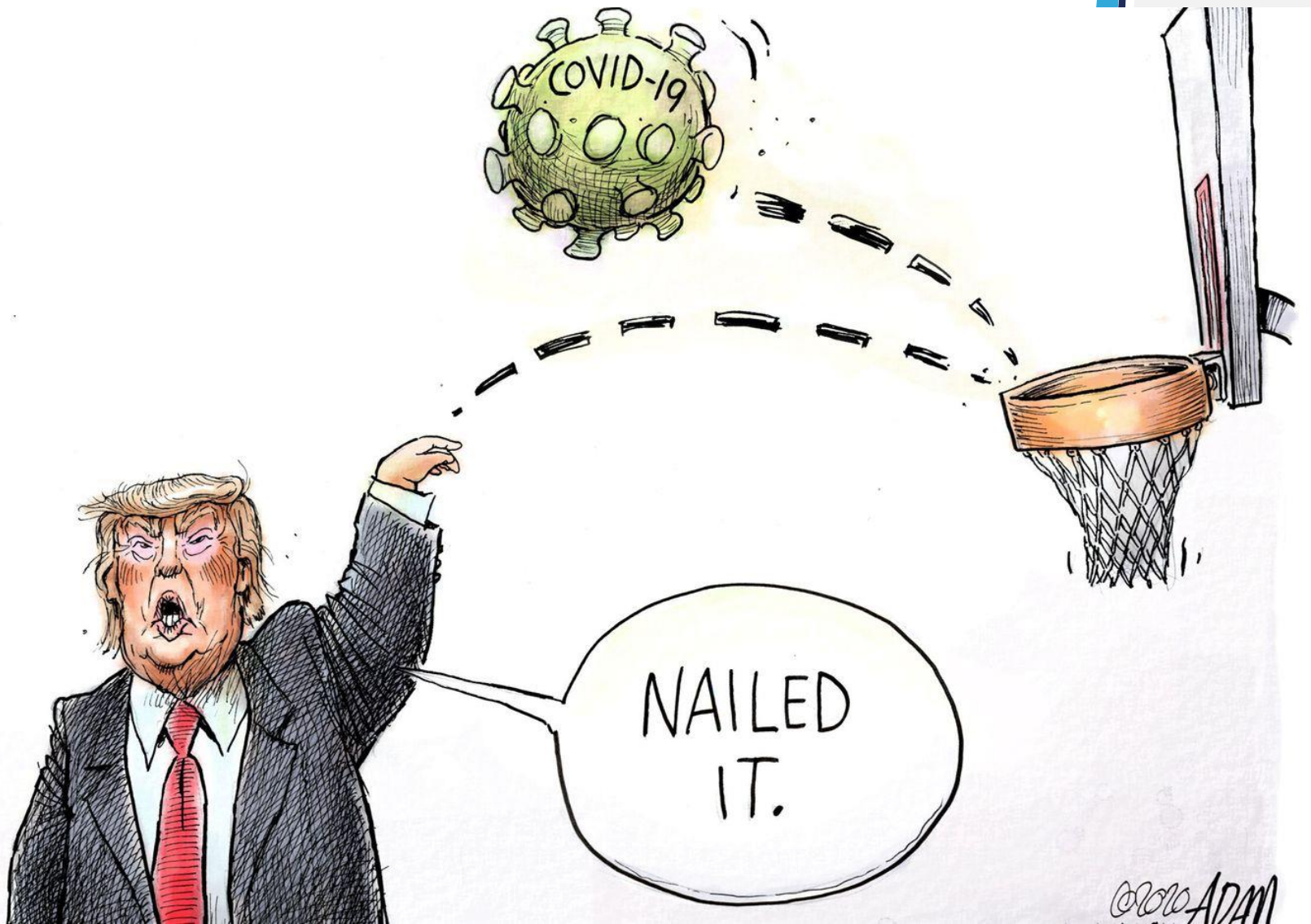
Charles Darwin (1809 – 1882)



www.presentationload.com

THE REALITY

- COVID necessitated a MASSIVE shift in practice patterns
- EMR, PPE access
- New concept of virtual care
- Staff training/fear
- Immunizations may not be viewed as urgent or essential – THEY ARE!
- Patients reluctant to access medical care
- Medical system is shifting daily - new guidelines every moment



HOW TO REALLY “NAIL” IT

- COVID can **EMPOWER** us to **pivot** our normal schedules/protocols
- Embrace this opportunity to ride the COVID vaccine wave
- BE prepared and organized
- Regardless of reason for consult, have a preventative care checklist ready
- Remember university/college bound students- more to come!
- Keep up to date without information overload – resource list to come!

STEP ONE: OFFICE TEAM

Ensure that your staff are aware of protocol – they are frontline and can “make or break” whether a vaccine happens

1. Make sure they feel safe – PPE, Plexiglass, Staggered Appointments
 2. Prescreening patients – both at the time of making the appointment AND one day prior
 3. If staff are uncomfortable tell them to approach you
 4. **RULES are RULES** – late patients, unprepared patients
 5. Address specifics – who lets patients in, door locked or unlocked, who leads patients out
 6. Be consistent – standard protocols set expectations and help EVERYBODY stay calm
-



STEP TWO: BOOKING APPOINTMENTS

Have a standard protocol when booking appointments

1. Explain screening criteria – patients should call if they develop any COVID symptoms
 2. 1 patient (or 1 child with 1 adult) at a time – no “family” or group appointments
 3. Minimal “gear” – patients are not to bring in shopping bags, stuffed animals etc
 4. Patients should come wearing masks when possible. If not, have masks available
 5. Light weight clothing accessible for shots.
 6. Book 2 appointments – phone consult followed by actual office visit. Try to encourage combining vaccines during one appointment (e.g. HPV + Tdap if needed)
-

STEP THREE: PHONE CONSULT

ESSENTIAL to ensure safety of staff/patients and provide counseling while minimizing contact time

1. Document Time, Get Consent
 2. Explain WHAT immunizations will be done and email and/or prepare list so that yellow cards can be self-filled
 3. Combine vaccines to minimize appointments. Discuss prophylactic acetaminophen.
 4. Counsel regarding risks, adverse side effects. Essential for parents and for vaccines such as Pneumococcal/Shingles
 5. **ASK** about parental concerns – pain, risks during COVID, vaccine media hype. **LISTEN**.
 6. Remind patients that office visits will be condensed in routine cases. Any questions should be answered during prescreening
 7. Offer resources - vaccine schedule, credible information, links to online resources (CPS, Public Health)
 8. Celebrate patients being proactive – acknowledgement feeds forward
 9. Review what to expect during appointment – wear min clothing, no extra bags etc.
-

VIRTUAL CARE: COVID-19 GUIDE

WHAT CAN I USE VIRTUAL CARE FOR?

SCREENING of patients who are worried or ill

CARE FOR PATIENTS with suspected COVID-19

CARE FOR REGULAR PATIENTS in your practice to decrease exposure to those who may be ill

WHICH VIRTUAL CARE PLATFORMS CAN I USE?

Any direct-to-patient telephone, telemedicine and video calling platforms can now be used as the work is remunerated with the new fee codes, rather than the platform you choose.

MEDICAL CARE VIRTUAL CARE PLATFORMS

There are many virtual care platforms that have been created for medical care, including:

- Provincial virtual care platforms
- EMR-integrated platforms
- Stand alone platforms

A complete list of the current platforms is available on the OntarioMD Virtual Care and COVID-19 webpage

PATIENT CONSENT – consent for use is collected by these virtual care tools on patient sign-up.



OTHER VIDEO-CONFERENCING PLATFORMS

- Skype and Teams by Microsoft
- Facetime by Apple
- Zoom.us
- Google Hangouts, and others

PATIENT CONSENT explicit verbal consent must be obtained from the patient.

A sample verbal consent paragraph, detailed script, and documentation note for EMR are available [here](#).

HOW WILL I GET PAID?

Billing details specific to using OTNinvite can be found [here](#).

If you are using telephone or other video visit platform, you can use the following temporary K codes:

TEMPORARY TELEPHONE/VIDEO FEE CODES

→ All General & Family Practitioners for any patient:

- K080 (virtual minor assessment or equivalent; \$23.75)*
- K081 (virtual intermediate assessment or equivalent; \$36.85)*
- K082 (mental health and counselling or equivalent; \$67.75)*

*These codes will not contribute to outside use.

* For some primary care enrollment models, these codes are in-basket and globally funded for enrolled patients. These codes can also be billed with the applicable after-hours premium, as per after-hours rules and requirements. For more information, please see [Ministry IHE Bulletin #11729](#)

→ Specialists

- K083 (specialist consultation or visits; \$5 increments)

While these codes are effective March 14, 2020, physicians should wait to submit claims for these codes until further notice. System changes will be implemented over the coming weeks to process payment.

ADDITIONAL RESOURCES

- PMA COVID-19 webpage
- PMA Virtual Care webpage
- OntarioMD Virtual Care and COVID-19 webpage
- Ontario Health (Quality) draft guidebook on best practices for delivering virtual care into your clinic

BILLING RESOURCES

- Detailed fee code information and Fee Code / AOs
- Ministry IHE Bulletin #1724
- Ministry IHE Bulletin #11729
- Ministry IHE Bulletin #4746



VIRTUAL CARE PLAYBOOK

MARCH 2020

Telephone Encounter
Pandemic - COVID alternative assessment

Email – confirmed
Address – confirmed
Received COVID information – confirmed

Time Start:
Time End:

CC:
1)

Chart Update:

1) General
PHE due –
Bldwrk due –

2) Screening

MMG –
CRC –
PAP –
Other –

3) Immunizations

Td –
HPV –
Hep B –
MenC –
Shingles –
Pneumococcal –
Other –

Background:

Other Pertinent Information:

General explanation:

-explained different measures for dealing with non urgent appointments
-appts to be done via phone or virtually when possible

COVID IMMUNIZATION SUMMARY

Firstly, thank you for making immunizations a priority during this difficult time.!

As we discussed, international and national guidelines have consistently stated that immunizations are an essential service and should not be delayed. Imagine getting ill with a vaccine preventable disease during this horrible time!

I hope I was able to answer most questions during our phone consultation – remember that your appointment will be as brief and efficient as possible. If you have additional questions or needs please call the office to speak with my staff **PRIOR** to your appointment

PLAN:

You will be receiving the following immunizations. Please remember to book follow-up appointments if needed:

Please note that I will print off a copy of your immunizations during your visit. I am not filling out yellow cards at this time.

GENERAL REMINDERS:

-Please call our office if you have any concerns regarding COVID symptoms – refer to the following website for self-screening options:

<https://covid-19.ontario.ca/self-assessment/>

-Please arrive wearing a mask

-You are to come alone if you are receiving your immunizations. For children, we are asking that only one child with one adult enter our office

-Our office door is LOCKED. Arrive on time and knock. A staff member will open the door and escort you to the room

-DO NOT bring extra items such as shopping bags or toys. Strollers should be left outside

-Please try to wear easily removable clothing (T shirts) work when possible

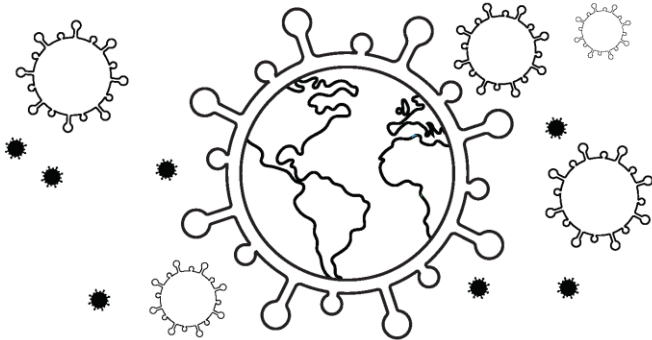
-Due to social distancing and our need to clean exam rooms in between patients, please ARRIVE ON TIME. If you are late you may not be seen

GENERAL IMMUNIZATION RESOURCES:

