

Operating Guidelines for DHBs & Providers

COVID-19 Vaccine Immunisation Programme

Version 0.1 – Draft for Input

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Document Version Control

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1 Purpose

This document provides guidance on establishing and managing a COVID-19 vaccination site, including guidelines for the vaccination workforce. This document is designed to help District Health Boards and providers maintain public safety and ensure consistent and equitable COVID-19 vaccination practices are in place across New Zealand.

This guide will be amended as needed and re-distributed to DHBs. We expect regular iterations based on learnings from the delivery of the COVID-19 vaccine programme.

1.1 Focus of current version

The guidance in this version focuses on delivery of the vaccine to Tier 1 of the Vaccination Programme, that is, the vaccination of Border and Managed Isolation and Quarantine Facilities (MIQF) workforces and their household contacts and the vaccination of high-risk healthcare workers.

The guidance in this document is designed for administering the Pfizer COVID-19 vaccine. This document will be updated as other vaccine types become available.

2 Key Contacts

See also Appendix A for more information on the support organisation, noting that each region will have a dedicated MoH liaison/relationship manager.

Issue Type	When to Contact	Contact Details	Hours of Operation
IT hardware or non-COVID Immunisation Register (CIR) software issues	Logging technology hardware or software issues that <i>aren't</i> CIR-related	Contact your local IT ServiceDesk	Ensure after-hours support is available for sites operating outside business hours
COVID Immunisation Register Issues	For help on using CIR	For system help, contact your on-site Liaison Officer or help@c-19imms.min.health.nz	
	Logging-in issues, password resets, or after hours help,	0800 223 987 or help@c-19imms.min.health.nz	
Vaccine or Consumables Supply Issues	To raise an issue with supplies	logistics@health.govt.nz	
Clinical Vaccine Queries	To receive clinical advice on the vaccine or vaccination process	0800 IMMUNE	9am-4:30pm weekdays
Order Vaccination Collateral	To request additional pamphlets or other collateral	Your DHB Comms Manager	
Privacy Incident or Concern	If you identify a known or suspected privacy breach	COVIDPrivacy@health.govt.nz	9am-5pm weekdays 24/7 Support TBC
Adverse reaction to the Vaccination	If an individual has an adverse reaction to the vaccine	https://nzphvc.otago.ac.nz/report/ (03) 479 7247 carmnz@otago.ac.nz	

3 Roles and Responsibilities

Activity	Ministry of Health	DHBs	Tier 1 Employers	IMAC	CARM	HCL
Purchasing	<ul style="list-style-type: none"> • Purchase vaccine from Pfizer • Purchase consumables for vaccine delivery 	<ul style="list-style-type: none"> • Purchase PPE through existing channels 	N/A	N/A	N/A	N/A
Distribution	<ul style="list-style-type: none"> • Arrange distribution of vaccine and consumables to vaccination sites/DHB facilities 	<ul style="list-style-type: none"> • If needed, arrange distribution from DHB facility to vaccination site 	N/A	N/A	N/A	<ul style="list-style-type: none"> • Thaw and repack vaccine into sub-batches as needed • Distribute vaccine and consumables
Inventory Management	<ul style="list-style-type: none"> • Coordinate allocation schedule • Order vaccine and consumables for DHBs 	<ul style="list-style-type: none"> • Plan vaccine demand to minimise wastage • Report stock on hand, stock movement & exceptions • Ensure vaccine handling & storage requirements are met 	N/A	N/A	N/A	<ul style="list-style-type: none"> • Perform QA checks on receipt of vaccine from Pfizer • Ensure secure storage of vaccine prior to distribution
Workforce & Training	<ul style="list-style-type: none"> • Provide guidance on workforce model and training requirements • Provide access to CIR for vaccinators & admin staff • Provide CIR support/factsheets 	<ul style="list-style-type: none"> • Hire and roster vaccinators and required site support staff • Provide info to MoH and IMAC for user on-boarding & provision of training • Ensure staff are appropriately trained 	N/A	<ul style="list-style-type: none"> • Provide vaccine preparation & delivery training • Provide CIR training 	N/A	N/A
Site Operations	<ul style="list-style-type: none"> • Provide guidance on preparing and running vaccination sites • Disseminate process improvements (e.g. via updated Operating Guidelines) 	<ul style="list-style-type: none"> • Prepare and run vaccination sites, including providing IT equipment • Work with Tier 1 employers to schedule vaccinations of staff • Schedule appointments for household contacts 	<ul style="list-style-type: none"> • Liaise with DHBs if vaccination site is on employer premises to ensure site is set-up and secured 	<ul style="list-style-type: none"> • Provide clinical support to vaccinators as needed 	N/A	N/A
Post-Event	<ul style="list-style-type: none"> • Monitoring adverse event data 	<ul style="list-style-type: none"> • Arrange disposal of expired vaccine and used consumables • Pack down site as needed 	<ul style="list-style-type: none"> • Where vaccination on employer premises, support pack down of site as needed • Support employees as needed 	N/A	<ul style="list-style-type: none"> • Receive and analyse adverse event reports 	N/A
Comms & Engagement	<ul style="list-style-type: none"> • Coordinate national vaccine engagement campaign • Provide key messages to DHBs to share with Tier 1 employers • Provide collateral files to DHB Comms Managers • Manage adverse event comms 	<ul style="list-style-type: none"> • Engage with Tier 1 employers re: sites & schedule • Print and circulate collateral to vaccination sites as required 	<ul style="list-style-type: none"> • Engage with employees re: vaccination plan 	N/A	N/A	<ul style="list-style-type: none"> • Include 'Instructions for the Pfizer Vaccine - Preparation and Administration' info sheet in vaccine shipments
Reporting	<ul style="list-style-type: none"> • Produce programme and operational reporting 	<ul style="list-style-type: none"> • Complete weekly stock on hand and stock movements reporting • Report exceptions to plan, as they occur 	N/A	<ul style="list-style-type: none"> • Provide data on vaccinators trained to date 	<ul style="list-style-type: none"> • Provide adverse event data to Medsafe 	<ul style="list-style-type: none"> • Provide stock on hand and orders out reporting to MoH

