

Durham Region Health Department **FAX about...** 



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For Health Care Professionals

# Mobile COVID-19 Vaccine for Clients who are Housebound

We require your assistance to determine which clients are 12 years of age and older and are truly housebound and require vaccination from the mobile team. Housebound clients have difficulty accessing office-based health care services because of medical, physical, cognitive, or psychosocial needs/conditions. Clients who already receive services from the CELHIN/Home and Community Care Support Services do not need to be referred to us.

Physicians can use tracking code Q007 (\$6) per housebound client that you submit.

Please ensure you have a discussion with your housebound and chronic home care clients about their medical conditions and medications they are on, as well as if they are pregnant or breastfeeding, and if they should receive COVID-19 vaccine. This will be asked by the mobile team and if not done the client may not be able to be immunized that day.

## For second dose COVID-19 vaccines

Email <u>RDPSHomeboundCOVIDVaccine@durham.ca</u> and provide client name, date of birth, 1<sup>st</sup> dose date, vaccine type, address and contact phone number. Do not submit the template below.

## For first dose COVID-19 vaccines

The template is attached if you receive this in email form. If you receive this via fax you can access the excel file at <u>www.durham.ca/VaccineList</u>. Please submit your client list as outlined below.

### 1. Confirm client eligibility

- ✓ Patient is 12 years of age and older
- ✓ Patient is homebound
- ✓ Patient has <u>not</u> already received a first or second dose of the vaccine
- ✓ Patient does not have any contraindications to the COVID-19 vaccine, including:
  - $_{\odot}$  Anaphylactic reaction to any previous vaccine
  - $_{\odot}$  Known hypersensitivity to any vaccine components, including PEG

### 2. Add consenting patients to the Durham Clients Load Template

- ✓ Please find attached the **Durham Clients Load Template** excel spreadsheet
- ✓ Only focus on the Client List tab at the bottom of the worksheet
- ✓ Prior to submitting names ensure permission is given to share their information
- ✓ If individuals decline to participate, do not include names on the list
- ✓ Requested information is uploaded into the provincial vaccination system (COVax)

#### 3. How to complete and submit the template:

- 1) Save the file with the following naming format: Housebound, Healthcare Practitioner Name OR Agency Name, Vaccine List (e.g. "Housebound, Dr. ABC123, Vaccine List")
- 2) Complete the demographic information on Client List tab ONLY. Please note that the information provided in this spreadsheet will be used to contact your patients to schedule them for vaccination. It is essential that the contact information in this spreadsheet is accurate. Please ensure the following fields are completed:
  - Last Name
  - First Name
  - DOB (exact format in the spreadsheet YYYY-MM-DD)
  - Gender (use drop down to insert gender)
  - Specific reason for immunization using the drop-down options in the form
  - CCM Proxy Name (name of the proxy or substitute decision maker), Phone Number, Relationship (for those patients you know that have a SDM)
  - Patient Home Phone
  - Patient Mobile Phone if applicable
  - Patient Email if applicable
  - Patient Address including municipality and postal code
- 3) Go to the URL <u>www.durham.ca/VaccineList</u> to upload the completed document
- 4) Click the Browse button and select your file
- 5) Click on the "I'm not a robot" CAPTCHA checkbox
- 6) Click the "Submit to Durham Region Health Department"
- 7) You will receive an email notification advising the list was submitted successfully
- 8) If you wish to submit multiple lists, this is permitted:
  - $\checkmark$  In the file name indicate the list number i.e. 1, 2, 3.
  - ✓ Do not resend an old list with one new name; new names must be on a separate list.
  - ✓ Timely receipt of lists is imperative to ensure vaccine is delivered in a timely manner.

If you have difficulty submitting your file please contact <u>encounter@durham.ca</u>.

Thank you very much for your support in assisting your homebound clients to receive COVID-19 vaccinations.

June 21, 2021

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