1. IMMUNIZE CANADA

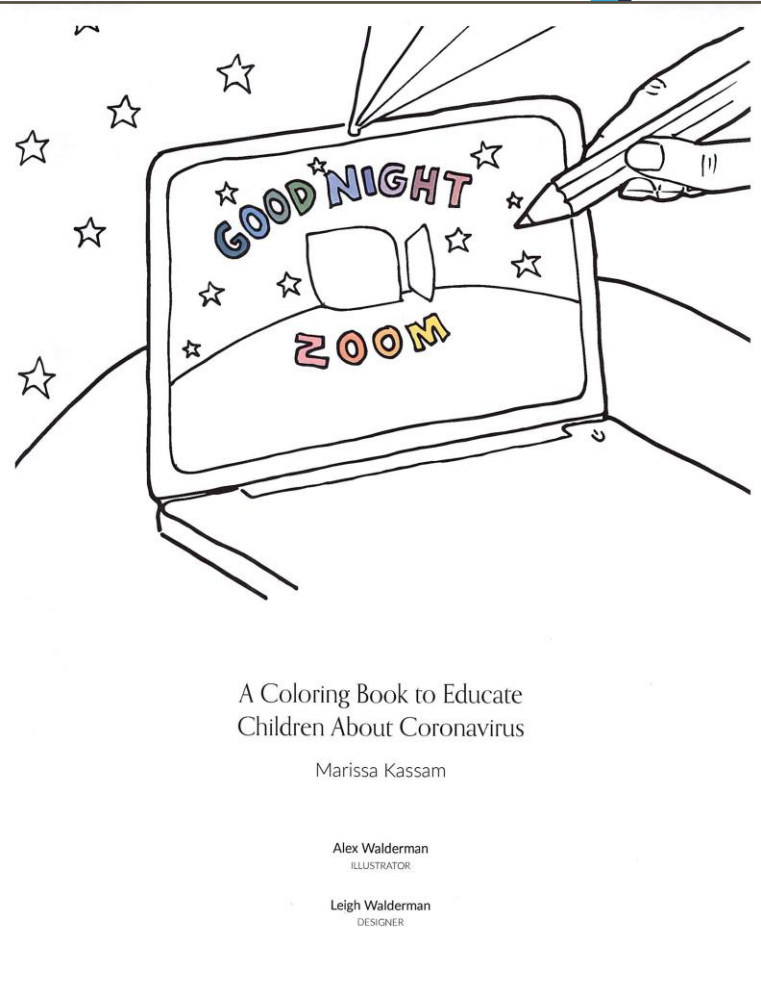
<https://www.immunize.ca>

MY 2020 COVID-19 TIME CAPSULE



BY: _____

PAGES BY IONG CREATIONS



A Coloring Book to Educate
Children About Coronavirus

Marissa Kassam

Alex Walderman
ILLUSTRATOR

Leigh Walderman
DESIGNER

HOW LONG DO CORONAVIRUSES* LIVE ON SURFACES?

SURFACE	EXAMPLES	DAYS OR HOURS
Metal	Doorknobs, Jewelry, Silverware	5 Days
Glass	Drinking glasses, Mirrors, Windows	UP TO 5 Days
Ceramics	Dishes, Pottery, Mugs	5 Days
Paper	Newspaper, Magazines	UP TO 5 Days
Wood	Furniture, Decking	4 Days
Plastics	Milk bottles, Bus seats, Elevator buttons	2-3 Days
Stainless Steel	Refrigerators, Pots/pans, Sinks, Water bottles	2-3 Days
Cardboard	Shipping boxes	1 Day
Aluminum	Soda cans, Tinfoil, Water bottles	2-8 Hours
Copper	Pennies, Teakettles, Cookware	4 Hours
Food/Water	Doesn't seem to spread through food, and has not been found in water.	

WHAT YOU CAN DO: Disinfect all surfaces and objects in your home daily with a household cleaning spray or wipe. Wash hands for at least 20 seconds with soap and warm water, especially after visiting the supermarket or bringing in packages.

*Coronaviruses are a family of viruses that includes the SARS-CoV-2, the virus that causes COVID-19. This information is for your reference only and is changing constantly.

Sources: CDC, FDA. Medical Review: Brunilda Nazario, MD, 03/24/2020.

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.



1

Wet hands with warm water



2

Apply soap



3

For at least 20 seconds, make sure to wash:



4

Rinse well



5

Dry hands well with paper towel



6

Turn off tap using paper towel



palm and back of each hand



between fingers



under nails



thumbs

1-833-784-4397

@canada.ca/coronavirus



Public Health Agency of Canada
Agence de la santé publique du Canada

Canada

Mental health resources during COVID19/Coronavirus (some Toronto/GTA-based)

If you're experiencing a mental health crisis right now, please go to the very bottom of this doc

Hi, there! I've created an open-sourced document of some helpful and **free/low-cost** mental health resources related to COVID-19 to help cope through this challenging time. In this time of uncertainty and rapid changes, some of us or our loved ones can be having a hard time with the news, loss of income and financial instability, health fears, feeling physically and emotionally isolated, and greater mental health issues.

This is a living document and is **shareable** so please feel free to use and share. Editing is paused. But I will continue to update with new additions.

The shorter link for sharing: bit.ly/covid19-mentalhealth

It's okay to not be okay. Also, check on others as it affects us in different ways. This is my own way of coping, I hope it helps you or someone you know! ❤️

Started by Vivian Ngai (vivian@byvivian.com) / byvivian.com if you need to reach me!

Information/Articles

- [Take Care | Care for Your Coronavirus Anxiety](#)
- [Keeping Your Distance to Stay Safe](#)
- [Coronavirus and your wellbeing](#)
- [Coronavirus: How to protect your mental health](#)
- [Mental Health and Coping During COVID-19](#)
- [Working Remote and Feeling Connected During COVID-19](#)
- [How to Stay Emotionally Healthy During the Coronavirus Outbreak](#)
- [Taking care of your mental health during COVID-19](#)
- [COVID-19 & Your Mental Health - Resources](#) (some Vancouver-specific resources)
- [Mental Health and the COVID-19 via CAMH \(Centre for Addiction and Mental Health\)](#)
- [Managing Stress In This Anxious Time](#)
- [Tackling COVID-19 Anxiety](#)
- [Managing the COVID-19 Pandemic Panic](#)
- [Choosing sources of information carefully is critical to COVID-19 mental well-being says Mental Health Commission of Canada](#)
- [Coronavirus: How To Manage Your Mental Health During Self-isolation](#)

Supporting Each Other/Community

- [Helping Others During the COVID-19 Pandemic](#) via Mental Health First Aid Canada
- [Be There - Mental Health Support](#) - How to support those around you
- [MDAO Forum](#) - Forum to chat with others for support
- [Huddle](#) - Free video-based peer support groups around COVID-19, starts March 23

UNCLASSIFIED / NON CLASSIFIÉ

Canada Treasury Board of Canada / Secrétariat du Conseil du Trésor du Canada

Canada

Centre of Expertise on
MENTAL HEALTH
in the Workplace



COVID-19 AND MENTAL HEALTH @ WORK

#GCMentalHealth resources, services and supports

In distress? Contact your Employee Assistance Program or call 9-1-1*.

Employees may be experiencing a high degree of uncertainty, worry, anxiety and stress about the health and safety of their loved ones, and how COVID-19 (coronavirus) may disrupt their work and personal lives. It is important for all of us to acknowledge these impacts and to engage in an open dialogue about them, including on ways to maintain and support our mental health. It is particularly important to recognize and support those who are more directly involved in the management of the situation, and those who have been instructed to self-isolate or who are suffering from symptoms of COVID-19.

* 9-1-1 for medical emergencies only. If you are having symptoms and looking for health care advice, call 8-1-1 (where available) or your local or provincial public health authority.

SEEK HELP

Managers/Supervisors

Employees may wish to speak to their managers/supervisors, who will be able to advise them on what services are available to them, as well as various working options.

Confidential short-term or crisis counselling

Access confidential, short-term or crisis counselling 24 hours a day, 365 days a year. The [Employee Assistance Program](#) (EAP) offers services by phone, in person and through e-counselling. Contact your [departmental coordinator](#) for more information.

Specialized Organizational Services

Health Canada delivers a range of [Specialized Organizational Services](#) that includes counselling supports beyond core EAP services to federal organizations, such as:

- Supporting employees engaged in incident response and working in other high-stress environments
- Supporting responses to critical workplace incidents
- Providing grief and loss support related to challenging situations or events in the workplace

Access health care

Your Public Service Health Care Plan (PSHCP) covers some prescription and medical expenses, including psychological services. Enrollment, coverage information and more is available on the [PSHCP website](#) or through [SunLife Financial](#) directly.

Stay connected with #GCMentalHealth...

Follow @CEMHW_CESMMT on Twitter

Visit www.Canada.ca/GCMentalHealth

www.Canada.ca/GCMentalHealth intranet@Canada.ca/GCMentalHealth GCMentalHealth@fbs-scl.gc.ca

STAY INFORMED

Public service employees should follow the advice provided by the [Government of Canada](#) to the general population. Information specific to federal public servants, including frequently asked questions, is also available on the [GCIntranet](#). Employees may also consult their union representative as needed.

TIPS TO TAKE CARE OF YOUR MENTAL HEALTH

- Get information from reliable sources, such as Canada.ca/coronavirus.
- Stay informed but follow news coverage about COVID-19 in moderation. Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly.
- Take care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, and get plenty of sleep.
- Make time to step back and consider how to take advantage of unexpected flexibility in your daily routine.
- Stay connected. Talk to friends or family about your feelings and concerns.
- Maintain healthy relationships and respect other people's feelings and decisions.
- Show support and empathy to those dealing with difficult situations.
- Identify what is within your control and try to direct your energy towards what most worries you within your own control.

STEP FOUR: OFFICE VISIT

CRUNCH time. Be calm and efficient.

1. Have routine vaccines already drawn and labeled
 2. Have equipment ready – alcohol wipes, band aids etc.
 3. If providing information, have this preprinted if not already emailed to patient
 4. Thank patient and/or parent for making vaccines a priority
 5. For shots that patient brings in, have them hand shots OUT OF BAG to staff or yourself. Prepare shots outside room if possible when patient is undressing
 6. Have patient BOOK next appointment immediately to ensure continuity of vaccines
 7. REMIND patients of other vaccines – e.g. HPV, MenB, pneumococcal, Shingles. EMBRACE this vaccine appointment
-

Reopening Ontario to a “New Normal”

Five Public Health Pillars for a Safe Return

Jainita Gajjar, Senior Policy Advisor, Health Policy & Promotion
Naomi Pullen, Policy Coordinator, Health Policy & Promotion
Dara Laxer, Executive Director, Health Policy & Promotion
Dr. James Wright, Chief, Economics, Policy & Research

OMAThoughts

The first in a series of OMA
Thought Leadership papers.

Operational Considerations for Immunization Services during COVID-19 in Non-US Settings Focusing on Low-Middle Income Countries

Accessible version: www.cdc.gov/coronavirus/2019-ncov/global-covid-19/maintaining-immunization-services.html



Background

Immunization services have been disrupted significantly during the COVID-19 pandemic, threatening the achievements in the eradication and elimination of major vaccine-preventable diseases (VPDs) like polio and measles. More than 80 million children under the age of one are estimated to be affected by disruptions in routine immunization services in more than 68 countries and are at risk of polio, measles, diphtheria, pertussis, tetanus, hepatitis B, Hemophilus influenza type b, pneumococcus, and rotavirus infections (1). As of June 1, 2020, approximately 125 mass vaccination campaigns against polio, measles, meningitis A, yellow fever, typhoid, cholera, and tetanus had been postponed.

In many countries, immunization services have been disrupted as a result of:

- Unavailability of healthcare workers as a result of their deployment to the COVID-19 response.
- Lack of personal protective equipment (PPE) to conduct immunization activities during COVID-19.
- Healthcare workers' fear about contracting COVID-19.
- Lack of vaccines due to closure of country borders as a result of COVID-19.
- Reduced demand for immunization services due to unwillingness or inability of parents to leave their homes due to fear of COVID-19.



Purpose

The purpose of this document is to provide operational considerations for the implementation of immunization services during the COVID-19 pandemic in non-US settings. Its intended users are CDC country offices, immunization program managers, and staff from partner immunization programs. These considerations are meant to supplement—not replace—any local health and safety laws, rules, and regulations.