4 Preparing a Vaccination Site

4.1 Equitable Access

You should ensure that your vaccination sites are accessible to all members of your community and ensure equitable opportunity for Māori and Pacific people, other ethnic communities, and disabled people. You should take reasonable steps to improve access and reduce potential inequalities. This may include:

- Access to translation and interpretation services to support the consent and immunisation processes
- Te Tiriti O Waitangi considerations, including:
 - making sure Māori are not disadvantaged
 - mitigating the impact to Māori as a result of COVID-19
 - establishing and maintaining effective partnerships with Māori stakeholders including iwi, hapu and whanau
 - seeking Māori specific advice from the outset
 - resourcing and investing where it is required the most
- Providing supporting literature available in a range of languages and resources/support for those who have low health literacy. **Note:** MoH is preparing translations of COVID-19 vaccine and aftercare pamphlets; however, these versions may not be available on Day 1.
- Ensuring key written material and any signage is in easy to read formats.
- Ensuring access for disabled people, including venue accessibility and accessible information. For more information on venue accessibility, see the [Ministry of Health website](#).

4.2 Social Distancing and Consumer Flow

Consider the following information when setting up the vaccination site:

- Use clear signage to direct consumers to the appropriate site/space on arrival.
- Ensure hand sanitiser and/or hand-washing facilities and a COVID QR code are readily available for consumers and staff, including at site entrances.
- Where possible, configure sites to support linear consumer flows and have separate entrances and exits. This will be particularly helpful for enabling higher flow rates.
- De-clutter communal spaces and clinical rooms.
- Communal areas should allow for physical distancing between consumers if needed (depending on Alert Level); consider the use of floor markings, seating arrangements, signage and queue marshalling to support this.
- Ensure rooms or suitable private spaces are available to complete consent/capability and clinical assessments and vaccine delivery to enable consumer confidentiality and privacy.
- Ensure there is sufficient storage for vaccines, that the area is secure and that an area is suitable for vaccine preparation (see section 8.6, 'Vaccine Storage and Handling' below).
- Ensure there is sufficient secure storage space for the vaccine consumables and waste generated by the vaccination site.
- Consider measures such as asking consumers to wait in private vehicles or dedicated external waiting areas, where possible, to reduce numbers in communal spaces during busy periods.

Note: If the vaccination site is located within a Managed Isolation and Quarantine Facility, the site and the vaccination team must comply with any applicable guidance in the [MIQF Operating Framework](#).

4.3 Incident Management & First Aid

The site team should be trained and prepared to respond to three possible medical emergencies associated with COVID-19 vaccination: fainting, hyperventilation and anaphylaxis. The appropriate medication and equipment must be on site to manage these incidents.

Refer to [section 2.3 of the Immunisation Handbook](#) for guidance on emergency equipment required to manage post-vaccination medical emergencies.

4.4 Occupational Health Requirements

Ensure you have appropriate occupational health requirements in place for your site team, including an accessible needlestick injury protocol. Staff must understand what to do and who to contact if they experience a needlestick injury.

4.5 Infection Prevention and Control (IPC)

IPC measures must be maintained by all staff on site. These include, but are not limited to:

- Cleanliness standard (environmental and equipment)
- Management and disposal of sharps and pharmaceutical waste
- Management of clinical and household waste
- Standard of dress for clinical practice.

Staff must follow existing IPC guidance for administering vaccines.

PPE must be worn based on the national or regional Alert Level setting. Please ensure you have sufficient PPE stock on hand should alert levels change rapidly. You can order additional PPE through existing channels.

If the vaccination site is located within a Managed Isolation and Quarantine Facility (MIQF). In that instance, staff must abide by the IPC guidance set out for workers in MIQF in the [MIQF Operations Framework](#).

You must create a vaccination site specific COVID Tracer App QR code posters. You can create QR code posters using the current [self-service webform](#). More information about QR code posters is available on [the Ministry of Health website](#).

4.6 Business Continuity

Ensure you have a business continuity plan in place for your sites, e.g. to manage power failures.

A printable version of the event form (which includes required health questions and consent) will be made available to DHB Comms Managers (see section 4.11 'Ordering Site Collateral' below). Vaccination sites should have printed copies of this form ready so vaccinations can continue in the event CIR is unavailable. Any hard copy forms must be entered into CIR as soon as practicable. Make sure any printed copies of information are locked away when not in use.

4.7 Protecting Security and Privacy

The vaccination process will require personal, identifying information to be collected. In the health sector, NHIs are considered identifiable information as well as standard identifiers such as name, address and date of birth.

Health information can be sensitive so it's important that it is protected and treated with respect. The key factors to consider are:

- Tell people why you're collecting their information and what it will be used for (e.g. that it will not be used for immigration or law-enforcement purposes)
- Ensure hard-copy documents are secured when not in use (e.g. in a desk drawer or locker)
- Think about who can see your computer screen if you're looking at personal information
- Keep your password and log-in details confidential
- If you spot something going wrong, let your DHB Privacy Officer or COVIDPrivacy@Health.govt.nz know as soon as possible
- Dispose of unnecessary duplicate information securely
- Be mindful about people overhearing confidential conversations in public places
- Use secure methods when transferring information outside of the core vaccine systems, e.g. when emailing or using a USBs or online cloud storage password protect the data

4.8 Site Security

All immunisation sites will need to be able to ensure the following:






- Staff safety
- Patient safety
- Security of the vaccine (storage facilities, in-transit, at vaccination sites)
- Security of information – particularly paper-based information i.e. spreadsheets
- Confidence that contingency plans exist to deal a 'disturbance'/potential protest event at a vaccination site.

A documented risk assessment should be conducted for every individual immunisation location. This should include, but is not limited to, the following considerations:

- How will staff travel to the immunisation location?
- Will secure parking be provided for vaccinators and administrators?
- How is access to the site controlled?
- How is the vaccine transported to and from the location?
- How is the vaccine securely stored at the immunisation location?
- How are consumables including needles securely stored at the immunisation location?
- How is hard copy information (if any) securely stored at the immunisation site?
- How will staff act if there is any disruption e.g. protest activity or if persons other than border workers or their household contacts turn up for immunisation?

