**TOOLKIT TO SUPPORT PLANNING AND DELIVERY OF COVID-19 IMMUNISATIONS IN AGE RESIDENTIAL CARE FACILITIES AND DISABLITY SUPPORT SERVICES**

This toolkit is intended to provide additional information, templates and useful “tips” to support the delivery of COVID-19 vaccinations in age residential care facilities (ARCs) and disability support services (DSS).

COVID-19 vaccination providers should always refer to key COVID-19 vaccination documents for the most up to date information and resources to plan and deliver COVID-19 vaccination services:

* National Immunisation Programme Operating Guideline COVID-19 Vaccines and General Operating Guidance (Te Whatu Ora) [Microsoft Word - nip-operating-guidelines-v54.0 (health.govt.nz)](https://www.health.govt.nz/system/files/documents/pages/nip-operating-guidelines-v54.0.pdf)
* Aotearoa New Zealand COVID-19 Vaccine Immunisation Service Standards (Ministry of Health) [COVID-19 Vaccine Immunisation Programme Service Standards (health.govt.nz)](https://www.health.govt.nz/system/files/documents/pages/covid-19-vaccine-immunisation-programme-service-standards-29oct2021.pdf)
* COVID-19 Immunisation Policy Statement Aotearoa New Zealand National Immunisation Programme (Te Whatu Ora) [Microsoft Word - COVID-19 Immunisation policy statement V5 (health.govt.nz)](https://www.health.govt.nz/system/files/documents/pages/covid-19-immunisation-policy-statement-v5.pdf)
* Immunisation Handbook 2020 (Ministry of Health) [Immunisation Handbook 2020 | Ministry of Health NZ](https://www.health.govt.nz/publication/immunisation-handbook-2020)

**Pre-planning**

* Vaccinating service to allocate an off-site Clinic Lead or Site Lead to coordinate preplanning processes
* Ensure Clinic Lead/Site Lead reviews the most up to date COVID-19 Immunisation Guidelines, Policies and Resources and uses these to plan and deliver the off-site activity
* Use a Checklist to aid the planning process (refer Appendix A for an example of a Checklist template)
* Identify an ARC facility/DSS contact to act as the on-site liaison person
* Determine expected number of vaccinations required so that appropriate clinic time and staffing are allocated.
* Determine if facility/service staff will also be offered COVID vaccination at the same time as residents/clients and how this can be delivered to ensure the facility/service always has safe staffing levels. Consider scenario if a staff member was to experience a post vaccination adverse event
* Determine if any primary dose COVID-19 vaccinations are required and if so ensure the correct Pfizer Comirnaty 30mcg grey cap vaccine is available.
* Determine if any other vaccinations are required in addition to COVID vaccinations and whether this can be provided e.g. Flu
* Confirm when the vaccination clinics are best to be scheduled- based on resident/client vaccine eligibility.
* Identify number of residents who are unable to consent for themselves and will require further involvement from families, Enduring Power of Attorney (EPOA) or General Practitioner (GP)
* Consenting procedure and ARC/DSS documenting requirements. Written consents will be required for all residents who are unable to consent for themselves. An ARC may also request written consents for all residents. Where consents are pre-written, the vaccination provider must ensure sufficient information has been provided to consent. Pre-vaccination written information must be provided to residents and families/EPOA and opportunities to verbally discuss. Despite a written consent being completed, the vaccinator remains responsible for eligibility to vaccinate and ensures residents who can consent are given risk and benefit information at the time of vaccination (see Consenting section)
* Identify residents/clients who wish to receive alternative COVID-19 vaccine i.e. Nuvaxovid, and if not a provider of Nuvaxovid vaccine, provide the ARC/DSS with links to the Southern COVID-19 Vaccination Programme to support access to Nuvaxovid

**Site Visit**

Conduct a site visit to confirm the following arrangements:

* WiFi connection
* Provides privacy for residents/clients and ensures safe delivery of vaccinations and monitoring of residents/clients post vaccination
* Appropriate area for drawing up vaccinations
* Space has capacity for individual screening and consenting, vaccination and observation
* How residents/clients will move through clinic areas and how vaccinated residents/clients can be easily identified for post vaccination observation
* Staffing for observation if provided by ARC/DSS
* Space provisions and emergency access for adverse events
* Staggering of residents/clients to reduce congestion and noise
* Process for vaccinating immobile residents/clients
* Staff and time required for post vaccination observation in separate rooms
* If ARC/DSS wishes to offer staff vaccinations, requirement for staff to be observed post vaccination and if they can be covered if an adverse event were to occur.

