



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
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15 December 2021

9(2)(a)

RE Official Information Act request WCDHB 9625

I refer to your email dated 29 October 2021 requesting the following information under the Official Information Act from West Coast DHB regarding Covid-19 vaccination programmes and planning for Māori. Specifically:

- 1. Copies of any plans formulated to vaccinate Māori in the region against Covid-19.**

Māori Covid19 Vaccination Strategy

The Ministry is committed to fulfilling its obligations under [Te Tiriti o Waitangi](#) as part of the COVID-19 Māori health response, including through the delivery of the Programme. This strategy outlines key initiatives incorporated across the Programme that ensures Te Tiriti o Waitangi and Māori health equity remain at the centre of the vaccination roll-out. These initiatives include:

- governance and partnership
- targeted vaccination approach
- Māori health and disability provider support
- workforce development
- Tailored communications.

Te Tiriti and Māori health equity must be at the centre of each level of the alert system for the COVID-19 response. The Ministry of Health (MoH) states that measures in the response to COVID-19 must be taken in a way that actively protects the health and wellbeing of whānau, hapū, iwi and Māori communities.

The Programme will help to manage the impact of COVID-19. This is because it helps us to:

- actively protect people from the potential harm of contracting COVID-19
- potentially reduce the risk of transmission in the community
- support the health and disability system's readiness and resilience if there is an outbreak, both by vaccinating certain health workers early and by vaccinating the groups most at risk of severe illness if they contract COVID-19.

The West Coast DHB COVID Vaccine Immunisation Programme has in its Operations Guide, an equity statement (see **Appendix 1** – note Page 22 8.3 re Equitable access) which recognises and commits to ensuring equity is at the forefront of all decision making during the response to the Covid-19 pandemic and the rollout of the vaccination programme on the West Coast.

It is important Hauora Māori are involved when planning clinics – both static and mobile, generic and targeted to Māori. The Hauora Māori team, our Māori Health Provider, Iwi and other Māori NGOs must have a voice as they will provide the strategic input, and community connection to ensure engagement of Māori in this māhi.

There is a strategy and process to ensure we are meeting the expectations outlined in the WCDHB Equity Statement and that we are adhering to the Ministry's Māori Covid Vaccination Strategy. Now more than ever we cannot afford to lose sight of the stark inequities that exist between Māori and non-Māori to ensure that we limit the potential risk to Māori.

Tatau Pounamu – the West Coast DHBs Manawhenua Group is kept abreast of Covid Vaccination activity and data provided by the Programme team. Their input into strategy is vital to ensure the needs of West Coast Hapori Māori are met. Meeting these needs requires a collective effort across the health and disability system and the application of Te Tiriti articles and principles at every level of the response.

Actions:

- Hauora Māori have regular timetabled meetings with the Programme Manager.
- A number of appointments at each clinic have been set aside for Māori.
- Working with the Māori Health Provider to support them as they work through the accreditation process to stand up their Covid-19 service.
- Support regular clinics to be led by Poutini Waiora and resources made available as required.

A key focus for Tumu Whakarae is to champion Te Tiriti, Māori health equity and the achievement of accelerated Māori health outcomes.

Please find attached as **Appendix 2** A Covid-19 West Coast DHB our Covid Immunisation strategy developed by the West Coast DHB Steering group regarding equity and access for all.

2. Details of measures the DHB has taken to provide vaccinations to Māori in the region, including staffing and resourcing.

- Establishment of a kaiāwhina role within the DHB Covid Vax team to support uptake by Māori
- Working with all Tranche funding and Whānau ora Commissioning Agency funded Māori NGOs to plan
- Prioritised older Māori and their whānau for vaccination early
- Our plan offered vaccination to **all** household whānau of Māori receiving their first vaccination **irrespective** of the place of the household whānau in the sequencing framework – the rationale being that providing protection to an entire household went some way to redress the inequitable impact COVID infection would have.
- Karakia have regularly featured to open Vaccination Clinic sessions brining the team together as only karakia can
- The initially established static Vaccination Clinic at Te [Nikau was blessed in a ceremony led by Gary Coghlan of the WCDHB Hauora Māori team](#)
- When visiting remote locations vaccination was offered to all eligible people rather than using the sequencing framework
- All people who applied for roles in the programme and identified as Māori or Pasifika were offered interviews
- Whānau Days staffed jointly by Poutini Waiora and DHB staff
- Support to enable Poutini Waiora to become a vaccination provider offering marae-based clinics in addition to other settings
- Poutini Waiora and DHB vaccination teams working collaboratively to deliver outreach vaccination in rural West Coast settings and in urban settings going house to house/street by street
- Offering vaccination in places including: workplaces, homes, schools, in Police custody, at Department of Corrections facilities, retail businesses and road sides
- Using multiple ways to communicate and promote vaccination information and clinics sites, including print, digital, social media and radio. Featuring local Māori to promote vaccination

3. Reports, briefings, memos, or other updates provided to the DHB's senior leadership on the progress of Covid-19 vaccine rollout to Māori in the region since the immunisation programme began.

Please find attached as **Appendix 3** presentations including a report for the West Coast DHB Board.

4. Details of any data the DHB is collecting to monitor the vaccination of Māori against Covid-19 in the region.

- Using the MoH data provided daily which is publicly available
- Utilising Covid Immunisation Register (CIR) data as vaccinations are completed
- Using HSU (Health Service User) data to develop outreach plans and campaigns

5. High-level correspondence between senior leadership and the Ministry of Health relating to the vaccination of Māori against Covid-19.

6. High-level correspondence between senior leadership and other DHBs relating to the vaccination of Māori against Covid-19.

We do not hold any correspondence at the level of detail requested (declined pursuant to section 18(g) of the Official Information Act i.e. " *...the information requested is not held by the West Coast DHB.* ".

7. High-level correspondence between senior leadership and Māori health providers, experts and/or iwi relating to the vaccination of Māori against Covid-19.

Please find attached as **Appendix 4** information provided to Tatau Pounamu Manawhenua Advisory Group.

The Tatau Pounamu Manawhenua Advisory Group is made up of the Manawhenua health advisors mandated by the Papatipu Rūnanga: Te Rūnanga o Makaawhio and Te Rūnanga o Ngāti Waewae as the Treaty of Waitangi partners to West Coast DHB. Ngā Maata Waka o Te Tai o Poutini is also included in this forum.

Tatau Pounamu Manawhenua Advisory Group works with West Coast DHB to:

- Develop and implement strategies for Māori health gain.
- Provide health and disability support services consistent with Māori cultural concepts, values, and practices.
- Support Māori aspirations for health and to reduce inequalities between Māori and other New Zealanders for whānau, hapū, iwi, and Māori communities.

The group meets the West Coast DHB every six weeks and works closely with the Māori Health General Manager, West Coast DHB General Manager, and Planning and Funding Team Leader.

<https://www.wcdhb.health.nz/about-us/board-committees/tatau-pounamu-advisory-group/>

Please note, we have also redacted information pursuant to section 9(2)(a) of the Official Information Act to protect privacy.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support



COVID Vaccine Immunisation Programme

Playbook

Issued: 01/05/2021

Version: 0.9

SECTION 1 DOCUMENT CONTROL

1.1 Document History

All amendments and updates to this Plan must be recorded below:

Version	Amendments	Author	Dates
0.1	Draft	J. MacAskill	15.02.2021
0.2	Working Draft	J. MacAskill	29.03.2021
0.3	Whānau strategy and other various minor edits	D. Smith	01.04.2021
0.4	Minor updates	J. MacAskill	02.04.2021
0.5	SRO & GM review	R. La Salle & P. Wheble	06.04.2021
0.6	Business Continuity updates	J. MacAskill	15.04.2021
0.7	Informed Consent & Booking update	J. MacAskill	15.04.2021
0.8	Clinical Updates	J. MacAskill & Maria Giles	19.04.2021
0.9	Programme updates and minor edits	D. Smith	01.05.2021

1.2 Distribution

This is a living Document and viewable on the WCDHB intranet. Printed copies may not reflect the current version.