4.9 IT Equipment

You'll need to cater for the following IT requirements at vaccination sites to ensure staff can access the COVID-19 Immunisation Register (CIR):

Wi-Fi Network 	A secure Wi-Fi network with connectivity to the device running CIR and to the user's mobile phone. Wi-Fi specifications: <ul style="list-style-type: none">• Coverage ranging to reception, vaccination and waiting areas within the site• Highly available network (e.g. Fibre & 4G backup)• Fixed IP
Internet Browser 	Chrome is the recommended internet browser; however, other browsers will support CIR. Internet Explorer is not supported (use Microsoft Edge if needed). For further information see: https://help.salesforce.com/articleView?id=sf.getstart_browsers_sfx.htm&type=5
Computer / Tablet Device 	Any laptop from the last 5 years should be compatible with CIR so long as it has browser access. For further information see: https://help.salesforce.com/articleView?id=sf.getstart_browser_recommendations.htm&type=5
Mobile Phone 	CIR users require an iOS or Android mobile phone to download the Salesforce Authenticator application. This can be downloaded from the App Store on iOS and the Play Store on Android. You can scan the QR code on the right to locate the Salesforce Authenticator app in the relevant App Store. 

Prior to starting vaccination, make sure you have tested all IT equipment and that all staff have received the necessary training to use the devices and CIR.

Make sure you advise each site team where they can access additional IT support (i.e. for non-CIR issues such as hardware issues), including after-hours support if your vaccination site is operation outside standard business hours.

4.10 COVID-19 Immunisation Register (CIR)

The COVID-19 Immunisation Register (CIR) is a browser-based system where you'll record all vaccination details.

You will need to request access to CIR for your vaccinators and administrators following the process outlined below. This will also enable MoH to liaise with IMAC to ensure your vaccinators have access to IMAC training modules.

4.10.1 Requesting CIR Training Access

Use the CIR Onboarding DHB User Information spreadsheet to request user accounts for your staff and vaccinators to access CIR and clinical eLearning modules. This spreadsheet will be made available via Teams – MoH will be in touch to ensure you have access. Once completed, please send the spreadsheet to covid-19vaccine@health.govt.nz.

Please enter the following information into the spreadsheet:

- Full Name
- Role: Vaccinator or Vaccinator Admin (non-Clinical)
- COVID-19 Vaccine Training Required (Yes/No)
- COVID Immunisation Register Training Required (Yes/No)
- Unique Email Address
- Contact Phone Number
- Common Person Number (CPN) – Optional

4.10.2 Requesting CIR System Access

Once you've received confirmation from IMAC that the users have completed the required training, please update the CIR Onboarding DHB User Information spreadsheet with the details below:

- Approval for User to be set up in Production (Yes/No)

As new users come on board, please update their user details in the spreadsheet and send to covid-19vaccine@health.govt.nz.

Key considerations:

- Please ensure that required information is provided in the correct format. Any gaps in data fields may result in the user not being set up correctly.
- All users will need to have a unique health email address (e.g. DHB). Personal email addresses (e.g., Gmail) are not supported for security reasons.

The new user process is outlined in the flow diagram below.

4.10.3 New User Onboarding Support

For any questions or support on new user onboarding, please contact covid-19vaccine@health.govt.nz with the subject line: Vaccinator List Support.

4.10.4 CIR Support

If the site team requires CIR support, they should contact their support team liaison officer in the first instance. CIR ServiceDesk queries can be raised at 0800 223 987 or help@c-19imms.min.health.nz.

CIR eLearning modules and Quick Step Guides will be made available to all staff (see section 5.3, 'Staff Training and Reference Materials' below).

4.11 Ordering Site Collateral

MoH has prepared the following collateral to support the vaccination programme. Files will be shared with DHB Comms Managers for printing.

Note that MoH is preparing consumer collateral in multiple languages and will make these versions available as soon as possible.

Collateral	Audience	How to Order
Getting your COVID-19 Vaccine: What to Expect	Consumers	Contact your DHB Comms Manager MoH is also planning to send physical copies to Tier 1 employer sites in advance of vaccination.
After Your Immunisation	Consumers	Contact your DHB Comms Manager
Vaccine receipt and appointment card	Consumers	MoH will arrange distribution of physical cards to DHBs
Privacy statement	Consumers	Contact your DHB Comms Manager
Instructions for the Pfizer Vaccine - Preparation and Administration	Vaccinators	Will be included in vaccine shipments; this will also be available on the IMAC website: https://www.immune.org.nz/
National COVID-19 vaccination campaign posters	Consumers	Contact your DHB Comms Manager
Event form <i>Only to be used if CIR is unavailable</i>	Consumers	Contact your DHB Comms Manager
Household contacts form <i>Only to be used if consumer cannot access online form</i>	Consumers	TBC
CARM Adverse Event Reporting Form <i>Hard copy to be used if consumer/reporter cannot access online form</i>	Consumers or Health Professional	Available on the CARM website: https://nzphvc.otago.ac.nz/reporting/ Note: A dedicated COVID-19 Adverse Event form is in development and should be used once available.

4.12 Site Readiness Checklist

Complete the site readiness checklist included in Appendix B to assess whether the vaccination site is ready to commence vaccinations.

MoH recommends you complete a site trial or dry run before beginning vaccinations on site to ensure staff are familiar with their roles and consumer flow can be tested.

5 Preparing the Vaccination Site Workforce

5.1 On-Site Functions

MoH has identified the following functions for the site team:

Non-Clinical Functions	Clinical Functions
<ul style="list-style-type: none">• Greeting consumers and answering questions• Confirming consumer identity• Entering consumer information into CIR• Providing COVID-19 information pamphlet• Recording the vaccine batch number to record in the system• Advising the consumer when they can depart the recovery room• Providing the vaccination receipt card• Capturing household contact information from Border and MIQF workers where this information has not already been provided• Completing or arranging daily cleaning of the site• Arranging collecting of medical waste• Decommissioning the site when it is no longer needed	<ul style="list-style-type: none">• Preparing the vaccination dose• Obtaining consent to receive the vaccination• Asking health questions prior to administering the vaccine• Vaccinating the consumer• Monitoring consumers in recovery room for any adverse events• Attending to adverse events and recording them <p>Staff performing clinical functions must have a valid Practising Certificate and be appropriately trained to administer the Pfizer vaccine by the Immunisation Advisory Centre (IMAC).</p>

5.2 Workforce Modelling

The size of the vaccination site and volume of vaccinations expected to be delivered on site will determine the size of the workforce required. The following tables outline staffing models for you to consider as you plan your vaccination workforce.