**Staffing**

Consider the experience and qualification of both vaccinating team and ARC/DSS staffing levels when allocating staff to an ARC/DSS clinic. This includes:

* A lead vaccinator with experience in offsite vaccinating
* An Authorized Vaccinator with experience in cold chain or a suitably qualified cold chain lead as per the vaccinating services Cold Chain Policy
* A second checker if only one vaccinator is to be present. The second checker must have completed IMAC training that includes checking of COVID-19 vaccines such as the Vaccinating Health Worker qualification or the Second Checker course
* An ARC/DSS staff member who is familiar with every resident to be vaccinated and who will oversee the logistical side of the clinic (e.g. flow of residents/clients escorted into and out of vaccination spaces), must be present and available during vaccinations
* Other ARC/DSS staff needed for observation, mobilising residents or assisting with clothing removal
* All staff who are supporting the vaccination clinic including administration staff should have current CPR/resus training.

All vaccinators must:

* Be authorized to vaccinate the presenting age cohort
* Have completed COVID/CIR training and have an active CIR login.
* Have completed most updated IMAC COVID-19 immunization education i.e. Comirnaty grey cap training as of March 2023.

Staffing numbers will depend on number of residents/clients to vaccinate and if there are any complex consenting situations. One vaccinator needs to oversee the consenting of residents who cannot consent for themselves and be available to speak to family, EPOA or GP’s if necessary.

All residents/clients to be vaccinated must be sighted on CIR before vaccinating to assess spacing of vaccines and that the correct vaccine has been selected for the resident. Staff with CIR access and time to complete CIR vaccination status and documentation are required (see section on CIR).

All staff should be informed of essential information prior to commencing the clinic including who is responsible for each role or area, consenting, vaccinating and observation procedures, evacuation procedures and facility address and any location information if making a call to emergency services.

**Equipment**

The vaccinating team are responsible for vaccine preparation and delivery, IPC for vaccinating staff, safe waste disposal and managing all vaccination adverse events. The vaccination team must ensure they supply and carry the following:

* Consumables for drawing up vaccine including opaque dishes and covers for drawn vaccines to protect from direct sunlight and UV light
* Use of different colored dishes to differentiate between COVID vaccines
* Sharps bins– COVID vials are not to be disposed of in sharps bins; Interwaste vial disposal bin for used COVID vaccine vials; Hazardous waste and standard rubbish bags
* IPC equipment i.e. hand gel, masks, cleaning equipment
* Emergency equipment as per 2.3.3 of the MOH Immunisation Handbook. This should be checked including expiry date of Adrenaline ampules before each off site clinic. It is also advisable to take a printed CARM’s reporting form (Adverse Events Following Immunisation Reporting Form [Microsoft Word - Reporting card\_AEFIs.doc (otago.ac.nz)](https://nzphvc.otago.ac.nz/wp-content/uploads/2013/12/Reporting_card_AEFIs.pdf)) so details can be gathered to include in the CIR and used to inform the vaccination providers business incident reporting
* Working mobile telephone
* Computer equipment for completing CIR documentation on site (this is the required method, see CIR section)

**Infection Protection and Control**

A risk assessment is required before the vaccination clinic, consider

* the current COVID-19 infection rates, current MOH guidelines and the vulnerability of residents.
* Ensure the vaccination staff are symptom free and are not a high risk of having COVID-19 i.e. residing with a COVID-19 positive person. Some ARC’s/DSS may request vaccination team members have a negative Rapid Antigen Test on the day of the clinic.
* PPE use by the vaccination team, spacing, ventilation, hand hygiene and cleaning protocols.
* Ensure vaccine draw-up area is clean, has hand washing facilities and is free of disruption

**COVID Immunisation Register (CIR)**

* CIR should always be available and used at the time of administering COVID-19 vaccinations
* Off-site clinics require a device capable of running CIR such as a laptop or electronic tablet and connecting to a WIFI connection or tethering to a mobile phone with internet data
* If the location is outside of internet connectivity each resident/client to be vaccinated must be checked on CIR and their identification and previous vaccinations should be recorded for the vaccinator to access **BEFORE** vaccination. Residents/clients identification must be checked by the vaccinator and with the resident/client to ensure the information has been taken from the resident/clients records and not a similarly named person
* Where there is any discrepancy of information given or reported by the resident/client, the vaccination cannot proceed until information has been checked by a person with CIR access. This may be a phone call to a staff member with CIR login who can verify what information is correct
* If COVID-19 vaccinations are not able to be documented in the CIR at the time of vaccination ensure a process is in place to enter information into the CIR ON THE SAME DAY. This includes any additional notes or adverse event documentation.
* Any hard copy forms e.g., written informed consents, prescriptions must be entered into the CIR BY CLOSE OF BUSINESS THE FOLLOWING DAY
* All staff who use the CIR must have an active CIR login. Logins are not to be shared between users. Vaccinators should check that they can access the CIR before the ARC/DSS clinic and the vaccinating providers facility has been chosen as they will not appear in the list of vaccinators unless this has been done