1.3 Contributors to this Plan

The West Coast DHB will engage widely during the process of developing and maintaining this Health Emergency Plan. Organisations consulted, but are not limited to, include:

- WCDHB COVID-19 Vaccination Group
- CDHB COVID-19 Vaccination Steering Group
- West Coast Primary Health Organisation
- Population Health Team
- Poutini Waiora
- CDHB Planning and Funding
- Community & Public Health
- Infection Prevention Control WCDHB
- Hauora Māori
- Service Continuity WCDHB
- Ministry of Health

1.4 Information Regarding this Plan

For further information regarding this plan or suggested updates please contact the:

Programme Manager

COVID-19 Vaccination Programme, West Coast DHB

E: covax@wcdhb.health.nz

M: 022019385

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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SECTION 2 BACKGROUND

The ongoing response and management of COVID-19 in the Canterbury and West Coast District Health Board regions is managed by an integrated, multi-agency team. It encompasses contact tracing, laboratory processing, community testing, border (airport and port) testing, and managed isolation and quarantine facilities (MIQF) staffing and testing. It also includes ongoing preparedness within primary and secondary health care in case of a resurgence of COVID-19.

Now the programme includes planning and implementation of a mass vaccination programme.

The components of the mass vaccination programme include:

- a. **Planning and engagement** across the sector.
- b. **Sequencing and defining patient cohorts** and timing of delivering the vaccine to these based on Ministry guidance and vaccine availability.
- c. **Distribution and inventory management** – as directed by the Ministry. This may include placement of smaller -20 vaccine freezer unit at selected DHBs and additional cold store facilities as required as well as identifying appropriate venues for immunisations to be carried out.
- d. **Recruiting, training and managing the health workforce**, including vaccinators and administrators, and balancing the need to maintain ongoing vaccination programmes such as childhood immunisations, MMR and influenza. It also includes training on the CIR onboarding process
- e. **Communications** to the public, providers, CDHB and West Coast DHB staff.
- f. **Immunisation programme delivery**, including contacting the relevant patient groups, arranging and recording consent, booking appointments, pre-immunisation activities, immunising, documenting, rebooking, following up missing appointments, monitoring patient wellness, managing logistics, PPE, computer equipment, supplies, etc.
- g. **Monitoring and reporting** on vaccine uptake projection, inventory, identified barriers and adverse events.

A feature of the vaccination programme planning is the continuous consideration of strategic options that are likely to promote **equity** for Māori and other priority communities. In addition to various practical considerations, key aspects of the equity strategies considered include:

- a. implementing targeted, champion-led communications initiatives to maximise vaccination uptake and limit 'hesitancy'
- b. maximising the number of Māori staff included in the wider team delivering the vaccination programme especially vaccinators
- c. offering vaccinations to household members of those staff identifying as Māori (or other vulnerable population groups routinely identified by WCDHB) when they book for vaccination. The rationale for this last strategy is to accelerate vaccination for Māori recognising the greater vulnerability to the impacts of pandemic on Māori. Further, it is recognised that accelerating coverage for Māori by adopting this '*whānau strategy*' **will not** result in delays in vaccination for others since the rate of vaccination is limited by other factors, especially the practical limitations in achieving high clinic volumes in a relatively small population.

SECTION 3 PURPOSE

This document provides guidance on establishing and managing a COVID-19 vaccination site, including guidelines for the vaccination workforce.

This document focuses specifically on Tier 2 vaccinations and will be reviewed and amended prior to Tier 3 vaccinations with the lessons learned from both Tier 1 and Tier 2 rollouts.

This document should be read in conjunction with the:

1. Operating Guidelines for DHBs and Providers – COVID-19 Vaccine Immunisation Programme
2. West Coast Health COVID-19 Strategic Resurgence Plan v1.6
3. Pandemic-and-Outbreak-Coordination-Response-Plan
4. West Coast Health Emergency Plan.

SECTION 4 ABBREVIATIONS

Abbreviation	Meaning
BWTR	Border Worker Testing Register
BAU	Business as usual
CARM	Centre for Adverse Reaction Monitoring
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CIR	COVID Immunisation Register
COVAX	COVID-19 Vaccination
DHB	District Health Board
FTE	Full Time Equivalent
HCL	Healthcare Logistics
IMAC	Immunisation Advisory Centre
IPC	Infection Prevention and Control
MIQF	Managed Isolation and Quarantine Facility
MOoH	Medical Officer of Health
MoH	Ministry of Health
NHI number	National Health Index number
PT	Part Time
SPOC	Single Point of Contact
ULT	Ultra-Low Temperature (-90°C to -60°C)
WCDHB	West Coast District Health Board
WCEM	West Coast Emergency Management (formally known as CDEM)
VETL	Vaccinator Event Team Leaders

SECTION 5 ROLES AND RESPONSIBILITIES & KEY CONTACTS

5.1 Single Point of Contact

All official Communications for this programme will be sent to the following SPOC for the West Coast Vaccination Programme

SPOC Contact Details		
SPOC Phone	03 769 7400	Ext: 2997
SPOC Alternate Phone (mobile)	022019385	
SPOC Email	covax@wcdhb.health.nz	
SPOC Designated Position	Programme Manager	

5.2 Vaccine Programme Key Contacts

The following table list the various leads for the West Coast COVID-19 Vaccine Programme

Position	Contact	Email	Phone
SRO & Exec Lead	Ralph La Salle	ralph.lasalle@cdhb.health.nz	027 285 6323
West Coast DHB General Manager	Phil Wheble	philip.wheble@wcdhb.health.nz	027 245 8831
Interim Programme Manager	David Smith	david.smith@wcdhb.health.nz	022 0128 719
Interim Operations Lead	Maria Giles	maria.giles@wcdhb.health.nz	022 012 0157
Interim Planning Lead	Jason MacAskill	Jason.macaskill@wcdhb.health.nz	027 836 2181
Interarm Workforce Lead	Jason MacAskill	Jason.macaskill@wcdhb.health.nz	027 836 2181
Interim Admin Lead	Ingrid Dugand	ingrid.dugand@wcdhb.health.nz	027 7727 470
Clinical Lead	Dr. Cheryl Brunton	Cheryl.Brunton@cdhb.health.nz	021 799 001
Pharmacy Lead	Lisa Jackson	lisa.jackson@wcdhb.health.nz	
IMMS Coordinator	Betty Gilsenan	betty.gilsenan@wcdhb.health.nz	027 231 4794
COVID IMMS coordination			

Position	Contact	Email	Phone
IMAC regional advisor			
Communications lead	Imogen Squires	imogen.squires@wcdhb.health.nz	027 836 1528
ISG Lead	Miles Roper	miles.roper@wcdhb.health.nz	027 244 1598
Planning and Funding Lead	Bridget Lester	Bridget.Lester@cdhb.health.nz	
Infection Prevention Control Lead	Julie Ritchie	julie.ritchie@wcdhb.health.nz	0278072670
Advisor, Emergency Management & Business Continuity Planning	Jason MacAskill	Jason.macaskill@wcdhb.health.nz	027 836 2181

Refer to the [Operating guidelines for DHBs & Providers Covid-19 Vaccine Immunisation Programme](#) for key contact details for MoH support.

5.3 Roles and Responsibilities

Role	Responsibility
COVID-19 Vaccine steering group	<ul style="list-style-type: none"> • Oversight of the vaccine strategy • Reports to the West Coast COVID-19 Oversight group • Ensures Equity
Programme Manager	<ul style="list-style-type: none"> • Oversight of the Vaccine Programme • Reports to the West Coast COVID-19 Vaccination Steering work group • Ensures strategy is carried out • Management of staff, HR, Contracts • MoH Reporting • Oversight of clinic bookings
Clinical Lead (MOoH)	<ul style="list-style-type: none"> • Clinical Oversight of programme • Review of adverse events • Vaccine Standing Orders • Oversight of clinical staff training
Operation Lead	<ul style="list-style-type: none"> • Ensuring the effective delivery of the clinical service. • Ensuring there are the correct amount of vaccines in the right place at the right time for the right people. • Rostering and booking vaccine clinics with vaccinators.