Waiting Room		Immunisation Event	After the Event
Activity	Consumer will be checked in then watch a consent video in the waiting room (~10mins).	Consumers will answer 3 questions and provide their consent with the vaccinator before they receive the vaccination. Immunisation occurs. Vaccinator may also answer specific questions the consumer has. Administrator will enter details into CIR as the vaccinator performs the vaccination	Consumers must remain onsite for 30 mins after the event for monitoring. Monitoring staff will ask consumers for their Household Contact information if this hasn't been provided before they arrived on site.
Staffing	1 x Administrator	1 x Administrator 1 x Vaccinator	1 x Registered/Practice Nurse 1 x support person with bystander CPR/first aid training

Based on the activities and staffing numbers above, MoH recommends the following site staffing numbers:

If 20 vaccinations per day	If 120 vaccinations per day	If 360 vaccinations per day
<ul style="list-style-type: none"> 2 vaccinators working at the site who will undertake all roles 	<ul style="list-style-type: none"> 1 Admin in waiting room 3 Vaccinators and 3 Admin support in Imms event 1 Vaccinator drawing up the dose in Imms event 1 Nurse and 1 support person monitoring after 	<ul style="list-style-type: none"> 1 Admin in waiting room 9 Vaccinators and 9 Admin support in Imms event 3 Vaccinators drawing up the dose in Imms event 2 Nurses and 1 Support person monitoring after

Note: Given this is a new vaccine, DHBs will need to be prepared to adjust site staffing requirements as the reality of administering the Pfizer vaccine will likely vary from these assumptions as delivery progresses.

5.3 Staff Training and Reference Materials

Training will be provided to CIR users and Vaccinators through a combination of eLearning Modules and Quick Step Guides. The Quick Step Guides will be available within the eLearning system, as well as within the Knowledge tab of the CIR for continued availability and reference.

eLearning modules and Quick Step Guides include:

- Working with the COVID Immunisation Register (eLearning)
- COVID-19 Vaccinator Education Course (eLearning)
- CIR Quick Step Guides – Reception, Vaccination, Recovery, Quick Adverse Event, Adverse Event

In addition to these training materials, staff will have access to a range of reference materials. These include:

- COVID-19 Vaccinator Guidelines: Paper-based (maybe laminated) reference information for vaccinators to use. Includes more detailed advice on health screening responses, informed consent. And vaccine preparation. (TBC if this will be available in Week 1)
- IMAC FAQs: These are available on the IMAC website: <https://www.immune.org.nz/covid-19-vaccines>
- Immunisation Handbook- COVID chapter: IMAC is preparing a COVID-specific chapter for this existing Ministry resource that will be available soon. <https://www.health.govt.nz/publication/immunisation-handbook-2020>
- Logistics training materials (TBC)

See section 4.11 'Ordering Site Collateral' above for detail on collateral available to be given to consumers.

6 Vaccinating Household Contacts

Household contacts of staff working in border or MIQF are eligible to receive vaccination in Tier 1.

6.1 Definition of a Household Contact

A household contact is defined as someone who usually resides in a household or household-like setting with a border or MIQ worker. Household contacts are eligible regardless of whether they are related or unrelated people and it includes people who may reside part-time in the household. Partners and children of eligible workers should be included (for children 16 years or older as per Medsafe approvals).

6.2 Collecting Household Contact Information – Direct Contact

6.2.1 Digital channel

In the first instance, MoH will directly contact staff with eligible household contacts using information in the Border Worker Testing Register. Contact will be made with eligible staff to invite them to provide details of their household contacts (this will include an approximate geographic location field to support delivery planning).

6.2.2 Non-digital channel

An 0800 phone line will be available for workers with an eligible household contact to call. This will be operated from 8am to 8pm. Multiple language options will be available. MoH will provide more information about the 0800 number as soon as possible.

6.2.3 Scheduling appointments

Responses will be compiled by MoH and subsequently shared with the appropriate DHB, who can then liaise with the household contact to schedule an appointment and complete the vaccination event.

There will be an option for DHBs to seek support to schedule appointments. MoH will provide more information about this option as soon as possible.

6.3 Collecting Household Contacts Information – At Vaccination

At the time of vaccination, the vaccination team should remind border and MIQ workers to submit the details of their household contacts. A QR code will be provided to enable the individual to complete a digital form or a hard copy form should be provided for workers to complete during their post-vaccination observation period.

Where hard copy forms are completed, administration staff should submit this via an online form on site for the Ministry to collate. This will reduce the privacy risk associated with holding hard copy information and enables sharing of information about household contacts if they are living in different regions.

MoH will continue to provide DHBs with information about possible household contacts. The mechanism to share this information will be advised as soon as possible.

6.4 Vaccinating Household Contacts Without Appointment

There may be instances where household contacts accompany workers to their vaccination. If this happens, individuals should be provided with a digital or hardcopy form to complete in order to enable the scheduling of their vaccination. Note that household contacts will need to provide information that provides a link to an eligible worker (i.e. name and phone number).

In some cases, it may be possible to provide a vaccine in a 'walk-in' scenario. This will be at the discretion of the site manager based on their scheduled vaccine supply.

7 Running a Vaccination Site

7.1 Booking and Scheduling

Arrangements for the booking and scheduling of Tier 1 consumers, including household contacts, will take place at the DHB level. This will include booking and scheduling appointments for consumers to receive the second dose of the Pfizer vaccine. MoH is exploring mechanisms to support these booking processes.

At present, a national booking system is not available. MoH will provide more details about the national booking system as soon as possible. It will not be mandatory for DHBs to utilise this system.

