Planning considerations for community vaccination centres

COVID-19 Vaccine and Immunisation Programme

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MINISTRY OF HEALTH
MANATŪ HAUORA

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1. Purpose

This document provides guidance specifically relating to community vaccination centres and for commissioning agencies (district health boards), vaccination providers and community site custodians to aid in planning for vaccine delivery to Group 4 in the community.

Please read this document in conjunction with:

- Operating Guidelines for DHBs & Providers (the Operating Guidelines)
- New Zealand COVID-19 Vaccine Immunisation Service Standards (the Service Standards)
- 2021 Addendum to National Standards for Vaccine Storage and Transportation Providers 2017

2. Service model

Community vaccination sites are those that are not run in accredited health care facilities and may include fixed or pop-up community hubs, marae, faith-based centres (including churches, mosques and temples) and drive-through centres.

Community vaccination sites are identified as a 'tool in the toolbox' for Group 4 in the Service Design Model. It is an important option to help regions increase local access to the vaccine, and in supporting equitable vaccination delivery to local communities including Māori, Pacific peoples, disabled people, other ethnic communities and rural populations.

DHBs and providers should understand the different demographics in their region. This can be strengthened by contacting local community committees to discuss the population need.

The Ministry of Ethnic Communities has some basic resources to further this understanding, including providing:

- the Ethnic Communities in New Zealand data dashboard
- a community associations directory for DHBs to connect with

3. Commissioning

DHBs are accountable for commissioning and supporting a range of vaccination services that will best meet the needs of their local populations. When doing so, DHBs need to consider equity, accessibility and acceptability of the options they commission.

When commissioning, DHBs can engage with their Tumu Whakarae (DHB Māori GMs) and other engagement teams to ensure services target the correct areas for Māori, Pacific peoples, other ethnic communities and rural populations.

DHBs and providers must meet the requirements to deliver the vaccination through a community vaccination site including the Service Standards and Service Specifications and comply with the Operating Guidelines and the Immunisation Handbook.

4. Early planning considerations

4.1 Early community and site engagement

DHBs and providers should engage community leaders and the site custodians or location partner (if applicable) early to:

- invite and obtain agreement for their participation in the vaccination roll-out
- understand local community needs.

DHBs and providers can leverage existing public community health care pathways to engage the community throughout the roll-out. This includes following existing tikanga Māori protocols and other cultural community considerations outlined by DHB Māori health and community engagement teams.

Providers with existing community relationships could lead the initial outreach and advise on how to engage with these communities.

These initial meetings with the community and site leaders should focus on engagement and building a partnership before beginning any operational planning. DHBs and providers will explain why the community is being approached and inform them about the vaccine.

DHBs, providers and community leaders should determine the best method of advertising a site and sharing information. A range of channels to reach the community, including radio, television, newspaper and face-to-face sessions could be used, involving local community leaders, as well as the national booking system and resources.

4.2 How many people can you cater for?

After the initial engagement, DHBs and providers need to facilitate operational discussions. Operational planning for different community vaccination site settings is covered in the appendices.

Each provider at a community vaccination site will need to calculate its throughput to safely manage vaccination delivery.

- Based on pack size, the initial minimum is 30 vaccinations per vaccine delivery (the minimum delivery volume of five vials containing six doses).
- To mitigate possible delivery delays, we recommend the 30 vaccinations are planned to be completed before storage expiry.
- Due to dilution requirements, six doses of the vaccines will need to be administered within six hours.
- Physical capacity of waiting rooms to meet the 20-minute minimum post-vaccination observation period should be considered when estimating throughput.

4.3 Providing a safe and high-quality vaccination experience

Mana manaaki must underpin the vaccination experience for everyone in Aotearoa. This includes a culturally and clinically safe vaccination experience. A 'one size fits all' approach to service delivery will not work for our priority population groups. Different considerations will be required dependent on a person's health and/or disability, where they live, and how they access services. Refer to Appendix 1 for guidance on delivery models for Māori, Pacific peoples and disabled people.