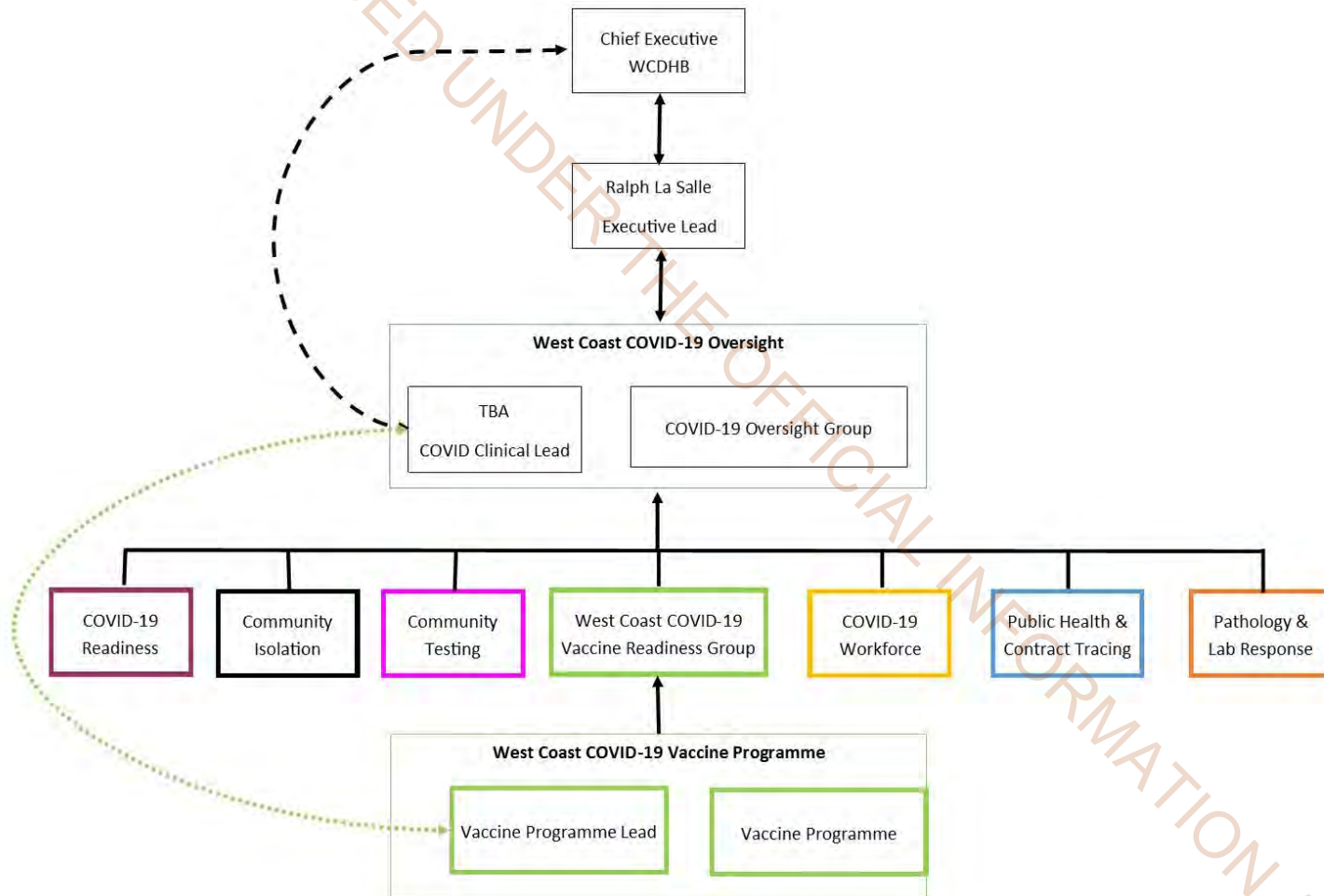
Admin Lead	<ul style="list-style-type: none"> • Emails • Booking and confirming of clinics • Meeting and greeting patients and ensuring that they are comfortable before their vaccination • Noting patient information on the Covid-19 Immunisation Register • Ordering of supplies and equipment • Booking and confirming appointments for patients
Vaccination Event Team Leaders (VETLs)	<ul style="list-style-type: none"> • Have oversight across the vaccination team on site • Manage the cold chain requirements from both vaccine fridge and community cold chain (chilly bins) • Ensure all equipment required to provide a safe vaccination event is available (including emergency equipment) • Have a comprehensive knowledge of vaccination processes to be able to support all members of the vaccination team • Drawing the vaccine, ensuring the vaccine is safe to use • Making sure patients are safe and able to be vaccinated then administering the vaccine. • Entering patient data into the Covid-19 Immunisation Register • Ensure clinics are correctly staffed for the number of vaccinations booked on that day • Manage vaccine stock, placing orders and ensuring there is sufficient stock • Ensuring that all bookings for each day are correct and up to date.
Vaccinators	<ul style="list-style-type: none"> • Entering patient data into the Covid-19 Immunisation Register • Assisting in the drawing up of the vaccine • Making sure patients are safe and able to be vaccinated then administering the vaccine.
Observation Team	<ul style="list-style-type: none"> • Making patients feel comfortable for up to 30 minutes once they have been vaccinated to ensure they do not deteriorate • Noting patient information on the Covid-19 Immunisation Register • Calling on nursing staff if a patient is starting to deteriorate

5.4 West Coast COVID-19 Structure

the following diagrams below outline the West Coast COVID-19 Structure and Vaccine project for the west coast

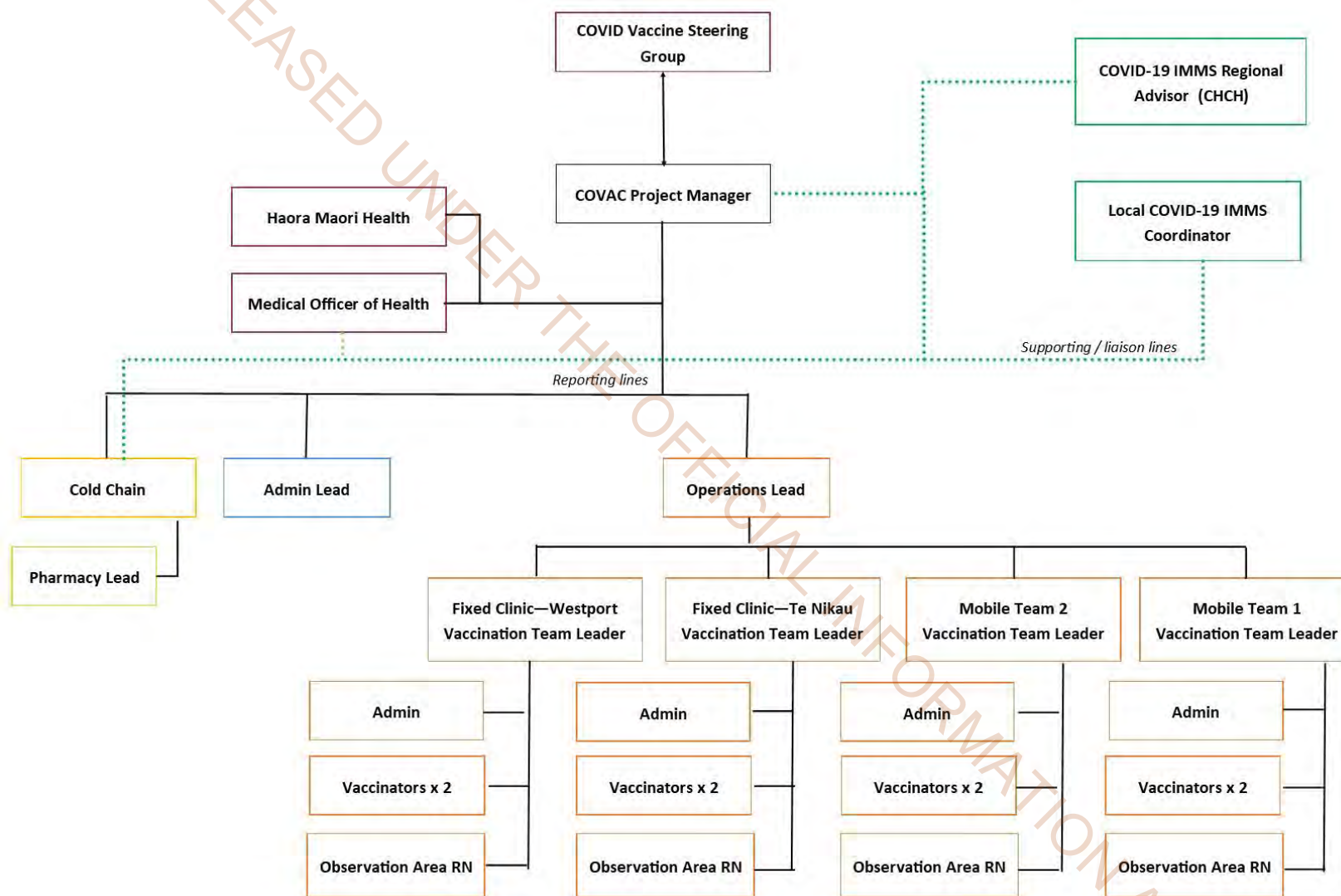
5.4.1 West Coast DHB COVID-19 Directorate Structure

Diagram 1: West Coast DHB COVID-19 Reporting Structure



5.4.2 Vaccine Programme Reporting Lines

Diagram 2: West Coast DHB COVID-19 Vaccination Project Reporting Structure



SECTION 6 CLINICAL OVERSIGHT OF PROGRAMME

Clinical oversight of this programme will be provided by the West Coast Medical Officer of Health (MOoH)

- the MOoH will:
 - provide clinical oversight of the programme and ensures all required standing orders are in place.
 - ensure all vaccinators have completed the required COVID-19 vaccinator training.
 - provide clinical support and guidance and advice to Vaccination Event Team Leaders and vaccinators.
 - support investigations into adverse events relating to the COVID-19 Vaccination programme.
 - work with Communication Lead to ensure the correct messaging is released to media.

