

GET READY HFN – Our COVID-19 Vaccine Is Here!!

We are pleased to announce that Hiawatha First Nation will be hosting its **COVID-19 Vaccination Clinics in the “Lower Hall” of the Administration Office** on **Saturday, March 13** and **Sunday, March 14, 2021!**

These Clinics Are Open To:

- All HFN Citizens 18 Years of Age and Older (On and Off Territory) and their Spouses or Adult Children Who Reside in the Home
 - All Permanent Full Time Lessees Residing in Hiawatha First Nation
 - All HFN Employees 18 Years of Age and Older and their Spouses or Adult Children Who Reside in the Home
- ~ Proof of Residency May Be Required ~

Appointments will ONLY be scheduled by calling either number below between 9:00am – 4:00pm on Thursday, March 4th, Monday, March 8th or Tuesday, March 9th.

Please have your Health Card with you when you call.

For a Saturday, March 13th Appointment, call (705) 295-7151

OR

For a Sunday, March 14th Appointment, call (705) 295-7110

It is strongly recommended that you familiarize yourself with the attached **Attestation and Consent Form**, as these will need signed on the day of your appointment. Both forms will be available at the clinic, though it would be greatly appreciated if you could **complete these in advance on the morning of your appointment and bring with you.**

We understand that we will be receiving the Pfizer vaccine and it is **IMPERATIVE** you speak to your health care professional if you have any questions or concerns about whether the vaccine is right for you. Further information on Pfizer and Moderna have been made available on our website. If you wish to have a paper copy of this information please call the L.I.F.E. Services Centre for delivery arrangements.

For those at higher risk and requiring their vaccination at Peterborough Regional Health Centre please contact Lori Webster at 705-295-4421 to make arrangements.

Documentation of Verbal Attestation: COVID-19 Vaccination

Version 1.0 February 12, 2021

Client's Name

Date of Birth	Age	Cell / Home Phone
Health Card #	Doctor/ Nurse Practitioner /Midwife	

COVID-19 vaccination for those with certain medical conditions and those who are pregnant requires counselling on the risks and benefits of vaccination with the health care provider most familiar with the individual's medical history or pregnancy (e.g. primary care physician, medical specialist, midwife or nurse practitioner).

Please check one of the following regarding the individual to be vaccinated:

They are pregnant. Pregnant individuals in the authorized age group may choose to receive the vaccine following counselling by a health care provider familiar with their condition or pregnancy (e.g. their treating health care provider) that reviews the risks and benefits of vaccination at this time.

They have an autoimmune disease or are immunocompromised (due to disease or treatment) and are currently receiving:

- Stem cell therapy
- CAR-T therapy
- Chemotherapy
- Immune checkpoint inhibitors
- Monoclonal antibodies (e.g., rituximab)

- Or other targeted agents (e.g., CD4/6 inhibitors, PARP inhibitors etc.)

Individuals receiving these therapies may choose to receive the vaccine following counselling by the health care provider most familiar with their condition (i.e. their treating health care provider) of the risks and benefits of vaccination and of possible decreased vaccine effectiveness with the use of immunosuppressive therapy. This discussion may also include timing of vaccination in relation to therapy for the underlying health condition and/or treatment modification prior to vaccination.

The individual to be vaccinated confirms that they have had counselling by their treating health care provider about the risks and benefits of receiving the COVID-19 vaccine, given their current condition or pregnancy (as applicable).

Immunization Clinic Health Care Provider Signature: _____

Date: _____ (day/ month/ year)

COVID-19 Vaccine Screening and Consent Form

SCREENING AND CONSENT FORM – COVID-19 Vaccine

Version 2.0 – January 23, 2021

Last Name		First Name		Identification (e.g., health card number)	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer				Primary Care Clinician (Family Physician or Nurse Practitioner)	
Home Phone	Mobile Phone	Email Address			
Street Address			City	Province	Postal Code
Date of Birth (month, day, year) ____ / ____ / ____	Age	Is this your first or second dose of the vaccine? <input type="checkbox"/> First <input type="checkbox"/> Second			
		If second, please indicate the date of the first dose: ____ / ____ / ____ (month, day, year)			

Please answer all questions below:

<p>Do you have symptoms of COVID-19 or feel ill today*?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	If yes, please provide details
<p>Have you previously had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of a COVID mRNA vaccine or to any of its components or its container?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	If yes, please provide details
<p>Do you have a suspected hypersensitivity or have you had an immediate allergic reaction (this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing) to:</p> <ul style="list-style-type: none"> • A previous dose of an mRNA COVID-19 vaccine <input type="checkbox"/> No <input type="checkbox"/> Yes • Any components of the mRNA COVID-19 vaccine (including polyethylene glycol (PEG)**) <input type="checkbox"/> No <input type="checkbox"/> Yes • Polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)** <input type="checkbox"/> No <input type="checkbox"/> Yes 	If yes, please provide details

<p>Have you ever had a severe (e.g. anaphylaxis) or an immediate allergic reaction to any other vaccine or injectable therapy (e.g. intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbates)? <i>(this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing)</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you ever had a severe allergic reaction (e.g., anaphylaxis) not related to vaccines or injectable medications – such as allergies to food, pet, venom, environmental, or latex etc.?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you or could you be pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have an autoimmune disease?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have a bleeding disorder or are taking medications that could affect blood clotting (e.g., blood thinners)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Have you ever felt faint or fainted after a past vaccination or medical procedure?