**Cold Chain including Vaccine Transportation**

* All providers of COVID-19 vaccination services must meet the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 and 2021 Addendum to Cold Chain.
* COVID-19 vaccines must be stored and transported in cold chain accredited conditions and a precautionary period of 2 hours out of cold chain should be maintained
* A provider may take their own COVID-19 vaccine off-site for outreach/home visiting purposes. NO OTHER TRANSPORTATION OF VIALS IS PERMISSIBLE
* Bulk preparation of pre-drawn syringes to be transported to another location IS NOT PERMITTED- vaccines are to drawn up at the off-site location
* Vaccine documents should be regularly reviewed to ensure they are the latest version including the Safety Data Sheet, screening questions, drawing instructions and IMAC information for Health Professionals.
* Transporting of vaccines will utilise a cold chain box with an external screen, temperature logging device. Refer to the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 and IMAC’s “The essentials of off-site vaccine storage and monitoring” for a summary of off-site cold chain
* Ambient air temperature must be monitored when vials are out of cold chain regardless of being stored in an air-conditioned environment. Where a vaccine is transported out of cold chain the ambient temperature should be closely monitored particularly in vehicles and outdoors. Ambient air temperatures should be documented and held with other cold chain documents for 10 years.
* CIR documentation of COVID-19 vaccines requires the full batch number and expiry date out of -70 cold chain to be recorded. This is only found on the box so it is preferable that the box is transported to the off-site for reference. Alternatively, these details need to be documented and taken with the vials separated from the box

**Obtaining Informed Consent**

* Obtaining informed consent is part of COVID-19 vaccination planning processes for every vaccination event/off-site visit. COVID-19 vaccination providers and their authorised vaccinator/pharmacist vaccinator staff are ultimately responsible for ensuring every resident/client has completed appropriate informed consent prior to vaccination.
* The Programme assumes verbal consent is agreeable in most situations however written consent can be considered in the following situations:

a. where there are significant risks of adverse effects to the consumer, per clause 7(6c) of the Code

b. if it is being prescribed. For more information, please refer to the ‘Prescription’ section of the Guidelines.

c. if this is the provider’s or vaccinator’s preference, for example, in age residential care settings.

* Where a consumer is not competent to make an informed choice and give consent for their vaccine, someone who has the legal right can make decisions on the consumer’s behalf; namely a legal guardian or someone who currently holds Enduring Power of Attorney (EPA) for personal care and welfare must provide consent.
* Most ARCs prefer to obtain written consent in advance of residents being vaccinated, rather than verbal consent at the time of vaccination. Written consent should always be obtained from the relevant EPA for those residents/clients who are deemed not competent to consent.
* Any arrangements for an ARC/DSS to obtain written informed consent requires careful consideration and oversight by the COVID-19 vaccination provider
* Ensure ARC/DSS always have the most up-to-date COVID immunisation information including eligibility criteria, and understand how this applies to individual residents/clients
* Ensure when obtaining advance written informed consent for COVID-19 vaccinations that the consent is genuinely “informed” and the EPA receives full and appropriate information to inform their decision-making. There should always be the option for the EPA to have a direct conversation with an authorised vaccinator/pharmacist vaccinator if they have any questions or concerns about the proposed COVID-19 vaccination
* Only obtain written informed consent for those residents/clients who will meet the COVID-19 vaccination eligibility criteria on or close to the scheduled vaccination date (site visit) to avoid any confusion in change of eligibility (e.g. recently COVID positive)
* If a resident/client requires a COVID-19 booster earlier than the recommended programme eligibility—this will require a written informed consent and discussion with an authorised vaccinator/pharmacist vaccinator. Note depending on the resident's/client's circumstances a prescription may also be required