7.2 Preparation of Doses

Vaccine doses must be prepared on site following the instructions provided by the Immunisation Advisory Centre (IMAC). These instructions will be included in vaccine shipments and will also be available on the IMAC website: <https://www.immune.org.nz>

Once the vaccine has been reconstituted, it must be administered within 6 hours. Any prepared doses not used within this time period must be discarded.

7.3 Pre-Vaccination Process

On arrival at the vaccination site, consumers will be greeted, and the site administrator/vaccinator will:

- Verify the individual's identity using name, DOB and address and locate their record in CIR.
- Note: Photo ID is not required to confirm the consumer's identity.
- Note: If the individual's record cannot be located in CIR, then you will need to create a new CIR record.
- Provide the consumer with the COVID-19 vaccine pamphlet and inform them of the privacy statement.
- Undertake a pre-vaccination clinical assessment to identify if the consumer has any COVID-19 symptoms or other medical reasons why they should not receive the vaccine. The outcome of this clinical assessment must be recorded in CIR. Please note:
 - Anyone who is sick should be advised to stay home while they are unwell.
 - All people who meet the clinical criteria who are tested should stay at home while awaiting test results (Note: this provision need not apply to Border or MIQ workers subject to regular testing).
 - People who are significantly unwell are advised to wait until they are better before getting the vaccine, however, note that mild symptoms are not a contra-indication. People in this situation are advised to discuss their symptoms with their GP or vaccine provider.
- The vaccinator must obtain the consumer's informed consent to receive the vaccine prior to the administering of the vaccine. This consent is recorded in CIR. If the person does not wish to receive the vaccine, record their opt-out in CIR.

Note: You do not need to obtain written consent to receive the vaccine. Verbal consent is sufficient. You must take all appropriate steps to ensure that individuals understand the consent process (e.g. providing translations if needed or supporting those with low health literacy through the consent process).

7.4 Vaccination and Observation

Prior to administering the vaccination, the vaccinator must undertake final checks:

- Locate the consumer's record in CIR and confirm their name, address and DOB
- Confirm the consumer has completed their clinical assessment
- Confirm the consumer has received information about the vaccine, including aftercare information.

Once the vaccination is complete the vaccinator must update the consumer's record in CIR to note:

- The vaccine batch and expiry date
- Where the vaccine was administered and the date and time of the vaccination event.

The consumer must remain on site under observation for 30 minutes. The vaccinator or site administrator will provide the consumer with a card recording the date/time of their vaccination and the date when they will be expected to receive the second dose of the Pfizer vaccine.

The time of the consumer's exit from the site must be recorded in CIR.

If the consumer has an adverse event on-site, appropriate medical attention should be provided. The on-site adverse event must be recorded in CIR to enable reporting on adverse reactions to the vaccine.

For more information on managing medical emergencies and anaphylaxis, please see section 2.3 of the [Immunisation Handbook](#).

Note: If the consumer has an adverse event off-site, they will be advised to contact Healthline and submit an adverse reaction report to the Centre for Adverse Reaction Monitoring (CARM). A dedicated COVID-19 Vaccine Adverse Reaction form will be available on the [CARM website](#).

Note: Implementation of a national active monitoring process is being developed but is unlikely to be in place for Tier 1. Future active monitoring will likely consist of a text follow up with consumers a few days after receiving their vaccination asking if they have an adverse event and to report any symptoms to CARM. This will enable ongoing monitoring of adverse events and aid Medsafe's ongoing assessment of the vaccine. We will provide more information on this process as due course.

7.5 Administering Leftover Vaccines

To minimise wastage, MoH recommends you plan a back-up or stand-by list of consumers that aligns with the sequencing framework. This may include your Tier 2 cohort. If you have vaccine left at the end of the day/week, we encourage you to administer these individuals on your stand-by list.

7.6 Disposal of Vaccine and Consumables

MoH is awaiting guidance from the Environmental Protection Authority (EPA) on how to appropriately dispose of vaccine batches and prepared doses that have expired or spoiled. Specific advice will be included in the next iteration of these guidelines.

Consumables should be disposed of according to existing procedures.

7.7 Operational Reporting

Sites must ensure vaccination events are recorded in CIR at the time of administration to enable accurate data for operational reports (such as number of vaccinations completed and other trend data).

DHB Logistics Leads will be expected to provide weekly reporting on stock on hand and stock movements (see section 8.9, 'Inventory Reporting' below).

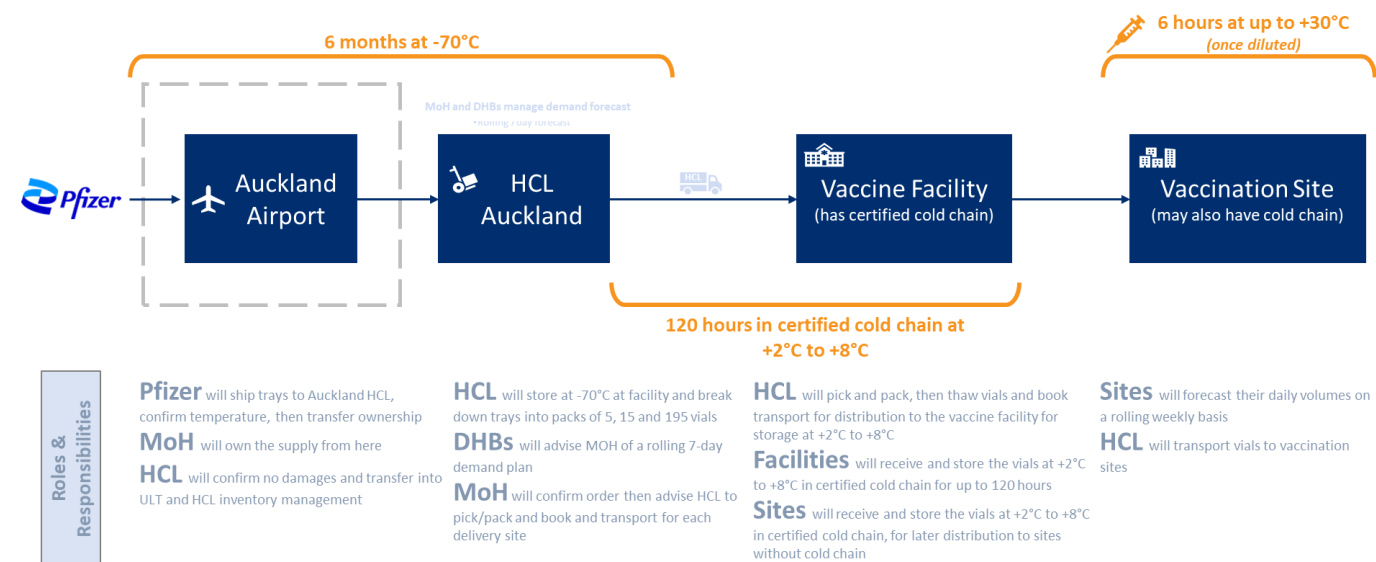
Feedback on the immunisation process or recommendations for operational improvements can be provided to help@c-19imms.min.health.nz.