This document provides a summary of global guidance on immunization services during COVID-19 as of June 12, 2020. It complements and provides reference to more detailed technical guidance from the World Health Organization, UNICEF, and the Global Polio Eradication Initiative including:

- [Guiding principles for immunization activities during the COVID-19 pandemic: interim guidance](#)
- [Frequently Asked Questions: Immunization in the context of COVID-19 pandemic](#)
- [Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19: Interim guidance](#)
- [Polio eradication programme continuity: implementation in the context of the COVID-19 pandemic](#)



Implementation of vaccination sessions during COVID-19

- Immunization services are essential and should be maintained whenever possible during the COVID-19 pandemic to prevent outbreaks of vaccine-preventable diseases (VPDs) and protect children (2,3).
- Immunization delivery strategies need to be adapted depending on the VPD risk and COVID-19 situation in each country (see Table) (3–6).
- National Immunization Technical Advisory Groups (NITAGs) should be involved in decision making with regards to scheduling and implementation of routine immunization services and mass vaccination campaigns.
- Healthcare workers should regularly inform communities about the status and availability of routine immunization services and mass campaigns. Regular communication will help to reduce confusion about availability and purpose of immunization services, increase awareness of the necessary precautions in place at the immunization session site to prevent SARS-CoV-2 transmission and prepare community members who need to attend the vaccination session.
- It is likely that measures to reduce SARS-CoV-2 transmission and ensure the health and safety of both health workers and clients will remain in place for some time. Special considerations for setting up the vaccination site and maintaining good infection prevention and control (IPC) practices should be followed (4) (see Annex in Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19: Interim guidance for detailed IPC and PPE recommendations)
 - » Recommendations for vaccination site:
 - Conduct vaccination in a well-aerated area and implement frequent disinfection focusing on high-touch surfaces, using products effective against SARS-CoV-2.



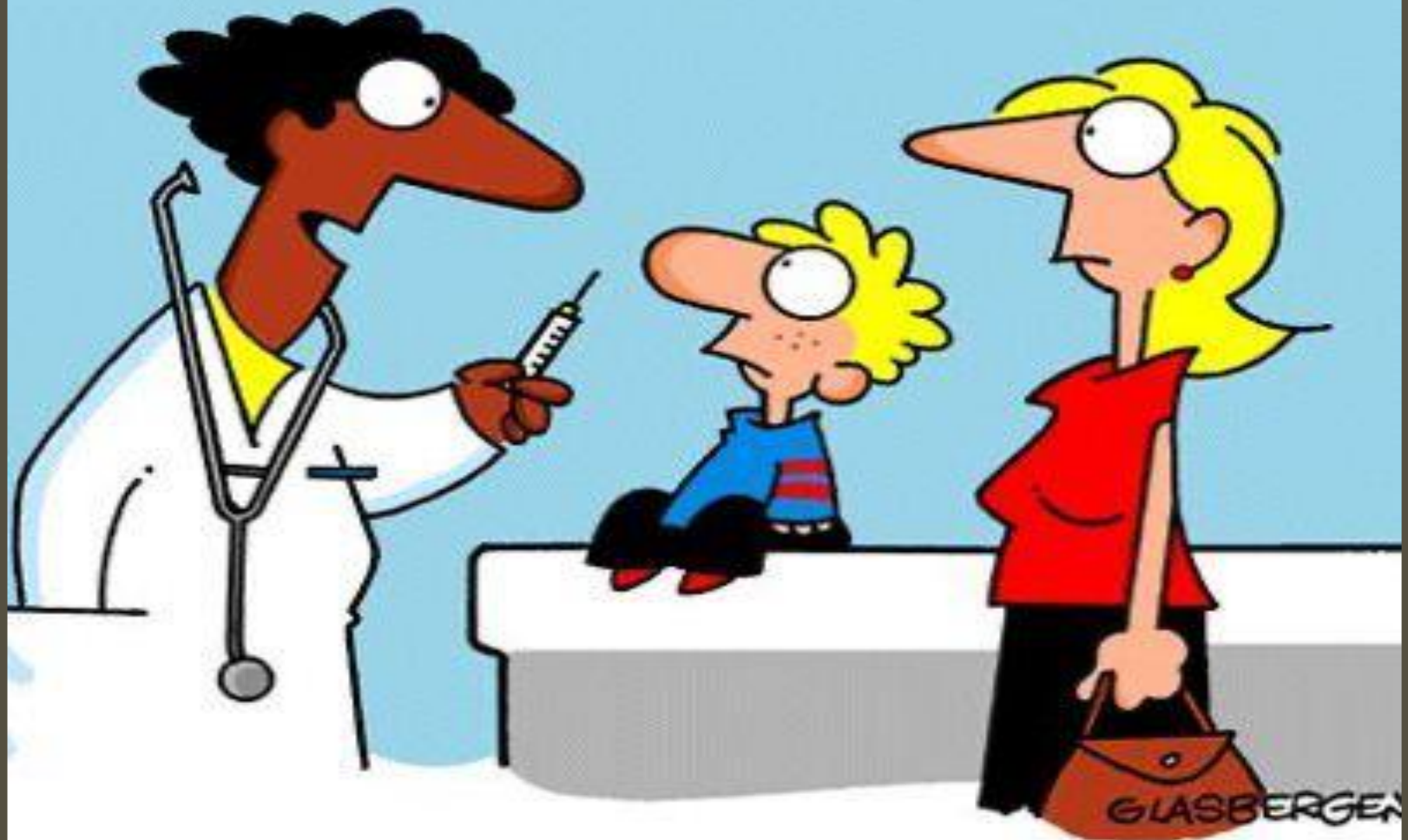
[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

www.cdc.gov/coronavirus/2019-ncov/global-covid-19 CS30285-4 (08/03/20)

STEP 5: COVID ADDITION

Embrace the opportunity to discuss public health, preventative health during this difficult time

1. Mention concept of COVID vaccine and lead discussion to other vaccines/disease states
 2. Preventative medicine and public health is a DAILY topic in the news.....use this as a springboard
 3. Remind patients that immunizations are parts of a holistic and reasonable approach to preventative medicine and general wellbeing
 4. Tell patients to check with pharmacies – especially given upcoming influenza season
 5. Be proactive – primary care is preventative medicine
-



**“Don’t think of it as getting a flu shot.
Think of it as installing virus protection software.”**



Children with cancer, and other people with weakened immune systems, **rely on vaccination and herd immunity** to protect them from infection.

AND WEAR A MASK

AND BE ON TIME

AND DON'T TOUCH YOUR
FACE

AND WASH YOUR HANDS

AND COME ALONE

AND STAY AWAY
IF YOU ARE SICK





**WE ARE NOT
A WALK-IN
CLINIC**

502
Midtown Health
and Wellness Clinic
Dr. Tammy Hermant
and Associates

Dr. Christine Palmay
Dr. Maglin Bahal
Dr. Philip Warner

**PLEASE LEAVE
ALL MAIL &
DELIVERIES
IN BOX BELOW
OR ON FLOOR**

**MAIL & PACKAGE
DROP OFF

THANK YOU!**

**THE DOOR IS
LOCKED

PLEASE KNOCK
BEFORE ENTERING**
PLEASE RING BELL

**WE ARE NOT A
WALK-IN CLINIC

PLEASE DO NOT ENTER
IN ACCORDANCE WITH
SOCIAL DISTANCING**
PLEASE RING BELL

STOP
DO NOT ENTER
IF YOU ARE NOT A PATIENT OR STAFF MEMBER
IF YOU ARE A PATIENT OR STAFF MEMBER, PLEASE
ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
IF YOU ARE A VISITOR, PLEASE
ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
IF YOU ARE A DELIVERY PERSON,
PLEASE LEAVE THE MAIL OR PACKAGE
IN THE BOX OUTSIDE THE DOOR
DO NOT ENTER THE CLINIC
IF YOU ARE A PATIENT OR STAFF MEMBER,
PLEASE ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
IF YOU ARE A VISITOR, PLEASE
ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
IF YOU ARE A DELIVERY PERSON,
PLEASE LEAVE THE MAIL OR PACKAGE
IN THE BOX OUTSIDE THE DOOR
DO NOT ENTER THE CLINIC

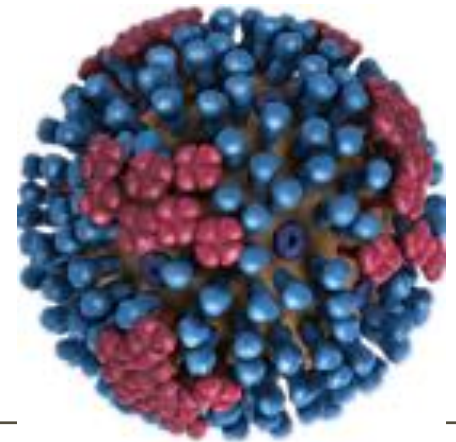
STOP
DO NOT ENTER
IF YOU ARE NOT A PATIENT OR STAFF MEMBER
IF YOU ARE A PATIENT OR STAFF MEMBER, PLEASE
ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
IF YOU ARE A VISITOR, PLEASE
ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
IF YOU ARE A DELIVERY PERSON,
PLEASE LEAVE THE MAIL OR PACKAGE
IN THE BOX OUTSIDE THE DOOR
DO NOT ENTER THE CLINIC
IF YOU ARE A PATIENT OR STAFF MEMBER,
PLEASE ENTER THE CLINIC THROUGH THE GLASS DOOR
AT THE END OF THE HALLWAY
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AT THE END OF THE HALLWAY
IF YOU ARE A DELIVERY PERSON,
PLEASE LEAVE THE MAIL OR PACKAGE
IN THE BOX OUTSIDE THE DOOR
DO NOT ENTER THE CLINIC

**MASK OR FACE COVERING
REQUIRED**
All persons entering or
re-entering in these premises
shall wear a mask or face
covering which covers the
nose, mouth and chin as
required under city of Toronto
bylaw no. 547-2020.




AT THIS MOMENT: INFLUENZA

- Need for measures to avoid transmission of COVID-19 to staff, volunteers and clients
- Access to or suitability of usual venues for immunization administration
- Impact of second wave
- Public fear of exposure to COVID-19 while accessing immunization services
- Possible increased demand for influenza vaccine

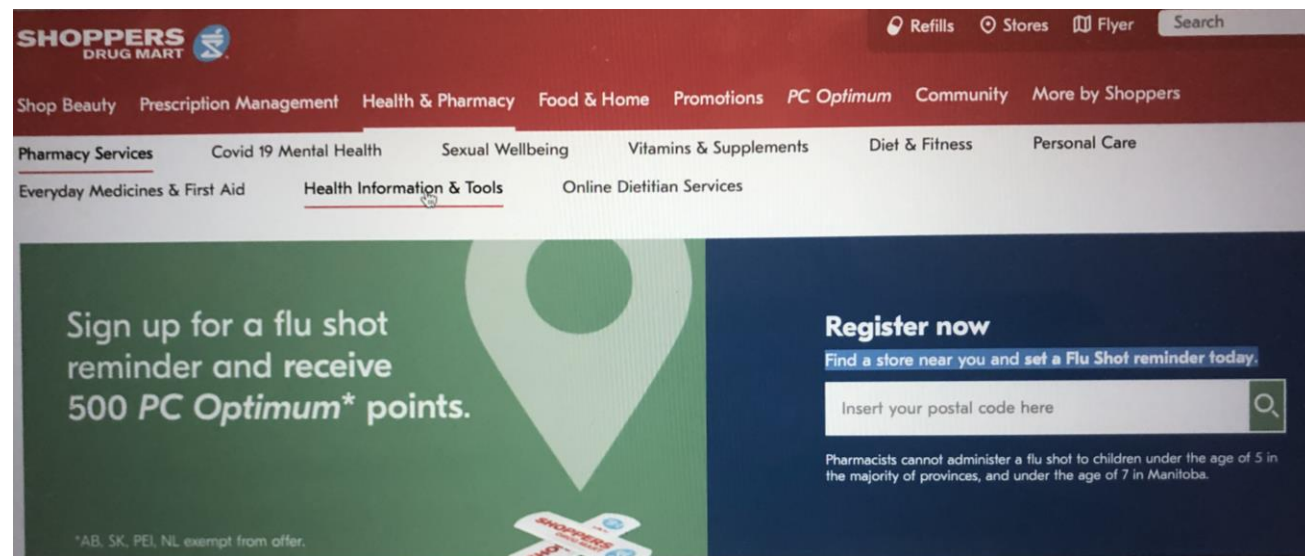




Who will you protect?

Be the first to know when flu shots are available. Subscribe to Rexall email OR register for Be Well to receive an alert to book your flu shot appointment.

Flu shots are coming soon.