Site health and safety considerations include access to enough toilets, more than one entrance and exit, site security, disabled facilities. Vaccination site requirements must align with the building's code of compliance certificate.

A suite of welfare resources has been developed and distributed to DHBs. These materials aim to support vaccination teams to be confident, calm and safe when dealing with challenging behaviours or anxious people. DHBs can give providers access to this material to ensure providers and vaccinators are well supported at the site.

4.4 Clinical quality management systems and governance

Clinical safety and quality requirements are sourced from the Ministry's Immunisation Handbook, Operating Guidelines and Service Standards. Vaccination providers delivering the vaccination service are expected to have active clinical governance and systems in place, including an overarching Quality Lead and a Clinical Lead, who have quality and safety oversight of the planning, implementation and clinical governance mechanisms.

Vaccination providers must submit a delivery plan to their commissioning agency that includes:

- an overview of existing clinical quality and safety systems with, at a minimum, oversight of adverse events, complaints, risk and incident management ('adverse event' is not only an adverse reaction following vaccination but also covers errors and near misses)
- names and contact details for clinical lead(s) and quality manager(s), and details of the clinical governance or quality and safety groups within their organisation, including frequency of meetings and responsibilities.

5. Workforce

All parties need to understand the roles and responsibilities of the on-site workforce. This includes the people in the site lead, logistics lead, clinical lead and supporting roles.

To support the vaccination event, adequate administration support roles are required. We recommend having two administrative staff (who will use COVID immunisation register (CIR) user and other supporting functions) for every vaccinator.

5.1 Vaccination training

The Ministry has partnered with the Immunisation Advisory Centre (IMAC) to provide the training required for administering COVID-19 vaccinations. This includes clinical training for the Pfizer vaccine and non-clinical training for using the CIR. Evidence of completing the training is required.

DHBs commissioning services from a provider may supplement this training by asking providers to observe an operating vaccination centre.

5.2 Core vaccination site roles

One person may cover more than one role.

Core roles	Responsibilities	Responsible party
Traffic and security management	• Manage traffic and people flow in and out of the car park and venue • Provide physical security	Site custodian or location partner Provider
Site operations	• Oversee and manage site preparation and operations including people and property. • Manage on-site inventory – particularly important if walk-in is an option	Site custodian or location partner Provider
Stock management	• Manage ordering and use of vaccine and consumables, ensure on-site storage meets requirements, complete inventory portal, ensure visibility of stock usage throughout the day to coordinate additional supply if required	Provider
Clinical oversight **(Nominated COVID-19 Lead)**	• Coordinate all vaccination activities including vaccine logistics (ordering, receiving and storage) • Responsible for all clinical aspects of the vaccination site, which can include: – on-site clinical advice and guidance including managing any AEFI – ensuring availability of equipment and medication for the managing medical emergencies, including anaphylaxis, consistent with the Service Standards, and considering specifics of the site (for example remoteness) – on-site clinical advice and guidance – a closed practice run session with staff – leading team huddles before and after the clinic – submitting significant event analysis reporting to DHB and/or the Centre for Adverse Reaction Monitoring (CARM) as necessary • Must have vaccination experience	Provider
Welcoming and registration	• Meet people and manage flows of people to keep social distancing, depending on COVID Alert Level. • Identify any additional support or considerations to facilitate an inclusive, safe and accessible experience • Confirm NHI number and consumer's details.	Site custodian or location partner /Provider