8 Inventory Management

MoH will maintain a demand planning system to enable a centralised Logistics team to support ongoing monitoring of inventory and demand. The image below shows the current process for distributing the vaccine to vaccination sites.

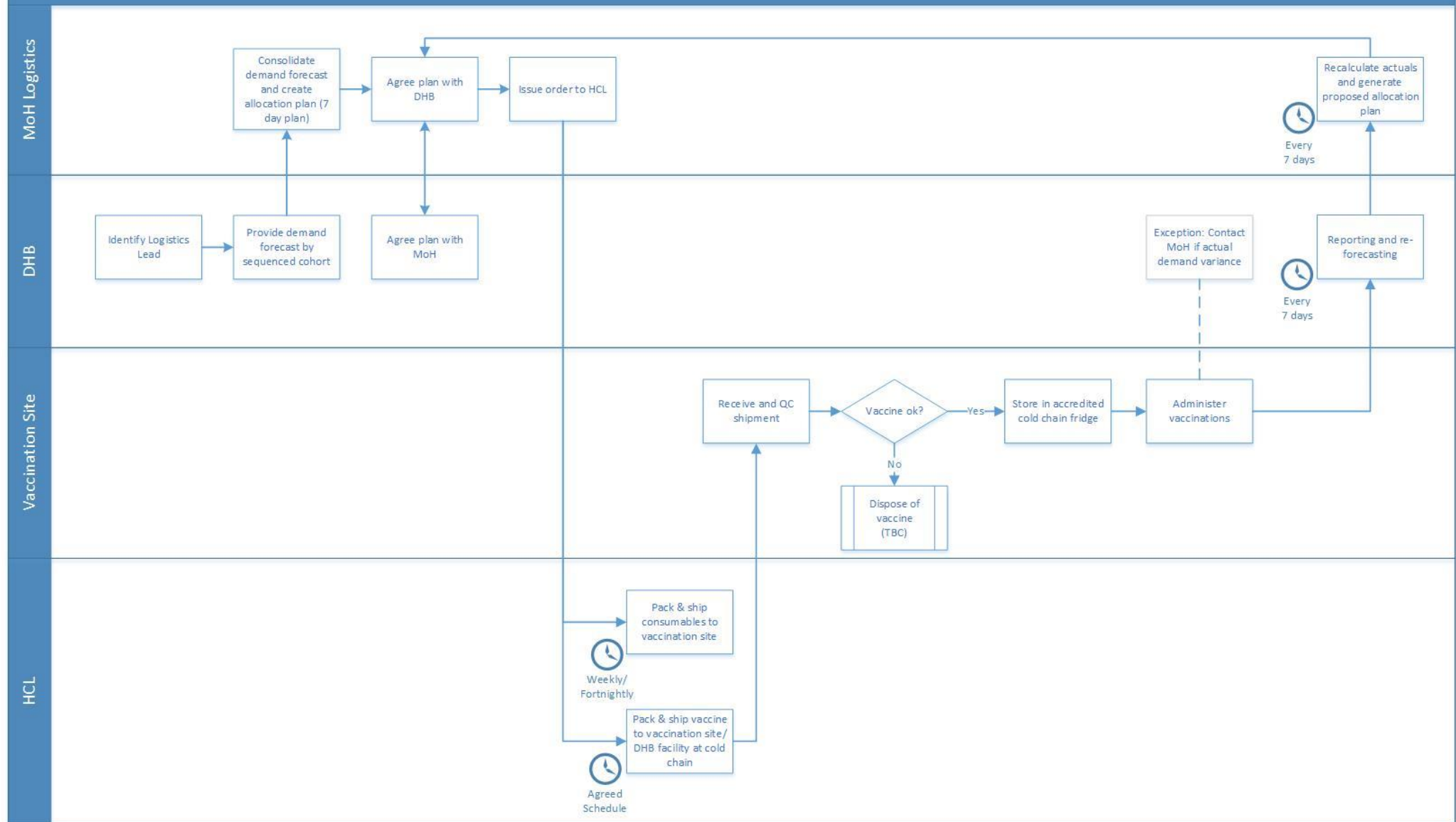
Note that MoH will engage individually with DHBs in Tier 1 with respect to their specific requirements. Guidance in this section relates only to the initial 4-week period from the first receipt of vaccine in New Zealand and distribution to vaccinate Tier 1.

Distribution Map and Timeline



8.1 Vaccine Logistics Process Overview

Vaccine Logistics Process – Pfizer Vaccine



8.2 Demand Planning and Vaccine Allocation

MoH will work with DHBs to create an agreed demand plan. This plan will provide detail for the upcoming 7-day period with forecast, higher-level detail up to 4 weeks out. A 3 days plan will remain fixed to enable deliveries to be packed and shipped efficiently.

Day 1- 3: Fixed Allocation

Day 4-7: Detailed Plan

Week 2-4: Forecast Demand

The Logistics team will generate a national allocation plan that will cover both consumables and vaccine allocation. The national allocation plan will be re-planned on Day 6 of the weekly cycle. Vaccines are expected to be delivered to sites or DHB facilities twice a week.

MoH Logistics will liaise directly with DHB Logistic Leads to collect required demand plan and site delivery information.