INFLUENZA

1. Influenza is a viral infection that is estimated to cause approximately 12,200 hospitalizations and 3,500 deaths in Canada annually
2. Influenza in humans is caused by two main types of influenza virus
 - Influenza A:** Classified into subtypes based on surface protein - hemagglutinin (HA) and neuraminidase (NA)
 - Influenza B:** Consists of two antigenically distinct lineages - B/Yamagata and B/Victoria
3. Seasonal influenza vaccines are either trivalent or quadrivalent formulations
 - Trivalent Influenza Vaccines:** TWO influenza A and ONE influenza B strain
 - Quadrivalent Influenza Vaccines:** TWO influenza A and TWO influenza B strain

INFLUENZA

1. Influenza is a viral infection that is estimated to cause approximately 12,200 hospitalizations and 3,500 deaths in Canada annually

2. Influenza

Influenza

neur

Influenza

3. Seasonal

Coronavirus Cases:

220,213

Deaths:

9,973

Recovered:

184,306

(HA) and

Victoria

Trivalent Influenza Vaccines: TWO influenza A and ONE influenza B strain

Quadrivalent Influenza Vaccines: TWO influenza A and TWO influenza B strain

FACT SHEET

Influenza Vaccines for the 2020–2021 Influenza Season

Purpose

This document is intended to provide an overview of the publicly-funded influenza vaccines that are available in Ontario as part of the [Universal Influenza Immunization Program \(UIIP\)](#) for the 2020–2021 influenza season.¹ It focuses on:

- the cell-culture based influenza vaccine (Flucelvax® Quad) being used this influenza season for the first time in Ontario; and
- the vaccines available for adults 65 years of age and over.

Available Vaccines

Most vaccine products provided through the UIIP this season are quadrivalent, meaning they contain an A(H3N2) and A(H1N1) strain and two influenza B strains, one from each B virus lineage (B/Victoria and B/Yamagata). The exception is the high-dose influenza vaccine for adults 65 years of age and over, which is trivalent and contains an A(H3N2), A(H1N1) and only one B strain (from the B/Victoria lineage). The high-dose product has a higher hemagglutinin antigen content for each of the three strains it contains (60 µg per strain in the high-dose trivalent product versus 15 µg per strain in the standard-dose quadrivalent products). The vaccines available through the UIIP for people 6 months of age and over are outlined in Table 1.

Table 1. Vaccines available through the UIIP for the 2020-2021 influenza season

Ages	Type of influenza Vaccines	Influenza Vaccine Products
6 months up to and including 8 years	Standard-dose quadrivalent (QIV)	FluLaval Tetra Fluzone® Quadrivalent
9 years up to and including 64 years	Standard-dose quadrivalent (QIV)	FluLaval Tetra Fluzone® Quadrivalent Flucelvax® Quad
65 years and over	High-dose trivalent (TIV) Standard-dose quadrivalent (QIV)	Fluzone® High-Dose FluLaval Tetra Fluzone® Quadrivalent Flucelvax® Quad

SUPPLEMENTAL STATEMENT – Mammalian Cell Culture-Based Influenza Vaccines

An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI)

Canadian Immunization Guide Chapter on
Influenza and Statement on Seasonal Influenza
Vaccine for 2020–2021

PROTECTING AND EMPOWERING CANADIANS TO IMPROVE THEIR HEALTH

Table 1. Vaccines available through the UIIP for the 2020-2021 influenza season

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9 years up to and including 64 years	Standard-dose quadrivalent (QIV)	FluLaval Tetra Fluzone® Quadrivalent Flucelvax® Quad
65 years and over	High-dose trivalent (TIV) Standard-dose quadrivalent (QIV)	Fluzone® High-Dose FluLaval Tetra Fluzone® Quadrivalent Flucelvax® Quad

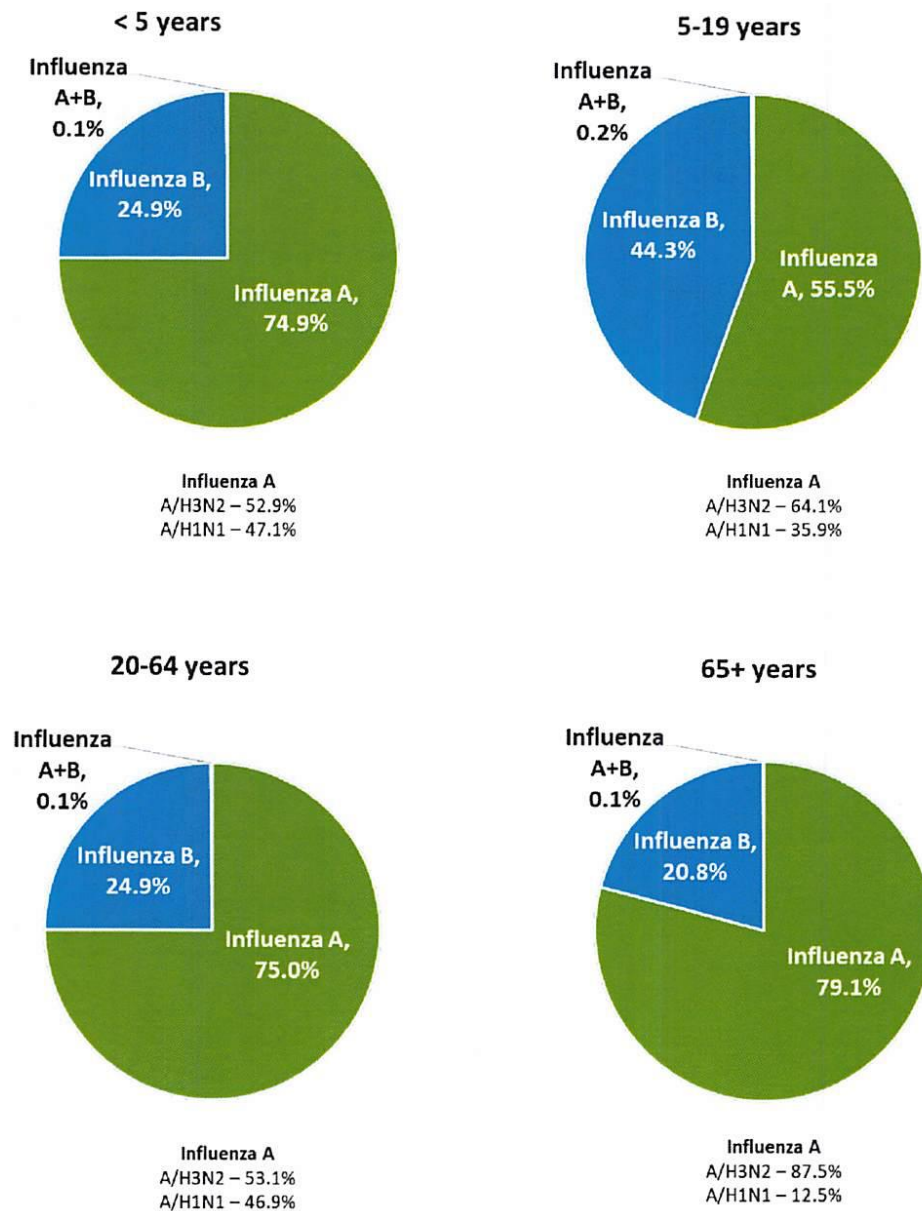
FLUCELVAX QUAD

1. **What:** Flucelvax® Quad is a mammalian cell culture-based, inactivated seasonal influenza vaccine that has recently been authorized for use in Canada in adults and children ≥9 years of age. **First and only available mammalian cell culture-based influenza vaccine in Canada**
2. **Who:** This supplemental statement addresses the annual influenza vaccination of adults and children who do not have contraindications for the influenza vaccine.
3. **How:** Flucelvax® Quad may be considered among the quadrivalent influenza vaccines offered to **adults and children ≥9 years of age** for their annual influenza vaccination.
4. **Why:** Flucelvax® Quad is considered effective, immunogenic, and safe in adults and children ≥9 years of age, and has a comparable immunogenicity and safety profile to egg-based influenza vaccines already licensed in Canada and Flucelvax®, which is a trivalent cell culture-based influenza vaccine that has been licensed in the United States, but for which licensure has never been sought in Canada. **Flucelvax® Quad can provide broader protection against influenza B viruses when compared with trivalent influenza vaccines.**

Table 2. Overview of the high-dose trivalent vaccine compared to the quadrivalent vaccines

Factors	Considerations
Influenza A	<ul style="list-style-type: none"> High-dose TIV provides better protection than standard-dose TIV against the A(H3N2) strain as demonstrated in a large randomized-controlled trial.⁵ The A(H3N2) strain is the same in the standard-dose TIV and standard-dose QIV vaccines. In adults 65 years of age and over, the burden of influenza A(H3N2) is higher compared to influenza A(H1N1) and influenza B. Seasons with circulation of influenza A(H3N2) result in more outbreaks, hospitalizations and deaths, most commonly among older adults.
Influenza B	<ul style="list-style-type: none"> Although high-dose TIV contains one less influenza B strain than QIV, influenza B occurs less frequently than influenza A in adults 65 years of age and older. There may be some cross protection against B lineages, such that a TIV vaccine that contains B/Victoria may offer some protection against B/Yamagata and vice versa. Therefore, high-dose TIV may afford some protection against the B lineage not included in that vaccine.
Safety	<ul style="list-style-type: none"> QIV and high-dose TIV are expected to have a generally similar safety profile. Local reactions and systemic adverse events occur somewhat more frequently with high-dose TIV than standard-dose TIV. The systemic reactions are described as generally mild and resolved within three days.⁶

Figure 1. Proportion of influenza cases by type and subtype for influenza A, by age group: Ontario, 2010–11 to 2019–2020 influenza season



QUESTION

WHAT ARE YOUR
CONCERNS OR
CHALLENGES?

NACI: PRIMARY CARE RECOMMENDATIONS

- Designating specific times for immunization clinics (start or end of the day)
 - Appointment based vaccine clinics
 - Administering vaccines outdoors (weather permitting) – e.g. parking lot or a drive-through clinic
 - Developing an outreach strategy to administer influenza vaccine to vulnerable persons, housebound persons, and seniors who are sheltering in place -e.g. email, phone calls
 - Combining vaccine visits
 - Social Distancing
 - Longer hours and/or more staff
 - Hand Sanitizer Stations/Extra Cleaning
-

QUESTION

ARE THESE
RECOMMENDATIONS
FEASIBLE?

NACI: INFLUENZA APPOINTMENTS

- Minimize patients seen at once
 - Using an appointment system
 - Increased screening measures for symptoms
 - Use of virtual tools – counseling/consent/screening done via email:
 - Vaccine information online or in advance by mail/email*
 - Clinic posters/videos in pre-immunization and post immunization observation areas*
 - Advise patients to wear minimal clothing (T-shirts)
 - Reduce flow and crowding – have separate entry and exit points
-

QUESTION

WHAT ABOUT PPE
GUIDANCE?

What Personal Protective Equipment to Use in your Community Practice

COVID-19 Recommendations for Health Care Workers and Staff

In all patient care areas

In non-patient care areas within 2m of others



- surgical / procedure mask

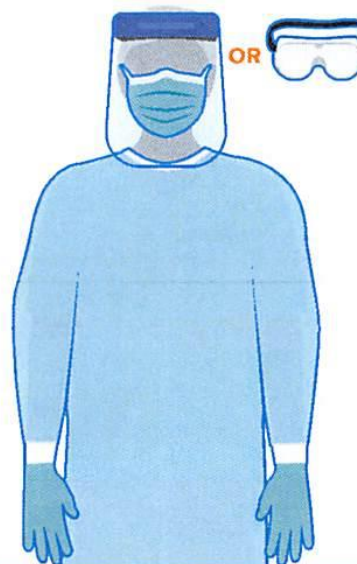
Caring for or within 2m of patients who screen negative for COVID-19



- surgical / procedure mask
- eye protection optional, but strongly suggested
- gloves in select instances when giving vaccines

Caring for or within 2m of patients who screen positive for COVID-19

Screening patients without a plexiglass barrier



- surgical / procedure mask
- eye protection
- gloves
- gown

Performing an aerosol-generating procedure



- N95 respirator
- eye protection
- gloves
- gown
- airborne infection isolation room or room with a closed door

Ontario Ministry of Health. COVID-19 Guidance: Acute Care. May 22, 2020. [for guidance on aerosol-generating medical procedures].

Ontario Ministry of Health. COVID-19 Operational Requirements: Health Sector Restart. June 15, 2020.

Public Health Ontario. Technical Brief: IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID 19. May 3, 2020.