	• Ensure consumers are booked for a second dose • Provide information to obtain informed consent • Check that consumers are well	
Hauora (health) support	• Support wellbeing of attendees through whole vaccination process, including kaiāwhina (assistance) for extended whānau	Site custodian or location partner /Provider
Vaccination preparation	• Dilute and draw-up vaccine in line with existing practices • Second person confirms vaccine vial information	Provider
Vaccination administration	• Confirm identity (does not require being shown an identifying document) • Ensure consumer is ready for vaccination, aware of potential side effects, and conduct the pre-vaccination clinical assessment • Obtain informed consent • Administer vaccine	Provider
Post-vaccination monitoring	• Observe to monitor for possible adverse event • Manage and/or deliver the appropriate response and liaise with emergency services if needed	Provider
***If using COVID-19 vaccinators (authorised to administer the COVID-19 vaccine under supervision), see the Ministry website for further information on their roles and responsibilities.**		
COVID-19 vaccinator	• Greet people arriving at the vaccination centre for vaccination • Provide culturally appropriate support to consumers and uphold the principles of Te Tiriti o Waitangi • Answer basic questions about the COVID-19 vaccine • Confirm the consumer is happy to proceed with the vaccine (informed consent and vaccine readiness will be discussed with a registered health professional) • Ensure consumer is ready for vaccination and aware of potential side effects • Administer vaccine to triaged people with a low risk of adverse reaction • Complete required documentation (including in CIR) • Provide support and information for consumers following the vaccine	
Supervisor for the COVID-19 vaccinators	• At least 1 dedicated Vaccination Clinical Supervisor for every 6 COVID-19 Vaccinators. • Provide professional and clinical direction and guidance for a team of up to 6 COVID-19 vaccinators to safely and effectively administer the COVID-19 vaccine • Provide professional and clinical advice and guidance to facilitate best care for the consumer • Provide culturally appropriate leadership and support and uphold the principles of Te Tiriti o Waitangi • Be immediately available to support the COVID-19 vaccinator in the event of an adverse reaction • Escalate concerns beyond their knowledge and scope to appropriate clinical or operational leads or emergency services • Provide support for the on-site training and competency assessment of the newly trained COVID-19 vaccinators	

6. Booking an appointment

6.1 Booking appointments

The national immunisation booking service (Book My Vaccine) is mandatory for all DHB-led sites and other primary care, hauora and community pharmacy providers without an existing electronic booking system. Providers with an existing electronic booking system can use Book My Vaccine if they wish.

The national immunisation booking service will be supported by the national call centre Whakarongorau (with both inbound and outbound calls) and will automatically remind people of their appointment. DHBs and the Ministry will support national booking system onboarding and training for providers planning to opt-in to the national immunisation booking service.

Community leaders and groups should be engaged early to plan the best approach to help their community use Book My Vaccine. This can include assistance with navigating the online service or offering support with a phone booking.

Sites should be planned around the community's receptiveness to booking. Certain sites may benefit from strict booking timings (for example, must appear within a 30-minute booking period) but others may work better with a more open timing arrangement (for example, must appear between 9am and noon).

Providers using their own electronic booking systems will need to plan for cancellations and people failing to turn up. Strategies can include calling or texting to remind people 24 to 48 hours before their booking. Alternative arrangements should also be explored for the communities with limited access to phones.

Walk-ins

Walk-in policy should be clear and balance community needs (such as supporting a whanau ora approach) with supply constraints to the site. The site's policy must be communicated effectively to staff and the community.

If you're willing to accept walk-ins, you'll need to ensure:

- you can hold vaccine stock on-site, or have an agreement with your DHB to access stock on demand if needed
- you have a strategy to direct people to a future booking if the vaccine is unavailable
- you're prepared to manage expectations if stock is unavailable
- you'll be able to limit wastage to a reasonable standard.

If you are using Book My Vaccine, walk-ins will be booked for their second appointment at the time of their first (both bookings will appear in the system).

6.2 Administering leftover vaccines

Actively minimise wastage through leftover vaccine by planning a back-up or standby list. You'll be responsible for administering vaccine before expiry. Any wastage must be reported in the CIR and mitigated for future vaccination events.

7. Site readiness and event

7.1 Vaccine consumables and logistics

The DHB, provider and site custodian or location partner must agree to a vaccination delivery plan.

The cold-chain management processes in the Operating Guidelines apply. Please follow this process for handling and storing the vaccine on-site.