**On the Day**

Print and carry adequate resources including

* Most recent pre and post vaccination information sheets
* Draw up instructions
* Anaphylaxis/Adrenaline chart
* Spare written consent forms
* Dilution record sheet
* Most recent Vaccination Screening form
* Cold chain and ambient temperature documentation form
* Drawn vial slip or stickers for individual syringes (to record full batch and box expiry and out of cold chain expiry times)
* Ensure staff are available. Clinic may need to be modified, has enough time been allocated?
* Check equipment, CIR logins are working.
* Pre-signed written consents and EPOA details are sighted. CIR confirmation of previous COVID-19 vaccination doses.
* Reduce vaccination numbers or pause if there are concerns or issues arise.
* Ensure ARC/DSS documentation has been completed and after care responsibilities are discussed with ARC/DSS staff.
* If ARC/DSS wish to keep written consents as documentation, photocopy along with EPOA information. This will need to be loaded onto CIR, CIR notes should be used to explain situation and any additional conversations with family/EPOA

**After Care**

* Ensure a process is in place so all residents/clients who have received a COVID-19 vaccination are identified in the ARC/DSS medical record
* Ensure the details of the vaccinations given (vaccine/dose/site) and any observed adverse reactions are recorded in the ARC/DSS medical record
* Ensure ARC/DSS staff are aware of how to identify any post vaccination side effects and how to access clinical advice/treatment
* Ensure arrangements/information are in place for residents/clients to access medications such as paracetamol for post vaccination side effects
* Utilise documentation such as the “After Your COVID-19 Vaccination Information”- refer Appendix B, to support information exchange post vaccination

**Appendix A**

Provider Event Checklist

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

|  |  |
| --- | --- |
| **Name of Clinic/Event** |  |
| **Address/Venue** |  |
| **Date of Clinic/Event** |  |
| **Hours/Time of clinic** |  |
| **Clinic/Event Coordinator (name and number)** |  |
| **Clinical Lead (name and number)** |  |

**Table A1 – plan checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Plan | Y / N | Person Responsible | Comments |
| **Site locations consideration (if different to the fixed site)**:   * Location/traffic/access/parking/signage * Accessibility (including disability access to parking and to vaccination site building) * Traffic management * Ablutions * Refreshments (Tea, coffee etc) * Tables and Chairs * Staffing numbers * Space and distancing * Adequate space for vaccine storage and preparation. * Privacy and confidentiality |  |  |  |
| Person responsible for **Clinical Quality and Safety has been identified** and a **documented risk assessment** has been conducted for this event. (**(if different to the fixed site)**: |  |  |  |
| Adequate supply of PPE and IPC supplies |  |  |  |
| Appropriate cold chain provisions have been made for the event. Cold chain provider with cold chain accreditations has been identified.   * Cold chain lead identified |  |  |  |
| Vaccines to be delivered on the day and organisation/Person responsible for the order and the amounts. |  |  |  |
| Adequate supply of Vaccine consumables including opaque containers |  |  |  |
| Waste management supplies including safe disposal of sharps and unused, damaged, or empty vaccine vials (e.g., Interwaste vial disposal bin). |  |  |  |
| Appropriate signage to identify as vaccination site for consumers, including COVID-19 vaccination campaign posters/banners/flags. Signage should also include Code of Consumer Rights. |  |  |  |
| Supplies of consumer collateral, including:   * What you need to know about the COVID-19 vaccination * COVID-19 vaccination consent form * After the COVID-19 vaccination   Privacy Statement |  |  |  |
| A plan is in place for **equitable access**, including:   * translation and interpretation services * easy-to-read formatted information * Supporting resources available in a range of languages   Venue access caters for disabled people and support for those with visual or hearing impairments. |  |  |  |
| * Secure storage for medical records (including consent forms). |  |  |  |
| * A site evacuation plan is in place. |  |  |  |