If yes, please provide details

No Yes

* Symptoms of COVID-19 can include fever, new onset of cough or worsening of chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of smell or taste, chills, headaches, unexplained tiredness / malaise / muscle aches, nausea / vomiting, diarrhea or abdominal pain, pink eye, or runny nose or nasal congestion without other known cause or, for those over 70 years of age, an unexplained or increased number of falls, acute functional decline, worsening of chronic conditions or delirium

** Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks. Polysorbate may also cause allergic reactions because of cross-reactivity with PEG.

Consent to Receive the Vaccine

I have read (or it has been read to me) and I understand the 'COVID-19 Vaccine Information Sheet'

- I have had the opportunity to ask questions and to have them answered to my satisfaction.
- I have had the opportunity to speak with my primary care provider regarding any special considerations that apply to me in respect of the COVID-19 vaccine.

I consent to receiving the vaccine

Acknowledgement of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example,

- it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the *Health Protection and Promotion Act*. And
- it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

The information will be stored in a health record system under the custody and control of the Ministry of Health.

Where a Clinic Site is administered by a hospital, the hospital will collect, use and disclose your information as an agent of the Ministry of Health.

I acknowledge that I have read and understand the above statement.

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments and to provide you with proof of vaccination). If you consent to receiving these follow up communications by email or text/SMS, please indicate this using the boxes below.

I consent to receiving follow-up communications:

by email **by text/SMS**

Consent to Being Contacted About Research Studies

Many research studies will be conducted in respect of COVID-19 vaccines.

You have the option of consenting to be contacted by researchers about participation in COVID-19 vaccine related research studies. If you consent to be contacted, your personal health information will be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the COVID-19 vaccine.

If you consent to be contacted about research studies, and then change your mind, you may withdraw your consent at any time by contacting the Ministry of Health at Vaccine@ontario.ca.

I consent to be contacted about COVID-19 vaccine related research studies:

by email **by text/SMS** **by phone** **by mail**

I do not consent to be contacted about COVID-19 related research studies:

Signature	Print Name	Date of Signature

If signing for someone other than yourself, indicate your relationship to that other person:

If signing for someone other than myself, I confirm that I am the parent / legal guardian or substitute decision maker.

Responses To Your COVID Vaccine Survey Questions

Contradictions to Vaccine Questions #1:

- A) I might not be recommended to get it because of GBS.
- B) People with allergy information /Vaccines and auto immune issues.
- C) I would like to get the vaccine, but have asthma and am anaphylactic to Ibuprofens - all NSAIDs (ie: aspirin, advil, etc.).
- D) Seasonal allergy induced asthma affects me, I also have anaphylactic allergies to all fish and seafood, I would feel safer having the vaccine at PRHC under medical care and supervision.
- E) I have an allergy to Ketamine, it was given to me once at hospital for a broken arm and I instantly broke out into a rash that spread over my body in minutes. I don't know if that would be mild or a bit more severe.

Response:

COVID 19 vaccines for individuals with certain medical conditions and allergies (and those who are pregnant) requires counselling on the risks and benefits of vaccination with your Medical Doctor/Health Care Provider as they are most familiar with your medical history (and/or pregnancy).

Source – [Ministry of Health- Ontario](#)

Those with allergies may be advised to get the vaccine at PRHC for safety.

Question #2:

How can we get the vaccine at the hospital setting vs. in the community, as my family doctor has recommended that for me?

Response:

Once vaccines are available to Hiawatha, you will also be able to set up an appointment at PRHC if this has been recommended for you. We will provide the contact number for you to access this once their clinic is operational.

Questions #3:

Which vaccine would we be receiving?

Response:

The current plan from Peterborough Public Health (PPH) is to receive the Pfizer vaccine.

Question #4:

Once you know what vaccine Hiawatha will be using it would be good to have a breakdown of the ingredients, side effects and any other info relating to the vaccine.

Response:

Information is included on both the Pfizer and Moderna vaccines - see attachments.

Question #5:

What are the known side effects?

Response:

The most common side effects are pain at the injection site, fatigue and headaches. Other common side effects can include: fever, chills, muscle pain and joint pain. These side effects usually occur within 1-2 days after vaccination and go away within 1-3 days.