Providers and sites must plan how vaccines will be delivered and if they can be stored on-site. This includes use of the CIR Logistics portal for recording receipting, consumption, waste, quarantining of vaccine stock, and for reverse logistics/returns if refrigerators fail or vaccines need to be quarantined or recalled.

The first day of vaccinations should be at a reduced scale to test systems and processes before increasing vaccinations to the plan rate.

7.2 Clinical equipment and space planning

Community sites must have the required medical equipment and resources outlined in the Operating Guidelines and Service Standards. Access to the adequate resuscitation equipment and space must be identified early (such as adrenaline kits, resuscitation space and observation spaces for both stage 1 and 2).

7.3 Other equipment requirements

Minimum equipment standards for managing medical emergencies are outlined in the Service Standards. Additional equipment for use at the site must take into consideration the accessibility of the site to emergency services, remoteness/time delays, and the skill sets of on-site providers.

7.4 On-site IT requirements and support

You will need to plan for internet disruptions and operating with limited to no internet service. Access to the contingency paper forms as a back-up must be available. Paper records will need to be entered into the CIR as soon as practicable.

7.5 Site readiness self-assessment checklist

Providers must complete and submit the site readiness checklist to the commissioning agency (see Appendix A of the Operating Guidelines).

7.6 Vaccination event

A daily plan will ensure clinical and site staff are familiar with the vaccination event. This includes planning for work (before and after event briefings) and cultural protocols (welcoming or other cultural blessings).

Ensure there are well-established operational processes and events, such as a start-of-day site briefing for everyone and an end-of-day brief. Plan for established activities on-site which

vaccination will need to work around (for example, karakia, call to prayer, worship times, other community protocols).

7.7 Second appointment

Various approaches could be used to ensure second dose appointments are made, such as booking the second dose at the time of the first (in person or online), at registration or during observation.

With temporary clinics it is important not to change the locations frequently. If a site needs to move, ensure communications and processes are in place to redirect the community to the new site.

7.8 Adverse events following immunisation record

Vaccine-related adverse events must be recorded and reported to the Centre for Adverse Reactions Monitoring (CARM), through either:

- the CIR for adverse events during the observation period
- the CARM website for any post-event presentation after the consumer has left the site.

7.9 Contingency planning

All those on-site need to understand contingency planning, including:

- access to items and equipment, considering rurality/distance
- managing excess vaccines through non-attendance

8. Funding and payment

The population funding model for DHBs has been agreed. DHBs will allocate funding to the community hubs from the funding provided by the Ministry of Health. Weighting has been applied to the population-based formula to allow DHBs to factor in other considerations such as rurality and equity.

DHBs will negotiate and provide advice on the most appropriate payment mechanism for providers.

Appendix A: Guidance on delivery models for Māori, Pacific peoples, ethnic communities and disability groups

The following examples show how an equitable approach to Māori, Pacific, ethnic and disabled communities may be incorporated into vaccination site planning and operations. Note that these are examples of equitable practices to support your planning, not a checklist of requirements that you must meet.

Māori

Partnership: Wai 2575 Te Tiriti o Waitangi principle

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health and disability services. Māori must be co-designers with the Crown, of the CVIP for Māori.

Whānau/Family

- Homes
- Non-residential care
- Mobile units
- Workplace
- GPs

Hapū/Community

- Marae
- Churches
- Rural schools
- Community centres
- Pharmacies

Iwi/Large community

- Iwi headquarters
- DHBs
- Large Hauora provider
- Sporting facilities

Pan Iwi/Large Metro

- Large community-based vaccination clinic
- Hospital site
- Arenas/stadiums

Manaaki		
Pre vaccination	**Vaccination**	**Post Vaccination**
• Kaiāwhina to support • Culturally appropriate communication • Whānau and/or Carers present • Safe environment & site setup • Alternative access methods • Translation services • Cup of tea	• Kaiāwhina to support • Culturally appropriate communication • Whānau and/or Carers present • Safe environment & site setup • Translation services • Vaccinators match the population	• Kaiāwhina to support • Culturally appropriate communication • Whānau and/or Carers present • Safe environment & site setup • Alternative transport methods • Translation services • Cup of tea and discussion about hauora

Pacific peoples

Equity

Equity for Pacific peoples is focused on identifying and removing barriers to achieve equitable outcomes. This includes working with Pacific experts to identify the appropriate approaches and service settings best suited for Pacific peoples.