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| --- | --- | --- | --- |
| Physical site | Y / N | Person Responsible | Comments |
| Adequate space (including also for whanau/support persons) and associated capacity for:   * Screening/Registration/Waiting * A private space for consultation, family groups, and vulnerable people requiring support * Vaccination (including drawing up and administrating) * Post-vaccination observation (seated) |  |  |  |
| Appropriate emergency medication, equipment, and space to respond to medical emergencies. All equipment in the site to be well maintained, in good working order, calibrated/checked.  **Note:** This should also include equipment suitable for children if the site will be administering paediatric vaccines.  Who is responsible for providing the equipment? |  |  |  |
| Adequate security (e.g., alarm, overnight security guard) if vaccine is to be stored at vaccination site overnight. |  |  |  |
| * Access to CIR-compatible IT hardware including tablets, laptops or desktop computers with screens positioned out of sight of unauthorised persons. |  |  |  |
| High-speed wireless or 4G coverage or router and hot spotting |  |  |  |
| * Target Population (equity focus) * Expected numbers. |  |  |  |
| Book Venue |  |  |  |
| The event site can maintain temperature requirements of the vaccination preparation space. |  |  |  |
| Communication Plans  Posters  SMS/Texts  Social Media  Local papers and radio station  Community groups |  |  |  |
| Special offerings (Kai, lucky draw, prizes etc) |  |  |  |
| Security Checklist  Emergency services advised (Police, Hospital, fire and ambulance) |  |  |  |
| Health and Safety (who is responsible)  Risk Management and Assessment |  |  |  |
| Venue Suitability check |  |  |  |
| Administration lead |  |  |  |
| Immunisation Coordinator has been informed of the plan |  |  |  |
| * Client documentation plan, documentation, privacy, storage   Uploading documents after event |  |  |  |
| Huddle plan (for orientation and plan before the clinic starts on the day) |  |  |  |
| Aftercare contacts person/enquiries |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Process | Y / N | Person Responsible | Comments |
| All staff have access to the Operational Guidelines. |  |  |  |
| Procedures are in place for identifying vaccine recipients. |  |  |  |
| Standardised screening processes are in place for contraindications, receipt of previous dose of COVID-19 vaccine or other vaccines, and COVID-19 symptoms. |  |  |  |
| ‘Where to get help’ poster is accessible to all staff. |  |  |  |
| Process in place for monitoring, managing, and reporting medical emergencies and adverse events following immunisation, including anaphylaxis. |  |  |  |
| Policies in place for blood body and fluid exposures (BBFE) and infection prevention control (IPC). |  |  |  |
| Incident management procedures are in place and staff know how to report any clinical incident. |  |  |  |

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| --- | --- | --- | --- |
| Workforce | Y / N | Person Responsible | Comments |
| Staffing levels are appropriate for delivering the scheduled vaccination volume. At a minimum, the following functions need to be allocated:   * Consumer welcome * Preparation and administration of doses * Obtaining informed consent * CIR-trained person for CIR recording * After-immunisation observation |  |  |  |
| Staff inducted to the site and to have completed all relevant training including cold chain and IMAC/vaccine training, adverse event training, and CIR training. |  |  |  |
| Outreach Team (personnel and phone numbers) |  |  |  |
| Staff roles and responsibilities are clearly defined. |  |  |  |
| Workforce plan  To maintain the staff roster including managing unavailability, illness, and other absences. |  |  |  |
| Post clinic/event debrief scheduled to discuss and document learnings. |  |  |  |

**Appendix B Aftercare Template**

**AFTER YOUR COVID-19 VACCINATION INFORMATION**

**(Aftercare advice for residents and staff)**

Resident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccinator name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please observe this resident for the following signs and symptoms:

● Severe Allergic Reaction (i.e. facial & tongue swelling, noisy breathing, hoarseness, wheezing, hives)

● Chest pain

● Heart racing/palpitations

● Shortness of breath

● Fainting episode

If you observe any of the above symptoms or you are concerned about the vaccinated person’s immediate safety. Please **call 111** and tell them that the resident received the Covid-19 vaccination.

*For mild skin rash, headache, chills/fever, nausea, observe and seek GP advice if unsure or mild symptoms worsen.*

If the resident is attending a breast screening or mammography appointment, please advise the radiographer or doctor that they have received a Covid-19 vaccine recently. It is advised to monitor any lymph node changes that persist for longer than six weeks after vaccination.

If the resident is undergoing FDG PET/CT scans for cancer screening, please advise the radiologist or the oncologist that they have received a Covid-19 vaccination. If possible, give the vaccine two weeks prior or just after the scan. Treatment should not be delayed.

When vaccinating an elderly resident with an intercurrent or comorbid condition, vaccinate them when they are stable or as well as possible. Ensure good hydration and careful management of potential systemic adverse events (i.e. fever, increased risk of falls) after the vaccination. It is advisable to have someone with the resident for 24 hour post-vaccination to help manage potential adverse events.

For those who are insulin-dependent diabetics, please closely monitor blood sugar level (BSL) for the next few days, as high or low BSL can occasionally be a side effect of the response to the vaccine.

*Name and signature of Age Residential Care Home/Disability Group home staff receiving handover:*