

**Public Health Services
Policy Manual
CLINICAL PROTOCOL**

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Reviewed By:			
Approved by:			
Signature:			

POSITION(S) RESPONSIBLE FOR IMPLEMENTING CLINICAL PROTOCOL:

All regulated health professionals assigned to provide direct client care services.

PURPOSE

This purpose of this document is to outline the clinical protocol for the implementation of minimal contact COVID-19 vaccine intervention during face-to-face, virtual and telephone interactions with clients accessing public health services at the City of Hamilton.

No single strategy can address all the different dimensions of hesitancy, however, what health professionals say and how they interact with the patient/caregiver can strongly influence vaccine acceptance.

CLINICAL PROTOCOL

1. ASK:

Identify and document COVID-19 vaccine status for every client.

Timing and Frequency of Screening

- Screen all clients of Public Health Services for COVID-19 vaccine status at minimum upon registration or intake.
- Clients who have not received their first and second dose of COVID-19 vaccine may be rescreened as opportunities present themselves at the discretion of the health professional.

Documentation of COVID-19 Vaccine Status

Identify the COVID-19 vaccination status of each client using the question: “Did you receive two doses of the COVID-19 vaccine?”

a) For the client who reports having received a first and second dose of COVID-19 Vaccine:

- Document “COVID-19 Vaccine Series Assessed as Complete” in the client’s permanent record.

- Do not proceed with the 4A protocol.
- b) For the client who reports having received a first dose but not a second dose of COVID-19 Vaccine:
- Follow-up with, "Have you booked your second dose of COVID-19 Vaccine?"
- For those who have booked, document "COVID-19 Vaccine Series Not Complete and COVID-19 Vaccine 2nd dose booked"
- Do not proceed with the 4A protocol.
- For those who have not booked a second dose, document "COVID-19 Vaccine Series Not Complete"
- Proceed with 4A protocol.
- For the client who reports that they have not received either a first or second dose of COVID-19 Vaccine:
- Document "COVID-19 Vaccine Series Not Started"
 - Proceed with the 4A protocol.
- c) For the client who reports that they have not received either a first or second dose of COVID-19 vaccine and is experiencing a health emergency, or where it would be clinically insensitive to address vaccination at this time:
- Document "COVID-19 Vaccine Status Not Assessed".
 - Do not proceed with the 4A protocol.

2. ADVISE:

Encourage each client to complete a COVID-19 vaccine series in a personalized and respectful manner.

For example:

- "Getting the COVID vaccine is one of the most important steps you can take to protect you from severe disease and hospitalization due to COVID-19."
- "Having your children vaccinated will help reduce the risk of getting COVID-19 infection and, if they do get COVID-19, it will protect them from serious illness."

Document that this advice was given.

3. ASSESS:

Use a motivational interviewing approach, discuss the client's beliefs, knowledge, concerns, and barriers related to COVID-19, as well as the benefits of vaccination.

Motivational interviewing is a collaborative client-centered approach aimed at exploring reasons for hesitancy and changing attitudes and behaviour.

Techniques of motivational interviewing include:

Skills	Objective	Example
Open Questions	To evoke responses	“What do you know about the COVID-19 vaccines?”
Affirmation	To encourage the individual and highlight their strengths	“Health is important to you” “You already have a lot of knowledge.” “You have been researching this issue.” “You have given this a lot of thought”
Reflections	To check your understanding, promotes the client feeling listened to & understood, and allows you to focus the conversation.	Repetition: repeat a key word or sentence Simple: rephrases or restates in new words Complex: state what you think the client means
Ask, Provide, Verify	1. Ask what the client knows and ask permission to complete their knowledge 2. Provide the information/advice 3. Verify what the client has understood and what they will do with this information	Ask: “What do you know about...” Provide: “If you agree, I could tell you about...” Verify: “Does this new information make sense?”
Summarize the Interaction	To recap the discussion and assess what the client will do next.	“The reason this is important is... what do you plan to do?” “The main issue we discussed is... what are your plans for what comes next?” “I heard your concerns... why don’t you think some more, and I am always available if you have questions.”

With the client’s permission, and based on the client’s need, provide information related to:

- Vaccine safety;
- The importance of vaccination;
- Possible side effects; and,
- Options for vaccination that reduce barriers (e.g.: mobile clinics, pharmacy, homebound, etc.).

Please refer to Appendix "B" to Policy A0516 Minimal Contact COVID-19 Vaccination Intervention Quick Reference Tool.

4. ASSIST:

Help the client make an informed choice about vaccination and provide support with accessing a COVID-19 vaccine appointment.

For each client that has not completed a COVID-19 vaccine series and does not have a vaccine appointment booked, assist the client in making an informed choice about vaccination and provide support with accessing a COVID-19 vaccine appointment with the client's consent. Assistance may include but is not limited to booking support; reviewing clinic locations, times and details; referring client to family doctor; providing further COVID-19 vaccine information; providing assistance with transportation (bus tickets).

Please refer to the following website for the most up to date COVID-19 vaccine clinic information: www.hamilton.ca/getyourvaccine.

THIRD DOSE ELIGIBILITY

For the client who has questions about the following, refer to www.hamilton.ca/covidvaccines for eligibility and appointment information:

- Three dose primary series for immunocompromised individuals
- Third dose (booster) eligibility

REFERENCES

Gagneur, A. (2020). Motivational interviewing: A powerful tool to address vaccine hesitancy. Available: <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-cdr/monthly-issue/2020-46/issue-4-april-2-2020/article-6-canvac-addressing-vaccine-hesitancy.html>

National Advisory Committee on Immunization. (2021). Recommendations on the Use of COVID-19 vaccines. Available: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

Registered Nurses' Association of Ontario. (2017). Integrating Tobacco Interventions into Daily Practice (3rd ed.) Toronto, ON: Registered Nurses' Association of Ontario.

World Health Organization. (2017). Conversations to build trust in vaccination. A training module for health workers. Available: https://www.who.int/immunization/programmes_systems/TrainingModule_ConversationGuide_final.pptx?ua=1

APPENDICES

Not Applicable.

RELATED DOCUMENTS

A0505 Documentation of Care

A0516 Minimal Contact COVID-19 Vaccination Intervention

A0516b Minimal Contact COVID-19 Vaccination Intervention Quick Reference Tool

HISTORY

A0516a *Clinical Protocol: Minimal Contact COVID-19 Intervention* drafted by Jennifer Mitton, Nursing Practice Advisor, Epidemiology Wellness & Communicable Disease Control 2021-11-25. Approved by Dr. Ninh Tran, Acting Medical Officer of Health 2021-12-02.

A0516a *Clinical Protocol: Minimal Contact COVID-19 Intervention* drafted by Jennifer Mitton, Nursing Practice Advisor, Epidemiology Wellness & Communicable Disease Control 2021-06-23. Approved by Dr. Elizabeth Richardson, Medical Officer of Health 2021-06-23.