8.2.1 Managing demand variances

If your actual demand changes by more than 20%, please contact MoH to directly to re-plan your upcoming shipment as needed. You can contact the Logistics team directly at logistics@health.govt.nz.

8.3 Provision of Consumables

The Ministry will provide consumables required to administer the Pfizer vaccine. As they do not require the same care in handling during transport and storage as the vaccine, consumables will be shipped separately to the vaccine itself.

Consumables will be shipped in quantities to supply approximately 2 weeks of stock, depending on the capacity to store consumables at DHBs.

MoH will calculate the volume of consumables shipped, including any safety margins, based on the amount of vaccine expected to be consumed. If additional consumables are required, you can order these by contacting logistics@health.govt.nz.

To administer 5 doses per vial under an Alert Level 1 setting, the Ministry will provide the following consumables:

Category	Description
Saline	Sodium chloride solution - saline 5ml (assume 1.4ml per vial wasted. Number provided will be the same as the number of vaccines.)
Disinfectant Wipe	Antiseptic Swab box of 200
Syringe & Needle	21-gauge needle (drawing needle) box of 100
Syringe & Needle	Prep 3ml syringe x 100
Syringe & Needle	Syringe 1ml Tuberculin box of 100
Syringe & Needle	Needle 25g 1in box of 100
Swab	Gauze swabs 5cm x 5 cm box 100
Container	Sharps Containers 1.4L
Specimen Bags	Bio Bags box of 50
Plasters	Box of 250

8.3.1 Personal Protective Equipment (PPE)

PPE will not be supplied by MoH. DHBs will continue to order PPE through existing channels.

8.4 Site Storage Requirements

Vaccines can be delivered directly to vaccination sites or a designated DHB facility provided the site has a cold chain certified fridge with sufficient storage capacity.

The fridge must be secure, that is, only accessible to authorised people (e.g. vaccinators) and locked down overnight in alarmed or security-monitored location.

The site must be capable of storing 2 weeks of vaccine consumables in controlled storage, that is, separate from other PPE materials and accessible only to vaccination site staff.

8.4.1 Vaccine quantities and package sizes

Unit	Size
Full tray	290 x 290 x 40 mm
15 vial pack	TBC
5 vial pack	TBC

8.5 Delivery to Sites

Each site receiving shipments from MoH will receive a notification containing details of the amount of vaccine and/or consumables due to be delivered the following day.

The site must nominate a named person who will be required to sign for receipt of the vaccine. This person must be on site when vaccine shipments are delivered so they can complete a quality check (QC) of the order while the courier is present (e.g. to check for breakage, check temperature monitoring equipment to ensure the package has not gone beyond +8°C in transit). Once QC has passed, the shipment may be signed for as accepted and the site contact will advise MoH the vaccine has been accepted.

Vaccine will be shipped at under cold chain at +2°C to +8°C from HCL. Vaccines can be delivered in packages of a full tray (975 doses) or vials of 5, 10 or 20.

Vaccines will be labelled with a use-by date once they are removed from ULT -70°C and begin thawing. This date will be 5 days/120 hours after removal from ULT.

8.6 Vaccine Storage & Handling

Vaccine must be stored and transported in cold chain accredited conditions.

Further information on cold chain management is available in [section 2.1 of the Immunisation Handbook](#). See also the manufacturer's specifications for approved product handling, available at: <https://www.medsafe.govt.nz/profs/datasheet/c/comirnatyinj.pdf>.

8.6.1 Shelf-life of vaccine

Size	At -70°C	At +2°C to +8°C	At ambient temperature (up to +30°C)
Frozen Tray or Vial	6 months from date of manufacture	N/A	Closed lid trays: Up to 5 minutes for transfer between ULT environments. Open lid trays: Up to 3 minutes for transfer between ULT environments. Note: Following room temperature exposure, trays must be returned to the ULT -70°C freezer for 2 hours before they can be removed again.
Thawed Tray or Vial (undiluted)	N/A	120 hours (5 days) from time of removal from ULT. Note: Transportation time at +2°C to +8°C is included in the 5-day limit.	2 hours
Prepared Dose	N/A	6 hours	6 hours

8.7 Repacking Vaccine at DHB Facilities

If vaccine packages are delivered to a DHB facility (as distinct from a vaccination site), that facility **cannot** further break down the package size to redistribute it to vaccination sites in smaller quantities. This is to ensure traceability of the vaccine batches and sub-batches. The DHB facility can transport the vaccine to a second location provided the vaccine is transported in cold chain and the pack remains whole.

8.8 Returning Credo Bins and Temperature Monitoring Equipment

Each vaccine shipment will contain return packaging. Delivery sites must return the Credo bin and temperature monitoring equipment in a timely manner to ensure there are no interruptions of subsequent vaccine deliveries. Instructions for returning the bins and equipment will be included with the delivery.