Clinical Leadership of Clinics

refer to page 24 of this document or click link [Clinical Leadership of Clinics](#)

SECTION 7 WORKFORCE

7.1 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 below outline staffing models for you to consider as you plan your vaccination workforce.

Please refer to the

- [COVID-19 Vaccine Operating Guidelines](#)
- [Appendix 4 in the Immunisation Handbook](#)

Note that the modelling outlined in these documents is only recommended and each Mass Vaccine Clinic will be tailored resourcing based on our expected site volumes, service delivery model and our understanding of the needs of the consumers (for example, if the cohort being vaccinated is expected to have low health literacy or low English skills, they may need more support throughout the process which may affect timing and resourcing).

7.2 WCDHB Vaccination Programme Workforce

Based on the workforce modelling by the MoH Table 1 and 2 outline the minimum COVID-19 Vaccination Team for the West Coast.

Table 1: WCDHB Vaccination Programme Management

Position	Qty	FTE identified	Term identified
Programme Management			
Programme Coordinator/Manager	1	1 FTE	secondment
Programme Admin Lead	1	1 FTE	secondment
Operations Lead		1 FTE	
Admin	1	0.8 FTE	
Clinical Lead	1		Medical Officer of health

Table 2: WCDHB Vaccination Team minimum specification for fixed site clinics and temporary clinics

Position	Qty	FTE	Notes
Fixed Clinic – Te Nīkau			
Vaccination Team Leader	1	1	Vaccination Team Leader will combine the Role Lead Authorised Vaccinator and Site Manager
Vaccinators	2	1	Including Drawing-up Vaccinator
Obs Nurse – Post waiting area	1	1	
Admin	1	1	
Fixed Clinic – Westport			
Vaccination Team Leader	1	1	Vaccination Team Leader will combine the Role Lead Authorised Vaccinator and Site Manager
Vaccinators	2	1	Including Drawing-up Vaccinator
Obs Nurse – Post waiting area	1	1	
Admin	1	1	
Fixed Clinic – Mobile Team 1			

Position	Qty	FTE	Notes
Vaccination Team Leader	1	0.8	Vaccination Team Leader will combine the Role Lead Authorised Vaccinator and Site Manager
Vaccinators	2	0.8	Including Drawing-up Vaccinator
Obs Nurse – Post waiting area	1	0.8	
Admin	1	0.8	
Fixed Clinic – Mobile Team 1			
Vaccination Team Leader	1	0.8	Vaccination Team Leader will combine the Role Lead Authorised Vaccinator and Site Manager
Vaccinators	2	0.8	Including Drawing-up Vaccinator
Obs Nurse – Post waiting area	1	0.8	
Admin	1	0.8	

7.2.1 Programme Team

To manage this programme of activity over the coming months we plan to appoint a team. The WCDHB team will support the delivery of the vaccination programme across the WCDHB for between 7 to 12 months. Until public COVID vaccination becomes business-as-usual and part of the NZ Immunisation Schedule, additional capacity will be required to deliver and manage the programme.

The team should consist of: project manager, project administrator, data analyst and ISG support, access to the clinical lead, and a logistics coordinator. An Immunisation Coordinator will be appointed and assigned to the region by MoH.

7.2.2 Vaccination Team

Ultimately the vaccination workforce is expected to function as an independent team to protect BAU to concentrate on regular services particularly other vaccination programmes underway. In order to scale up we will need to rapidly increase the number of COVID-vaccination trained personnel in our vaccinator pool. In addition, we will be fostering partnerships with other agencies so as to incorporate their COVID-trained vaccinators in targeted operations.

We will also need to recruit staff to the administration team to support vaccination bookings, reception and data entry and reporting duties. Support nursing staff to supplement the vaccination clinic, stocking the clinic, supporting the engagement with the vaccine, etc. will be essential. The vaccinator will need to be supported by a cold chain immunisation coordinator on site.

WCDHB will employ the workforce required, as well as manage the contract variations, if necessary, for existing WCDHB staff who become COVID vaccinators. We have been collecting

expressions of interest from people to participate in the vaccination programme through an email to the vaccinator workforce at WCDHB.

The MoH website is also collecting interest via their surge workforce database (<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/join-covid-19-surge-workforce>). DHBs will be able to draw from this database.

Immunisation Advisory Centre (IMAC) holds the contract for the development and delivery of COVID vaccination training. They have published information on their website (<https://www.immune.org.nz/>) for vaccinators and will inform users when the training module is ready.

Nursing or other staff who wish to become vaccinators, who are not already provisional or accredited, may be able to attend training, however, it is understood there is one course scheduled in 2021 for this.

7.2.3 Assumptions:

Vaccinators	1	2
Number of Vaccines/hours	15	30
Shift (hours)	up to 8	up to 8
Number of sites	4	4
Number of Vaccines/shifts	up to 120	up to 240

7.3 Hiring/Secondment of Staff

The responsibility of hiring or secondment of staff will sit with the West Coast DHB COVID-19 Vaccine Programme Manager.

7.3.1 Secondment of Staff

- Any staff being seconded to the West Coast COVID-19 Programme will be requested by the Programme Manager to the employee's line manager. The programme manager will provide the following:
 - reason for request
 - period requested
 - FTE requested
- The employee's line manager will have to approve the employee's release from their BAU work to the COVID-19 Vaccination Programme.
- Employee's Payroll will be changed to the COVID-19 Cost Centre

7.3.2 Hiring employees

- Hiring of employees will follow the usual WCDHB/CDHB processes.
- Employee's Payroll will be under the COVID-19 Cost Centre

7.3.3 Surge workforce database

The MoH website is also collecting interest via their surge workforce database (<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/join-covid-19-surge-workforce>). DHBs will be able to draw from this database.

7.4 Staff Training

All staff (Programme manager, Admin, Leads, Vaccination Team Leaders, vaccinators, and Obs teams) involved with this programme will be provided training as outlined in [COVID-19 Vaccine Operating Guidelines](#).

1. The Workforce lead will be responsible for ensuring that this training occurs and liaising with the MoH.
2. New Vaccinator/Administrator training access and CIR user onboarding process. Attached resources to support this new process include:
 - a. [CIR user onboarding process document](#);
 - b. [CIR user set up template](#); and
 - c. [the Immunisation Advisory Centre's \(IMAC\) training access request template](#).
3. Workforce lead will follow the [South Island CIR User Onboarding Process](#)
4. **IMAC Training details / requirements:**
 - a. training requests to the IMAC team by **1pm each day**
 - b. send to Theo Brandt t.brandt@auckland.ac.nz Vanessa Fernandez vanessa.fernandez@auckland.ac.nz
5. **CIR User Set Up Details / Requirements:**
 - a. send to help@c-19imms.min.health.nz for CIR for Classroom and Live access
6. Members of the Vaccination Teams will also receive training as relevant to their roles in using the INDICI Booking System

SECTION 8 DELIVERY MODEL

8.1 Delivery Model

The West Coast population of 32,614 is dispersed across a large geographical area. There are no international air or port borders and there are no MIQ facilities on the West Coast.

The delivery model for the West Coast will be a combination of delivery through the sequenced Tiers and a pragmatic approach to vaccinating all people in remote rural locations (e.g. Haast) with temporary (pop-up) clinics to maximise efficient use of the vaccine. We will use a location-based approach to successfully deliver influenza immunisation and intend to broadly replicate this model within the constraints of the Pfizer vaccine.

The West Coast DHB COVAX programme begins on 13th April at Te Nīkau, Grey Hospital & Health Centre Campus, expanding to an additional fixed site in Westport on the 27th April and several temporary locations across the district shortly after. Temporary clinics will be held at a variety of locations including some workplaces and residential care facilities as well as community locations in specific geographical areas.

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Issued By:	COVID-19 Vaccination Work Group	Version:	0.8

Clinics will be delivered up to five days of the week, on a variety of days per week with some evenings and some weekend openings, dependent on location and population need. Vaccination will primarily be available through booked appointments, and we will enable some walk-in opportunistic vaccination.