For further information please visit: [Peterborough Public Health](#)

Question #6:

Why are they not offering to children?

Response:

The vaccines had not been tested on children during the initial trials. Research is ongoing and is now including children.

Question #7:

Can the vaccine be given to us at home because spouse is bedridden?

Response:

We are looking into this, and will offer this if it is possible. We may have to wait for an alternative vaccine to accommodate this as there are storage requirements that need to be met.

Question #8:

Can I get the vaccine at Hiawatha?

Response:

Our current plan is to immunize all of those who are eligible. The exception is those who have allergies and/or have been advised to get your vaccine under close observation at PRHC.

Question #9:

Is it worth me getting it if the other 3 people in my household can't?

Response:

Yes, it still offers more protection for yourself, and from you potentially spreading it.

Off-Reserve Eligibility Questions #10:

A) Are spouses who live off reserve allowed to get the vaccine?

B) Will the vaccine be available to off reserve members and their immediate family members who do not have status?

C) Will off reserve members and their spouse be getting the vaccine at the same time?

Response:

Yes, it will be available to Citizens spouses and your children (18 + years) who reside in your home.

Question #11:

I would be interested to learn if there are any long-term side-effects associated with getting the vaccine.

Response:

Due to limitations in the number of participants and duration of follow-up from COVID-19 clinical trials, medium- and long-term evidence on vaccine safety is limited. However, studies are ongoing.

The approved COVID-19 vaccines have undergone a rigorous approval process by Health Canada which shows these vaccines to have similar immediate side effects to those of other vaccines. These side effects are generally mild and short lived.

The most common side effects include pain at the injection site, body chills, feeling tired, and feeling feverish.

This vaccine will continue to be monitored by Public Health as the product is more widely used.

Source: [Recommendations on the use of COVID-19 vaccines - Canada.ca](https://www.canada.ca/en/public-health/services/vaccines-and-immunization/2020-07-23-recommendations-on-the-use-of-covid-19-vaccines.html)

Question #12:

Where, When, and who did they do testing on?

Response:

The COVID-19 vaccine clinical trials are some of the largest vaccine clinical trials to date.

The Pfizer randomized control trials include over 43000 participants.

The Moderna vaccine include over 30,000 participants to assess for the effectiveness of the vaccine and monitor for any adverse effects.

Sources: [Study to Describe the Safety, Tolerability, Immunogenicity, and Efficacy of RNA Vaccine Candidates Against COVID-19 in Healthy Individuals - Full Text View - ClinicalTrials.gov](#)

[A Study to Evaluate Efficacy, Safety, and Immunogenicity of mRNA-1273 Vaccine in Adults Aged 18 Years and Older to Prevent COVID-19 - Full Text View - ClinicalTrials.gov](#)

Question #13:

Are people aware they can still be a carrier once they receive the vaccine?

Response:

Current guidelines are based on case numbers not immunization rates. COVID-19 regulations will remain in place at this time. Once you receive the COVID-19 vaccine you will still be required to follow public health measures. The province will continuously review COVID-19 cases and regulations.

COVID-19 immunization in combination with mask use, washing hands regularly, and staying 2m distance will provide the best protection against COVID-19. Experts need a better understanding of how long a vaccine provides immunity for and how many people in the population should receive the vaccine to provide community protection before regulations will be lifted.

From Website: [Peterborough Public Health](#)

Question #14:

Even though people are going to refuse to get vaccinated, we can't continue to lock out seasonal cottagers. Especially if they have zero contact with resident.

Responses:

Currently those from Red and Grey zones and seasonal cottagers are being asked not to come into Hiawatha. Once restrictions are further lifted and immunizations more widespread, we will revisit our restrictions.

Question #15:

How do you see the vaccine helping and changing our community?

Response:

Science tells us that if enough people receive the vaccine, it will give us herd immunity meaning that the community will be much better protected and COVID case numbers will remain low. This will enable us to better protect our citizens from illness and potentially severe outcomes and/or death.

Question #16:

With social distancing and masks still needing to be worn after the vaccine is given, will we be able to move forward with community events beginning to happen at least outside.

Response:

Yes, the current guidelines state 30 people maximum at an outdoor gathering and masks must be worn and physical distancing of 6 meters is to be kept.

We continue to follow provincial guidelines and take added precautions due to our closely integrated community, with the new variants in Peterborough, which would cause significant impact on our community.

Question #17:

Will it be mandatory for staff?

Response:

Not at this time, but it is very strongly recommended.

Please consider your role and the number of other community members you are in contact with when you make this decision.

Question #17:

What about the new vaccine coming out of Canada, not Moderna or Pfizer?

Response:

Astra Zeneca is the only other vaccine that has been approved by Canada, and has just become available.

Once we know more, we can provide this information. Currently, we and others are receiving the vaccines that are available at this time.