Family

- Homes
- Non-residential care
- Mobile units
- GPs

Community

- Churches
- Schools
- Community centres
- Workplace
- Pharmacies

Trusted providers

- DHBs
- Large Pacific providers
- Sporting facilities

Large Metro

- Large community-based vaccination clinic
- Hospital site
- Arenas/stadiums

Manaaki		
Pre vaccination	**Vaccination**	**Post Vaccination**
• Community health workers to support • Culturally appropriate communication • Family support and/or Carers present • Safe environment & site setup • Alternative transport methods • Translation services • Cup of tea	• Community health workers to support • Culturally appropriate communication • Family support and/or Carers present • Safe environment & site setup • Translation services • Vaccinators match the population	• Community health workers to support • Culturally appropriate communication • Family support and/or Carers present • Safe environment & site setup • Alternative transport methods • Translation services • Cup of tea and discussion about wellbeing

Disability

Equity

Equity for disabled people is focused on increasing accessibility to achieve equitable outcomes. Consideration must be given to disabled people in particular with disabilities that might hinder their ability to receive vaccination and disabled people who are at greater risk if they contracted the virus, to support all aspects of rights, access, adaptable approaches and equity. This includes working with disability representatives, agencies and providers to identify the appropriate approaches and service settings best suited for a diverse population of disabled people.

Whānau/Family

- Homes
- Non-residential care
- Mobile units
- GPs

Trusted Providers

- Marae
- Churches
- Rural schools
- Community centres
- Pharmacies

Community

- Schools
- Community centres
- Marae
- Churches
- Workplace
- Pharmacies

Circles of Support

- General Practitioner (family doctor)
- Wider social network
- Natural Support network

Manaaki		
Pre vaccination	**Vaccination**	**Post Vaccination**
• Kaiāwhina and trusted sources of information • Planned Social stories • Culturally appropriate, targeted communication • Alternate format communication • Translation services • Alternative transport methods • Informed consent understood and planned by person • Safe environment & site setup • Specific approach to complex groups	• Kaiāwhina and trusted support onsite • Carers present • Culturally appropriate communication • Alternate format communication • Translation services • Safe environment & site setup suitable to persons sensory needs • Vaccinators trained on informed consent	• Kaiāwhina to support • Carers present • Culturally appropriate and targeted communication • Alternate format communication • Translation services • Feedback about the experience captured • Alternative transport methods • Safe environment & site setup • Cup of tea and discussion about hauora

Ethnic communities

Equity

Equity for ethnic communities can be achieve with a focus on targeting members of the community who cannot ordinarily be reached because of communications barriers and lack of understanding of the health system. The target approach involves engaging with community leaders/stakeholders including faith/religious leaders, local champions and engagement teams who can encourage and relay key information on the vaccine rollout.

Whānau/Family

- Homes
- Non-residential care
- Mobile units
- Workplace
- GPs

Community

- Churches, mosques
- Temples and Gurdwara
- Community centres
- Workplaces
- Schools
- Pharmacies
- Ethnic media platforms
- English for speakers of other languages (ESOL) programme centres

Trusted providers

- DHBs
- Large ethnic vaccination providers

Large metro

- Community based event vaccination clinic
- Hospital sites

Manaaki		
Pre vaccination	**Vaccination**	**Post Vaccination**
• Community/religious leaders and engagement teams to support community health workers • Appropriate cultural and religious communications • Family and community leaders support • Alternative communications/formats and channels • Safe environment and site set up especially for Muslim women • Translation service	• Some vaccinators match the population • Appropriate cultural and religious communications • Family and community leaders support • Alternative access method • Safe environment and site set up especially for Muslim women • Translation service	• Appropriate cultural and religious communications • Family and community leaders support • Alternative communications/format and channels • Safe environment and site set up especially for Muslim women • Translation service

Appendix B: Community vaccination hub

A community vaccination hub is a site where vaccination occurs and may be in a building that is repurposed for vaccinations. It is a commissioned service provided by collaborating partners.