V1 September 9, 2020

PPE: **VACCINATORS**

- Masks and protective eye wear
 - Gloves not needed except when administering intranasal influenza vaccine or oral non-influenza vaccines
 - Gloves should be changed between clients and hand hygiene performed after gloves are removed
 - PPE may be used for the full duration of a shift
 - extended use of the same mask and eye protection but should be replaced after a break
 - soiled, wet or damaged masks should be replaced
 - PPE including medical mask, eye protection, gown and gloves should be immediately available to all personnel who need to provide first aid or respond to a health emergency
-

PPE: OTHER STAFF

- Mask and protective eye wear for staff unable to maintain 2m distance
 - Mask only for staff who can maintain 2m distance/will have only transitory closer contact (such as walking by)
 - Staff who are behind a barrier do not need to use PPE, except for protection between co-workers behind the barrier
-

What Personal Protective Equipment to Use in your Community Practice

COVID-19 Recommendations for Health Care Workers and Staff

In all patient care areas

In non-patient care areas within 2m of others



- surgical / procedure mask

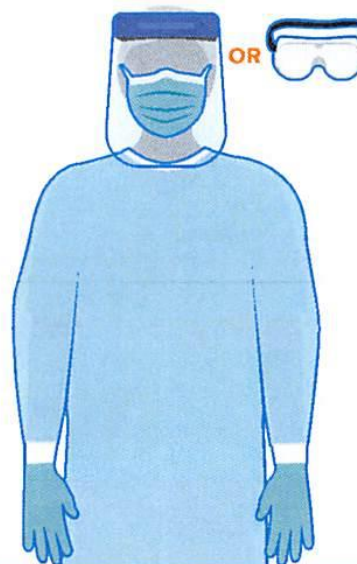
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V1 September 9, 2020

QUESTION

WHAT ABOUT ANTI-VIRAL
MEDICATIONS?

Antiviral medications are recommended if you answer “yes” to all of the following questions:

Questions	Additional information and/or sources of information
1. Is influenza circulating in your community?	Consult Public Health Ontario’s Ontario Respiratory Pathogen Bulletin or your local public health unit .
2. Does your patient have symptoms compatible with influenza?	Symptoms compatible with influenza include: fever, cough, headache, sore throat, muscle aches and/or fatigue. Note: Fever may be absent in the elderly.
3. Is your patient at high risk for the complications of influenza? OR Does your patient have moderate, progressive, severe or complicated influenza, such as individuals who are hospitalized with influenza-like illness?	Those at high risk for complications of influenza for whom treatment is recommended include adults 65 years of age and over, pregnant women and women up to four weeks post-partum, Indigenous people, and those with underlying medical conditions. See Appendix A of Antiviral medication for influenza, Information for health care providers for additional details on high risk individuals.

Note: If patients without risk factors for complications and without serious illness present within 48 hours of symptom onset, antiviral treatment can be used as follows: on a case-by-case basis for those less than 1 year of age; can be considered, but is not routinely recommended for those 1 to 5 years of age; and can be considered in those 18 to 64 years of age.

QUESTION

WHAT ABOUT PUBLIC
HEALTH AND OTHER
RESOURCES?

NACI: PUBLIC HEALTH GUIDANCE

1. Public Health Clinics – To be posted end of September

<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/>

2. Increased access in Pharmacies

3. Increased access in public settings

School Based Programs

Note Public Health Catch up Programs Closed (Mid October Opening)

<https://www.tphbookings.ca/Default.aspx?PageID=11180>

To order vaccines for catch-up:

<https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/immunization-and-vaccine-info-for-health-professionals/online-vaccine-order-form/>

Work Based Clinics

Shelters, Long-term Care Clinics

Shopping Malls

4. Alternative models

Parking Lot Clinics

Drive Through Clinics

RESOURCES: GUIDELINES

NACI – Guidance for Influenza During COVID -19

- <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-influenza-vaccine-delivery-covid-19.html>

Public Health Agency of Canada

- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-interim-guidance-home-care-settings.html>
- <https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/vaccine-annex.html#appb>

CDC

- <https://www.cdc.gov/flu/pdf/professionals/acip/acip-2020-21-summary-of-recommendations.pdf>
-

QUESTION

HOW CAN I ACCESS
OFFICE/PATIENT
INFORMATION
RESOURCES?

RESOURCES: POSTERS/PT INFORMATION

IMMUNIZE CANADA

- <https://www.immunize.ca>

CDC

- <https://www.cdc.gov/flu/resource-center/freeresources/print/index.htm>

OFCP INFLUENZA RESOURCES


- <https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/influenza-resources-2019/2020-season>
-

THE STORY OF INFLUENZA

Influenza type A and B cause the majority of influenza illness in humans



Transmission occurs through close contact with others and contact with contaminated surfaces



Healthy people can spread influenza before showing any signs of illness

Young children
<59 months of age,
pregnant women,
Indigenous peoples,
adults **>65 years** of
age, and people with
medical conditions are
most vulnerable



Symptoms are often confused with influenza-like illnesses like the common cold



Complications such as pneumonia may lead to hospitalization or even death



An average **12,200** hospitalizations and approximately **3,500** deaths are attributed to influenza annually in Canada

The National Advisory Committee on Immunization (NACI) recommends all Canadians 6 months of age and older be immunized against influenza.

- New strains of influenza appear every year. This is why immunization is required annually.
- Influenza vaccines CANNOT give you influenza.
- Influenza vaccines are SAFE and REDUCE the spread of influenza viruses.



Talk to your doctor, nurse, pharmacist or local public health office about getting immunized against influenza.



CELEBRATING
IMMUNIZATION
SUCCESS

Reference:
National Advisory Committee on Immunization (NAC). Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020-2021.
<https://www.canada.ca/en/public-health/services/publications/nac/nac-on-immunization/canadian-immunization-guide-statement-on-seasonal-influenza-vaccine-2020-2021.html>



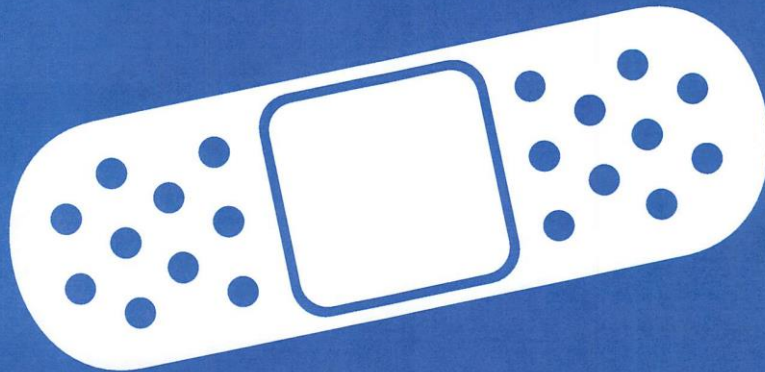
**IT'S MORE
IMPORTANT
THAN EVER
TO REDUCE
THE SPREAD
OF FLU**

Immunization against influenza is recommended for all community members 6 months and older.

LET'S DO OUR PART.

**Talk to your doctor,
nurse, pharmacist, or
health centre about
getting the flu shot.**





FIGHT FLU

Get your family vaccinated against flu this season. It's the best way to protect you and your loved ones from getting the flu.



www.cdc.gov/fightflu

A Strong Defense Against Flu: Get Vaccinated!

FIGHT FLU



The best way to protect yourself and your loved ones against influenza (flu) is to get a flu vaccine every flu season. Flu is a contagious respiratory disease that can lead to serious illness, hospitalization, or even death. CDC recommends everyone six months and older get an annual flu vaccine.

What are some key reasons to get a flu vaccine?

- Flu vaccine has been shown to reduce flu illnesses, hospitalization, and even death in children.
- During the 2016–2017 season, vaccination prevented an estimated 5.3 million illnesses, 2.6 million medical visits, and 85,000 influenza-associated hospitalizations.
- Flu vaccination also is an important preventive tool for people with chronic health conditions.
- Vaccinating pregnant women helps protect them from flu illness and hospitalization, and also has been shown to help protect the baby from flu infection for several months after birth, before the baby can be vaccinated.
- A [2017](#) study showed that flu vaccine can be life-saving in children.
- While some people who get vaccinated still get sick, flu vaccination has been shown in several studies to reduce severity of illness.



Why is it important to get a flu vaccine EVERY year?

- Flu viruses are constantly changing, so flu vaccines may be updated from one season to the next to protect against the viruses that research suggests will be common during the upcoming flu season.
- Your protection from a flu vaccine declines over time. Yearly vaccination is needed for the best protection.



For more information, visit: www.cdc.gov/flu
or call 1-800-CDC-INFO



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

QUESTION

I HAVE FLU LIKE
SYMPTOMS....
WHAT DO I DO?

COLD vs. FLU vs. ALLERGIES vs. COVID-19

SYMPTOMS	COLD	FLU	ALLERGIES	COVID-19** (can range from mild to serious)
Fever	Rare	High (100-102°F), Can last 3-4 days	Never	Common
Headache	Rare	Intense	Uncommon	Can be present
General Aches, Pains	Slight	Usual, often severe	Never	Can be present
Fatigue, Weakness	Mild	Intense, can last up to 2-3 weeks	Sometimes	Can be present
Extreme Exhaustion	Never	Usual (starts early)	Never	Can be present
Stuffy/Runny Nose	Common	Sometimes	Common	Has been reported
Sneezing	Usual	Sometimes	Usual	Has been reported
Sore Throat	Common	Common	Sometimes	Has been reported
Cough	Mild to moderate	Common, can become severe	Sometimes	Common
Shortness of Breath	Rare	Rare	Rare, except for those with allergic asthma	In more serious infections

Sources: National Institute of Allergy and Infectious Diseases. CDC. WHO.

**Information is still evolving



CORONAVIRUS vs. COLD vs. FLU vs. ALLERGIES

SYMPTOMS	COVID-19*	COLD	FLU	ALLERGIES
Fever	Common (measured at 100 F or higher)	Rare	High (100-102 F), can last 3-4 days	No
Headache	Sometimes	Rare	Intense	Sometimes
General aches, pains	Sometimes	Slight	Common, often severe	No
Fatigue, weakness	Sometimes	Slight	Common, often severe	Sometimes
Extreme exhaustion	Sometimes (progresses slowly)	Never	Common (starts early)	No
Stuffy nose	Rare	Common	Sometimes	Common
Sneezing	Rare	Common	Sometimes	Common
Sore throat	Sometimes	Common	Common	No
Cough	Common	Mild to moderate	Common, can become severe	Sometimes
Shortness of breath	In more serious infections	Rare	Rare	Common
Runny nose	Rare	Common	Sometimes	Common
Diarrhea	Sometimes	No	Sometimes**	No
New loss of taste, smell	Sometimes	Rare	No	Rare
Chills, shaking with chills	Sometimes	Rare	Common	No

Flu Watch Surveillance

Government of Canada:

<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance.html#a1>

CFP MFC
CANADIAN FINANCIAL PLANNERS • 4 • 100 MEMBERS TO AMELIE CADARIN



hope is a global pandemic

With a new year and new year's resolutions, it's time to reflect on the past year and the challenges we've faced.

With a new year and new year's resolutions, it's time to reflect on the past year and the challenges we've faced.