Fixed locations will initially focus on frontline healthcare workers and then enable vaccination of Tier 2b workers and then through all sequences of vaccination while pop ups will enable vaccination across all Tiers including 'At Risk' people.

The West Coast DHB will take a '*whānau approach*' (as described above Section 2, p 8) to vaccinating our vulnerable populations on the West Coast whereby during Tier 2, staff booking in for a vaccination will be offered vaccination to all members of their household (refer Page 7 above). We will be work in partnership with Primary health providers, our Maori Health Provider, and local iwi to ensure that we can deliver the Pfizer vaccine to everyone on the West Coast in a timely manner that ensures everyone has equal access.

A further key feature of the delivery model will be the careful management of 'Stand-by Lists' of people who can be accessed at short notice to take any vaccination doses likely to otherwise go to waste due to clinic no-shows. Lists will be developed for each location and will place a strong focus on targeting those at the then current Tier focus level and also with a strong emphasis on including Māori and others from vulnerable communities.

8.2 Timeline

The timeline below indicates start dates for the vaccination programme. Both fixed locations are expected to continue throughout the vaccination programme. Temporary clinics will be held at a variety of locations including some workplaces and residential care facilities as well as community locations in specific geographical areas.

Refer to the [WCDHB COVAX Projection Model](#) for the projected rollout of vaccinations on the west coast these numbers take into account logistical challenges of the West Coast along with the usual influenza vaccine uptake. PLEASE NOTE: initial projections will be reviewed and revised from time to time in light of ongoing learning and incremental input from our health system partners.

Start Date	Clinic Type	Location	Sequence
7 th April 2021	Fixed	Greymouth	Dry Run
9 th April 2021	Fixed	Greymouth	Wet Run
13 th April 2021	Fixed	Greymouth	Tier 2a initially, then 2b, and 3
22 st April 2021	Fixed	Westport	Dry Run
23 rd April 2021	Fixed	Westport	Wet Run
27 th April 2021	Fixed	Westport	Tier 2a & 2b initially, then 3

Start Date	Clinic Type	Location	Sequence
4th May 2021	Pop-up Temporary Clinics	Varied	Location dependent – ARC facility, Tier 2a & 2b initially, then 3 In remote rural locations the DHB will combine both tiers 2 and 3 together

8.3 Equitable Access¹

COVID-19 is a serious threat to Māori in Aotearoa. Throughout time pandemics have impacted indigenous peoples significantly. This was evident during the 1918 influenza pandemic where high mortality rates were witnessed across the Pacific. Within Aotearoa, influenza's impact was significant with alarmingly high death rates reported amongst Māori.

The West Coast District Health Board is committed to ensuring equity is at the forefront of all decision making during our response to the Covid-19 pandemic and the rollout of the vaccination programme on the West Coast. We will take a partnership approach with our Maori Health and Primary Health Providers to delivering COVID-19 vaccines on the West Coast. In Tier 2 where frontline health workers identify as Māori or Pacific Islanders we will take a whole whānau approach by offering vaccination the whole household at the same time.

Embedding equity for Māori and the principles of Te Tiriti as a structuring framework for COVID-19 is critical to ensuring that existing inequitable outcomes are not exacerbated; tangata whenua are actively protected; and the injustices wrought by previous pandemics in Aotearoa New Zealand are not repeated.

Mana Whenua, Poutini Waioara and Hauora Māori will be included at all levels of planning and the operationalising of the immunisation roll out. Decisions are occurring in a rapidly evolving, complex environment and will be transparent and inclusive.

Without an equity-centred pandemic response, Māori may experience multiple negative outcomes from this event. This is not acceptable.

8.4 Sequencing and Defining Patient Cohorts

The Ministry of Health (MoH) has planned for three scenarios: low/no community transmission (Scenario 1), clusters and controlled outbreaks (Scenario 2), and widespread community transmission (Scenario 3). The groups to receive the vaccination are sequenced according to each scenario.

[Updated Sequencing Framework](#) outlines the COVID-19 Vaccine Sequencing Framework: Population cohort definitions for Tiers 1 and 2 Scenario One:

8.4.1 Tier 1 Vaccine Rollout Sequencing

As of 29 January 2021, first priorities include MIQF, border workers, and their respective household contacts. Tier 1 primarily involves the Canterbury region, however household contacts of MIQ and border workers may reside in the West Coast, Nelson-Marlborough, South Canterbury and Southern DHB catchments.

¹ Reference: Ngā Mātāpono Mate Korona o Tumu Whakarae; Operations Guidelines for DHB & Providers COVID-19 Vaccine Immunisation Programme

The West Coast does not have any MIQs, Air or Sea ports that receive international freight or passengers. The WCDHB only has a minor role in Tier 1 vaccination rollout.

If there are any Border workers or close contacts of border workers living on the West Coast, the WCDHB will coordinate with the DHBs (CDHB, NMDHB, SCDHB or SDHB) leading the border vaccinations to ensure that these people are able to be vaccinated. These border workers or close contacts will be booked into a West Coast Tier 2a clinic.

8.4.2 Tier 2 Vaccine Rollout Sequencing

These are frontline health workers working in settings where possible COVID cases will seek healthcare, and there is no ability to screen for COVID before the interaction occurs. This includes: COVID-19 testing and vaccination teams, Emergency Service workers (ambulance, Police, FENZ), Emergency Department frontline workers and diagnostics, community midwives and Well Child Tamariki Ora workers, General Practice and pharmacy frontline workforce, NGOs providing personal health services directly to patients, and urgent care clinics. The two tables below outline the targeted workforce and population that sits within Tier 2.

Table 3: Tier 2A population and approx. numbers

Population	Approx. numbers	Comments
COVID-19 testing (taking samples and laboratory analysis)	0	this is done currently in general practice
Administering COVID-19 testing	0	
Administering COVID-19 vaccinations	25	
Ambulance services	90	
Emergency department front line workforces	50	
Emergency response diagnostics and support staff interacting with patients	0	NA - WC does not have these
Community midwives and WCTO workers in people's homes	15	
General Practice front line workforce including GPs, nurses and receptionists	214	includes pharmacy
Pharmacy front line workforce	0	included above (J16)
NGOs (including Whānau Ora) providing first response personal health services directly to patients (excluding mental health and addictions, social support services)	120	

Urgent Care Clinics and Accident and Emergency front line staff	0	NA - WC does not have these
Healthcare providers providing treatment services to people in managed isolation (only in four centres with MIQ and services which receive MIQ patient referrals)	0	NA - WC does not have these
FENZ personnel	xx	
Totals	514	

Table 4: Tier 2B population and approx. numbers

Population	Approx. numbers	Comments
Inpatient, ambulatory and outpatient publicly funded hospital services including community staff and diagnostics	400	
All residential care workers including mental health and addictions and disability	152	
Home care support workers including aged care and disability support	0	included below
Community diagnostics - radiology, laboratories	70	
All other primary care not included in Tier 2 (a)	30	dentists
Community and home-based services	250	incl district nursing, CCCN
All NGO and community-based services including iwi-based services and mental health and addictions		included above (J28)
Community public health teams	20	
Outreach immunisation staff	2	
COVID Incident Management Teams at each DHB	25	
ARC workers and residents	570	
Totals	1519	

8.4.3 Tier 3 Vaccine Rollout Sequencing

WCDHB expects that we will move through Tier 2 relatively quickly within a month and will be integrating Tier 3 Vaccinations for the West Coast population into our rollout. This will be in partnership with Maori health and Primary Health providers.

Due to logistical challenges on the West Coast an effective utilisation of resources in remote rural towns we will include both Tier 2 and 3 together, ensuring we have an equitable focus through utilising a whole whānau approach. Further ongoing planning will be required.

8.5 Vaccine Bookings

1. The WCDHB are partnering with CDHB to use the same interim booking solution from Valentia Technologies using their Indici practice management software as the base solution.
2. **in the event the online booking system is not available**, the WCDHB will use Excel Spreadsheets to manage bookings on an interim basis.
3. We will also establish a local 0800 number for our population to use to arrange bookings
4. All vaccine clinics will have capacity to make appointments for Tier 2 and later Tier 3
5. Bookings will be made in multiples of 6 to closely match doses per vial and minimise the potential for wastage
6. All vaccination clinics delivered by WCDHB will be booked using the INDICI (or interim) booking system
7. Stand-by lists will be maintained in readiness to facilitate swift and highly targeted utilisation of any doses that may otherwise go to waste due to non-attendance of booked recipients or where additional doses are able to be drawn over and above 6 doses per vial. – NOTE Stand-by lists will be specific to vaccination locations to ensure ready access – this will require input from local personnel
8. Where individuals being vaccinated are employed (either by WCDHB or otherwise) it will fall to individual staff to liaise with line managers to ensure scheduled appointments do not compromise routine operation of their services..
9. All recipients prior to leaving the clinic will have arranged a booking for their second dose, so as not to deplete workforce who may have side effects causing increased sick leave

8.6 Constraints

The following are noted as constraints that influence the ability to achieve effective and equitable delivery

- **Scale**

The West Coast is a relatively small community and, in consequence, provider communities and agencies and also generally small in comparison with similar agencies elsewhere. The result is that on any given day the numbers of health workers who can be available to be vaccinated is also limited – clinics of large numbers such as may be delivered elsewhere will not be possible, not from an inability to mount such large-scale clinics but rather from an inability get such numbers of people to present at one time.