Who can the community vaccination hub cater for?
A community hub model can cater to anyone from any groups within the sequencing framework. This model could be set up as a long-term option through to December 2021. It is not restricted to an enrolled population and provides a safety net for general practices that do not want to run a vaccination site themselves but have resources they can offer.

How many people can a community vaccination hub cater for?
A community hub model can cater for a wide range of throughput numbers. The Ministry of Health suggests that a community hub is set up to cater for a range of 100 to 1500 people per day.

Accountability
If multiple providers are collaborating on the delivery of vaccinations in a community hub, a lead organisation must be identified to take accountability for the on-site activities and operations.

Set-up of community hub site

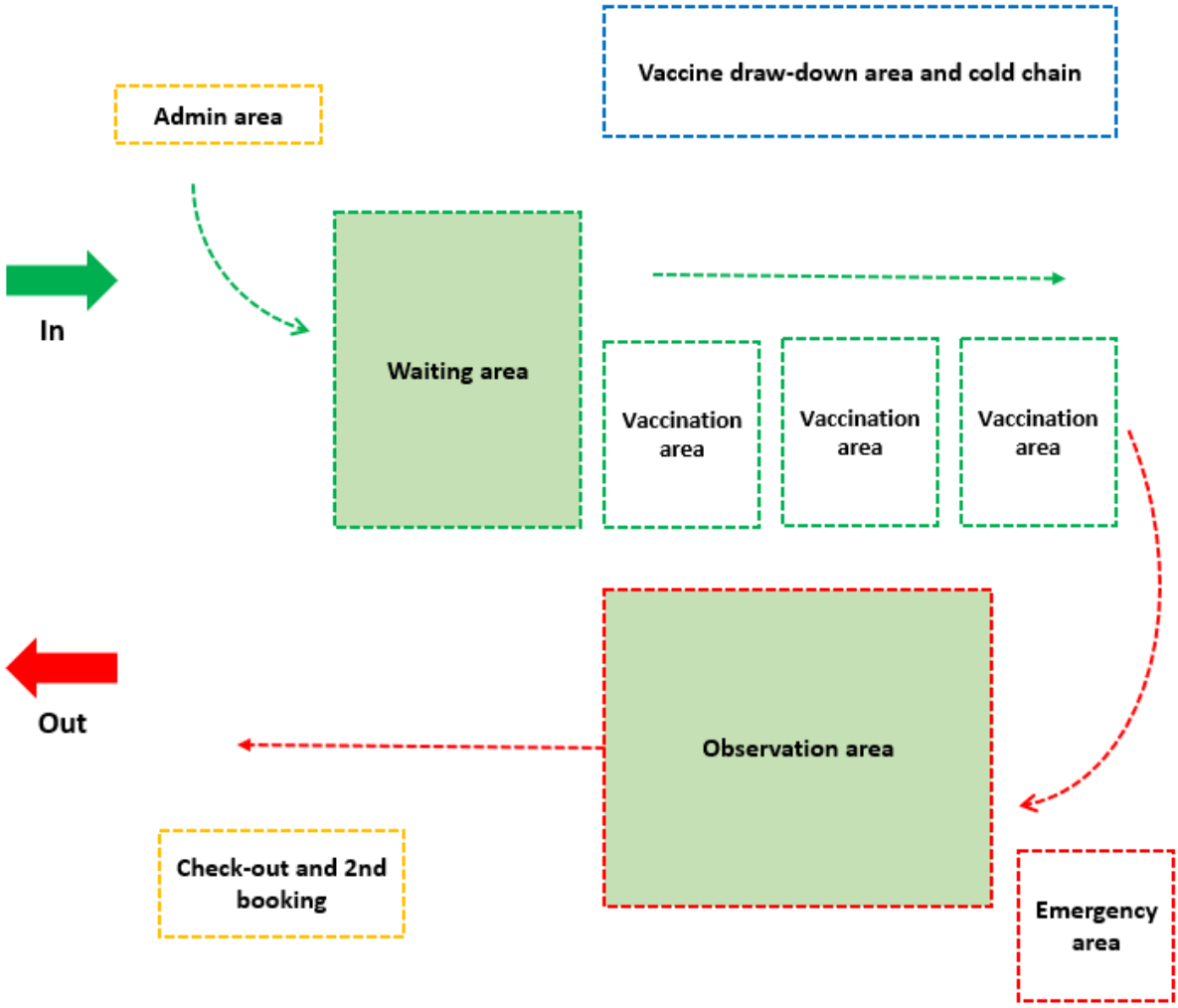
When considering a potential location for a community hub, these are important factors:

- building code of compliance certificate
- available parking
- proximity to public transport
- size of the space in relation to targeted throughput numbers
- signage
- disability access
- staffroom
- emergency response plan – all types
- secure space to set up a cold-chain fridge and draw-up vaccines
- reliable connectivity to programme platforms/system such as CIR and NIBS
- availability of Wi-Fi for people while they are waiting.

A comprehensive security and health and safety plan must be developed to keep consumers and staff safe.
Community hubs will need to have the suite of comms collateral before opening the hub (see Operating Guidelines for specific documents). Please work with your local DHB to order these materials.

Community vaccination hub site map

This is an example of a site plan from a community hub in Wellington to provide guidance on the look and feel.



Appendix C: Marae, faith-based sites and other community gathering sites

Definition

Marae, faith-based and other community gathering sites are existing community places of gathering, governed by a site custodian and used by local communities for meeting and activities. Vaccinating at these sites is likely to be temporary and to operate in and around the use of the site by the community.

Who can the model cater for?

These sites can vaccinate anyone under the sequencing framework. They are likely set up to vaccinate the local communities who actively use and visit the site and may not readily access vaccinations through primary care, community hubs or mass vaccination events. DHBs and providers should leverage existing public community health care pathways to engage the community throughout. This includes following existing tikanga Māori protocols and other cultural community considerations outlined by DHB Māori health and community engagement teams.

Early engagement

DHBs and providers with experience in delivering outreach immunisations should leverage existing resources and methods. Having a site visit beforehand to talk with the leaders and supporting community will inform planning and site readiness.

DHBs and providers should be mindful of tikanga Māori, and cultural and religious considerations when engaging, planning and delivering vaccines in these community vaccination sites. DHBs and providers should refer to existing policy and seek advice from their regional or practice engagement team and community leads.

The table sets out some activities and topics for discussion when DHBs and/or providers meet with the local community and site custodians.

Activities	Discussion topics
• Group discussions and/or visits with leaders • Information and QA sessions between DHB, clinical leads and providers with the community • Distributing hardcopy information on the vaccine (Ministry collateral)	• Building on or establishing an enduring relationship (for example, involvement of the community in the process) • Process of being vaccinated • Benefits of the vaccine, both personally and to the community

Planning

All parties should focus on empowering the community to mobilise. This could include:

- an alternative physical location or building more suitable to meet community needs or vaccine delivery needs (such as a nearby community hall or school site)
- asking community and site leaders to help estimate the number of consumers, and with registering interest and booking
- clear and visible involvement of the community in the planning and vaccination event (such as sitting in on planning meetings)
- ensuring the vaccination workforce reflects the community it serves,
- community and leaders holding front-facing site roles to welcome and facilitate the event
- building the vaccination event into broader community engagement event
- identifying barriers to the community vaccination (such as transport, times of accessibility)
- using existing community network (including communication and transport) channels for outreach and information.