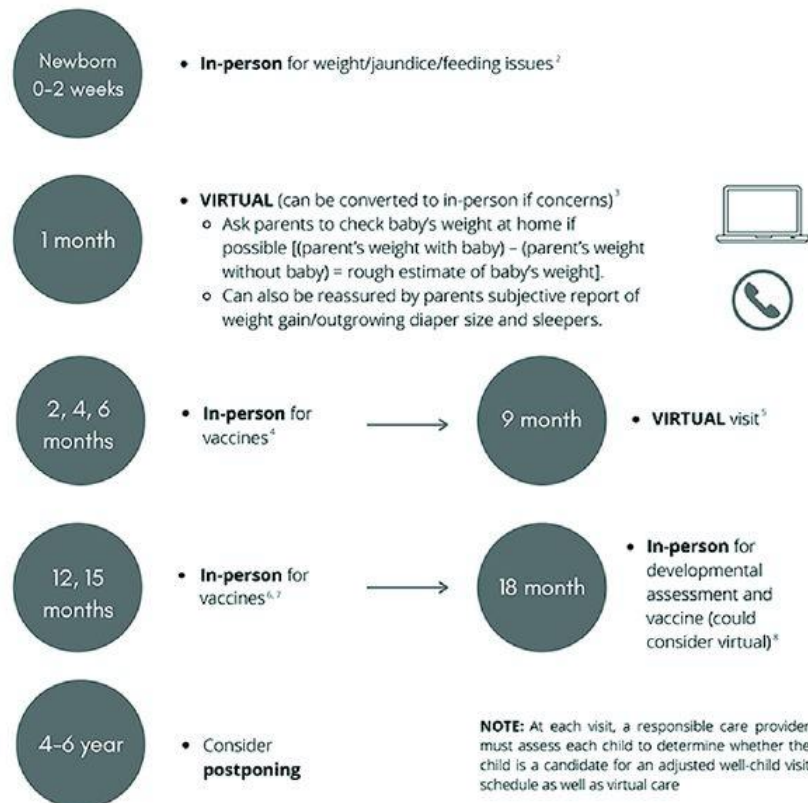
THE CFP SUGGESTION REVISED SCHEDULE

Figure 1



INTERIM SCHEDULE FOR CHILDREN AND PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

PROPOSED SCHEDULE FOR WELL-CHILD VISITS¹



FOOTNOTES

PROPOSED SCHEDULE FOR WELL-CHILD VISITS

1. If well-child visits are converted to virtual appointments, questionnaires such as the Rourke Baby Record and Nipissing District Developmental Screen can be emailed to parents prior to the appointment.
2. The neonatal period is a critical time to assess weight, feeding issues, and jaundice and therefore should be an in-person assessment.
3. The 1-month visit does not require immunizations and therefore can be converted to a virtual visit.
4. If possible, an in-person assessment with vaccinations should take place. Delaying vaccines puts children at risk for common and serious childhood infections. Therefore, we recommend continuing vaccines during COVID-19, in accordance with the Canadian Paediatric Society (CPS) COVID-19 guidelines. Although risk of transmission in clinic is low with adequate screening and infection control, providers still need to engage in shared-decision making with parents in order to balance the relative risks. Need to consider:
 - i. Risk of exposure with travel to the clinic (many patients might not have a private vehicle)
 - ii. Clinical screening processes are not foolproof as they are often based on self-report
 - iii. Health care providers (HCPs) might expose patients (although this might be improved with mandated masks for HCPs during clinical encounters, which is now in effect in many hospitals and has been recommended for outpatient community family practice offices) (5)
5. The 9-month visit according to the Rourke schedule is optional and does not require immunizations and therefore should be converted to a virtual visit.
6. If possible, the 12-month visit should be an in-person assessment with vaccinations as this visit incorporates the measles, mumps, and rubella vaccine and is an important vaccination given recent outbreaks of measles (6).
7. If possible, the 15-month visit should be an in-person assessment with vaccinations, as this visit incorporates the varicella vaccine.
8. The 18-month visit can be in-person or virtual. The virtual visit would be a surrogate for an in-person developmental assessment. Developmental questionnaires can be sent to parents prior to the appointment. Although the 18-month vaccine is a booster, it should still be given as close to its routine schedule as possible.

Figure 2



INTERIM SCHEDULE FOR CHILDREN AND PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

11 – 13 week	<ul style="list-style-type: none"> Initial prenatal visit in clinic 	<ul style="list-style-type: none"> Combined dating/NT scan¹ Full history and risk assessment Laboratory tests (including genetic screening) as needed 	32 week	<ul style="list-style-type: none"> Prenatal visit in clinic 	<ul style="list-style-type: none"> Routine prenatal care BPP/growth u/s same day if indicated Adacel, if not given
16 week	<ul style="list-style-type: none"> Virtual visit 	<ul style="list-style-type: none"> Discuss screening and laboratory results Initiate iron supplementation if needed Book anatomy scan for next visit 	34 week	<ul style="list-style-type: none"> Virtual visit (as per ACOG MFM guideline) 	<ul style="list-style-type: none"> Consider virtual visit if appropriate If virtual: Review fetal movements and clinical signs of preterm labour and preeclampsia; patient to self-report BP (if accessible at home/pharmacy) and weight; consider self-symphysis fundal height¹
20 week	<ul style="list-style-type: none"> Prenatal visit in clinic 	<ul style="list-style-type: none"> Full anatomical scan Give requisition for glucose challenge test and CBC, Ferritin and G&S (if Rh negative) <ul style="list-style-type: none"> G&S often needs to be done at lab no more than 4 weeks prior to administration of WinRho 	36 week	<ul style="list-style-type: none"> Prenatal visit in clinic 	<ul style="list-style-type: none"> Routine prenatal care GBS swab⁴
26 – 28 week	<ul style="list-style-type: none"> Prenatal visit in clinic 	<ul style="list-style-type: none"> Coincide with T2 bloodwork² If Rh negative, organize WinRho 	37–38 week	<ul style="list-style-type: none"> In-person OR virtual visit 	<ul style="list-style-type: none"> If virtual visit necessary: Review fetal movements and clinical signs of labour and preeclampsia; patient to self-report BP (if accessible at home/pharmacy) and weight Instruction regarding GBS management in labour
30 week	<ul style="list-style-type: none"> Virtual visit (as per ACOG MFM guideline) 	<ul style="list-style-type: none"> Consider virtual visit if appropriate If virtual: Review fetal movements and clinical signs of preterm labour and preeclampsia; patient to self-report BP (if accessible at home/pharmacy) and weight; consider self-symphysis fundal height¹ Book BPP/growth u/s for 2 weeks (if indicated) ADACEL 	39–41 week	<ul style="list-style-type: none"> Prenatal visit in clinic 	<ul style="list-style-type: none"> Routine prenatal care Stretch and sweep US as indicated

FOOTNOTES

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

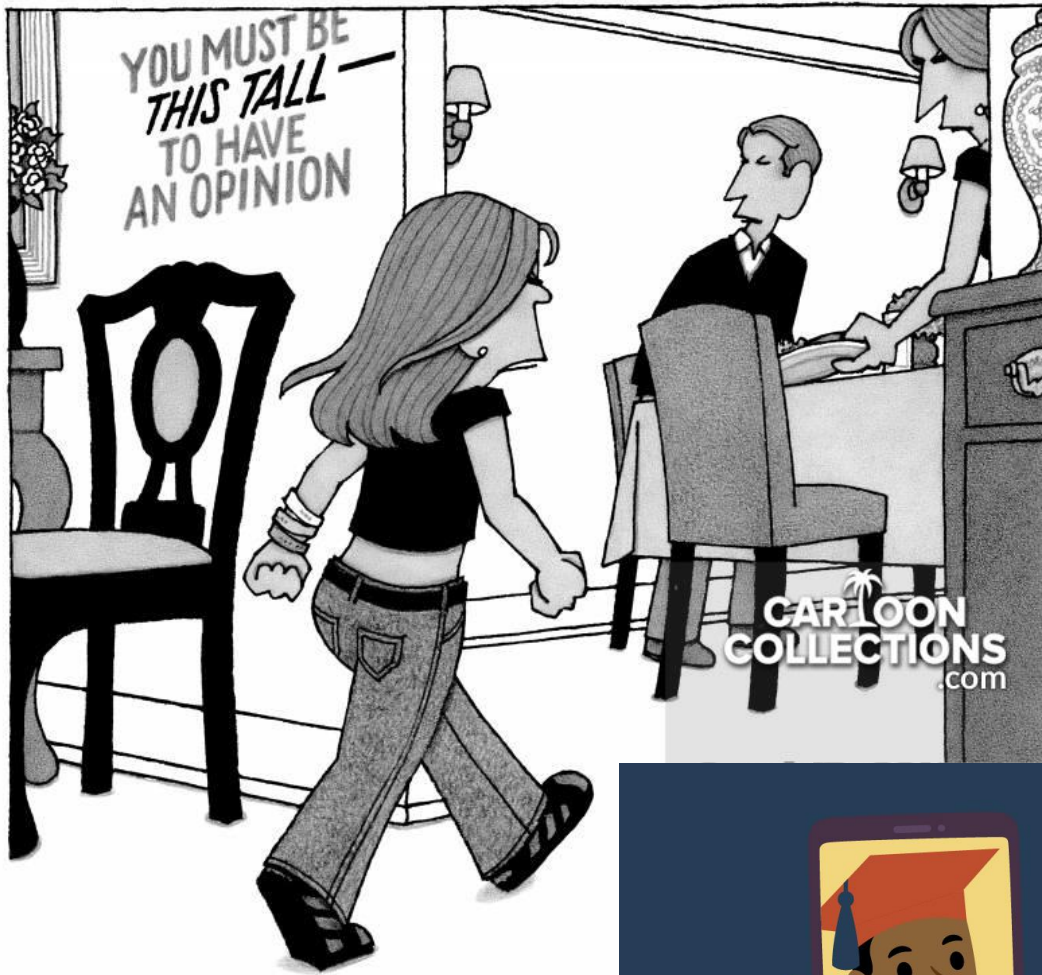
- Can combine dating/NT to one ultrasound. There is a potential risk of being outside the window period for measuring NT if inaccurate dating by 'Last Normal Menstrual Period.' Earlier ultrasounds might also be needed for threatened abortion or if risk factors for an ectopic pregnancy etc. If completing initial prenatal blood work and a dating ultrasound prior to the first prenatal visit, this can be organized virtually over the telephone.
- For GCT, write on the requisition to allow the patient to wait in a car or in a private room in the clinic. If there are significant disruptions to lab testing and treatment due to COVID-19 and/or patient refusal, please review the temporary alternative screening strategy for gestational diabetes at your institution (i.e. A1c & non-fasting random plasma glucose as per SOGC April 2020) (11).
- Can consider instructing patient on self-symphysis fundal height (SFH) measurement:
a. youtube video: <https://www.youtube.com/watch?v=LLse4MV0J4M>
- If the 36-week visit is not in person, consider coordinating with the lab for the patient to drop off a GBS self-swab if possible.
a. Instructions to provide patient:
https://www.cdc.gov/groupbstrep/downloads/gbs_swab_sheet21.pdf

DON'T MISS THESE PATIENTS!



SPECIAL PATIENTS: ADOLESCENTS

- Do not underestimate the role of an adolescent in their health decisions
- May have missed school immunization programs – get them before they go
- Empower them to be involved in their health decisions
- Catch them early – prior to university/college/camp etc
- Create an individualized appointment - **"TEEN TALK TIME"**
- COVID has possibly disrupted immunization programs and may need to be addressed in your office – varies from province to province
- Emphasize long term health goals and their independence
- Embrace virtual consults – they'll think their doc is "cool"



VIRTUAL GRADUATION CEREMONY

— CLASS OF 2020 —

TEEN TALK TIME

Set up appointment to discuss general health – now VIRTUALLY!

1. **Immunizations:** check HPV, Tdap, Hepatitis B, Men C, Men B status
2. **Other topics:** Acne, Diet/Activity, Mental Health Resources, STI, Sexual Health, Contraception
3. Consider including standard cover letter – congratulate them on taking ownership of health
4. **Include samples:** facial products, condoms, online resources for health

What to talk to your doctor about at your **16** YEAR VISIT

Get the second dose of **MenACWY vaccine.**

Helps protect against bacterial meningococcal meningitis. Helps provide essential protection during later teen years, when the risk of contracting the disease increases.



Annual **Flu vaccine.**

This vaccine is recommended every year.



Discuss **MenB vaccine.**

Helps protect against the type of meningococcal (bacterial) meningitis that has been responsible for outbreaks on U.S. college campuses.



Get caught up **HPV vaccine series.**

Recommended at age 11-12. Helps protect against cancers caused by human papillomavirus (HPV), including cervical cancer.

Tdap booster.

Recommended age 11-12. Helps protect against tetanus, diphtheria, and pertussis.



BACK-TO-COLLEGE TIPS

Protect Yourself from COVID-19

Watch your distance

Stay at least 6 feet apart from others, when possible



Wash your hands

or use hand sanitizer with at least 60% alcohol



Wear a mask

in public spaces and common areas



CS-318091-A 08/20/2020

The more **closely you interact** with others and the **longer that interaction**, the **higher the risk** of COVID-19 spread.

DORM

- Avoid sharing items with roommates or others.
- If you do, clean and disinfect before sharing or using.

SHARED BATHROOM

- Avoid placing toothbrushes directly on counter surfaces.
- Use totes for personal items to limit contact with other surfaces in the bathroom.

CLASSROOM

- Enroll in online classes if they fit your educational needs.
- Wipe down your desk with a disinfectant wipe if possible.
- Skip seats or rows to create physical distance between other students.
- Avoid placing your personal items (e.g., cell phone) on your desk.

DINING HALL & MEALS

- Avoid sharing food, drink, utensils or other items with people.
- Pick up grab-and-go options for meals if offered.
- Avoid buffets and self-serve stations.

LAUNDRY ROOM

- Clean and disinfect surfaces that others have touched (e.g., buttons on the washing machine).
- Wash masks in warmest appropriate water setting for the fabric.



