

The purpose of the Primary Care Registry is to identify local primary care\* practitioners who would be willing to participate in **COVID-19 immunization clinics** led or supported by the Thunder Bay District Health Unit (TBDHU). Individuals who are registered agree to be contacted by TBDHU to schedule their participation in clinics, pending availability. TBDHU commits to ensuring the Registry information is kept confidential and is used only for the purpose described herein.

\*For the purpose of the registry, *primary care* is defined as health professionals who can administer COVID-19 vaccines (i.e. MDs, NPs, pharmacists, pharmacist interns or pharmacy technicians). You will need to be registered with COVaxON, the provincial COVID-19 vaccine management database. The TBDHU can facilitate this process on your behalf. If needed, an orientation to the database will be provided.

**Depending on your scope of practice, the duties of this position may include:**

- Administering vaccine according to proper procedures, including documentation in the COVaxON documentation system.
- Monitoring and responding to post-immunization adverse events and other medical emergencies.
- Supervising clients who need extra medical attention after immunization.
- Conducting a risk vs benefit assessment for clients wishing to receive the COVID-19 vaccine when this assessment is outside of the nurses (RPN/RN) scope of practice and authorizing medical directive
- Administering the COVID-19 vaccine to such clients if deemed medically safe.
- Providing medical consult to nurses when needed.

### Contact Information (Individual primary care provider or organization)

<b>Primary Care Provider Full Name</b>					
<b>Address</b>				<b>City</b>	
<b>Province</b>		<b>Postal Code</b>		<b>Phone Number</b>	
<b>Email Address</b>				<b>Professional Designation</b>	

### Availability

<b>Start Date</b>		<b>End Date</b>			
<b>Days of the Week/Time of Day</b>					
<b>Is this registration part of an organization or as an individual?</b>			<input type="checkbox"/> Individual	<input type="checkbox"/> Organization	
<b>Name of Organization (if applicable)</b>					
<b>Number of staff potentially available</b>					
<b>Geographic Area (check all that apply)</b>	<input type="checkbox"/> Thunder Bay	<input type="checkbox"/> Geraldton	<input type="checkbox"/> Marathon	<input type="checkbox"/> Manitouwadge	
	<input type="checkbox"/> Terrace Bay	<input type="checkbox"/> Red Rock			

The information gathered in this form will be used to develop a registry for primary care providers that are willing to administer vaccinations. The information will be stored and accessed to determine scheduling of the COVID-19 vaccination delivery clinics, as well as for required statistical purposes. If you have any questions, please contact the TBDHU Privacy Officer at 807-625-8818.

By completing and submitting this information, you are acknowledging that you are qualified to administer vaccinations, a member in good standing with your respective regulatory body, will be providing services under your own authority and understand and accept that your information will be used as identified above.

TBDHU will maintain, as required, a record of each vaccination site where we have deployed primary care providers to render services. This information must be made available to the ministry upon request. Primary care provider service claims may be ineligible for payment unless this information is maintained and available upon request.

I, \_\_\_\_\_, state that for the duration I am at the Thunder Bay District Health Unit (TBDHU) and **thereafter**:

- That I will maintain and aid in maintaining the confidentiality of all client and TBDHU records;
- That I will also maintain and aid in maintaining the confidentiality of all other client and TBDHU information obtained in the tenure of my relationship with TBDHU;
- That I will neither attempt to obtain nor communicate any client of TBDHU information not directly related or necessary to fulfill the requirements of my position/service at TBDHU;
- That I will return all **files and documents** (electronic and paper), property of TBDHU, in my possession at the completion of my term at TBDHU;

Date:

Signature:

Or

Checked box substitutes for my signature.

\*If box is checked, this form must be submitted directly from the signee's email account.

Please send the completed form to [Hafsa.Siddiqui@TBDHU.COM](mailto:Hafsa.Siddiqui@TBDHU.COM)