

AHS COVID-19 Vaccine Waste Mitigation Strategy



This document provides guidance to immunization providers in actions that should be undertaken to mitigate against COVID-19 vaccine wastage. This should be considered supplemental to the primary strategies of supply management including:

- Optimizing the number of clients booked to align with doses available in multidose vials
 - Product management including thawing and puncturing vials only as needed
 - Strict adherence to cold chain and handling requirements
1. Vaccine Clinic Leaders should work in advance to develop an evolving list of individuals who will be called and offered immunization with any doses remaining at the end of the day.
 - a. When developing this list, ensure that opportunities to receive a surplus dose are as fair and orderly as possible within the local context. Vaccine Clinic Leaders (rather than immunizers) should make these decisions.
 - b. The list should be formed with an intention to avoid perceived or actual conflicts of interest. Examples of conflicts of interest include if family/friends are given access ahead of others, if access is given in response to gifts or compensation, or if staff deliver vaccine outside the clinic setting.
 2. Remaining doses should be allocated in a fair and equitable manner that can withstand scrutiny about favouritism or conflicts of interest, using the following guidance:
 - a. Seek individuals for the list in the following order of priority:
 - i. Eligible individuals but who have not yet received a first dose
 - ii. Individuals due to receive a second dose who are currently within the recommended window
 - b. Randomly select individuals from the following sources:
 - i. Eligible individuals on lists for later bookings
 - ii. Eligible individuals whose appointments have been postponed
 - iii. Patient lists from sites/groups who will be immunized soon, but have not been booked
 3. Remaining doses should not be made available:
 - a. To any individual in a manner that puts clinic staff in an actual or perceived conflict of interest (See Q&A below regarding friends and family)
 - b. In a way that will encourage loitering outside of the clinic
 4. If, after vaccine has been offered to those on the pre-planned list, doses remain, confirm that you have offered any remaining vaccine to the eligible groups available at your sites (if applicable). If you still have leftover vaccine, consider contacting other local immunization sites for individual names on their pre-planned lists. If doses remain, immunization of front-line immunizing staff may be considered, contact your supervisor for further direction.
 5. Clinic Leaders/Supervisors can reach out to the following resources for support:
 - a. For questions about which groups or individuals may be eligible to be put on this list, contact immediate supervisors
 - b. For questions about whether a plan is ethically appropriate, contact the Clinical Ethics Service Rapid Response service (1-403-689-3548)
 - c. If further guidance is needed, contact local Medical Officer of Health

Questions and Answers

Why is preplanning required?

This will mitigate wastage and provide as consistent, fair and equitable approach as possible to the

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efficient provision of the COVID-19 vaccine. Pre-planning provides foresight and transparency with the intent that decisions are not made during time-crunches at the end of the day running the risk of potentially inappropriate allocation of vaccines by well-intentioned individuals trying to avoid wastage.

Why can't I call my friends and family to offer them the vaccine left over at the end of the day?

A person or group cannot have access to the vaccine because of their relationship with an AHS staff member. This could be considered favoritism and 'preferential access' contrary to AHS' *Appropriate Prioritization of Access to Health Services* policy. Offering vaccines, even "leftover" vaccines to avoid wastage, to friends and family carries legal and reputational risk. Access needs to be consistent, fair and informed by government guidance regarding sequencing of various groups.

Family and friends are not excluded from receiving the vaccine if they are part of those groups selected on the foregoing basis. However, Clinic Leaders should not call potential groups to receive excess vaccine with the intention that the group be invited because their or another staff's family member or friend is part of that group. If friends/family happen to be included in a group invited to receive excess vaccine, Clinic Leaders should seek guidance from their supervisors. If a friend or family member (of any staff including Clinic Leaders) receives a dose of excess vaccine, this should be documented with a clear rationale.

What if I am worried that the clinic where I work is not following the government sequencing and this guidance?

You are encouraged to raise your concerns with your manager. If you are uncomfortable doing so, you can contact the Safe Disclosure Line or AHS' ethics compliance officer, see <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-safe-disclosure.pdf> for more details.

Rationale for this Direction

This guidance is intended to mitigate vaccine waste by offering leftover doses to individuals who are eligible to be immunized in the current or previous vaccine phase. Consistent with the sequencing criteria, this direction aligns with core principles of fairness and equity. It also aligns with broader commitments to maximizing benefits and minimizing harms, as well as acting to ensure the sustainability of our health system.

People cannot have access to health resources simply on the grounds of their social connection to a healthcare provider. Enabling access to health resources in this way is inconsistent with core values of our public health system, and undermines trust in the system which determines access based on need.

There is no ethical duty to do impossible things; it is reasonable that certain options are simply not feasible, or the costs of making them feasible are too great. There are different constraints and opportunities at different clinic sites. Vaccine Clinic Leaders and Zone Directors are encouraged to find the best solutions that align with this guidance, in light of local contexts.