**BEFORE YOU GO OUT,
TAKE THE FOLLOWING:**

- Mask
- Tissues
- Hand sanitizer
- Disinfection wipes (if possible)

cdc.gov/coronavirus

Dear

CONGRATULATIONS ON TAKING CONTROL OF YOUR HEALTH!

This is such an exciting phase in your life as you plan for your journey ahead and I am so looking forward to witnessing what wonderful things await your discovery. Midst the chaos of this, do not forget that to be the best version of yourself you must not forget your health – whether you are making new relationships, heading to university/college or pursuing a new job, don't forget to PUT yourself first and ensure that you are being mindful of your overall wellbeing.

Before you “leave” (but not forever please) thank you for taking the time with me to discuss some ways you can take control of your health! Remind yourself that YOU can and should become informed to decide what is best for you.

I have included several handouts/pamphlets that will likely put you to sleep (or hopefully not!)

Some things to think about:

1. Immunizations

Immunization programs have fundamentally changed health in general – even I take them for granted. Some particular immunizations that you should address at this time include:

- Tdap or Td (Tetanus/Diptheria/Pertussis or Tetanus alone) – these generally are updated around your age
- Hepatitis A – Let's talk about this especially if you plan to travel
- Hepatitis B – we need to check if your immunizations are complete
- HPV (Human Papilloma Virus) – SO important to protect you against sexually transmitted HPV and can cause cervical cancer/anal cancer/oral cancer/penile cancer and genital warts
- Meningitis C – I generally recommend that we update your shots. Multiple options exist
- Meningitis B – Relatively new, but very important especially if you are living in close quarters (camp/residence) and/or traveling
- Flu shot – Remember your annual flu shot for your sake and the sake of others!

Check out these useful websites for further information:

<https://www.immunize.ca>

SPECIAL PATIENTS: PATIENTS > 50

Don't delay preventative Health Care Measures- have a "Immunization review/Preventative Review" during each encounter.

1. **Immunizations:** check Td, HZ, PN status. Discuss upcoming Influenza Season
2. **Other topics:** Etoh Intake, Diet, Outdoor Activity
3. **Email:** Consider including standard cover letter – congratulate them on taking ownership of health. Screening Guidelines
4. **Standard Suggestion:** Vitamin D 1000 -2000IU daily, Probiotic, 30-35 minutes of outdoor activities

50 Years or Older?

Vaccinations

Pneumococcal Pneumonia:

- Pneumococcal Pneumonia can be a severe disease of the upper respiratory tract and is spread from person to person through coughing or sneezing.
- The risk of getting pneumococcal pneumonia increases after age 50
- There are vaccines that can help protect against the disease (1 dose)

For more information about the vaccine please visit

<https://www.pfizer.ca/pneumococcal-disease>

Shingles:

- Shingles is a viral infection that causes a painful rash and can lead to serious complications
- Shingles is caused by the same virus as chickenpox which reactivates within the body
- Age can increase the risk of developing shingles
- Shingrix is a vaccine that helps protect against shingles. It requires 2 doses with a gap of 2 to 6 months apart.

For more information about the vaccine please visit

<https://www.shingrix.ca/en-ca/index.html>

Other Routine Vaccinations

Influenza: 1 dose annually

- *For more information please visit:* <https://www.ontario.ca/page/flu-facts>

Tetanus, Diphtheria, Pertussis: 1 dose of Tdap vaccine, if not received previously (protecting against Tetanus, Diphtheria, and Pertussis), and Td booster every 10 years (protecting against Tetanus and Diphtheria)

- *For more information please visit:* <http://www.health.gov.on.ca/en/public/publications/immune/td.aspx>

Hepatitis A and Hepatitis B: 2-3 doses required depending on the vaccine

- *For more information about Hepatitis A please visit:* <https://www.canada.ca/en/public-health/services/publications/healthy->

SPECIAL PATIENTS: PREGNANT PATIENTS

Capitalize on this time period to motivate patients in taking control of their health

1. **Immunizations:** Discuss Adacel at 27 weeks. Discuss upcoming Influenza Season. Routinely discuss well baby care and start taking about immunizations.
2. **Other topics:** Pandemic Related Issues/Concerns. Breastfeeding.
3. **Email:** Pregnancy Information, Pandemic related concerns, Mood resources
4. **Standard Suggestion:** Prenatal Vitamin, Pelvic Physiotherapy,

COVID Pregnancy Information

Congratulations from Dr. Palmay! You are receiving this email because you recently delivered a new baby! What a joyous time and we wish you and your family health and happiness

The good news is that if you have recently delivered a baby, you are not at increased risk of contracting COVID and given good adherence to current public health recommendations, both you and your baby are safe

In terms of Public Health Recommendations, there are no specific guidelines for post partum patients beyond the general guidelines of self-isolation, symptom monitoring, handwashing etc. BUT..... I know that the postpartum period itself can cause anxiety – add the stress of COVID and it's a perfect emotional nightmare storm! I have thus compiled a list of resources that will hopefully answer your questions and provide reassurance.

Information is power and remember that we are in this...together.

Specific Reminders:

- Please contact our office to book a phone consultation. During this consultation, we will discuss your postpartum visit - around 6 weeks after your delivery date.
- You will receive a "to do" package via email – this includes some reading materials/resources and a standard bloodwork form that I typically order for all of our postpartum patients
- Please think about your prenatal care – do you want an OBGYN (medical doctor) or a midwife to follow you through your pregnancy
- Please understand that given the circumstances of this pandemic, you will be asked to attend your post partum visit ALONE. We would love to meet your new baby in the future when less strict social isolation guidelines apply. We do love pictures though!

General Reminders:

- Call our office with any concerns
- Please ensure that your email, telephone number and pharmacy FAX information is updated to ensure that we can efficiently manage your concerns and get back to you
- Please ensure that your VOICEMAIL IS CLEAR so that we can leave a message

COVID Postpartum Pregnancy Resources:

1. Pandemic Pregnancy Guide – UofT

<https://www.obgyn.utoronto.ca/news/pandemic-pregnancy-guide-2020>

Wonderful collaboration between primary care and OBGYN with videos, credible information and ongoing interviews with experts! Can be accessed via Instagram, [facebook](#), twitter etc.

2. Breastfeeding Resources – CDC

CONGRATUALTIONS!

Pregnancy is a miraculous and exciting time period, but may also bring on anxiety. With so many resources available, patients are often confused how to access reliable information. Here are Dr. Palmay's suggestions/tidbits. We cannot control much during pregnancy, but hopefully this resource list will make you feel more in charge

Some things to contemplate/remember:

- Spend some time thinking about your prenatal care and if you want a Obstetrician Gynecologist (referral needed) or a midwife (self referral). See Association of Ontario Midwives for further information (<https://www.ontariomidwives.ca/find-midwife>)
- Read about Non Invasive Prenatal Testing – brochure available in package. Please contact your insurance company to see if they cover this test and discuss with Dr. Palmay further
- Speak to family and friends regarding local resources – you would be surprised about hidden gems
- Please start to think about pediatric care. The reality is that the early stages of parenthood are stressful and finding a LOCAL pediatrician reduces the burden of travel time and provides an enviroment of well oiled pediatric care. Should you need a referral closer to the time that you deliver, please contact our office

1. General Pregnancy Information

- Ontario Prenatal Education Database – excellent overview of multiple health topics related to pregnancy (<http://www.ontarioprenataleducation.ca/>)

2. Mood Concerns

- Women's College Hospital Reproductive Life Stages Program (both MD referral and self referral options)
- City of Toronto List of Resources (<https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/maternal-child-health-info-for-doctors/perinatal-mood-disorders/>)
- Greenspace mental health – card attached, excellent referral hub to access couesling services (<http://www.ontarioprenataleducation.ca/>)
- Women's Health Matters -(<https://www.womenshealthmatters.ca/health-centres/mental-health/perinatal-mental-health/mother-matters/resources-for-new-moms/>)

3. Recommended Reading (I silll like books)

- Taking Charge of Your Fertility
- What to Expect When You are Expecting
- Baby 411

4. Breastfeeding Resources

- City of Toronto Breastfeeding Resources (<https://www.toronto.ca/community-people/children-parenting/pregnancy-and-parenting/breastfeeding/>)
- Sunnybrook Hospital Breastfeeding Clinic – for patients who delivered at Sunnybrook Hospital (<https://sunnybrook.ca/content/?page=breastfeeding-clinic-sunnybrook-patients>)

SPECIAL PATIENTS: POSTPARTUM PATIENTS

1. **Immunizations:** Immunization review. MMRV status? HPV status? Discuss influenza season. REMIND PATIENTS ABOUT WELL BABY VISITS.
2. **Other topics:** Pandemic Related Issues/Concerns. Breastfeeding. Mood
3. **Email:** Postpartum Information, Pandemic related concerns, Mood resources. Well baby Care
4. **Standard Suggestion:** Pelvic Physiotherapy. General new mother concerns. Fever issues during pandemic.
5. **Other:** Do not assume what a patient is willing to cover out-of-pocket

COVID Post Partum Information

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In terms of Public Health Recommendations, there are no specific guidelines for post partum patients beyond the general guidelines of self-isolation, symptom monitoring, handwashing etc. BUT..... I know that the postpartum period itself can cause anxiety – add the stress of COVID and it's a perfect emotional nightmare storm! I have thus compiled a list of resources that will hopefully answer your questions and provide reassurance.

Information is power and remember that we are in this...together.

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- Please think about your prenatal care – do you want an OBGYN (medical doctor) or a midwife to follow you through your pregnancy
- Please understand that given the circumstances of this pandemic, you will be asked to attend your post partum visit ALONE. We would love to meet your new baby in the future when less strict social isolation guidelines apply. We do love pictures though!

General Reminders:

- Call our office with any concerns
- Please ensure that your email, telephone number and pharmacy FAX information is updated to ensure that we can efficiently manage your concerns and get back to you
- Please ensure that your VOICEMAIL IS CLEAR so that we can leave a message

COVID Postpartum Pregnancy Resources:

1. **Pandemic Pregnancy Guide – UofT**
<https://www.obgyn.utoronto.ca/news/pandemic-pregnancy-guide-2020>

Wonderful collaboration between primary care and OBGYN with videos, credible information and ongoing interviews with experts! Can be accessed via Instagram, facebook, twitter etc.

2. **Breastfeeding Resources – CDC**

CONGRATUALTIONS!

The post partum period can be both exciting and overwhelming. Here are some suggestions to help guide you through our medical system and provide some excellent online resources

1. General Parenting Information

- Help! We've Got Kids.com (<https://helpwevegotkids.com/>)
- University of Toronto Health Network New Parent Guide ([https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/New Parent Resource Guide.pdf](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/New_Parent_Resource_Guide.pdf))
- Mommy Connections – For Mommies and Daddies! (<https://www.mommyconnections.ca/>)
- Parenting Resource Centre – East End (<http://parentresourcesdropin.ca/>)
- New Dad Online Resource (<http://www.dadcentral.ca/>)

2. Mood Concerns

- Women's College Hospital Reproductive Life Stages Program (both MD referral and self referral options)
- City of Toronto List of Resources (<https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/maternal-child-health-info-for-doctors/perinatal-mood-disorders/>)
- Greenspace mental health – card attached, excellent referral hub to access counseling services (<http://www.ontarioprenataleducation.ca/>)
- Women's Health Matters - (<https://www.womenshealthmatters.ca/health-centres/mental-health/perinatal-mental-health/mother-matters/resources-for-new-moms/>)

3. Recommended Reading (I still like books)

- What to Expect Series
- Baby 411

4. Breastfeeding Resources

- City of Toronto Breastfeeding Resources (<https://www.toronto.ca/community-people/children-parenting/pregnancy-and-parenting/breastfeeding/>)
- Sunnybrook Hospital Breastfeeding Clinic – for patients who delivered at Sunnybrook Hospital (<https://sunnybrook.ca/content/?page=breastfeeding-clinic-sunnybrook-patients>)
- Jack Newman Website (<https://barrie.indivicare.ca:11056/oscar/provider/providercontrol.jsp?year=2019&month=6&day=17&view=0&displaymode=day&dboperation=searchappointmentday&shownames=-1&showreasons=-1>)
- Private Lcation Consultants (<https://www.ilca.org/home>)

5. Pelvic Health Information

Pelvic Physiotherapy has become a “go to” to help patients during and after pregnancy for pelvic rehabilitation – this includes strengthening, dealing with incontinence, helping prevent/improve pelvic tone. Multiple clinics exist and can be found online.