- **Vaccine delivery and location distances.**

Given the experience of other DHBs where vaccine deliveries have not always matched the requested volumes and have been provided with less time until expiry than expected, resulting in a need to be reactive at short notice to ensure that vaccine is not wasted, it may become difficult to manage similar with our smaller population, especially once vaccination roll out is well underway. This would be mitigated by having a local Ultra Low Temperature storage facility in Canterbury.

- **Patient travel**

As part of the delivery model it has been identified that the lack of ability to travel to a vaccination clinic may act as a barrier to some people getting vaccinated on the West Coast. As part of our planning for temporary clinics the DHB will need to consider, as part of our work with various groups, to arrange transport shuttles for some groups.

- **Workforce Training**

We have a small workforce on the West Coast, who have expressed strong interest in participating in COVID vaccination delivery. However, the limited availability of training and the process involving several prescribed steps across the DHB, MOH and IMAC has limited the speed at which our workforce can be trained. Increased and more open access to training as well as simplified processes for moving from provisional to authorised vaccinator status will support rollout and scale up of the vaccination programme.

Refer to the WCDHB COVID-19 Vaccination Programme [Risk Register](#)

SECTION 9 DISTRIBUTION AND INVENTORY MANAGEMENT

All Inventory Management will occur as outlined in [Section 9 Inventory Management of the COVID-19 Vaccine Operating Guidelines](#)

9.1 Vaccine Delivery Volumes

The volumes identified in the [WCDHB COVAX Projection Model](#) provides a conservative top down model, based on the delivery of Tier 2a and 2b as well as recognising that some clinic locations will deliver into Tier 3 as described in the model. We expect that given our smaller Tier 2 numbers that we will be commencing Tier 3 sooner than other DHBs, at which point the modelling will require to be reviewed. The model is developed on clinics being open five days (Tuesday to Saturday) per week, with each vaccinator delivering approximately 15 vaccinations per hour, for up to 8 hours delivery given that there are travel time constraints. However, we expect that once we progress to tier 3 our clinic hours and days will have to become more flexible where if required we will have evening clinics, all day weekend or holiday clinics when pragmatic.

9.1.1 Ordering of Vaccines

1. The WCDHB will coordinate all ordering of COVAX ordering for the West Coast with the MoH
2. Ordering of Vaccines will be done by the DHB Clinical Pharmacist for the programme
3. We are required by the MoH to provide 4-6-week Vaccine Projections for all west coast clinics. refer to [WCDHB COVAX Projection Model](#)

9.1.2 Ordering Process

1. orders **must be** placed on [COVID-19 Vaccine Order form](#) and then emailed to covid-19.logistics@health.govt.nz with the subject line '**VACCINE ORDER – WCDHB**'. This will help us to identify orders in the inbox, and to minimise any risk of them being missed.
2. Any orders against known demand that are placed prior to 10am on Day 1 may be delivered on Day 2.
3. Any orders placed after 10am on Day 1 will be delivered on Day 3. As before, please signal your orders as early as you are able and continue to provide us with a forward view of demand at a facility/site level.

9.2 Cold Chain

The WCDHB operates an accredited vaccine Cold Chain system, with several vaccine fridges and transport containers in key locations around the West Coast facilities capable of storing vaccines between +2°C to +8°C, always during storage and transport.

- WCDHB has increased the vaccine fridge capacity at Te Nīkau Hospital, with all vaccine fridges and transport containers monitored by the Aeroscout system. This system monitors all the vaccine fridges and vaccine transport containers. Aeroscout will notify the site vaccination clinic teams and monitoring call-centre who will then notify the Te Nīkau, Grey Hospital Duty Nurse Manager and/or the on-call Clinical Pharmacist of any temperature breaches.
- The West Coast COVID-19 Vaccination Programme requires all COVID Vaccine Clinics to be Cold Chain compliant with:
 - The WCDHB [Vaccine Storage, Transportation and Cold Chain Management Policy](#)
 - National Immunisation Programme cold chain management.
 - National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017.
 - Cold Chain Management Record.
 - All contacted providers on the West Coast delivering the COVID-19 Vaccinations will be required to have policies and procedures in place to ensure they are compliant as part of their vaccine clinic approval.

9.2.1 Delivery of Vaccines Te Nīkau Hospital Pharmacy

All COVID-19 Vaccines will be delivered to Te Nīkau, Grey Hospital & Health Centre Hospital Pharmacy. The Pharmacist will take control of the vaccines on their arrival and hold them until the COVID-19 vaccination team collects them or they are delivered to a vaccination site by a cold-chain accredited Pharmacist.

- All Credo Cubes will be checked on arrival and unpacked, Credo Cubes will be returned to MoH by the Hospital Pharmacy.
- An accredited vaccinator or pharmacy technician will transport vaccines to COVAX sites escorted by security.

9.2.2 COVID-19 Vaccine Handling at Clinics

- The COVID-19 Vaccination Team will collect the COVID-19 Vaccine from Te Nīkau Grey Hospital & Health Centre Hospital Pharmacy or they are delivered to a vaccination site by a cold-chain accredited Pharmacist.

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- The vaccines will be stored in WCDHB Vaccine Transport Containers and maintained at +2°C to +8°C, always during transport and while at the Clinics.
- The WCDHB Vaccine Transport Containers are cold chain accredited and are monitored by our Aeroscout system which will notify the vaccination clinic team and a central base location at Te Nīkau Hospital Duty Nurse Manager and Pharmacy of any temperature breaches.
- During all deliveries, the vaccinator or pharmacist will be escorted by security personnel.

9.3 Transport of Vaccine to Clinics

the transport of vaccines from Te Nīkau Pharmacy to COVAX Vaccination Clinics will occur as outlined in the [Vaccine Storage, Transportation and Cold Chain Management Policy](#).

- WCDHB will use cold-chain compliance transport containers (Domestic WACO Chillybin with the T15e Temperature Tag Aeroscout)
- The amount of vaccines to be transported will determine the size transport containers, but the volume of vaccine to be transported or stored should not exceed one-third of the chilly bin's capacity.

9.4 Wholesale licence

The West Coast DHB Hospital Pharmacy at Te Nīkau Grey Hospital and Health centre has a [wholesale licence](#) to be able to distribute the vaccine to our Maori Health Providers, Primary practices and private providers. The Hospital Pharmacy at Te Nīkau Grey Hospital is centrally located and able to dispatch vaccines to all vaccine locations in a timely manner.

9.5 Expiring Vaccine Contingency Plan

The largest risk for the West Coast is the uncertainty of expiry date of delivered vaccine, given the small total population and large geographic area. To ensure that we do not waste vaccine we are in the process of developing a framework that prioritises delivery of expiring stock based on risk of contact with COVID-19 & aligned with agreed sequencing of vaccine delivery, recognising that as the programme rolls out the opportunity to rapidly use vaccine with a reducing population who have yet to be vaccinated will be challenging.

Refer to the

- [WCDHB COVID-19 Expiring Vaccine Contingency Plan](#)
- [8.6 Administering Leftover Vaccines of the COVID-19 Vaccine Operating Guidelines](#)

All COVAX clinics on the West Coast will be required to operate a backup list of people that can be called upon in the event of people that do not attend their vaccination session to ensure we have full usage of the vaccine. Vials will only be drawn up if there are 6 people present/booked into the clinic and available to receive those doses.