While many of the planning considerations will be provider-centric, some site-specific considerations include:

- physical space for vaccine preparation, registration, vaccinating, observation and resuscitation
- cultural considerations including vaccinating on-site and privacy
- other community activities affecting availability (such as tangihanga, worship, regular community event)
- other equipment and infrastructure available (chairs, desks, dividers, internet)
- existing health and safety, emergency and COVID-19 plans
- traffic management.

Community site set-up and pack-down process must be planned, including:

- identifying whether physical storage is available or whether the immunisation kits are readily mobile (for example identifying which equipment and materials can be transported to site, stored at site or are readily available at site)
- estimated time taken to set up and pack down when setting clinic times.

The table below sets out some of the roles and tasks involved in the planning process.

Commissioner (DHB)	Provider	Site leaders and site
Identify and commission providers	Provide information, advocacy and outreach	Support community information and advocacy

Support advocacy and outreach	Provide vaccination and administration roles	Provide greeters, registration, ushering and crowd management roles
Support onboarding of providers	Organise vaccine and consumable delivery	Health and safety, and other emergency protocols

DHBs, providers and sites should plan for compensatory and separate koha arrangement for the use of the building and facilities used. This should be broached early by discussing what is appropriate and how this is best facilitated.

DHBs and providers may use the community-based vaccination to promote other health or wrap-around services if appropriate (such as another type of public health outreach).

Workforce

Temporary community sites can utilise the community in their workforce and can be encouraged if this is appropriate and possible. Certain roles (clinical and logistics) will need to be supplied by the DHB/providers to meet programme requirements and ensure safe vaccination delivery.

Community vaccination centres can contribute to the workforce in roles that:

- engage and help find people to attend
- welcome and manage people arriving at the vaccination site
- help vaccination staff confirm identity to assist with NHI matching
- assist with observation and welfare post-vaccination.

Providers may need to consider balancing the provision of existing community services while planning this vaccination programme. Providers can access the additional workforce supplied through the 'Hands up' initiative.

Example of planning

Below are collated experiences from community vaccinations at a marae.

A DHB engaged a local hauora provider to vaccinate the regional community. The provider with the support of the DHB and existing relationships identified a local marae as a possible vaccination site. The provider visited the site and sought permission from the marae custodians to participate in the vaccination programme and vaccinate its community.

The marae provided an estimated size of population and other community needs (if an alternative site could be established in the event of a tangi, possible clinic times, community participation in workforce, and refreshments). The provider reviewed the site and identified what equipment would be needed to run a vaccination clinic using the Operating Guidelines and appended site checklist.

The DHB, provider and marae together:

- estimated a plan of vaccine delivery throughput based on possible population, the available workforce and space available
- planned clinic times with consideration of other regional needs (three days a week on a three-week cycle)
- discussed and planned vaccine and consumable logistics (mobile chilly bin to site) and site equipment (chairs, no internet)
- worked out the roles and responsibilities on-site (provider to lead logistics and clinical, marae to assist with non-clinical and security, and DHB to support as required with equipment).

The provider held a series of QA sessions with the community, with DHB support, to outline the vaccination process. The DHB, provider and marae worked on a commonly understood plan of fixed vaccination slots and asked the marae to fill pre-determined times.

On the first day of vaccination, the provider planned a smaller scale clinic to test its systems and processes and for the event to start later in the day. The marae welcomed the vaccination staff on-site and helped set up with the providers.

The site now operates using this process:

- travel to site
- on-site formalities
- site set-up for the day (equipment checking and testing)
- pre-opening briefing (roles and responsibilities overview)
- begin vaccinations
- end of vaccination day
- de-brief of day (what went well, what can we improve on)
- site pack down
- depart site.

The provider manages walk-ins by booking those eligible into the next available appointment.

The provider identified that other wrap-around services could be provided, and with the permission of the marae organised the presence of other social and health providers on-site.