Some reliable suggestions:

Publicly Funded Immunization Schedules for Ontario – December 2016

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Routine Schedule: Children Starting Immunization in Infancy													
Vaccine	Age	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years^	Grade 7	14-16 Years†	24-26 Years †	≥34 Years †	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b		◆	◆	◆			◆						
Pneu-C-13 Pneumococcal Conjugate 13		◆	◆		◆								
Rot-1 Rotavirus		▲	▲										
Men-C-C Meningococcal Conjugate C					◆								
MMR Measles, Mumps, Rubella					■								
Var Varicella						■							
MMRV Measles, Mumps, Rubella, Varicella								■					
Tdap-IPV Tetanus, diphtheria, pertussis, Polio								◆					
HB Hepatitis B									●				
Men-C-ACYW Meningococcal Conjugate ACYW-135									●				
HPV-4 Human Papillomavirus									●				
Tdap Tetanus, diphtheria, pertussis										◆	◆		
Td (booster) Tetanus, diphtheria												◆ Every 10 years	
HZ Herpes Zoster													■
Pneu-P-23 Pneumococcal Polysaccharide 23													■
Inf Influenza					* Every year in the fall								
◆ = A single vaccine dose given in a syringe and needle by intramuscular injection ■ = A single vaccine dose given in a syringe and needle by subcutaneous injection ▲ = A single vaccine dose given in an oral applicator by mouth ● = Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-4 is a 2 dose series (see Table 10). Each vaccine dose is given in a syringe and needle by intramuscular injection ^ = Preferably given at 4 years of age § = Given 10 years after the (4-6 year old) Tdap-IPV dose † = Given 10 years after the adolescent (14-16 year old) Tdap dose ‡ = Once a dose of Tdap is given in adulthood (24-26 years of age), adults should receive Td boosters every 10 years thereafter * = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-23)													

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection

■ = A single vaccine dose given in a syringe and needle by subcutaneous injection

▲ = A single vaccine dose given in an oral applicator by mouth

● = Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-4 is a 2 dose series (see Table 10). Each vaccine dose is given in a syringe and needle by intramuscular injection

[^] = Preferably given at 4 years of age

§ = Given 10 years after the (4-6 year old) Tdap-IPV dose

[†] = Given 10 years after the adolescent (14-16 year old) Tdap dose

‡ = Once a dose of Tdap is given in adulthood (24-26 years of age), adults should receive Td boosters every 10 years thereafter

* = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-23)

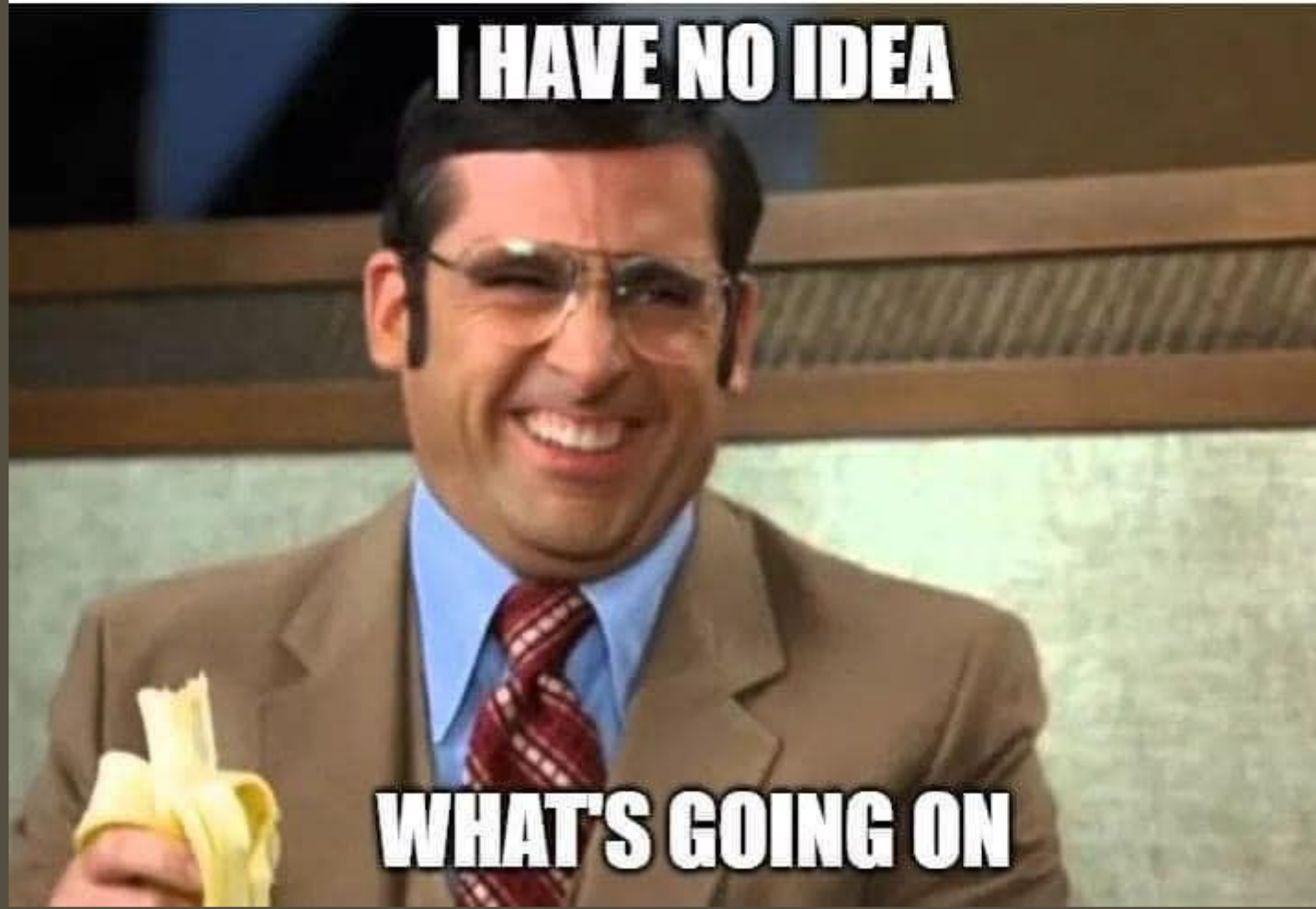
**Prediction: There will
be a minor baby boom
in 9 months, and then
one day in 2033, we
shall witness the rise
of THE
QUARANTEENS.**

SPECIAL PATIENTS: BACK TO SCHOOL

Set up appointment to discuss general health – now VIRTUALLY!

1. **Immunizations:** check HPV, Tdap, Hepatitis B, Men C, Men B status
2. **Other topics:** Anxiety, Masks, Parental Concerns
3. Share resources, validate concerns
4. **Address:** anxiety (parent, kids), mask anxiety, expectations of schools

PARENTS PREPARING FOR THE NEW SCHOOL YEAR



COVID-19 Guidance for Re-Opening Non-Publically Funded Schools (JK to 12)

The following recommendations are intended to help non-publically funded JK to Grade 12 schools reduce the spread of COVID-19. It is based on provincial Ministry of Education guidelines. As each site will be different, it is ultimately the responsibility of every school to review their own policies, procedures and site-specific circumstances, and assess their ability to operate while ensuring that the appropriate infection prevention and control (IPAC) measures are implemented and maintained.

Updated information about COVID-19 can be found in Toronto Public Health's [COVID-19 Fact Sheet](#).

Recommendations for schools to reduce the spread of COVID-19

Before Re-Opening

The Ministry of Education has released a [Guide to Re-opening Ontario's Schools](#). The guidance and requirements outlined in this document build on the guidance released by the Ministry on June 19, 2020, and will be re-evaluated regularly, and updated as needed, based on public health advice.

The current community spread of COVID-19 requires schools to prepare a range of delivery circumstances for the 2020-21 school year, including full re-opening with public health measures in place, voluntary learn-at-home options, and full remote delivery. There is also an adapted delivery model (i.e. small cohorts, in-class attending on alternate days) should public health conditions require them. Toronto English secondary school boards will open on an adaptive model (i.e. Toronto District School Board (TDSB), Toronto Catholic District School Board (TCDSB)). Designated school boards will be given notice to move to conventional delivery when it is determined safe to do so. Non-publically funded schools should plan for reopening in the safest way possible.

Develop/update IPAC policies and procedures

- Develop and/or update administrative and IPAC policies and procedures to include mitigation measures to help reduce the spread of COVID-19.
- COVID-19-related policies and procedures must address the following topics:
 - Screening
 - Attendance reporting
 - Cohorting staff and students, including the use of supply teachers
 - Guests/volunteers in school setting
 - Transportation of students (i.e. school buses)
 - Physical distancing
 - Hand hygiene and respiratory etiquette
 - Mask requirements for students and staff
 - Isolation/exclusion of ill staff and students

Checklist: Planning for In-Person Classes

Actions to take and points to consider	Notes
<p>Check in with your child each morning for signs of illness. If your child has a temperature of 100.4 degrees or higher, they should not go to school.</p> <p>Make sure your child does not have a sore throat or other signs of illness, like a cough, diarrhea, severe headache, vomiting, or body aches.</p> <p>If your child has had close contact to a COVID-19 case, they should not go to school. Follow guidance on what to do when someone has known exposure.</p>	
<p>Identify your school point person(s) to contact if your child gets sick.</p>	<p><i>Name of school point person(s):</i></p> <p><i>Contact information:</i></p>
<p>Be familiar with local COVID-19 testing sites in the event you or your child develops symptoms. These may include sites with free testing available.</p>	<p><i>My local testing options:</i></p>
<p>Make sure your child is up-to-date with all recommended vaccines, including for flu. All school-aged children should get an influenza flu vaccine every season, with rare exceptions. This is especially important this year because we do not yet know if being sick with COVID-19 at the same time as the flu will result in more severe illness.</p>	<p><i>Date of flu vaccination:</i></p>
<p>Review and practice proper hand washing techniques at home, especially before and after eating, sneezing, coughing, and adjusting a cloth face covering or mask. Make hand washing fun and explain to your child why it's important.</p>	
<p>Be familiar with how your school will make water available during the day. Consider packing a water bottle.</p>	
<p>Develop daily routines before and after school—for example, things to pack for school in the morning (like hand sanitizer and an additional (back up) cloth face covering) and things to do when you return home (like washing hands immediately and washing worn cloth face coverings).</p>	



cdc.gov/coronavirus

How to Safely Wear and Take Off a Mask

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-doth-face-coverings.html>

WEAR YOUR MASK CORRECTLY

- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



USE A MASK TO HELP PROTECT OTHERS

- Wear a mask to help protect others in case you're infected but don't have symptoms
- Keep the mask on your face the entire time you're in public
- Don't put the mask around your neck or up on your forehead
- Don't touch the mask, and, if you do, clean your hands



FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR MASK CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place mask in the washing machine
- Wash your hands with soap and water

Personal masks are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a mask, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



CS 216488 06/19/2020

CLASS RULES



stay home if you feel sick



6 FT



keep 6 ft from others



wash your hands with soap and water



use hand sanitizer if you can't wash your hands



cough or sneeze into a tissue or use your elbow, clean your hands after.

OTHER CLASS RULES



CS 216488 06/19/2020

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

TAKE HOME MESSAGES

1. Immunizations are considered an ESSENTIAL service
2. PREPARE your staff and patients
3. Have resources ready and electronically available
4. Have a standard template for immunization checklist for every appointment
5. Embrace COVID (at a distance!) to discuss preventative care – all immunizations, upcoming influenza season
6. NO ASSUMPTIONS
7. Do not underestimate **YOUR** role in immunization uptake

FINAL THOUGHTS

1. Do not let preventative care fall through the cracks – have a plan
2. Immunizations are considered an ESSENTIAL medical service
3. Be proactive when discussing immunizations
4. These modifications will last longer than we expect – PIVOT NOW
5. Embrace your role as a primary care doctor – preventative care is not a choice...it's a call to duty
6. Breathe – we are all in this together!

RESOURCES

1. **OMA Guide to virtual care -**
https://southlakecommunityoht.ca/wp-content/uploads/2020/03/OMA_Virtual-Care-One-Pager-COVID19.pdf
2. **Interim Guide to Pediatric and Prenatal Care during the COVID Pandemic -** <https://www.cfp.ca/news/2020/03/25/3-24>
3. **OMA.org** – excellent hub of COVID resources including office procedures, updates, PPE access
4. **Post COVID Primary Care Reboot -**
<https://www.cfp.ca/news/2020/05/07/5-07>
5. **General Guidance for Reopening Offices -**
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