SECTION 10 VACCINATION CLINICS

10.0 Informed Consent

All people presenting for vaccination will be required to complete a consent process in the CIR with all their information, as from 14.04.2021 written consent is no longer required for people able to consent for themselves. Immunisation will not be provided to those people who do not meet the criteria for the event:

- People under the age of 16 years
- People who do not meet the criteria for the tier category being targeted

All vaccinators must be able to answer all vaccination recipients (people) questions by providing them with relevant information to ensure that they are able to be fully informed to provide their consent i.e. why the vaccine is necessary, how it is to be administered and possible side effects

All people presenting for immunisation will be encouraged to ask questions and the MoH has provided accessible information which is located on the <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines>

In accordance with MoH guidelines, all written signed consent forms **must be** scanned into the CIR and paper copies destroyed, all scanned copies will be deleted.

10.1 Running of COVID-19 Vaccination Clinics

All West Coast COVID-19 Vaccination Clinics will be run in accordance with the clinical guidelines outlined in sections [1-5 of the Immunisation Handbook 2020](#).

The [Immunisation Handbook 2020](#) provides clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice and are based on the best scientific evidence available at the time of publication, published and unpublished literature.

10.1.1 Vaccination Event Team Leaders

The Vaccination Event Team Leaders (VETL) are responsible for the co-ordination of the programme for the clinic. In the West Coast COVAX vaccination clinics sites the VETL will be supported by other vaccinators, Obs nurses, CIR administrators and security personnel.

The Vaccinator Team Leaders (VETL) will have oversight across the vaccination team and all staff on their site. All VETLs will be required to have a comprehensive knowledge of vaccination processes to be able to support all members of the COVAX teams.

VETLs will have access to the West Coast Medical Officer of Health for clinical guidance and support.

10.1.2 Setting up – Start of Day

All West Coast COVAX Clinics will be managed as outlined in [COVID-19 Vaccine Operating Guidelines](#)

Refer to the following appendix for the Vaccination Clinic Layout, Clinic Workflow and equipment list

Title	COVID Vaccine Immunisation Programme Playbook	Issued Date:	16/04/2021
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1. [Appendix 1: Vaccination Clinic Layout](#)
2. [Appendix 2: Vaccination Clinic Workflow](#)
3. [Appendix 3: Vaccine Clinic/Programme Resources](#)
4. [Appendix 4: Daily Team briefing Checklist](#)
5. [Appendix 5: Daily Team debriefing notes](#)
6. [Appendix 6: Vaccination Event summary](#)
7. [Appendix 7: Vaccine Clinic Summary](#)

The **VETL** is responsible for the co-ordination of the shift programme and ensures equipment/supplies are in-situ for the programme.

Vaccination Event Team Leaders meet with the Event Team prior to commencement and gives a briefing following the template shown in [Appendix 4](#) & [Appendix 7](#). It includes:

1. Organisation of team roles,
2. Health and Safety briefing including emergency evacuation procedures,
3. Location of emergency equipment,
4. Vaccination Clinic layout:
 - a) Area to set up the CIR administration person who will be the meet and greet person; this person will have a laptop with CIR to be able to record the vaccine event
 - b) Area where staff members can start the consent process and wait to be immunised, away from immunisation stations
 - c) Immunisation stations – table and chairs, sanitising gel, tissues, needles, alcohol swabs, cotton balls, plasters and sharps bins
 - d) Area for reconstitution and drawing-up vaccines
 - e) Location of hand washing/sanitising facilities
 - f) Observation area – checks emergency equipment, adrenaline dose and expiry, check location and ease of access for emergency personnel/vehicles if the occasion arose of at least one working cell phone
 - g) Times of morning tea and lunch breaks

10.1.3 Role Allocation

As part of the Daily Briefing, members of the Event Team

1. Receive their role for the shift from the shift coordinator
2. Check set up of area they have been allocated to ensure all equipment and supplies are present and adequate for the shift
3. Actions per role below in [10.1.4 Checking consent](#); [10.1.5 Preparation of Vaccine](#); [10.1.6 Administering Vaccine](#); [10.1.7 Documentation](#)

10.1.4 Checking consent

Vaccinator checks all consent details with the vaccination recipient prior to administration of COVID-19 Vaccine verbally confirming:

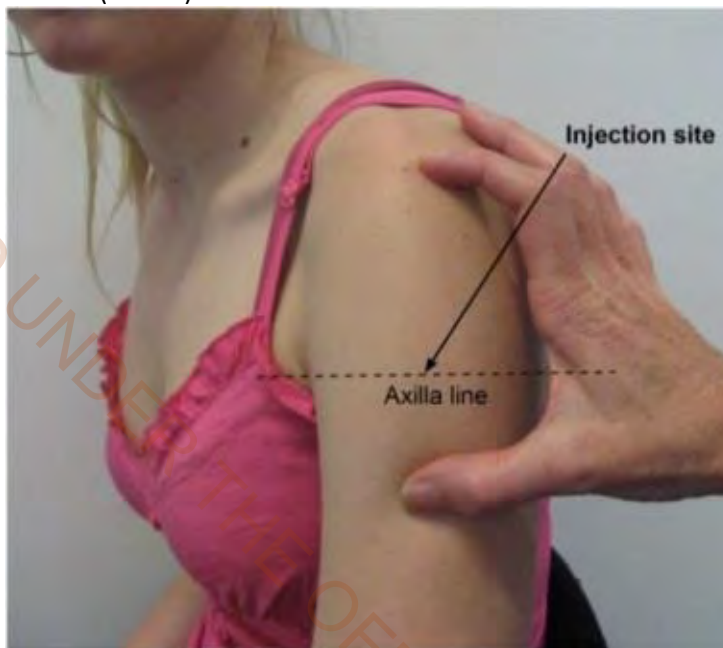
1. He/ she are the named vaccination recipient
2. He/ she are feeling well today
3. If the vaccination recipient presents as feeling unwell, check their temperature and if 38°C or above do not vaccinate (MoH Immunisation handbook - COVID-19)
4. The last time the vaccination recipient had a vaccination; if they have had another live vaccination within four weeks, or 'flu vaccination within two weeks
5. If the vaccination recipient has had a previous reaction to immunisation before
6. Whether the vaccination recipient has any known allergies excluding bee stings or insect bites
7. Whether the vaccination recipient is taking any other medication at present, specifically steroids
8. Whether the vaccination recipient is pregnant or planning to get pregnant
9. Whether the vaccination recipient can give informed consent
10. Any queries raised need to be documented and referred to the **VETL** for further investigation
11. Making sure the vaccination recipient is aware that they will need to wait at least 20 minutes post vaccination to monitor for adverse reactions to the vaccination

10.1.5 Preparation of Vaccine

1. **Designated Vaccinator** (assigned to reconstituting the vaccine for the shift), will oversee dispensing the COVID-19 vaccines to each vaccinator as they need supply
2. The vaccinator observes good hand hygiene throughout the preparation of vaccines, using alcohol-based hand rub prior to each immunisation
3. The vaccinator will check the vaccine expiry date and batch number when removing from packaging
4. The vaccinator will reconstitute the vaccine according to the manufacturer's instructions and mark the vial with the time of reconstitution and expiry time, each vial contains 5 – 7 doses
5. 25 G x 1inch (25mm) needle is placed onto the syringe; the air will NOT be expelled
6. Vaccines must be placed in syringe trays/kidney dishes for transportation
7. COVID-19 Vaccine Standing Order - TBA

10.1.6 Administering Vaccine

1. The vaccinator observes good hand hygiene throughout and prior to each immunisation
2. If there are no contra-indications, immunise the staff member, respecting privacy and only exposing the site for vaccination
3. COVID-19 Vaccine (Comirnaty™) is to be given intramuscularly (IM) – the recommended site for IM vaccine administration is the upper arm (overlying the deltoid muscle)
4. An insertion angle of 90 degrees is recommended and the needle should be no shorter than 1inch (25mm) x 25G



5. The needle and syringe is disposed of safely in the sharps bin provided

10.1.7 Documentation

1. Record on CIR – batch, expiry date of vaccine
2. Vaccinator to log in with name/APC number, time, date and identify administration site
3. Record the needle size and length if a different length needle is used; if the needle used is the recommended size and length (25Gx1" (25mm)) then this does not need to be documented
4. The post vaccination sticker is completed with the vaccination recipient's name and the time and site of vaccination and applied to the chest
5. COVID-19 Appointment Card is completed showing the details of the first dose and second appointment (and second dose details after the second vaccination)

Documentation

- All conversations/contacts are recorded on consent form in CIR
- All decisions taken e.g. to postpone vaccination or to refer to GP, are recorded on CIR
- Ensures time, date, name and log-in are completed
- Date of second dose of vaccine is provided and scheduled on CIR and on the Appointment Card

10.1.8 Observation Nurse

Monitoring Well Being

1. Following immunisation, vaccination recipients go to the observations area
2. In observation they are given an “*After your Immunisation*” advice form
3. There will be one vaccinator or Obs nurse in observation with a Lead vaccinator immediately available to assist if required
4. The observation vaccinators are assigned roles as detailed on the team plan for emergency purposes
5. Observation vaccinator needs to inform the VETL when there are too many post-immunisation vaccination recipients in the observation area, to moderate the speed of vaccinating and ensure safety in observation
6. Observation vaccinator monitors post-immunisation vaccination recipient’s well-being for a minimum of 20 minutes
7. Post-immunisation vaccination recipients who are unwell remain in the observation area and are managed appropriately, until condition resolves, or alternative care is arranged with the staff member
8. Post-immunisation vaccination recipients are checked by the vaccinator as they leave observation area

Managing Consent and Post-vaccination in CIR

1. The immunised vaccination recipient’s arrival in the observation area is confirmed on the CIR page
2. Post vaccination stickers may be given to each vaccination recipient when they come to observation.
3. Each vaccination recipient is advised to wait 20 minutes on arrival to observation; those vaccination recipients who wish to leave prior to the 20 minutes the vaccinator has the conversation that this is against medical advice, but the vaccination recipient is free to leave. This is documented in CIR.