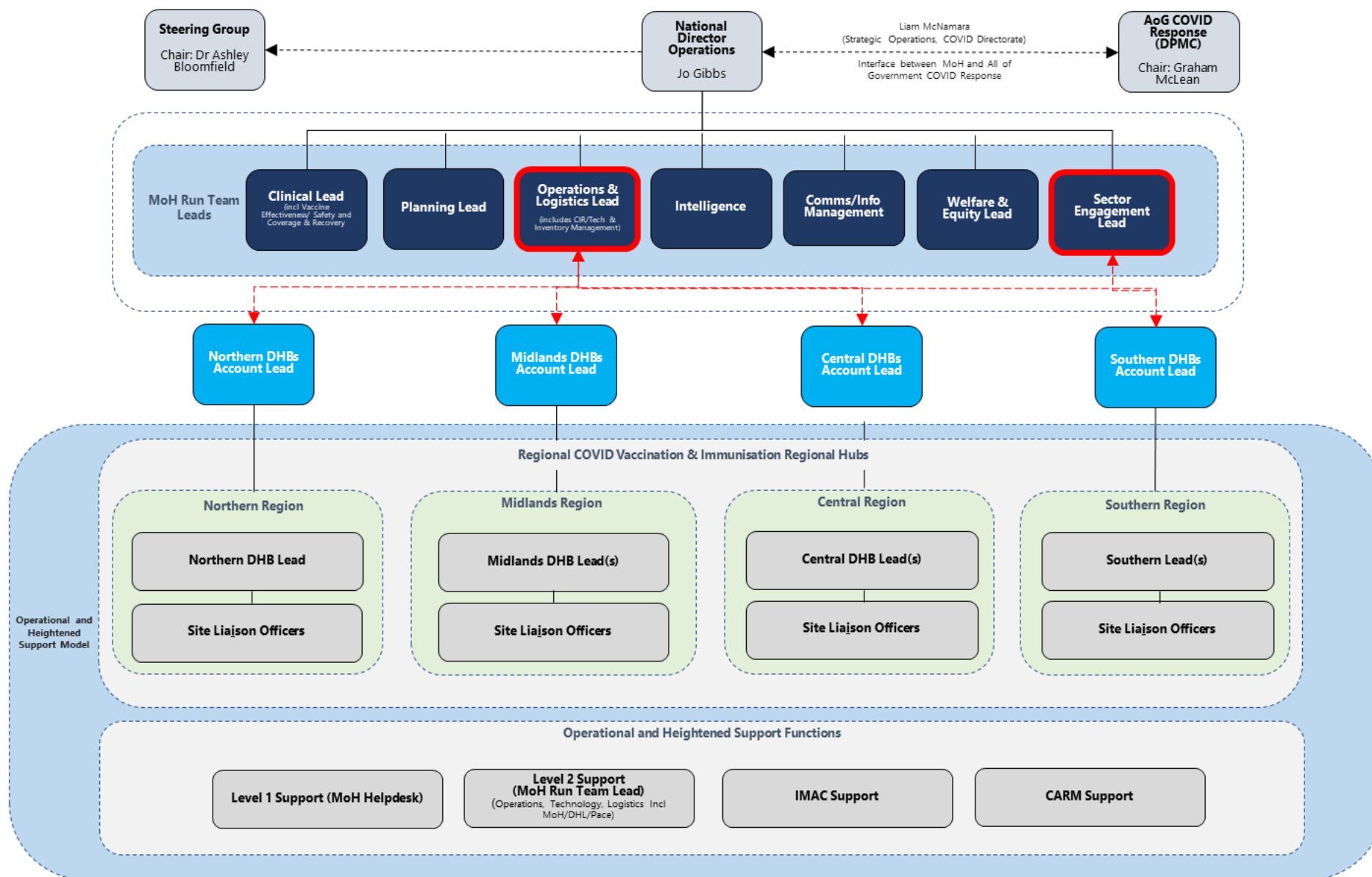
8.9 Inventory Reporting

The MoH Logistics team will continue to monitor demand and allocation using data from CIR and information from liaison with DHBs. DHB Logistics Leads must supply weekly reporting on:

- Stock on hand
- Stock movements

The MoH Logistics team will liaise with Logistics Leads to collect this information through an agreed mechanism.

Appendix A: Support Organisation



Appendix B: Site Checklist

The following list provides an overview of the minimum requirements that you need to consider and have in place to safely and efficiently deliver COVID-19 vaccinations.

As a general principle, the site and staff should be prepared and adhere to standard operating policies and standards, including clinical governance and health and safety, that are expected in a clinical environment to ensure staff and consumer safety.

Physical site	Yes / No	Comments
Adequate space and associated capacity for registration, vaccination (including drawing up and administering) and post vaccination observation area		
Appropriate cold chain provisions that are applicable for the site, including having: <ul style="list-style-type: none"> An appropriate individual to receive the vaccine within site SOPs Appropriate refrigerators and opaque containers to store material 		
Equipment that is not provided in the consumable pack, including: <ul style="list-style-type: none"> kidney dish adrenaline 		
Appropriate signage to identify as vaccination site for consumers and associated consumer collateral including: <ul style="list-style-type: none"> Getting your COVID-19 Vaccine: What to Expect pamphlet After Your Immunisation pamphlet Vaccination receipt and second appointment card Privacy statement National COVID-19 vaccination campaign posters QR code and hard copy form to collect household contacts 		
Facilities and processes in place to safely dispose of unused vaccines (<i>MoH to advise guidelines</i>)		
Appropriate protocols in place to safely manage waste		
Ability to maintain the room temperatures between 19-30°C		
Appropriate security provision to ensure vaccinator and consumer safety that is applicable and appropriate to the site context.		
Site risk assessment completed		
Appropriate emergency medication and equipment and protocol to respond to three possible medical emergencies associated with the vaccination (fainting, hyperventilation and anaphylaxis), as per IMAC guidelines and standard vaccination site protocol		
Information Technology	Yes / No	Comments
Sufficient tablets, laptops or desktop to access and operate CIR and complete inventory reporting requirements		
High speed wireless or 4G coverage		
Hard copy CIR form and associated secure storage in case of system disruption		
Booking mechanism to support scheduling (A national solution is being developed)		
Screen to display IMAC video (if applicable)		

Workforce	Yes / No	Comments
Staffing levels are appropriate for delivering the scheduled vaccination volume. At a minimum the following functions need to be allocated: <ul style="list-style-type: none"> • Consumer welcome • Preparation and administration of doses (these could be separate roles) • Event recording in CIR by a CIR-trained person • After-immunisation observation 		
Staff have completed relevant training and accreditations, including cold chain and vaccine accreditation and training, adverse event accreditation and training, and CIR training.		
All staff on site are appropriately briefed on the site protocol including the Operational Guidelines and are clear on their respective roles and responsibilities for the shift		
Vaccination event	Yes / No	Comments
Policies and procedures for identifying vaccine recipients		
Standardised screening process for contraindications, receipt of previous dose of COVID-19 vaccine or other vaccines		
Ability to monitor, manage and report adverse events following immunisation, including anaphylaxis		
Incident management procedures are in place and staff know how to report any clinical incident		
Other considerations		
If you are working in MIQ or other location that may require additional infection prevention controls, please adhere to the standard SOPs and associated protocols, including physical distancing requirements		
If there is change in Alert Level, please adhere to the relevant PPE SOPs and associated protocol required to operate under the Alert Level, including physical distancing requirements		
If you are operating a drive-in facility, please have an appropriate Traffic Management plan in place		