10.1.9 Documentation on CIR

1. Observation vaccinator records any adverse reaction including faint or feeling unwell and will refer to the adverse events policy
2. Records actions taken by vaccinator or HCA and vaccination recipient’s response
3. Ensures documentation in CIR is completed

10.1.10 Concluding Daily Clinic Programme

End of Day

1. **Vaccination Event Team Leader** and one other vaccinator to stay on site with emergency equipment for 10 minutes after the last vaccinated vaccination recipient has left observation (i.e. a minimum of 20 minutes after the last vaccination)
2. Gives information regarding immunisation and who to contact if there are any concerns
3. Equipment is checked
4. Observation Nurse are responsible for re-stocking the emergency equipment
5. If necessary, inform the **VETL** if any equipment needs to be re-ordered, including replacement of full sharps bins etc.
6. Cold chain process is concluded
7. All unused vaccines are returned into a designated cold chain fridge, see protocols under [Vaccine Storage Transportation and Cold Chain Management Policy](#)

8. The data logger is downloaded to ensure that the vaccines were kept between optimal temperatures of 2-8°C
9. VETL to complete end of day Clinic Summary ([see Appendix 6 for template](#))
10. VETL facilitates Daily Debrief ([see next Section](#))
11. VETL notifies the **Programme Manager or Operations lead** when programme is complete, and the team are leaving

10.1.10 Daily Event Team Debrief

1. VETL facilitates daily debrief following template ([see Appendix 5](#))

10.2 Vaccination Clinic Requirements

The West Coast DHB COVID-19 Vaccination Programme will operate both fixed permanent vaccine clinics and temporary clinics in various locations around the West Coast. All West Coast COVID-19 Vaccination clinics will go through both the WCDHB and the MoH Vaccination Centre approval process.

10.2.1 Clinic Site Sign-Off

All West Coast COVAX clinics are required to be approved by the DHB CE as per the [COVID-19 Vaccine Operating Guidelines](#) prior to clinics commencing.

The following processes must be carried out prior to CE sign off

1. Site Security Assessment
2. Site Checklist
3. [New Site Facility Detail Form](#)

once the CE or their delegated GM has approved the site is ready and the above have been completed. the Operations lead will submit the forms to the MoH Logistics teams Covid-19.logistics@health.govt.nz.

10.2.2 Fixed Clinics Sites

Fixed Clinics will be operated in main urban areas until December 2021 or until no longer required, All clinic hours will be flexible with some evening clinics

Location	Address	Operation Times
Te Nīkau Hospital Campus	71 Waterwalk Road, Greymouth	Tues – Fri 1000 – 1500 Sat – Sunday 1000 – 1300
Westport	51 Russell Street, Westport	Tues – Fri 1000 – 1500 Sat – Sunday 1000 – 1400

10.2.3 Temporary Clinic Sites

Temporary Clinics sites will be utilised on the West Coast in several locations (e.g. Age Residential Care Facilities, Haast, Karamea, Arahura Marae) to ensure that everyone has the best possible opportunity to access the COVID-19 vaccine subject to the logistical constraints inherent in this vaccine.

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Identified rural locations for possible future clinics

- Karamea
- Ngakawau
- Reefton
- Moana
- Hari Hari
- Arahura Marae
- Haast
- Fox Glacier
- Franz Josef
- Whataroa
- Hokitika

Identified Inpatient locations for possible future clinics

- Kahurangi Dementia Unit
- Ultimate Care Allen Bryant
- Granger House Lifecare
- Manaakitanga unit
- O'Connor Home Memorial Trust
- Dixon House

The WCDHB COVID-19 programme reserves the right to add additional vaccination locations as required.

10.2.4 Infection Prevention and Control

The ongoing maintenance of effective infection prevention and control practices is and will continue to be a priority for the West Coast DHB. This applies to all health care settings, is relevant to preventing, planning for and responding to any further waves of infections and is for the benefit of health care workers, caregivers and their patients, clients and visitors.

The West Coast DHB IPC will continue to support and work with West Coast COVID-19 Vaccination Programme to ensure they have the necessary IPC practices in place to prevent further spread of COVID-19.

Refer to the:

- [WCDHB IPC COVID Vaccination Programme Mar 2021](#) for Infection prevention control guidance for West Coast COVID-19 Vaccine Clinics
- [Infection Prevention and Control.ppt](#) for IPC education resources for West Coast COVID-19 Vaccine Clinics

10.2.5 Security

To ensure the safety of patients and staff all vaccination sites will have a security presence to control access to the site and be available to support in the event of attempted unauthorised access (e.g. public attempting to obtain a vaccination) or protest action.

Vaccinators will not require security to travel to the immunisation sites but secure parking and how vaccinators gain access to the site should be considered (e.g. separate access from the public).

Security for West Coast COVID-19 Vaccination Clinics will be provided by Allied Security

1. If it is a single Vaccination team, Allied Security will have one guard on contract to travel with the team, until the position becomes redundant.

2. If it is multiple clinic locations, they would rely on our pool of casual guards to staff each clinic as needed.
3. Allied Security will provide their own rosters.
4. Security will be required to escort the vaccine from the Hospital pharmacy to all COVAX sites, until arrangements have been made with a MoH approved Courier
5. Allied Security Contact Details
Steve Hanniman
Operations Manager West Coast
Mobile: 021 325 765
Email: steve.hanniman@alliedsecurity.nz
6. Allied Security personnel are permitted to drive WCDHB vehicles as required

10.2.6 Supporting Contact Tracing at Clinics

All West Coast COVID-19 Vaccination Centres will be required to ensure that they all have:

1. QR Codes displayed.
2. A Contact tracing sign in sheet to allow people to sign in if they do not use the app.

Ordering QR Codes

1. All QR Codes for the COVAX programme can be arranged via the Emergency management Advisor for the DHB.
2. these can take up to 48hrs to be returned
3. all mobile sites will need an individual QR code

10.2.7 IT Equipment

All IT Requirements for the COVAX programme is outlined in [COVID-19 Vaccine Operating Guidelines](#) and in [MoH IT Requirements](#) document.

For the West Coast COVID-19 vaccination programme IT equipment and their assigned locations refer to the West Coast [COVID-19 vaccination Programme IT Requirements](#).

	Programme team	Te Nīkau Clinic	Westport Clinic	Mobile Team 1	Mobile team 4
Computers		5			
Laptops	3		5	5	5
Mobile Phones	3	2	2	2	2
Screens	6		2		
Docking stations	3		1		
Colour Printer	1				
4G Modem for mobile teams				1	1

10.3 Waste Management

All COVAX vaccination sites are to follow the WCDHB procedures for the safe handling and disposal of waste to prevent transmission of infection to staff and the environment. refer to: [Hazardous Substances Policy & Procedure Manual](#) & [Infection Control Policy & Procedures Manual](#)

- All waste should be placed in lined bins
- Ensure there are sufficient general waste bins throughout each facility
- All bin liners should be closed and securely tied off/sealed when $\frac{3}{4}$ full
- Minimise handling of rubbish bags and place in waste skips to reduce damage/tearing

PPE

- Hand hygiene is to be performed prior to and following removal of PPE, and at any time when contamination occurs
- All used PPE can be disposed of in general waste unless it is obviously soiled

General Waste – Black bin liners

- PPE including disposable gowns, gloves, masks and eye protection
- Specimen containers – used and emptied

Medical Waste – Yellow Biohazard Bag Lining a Wheeled Yellow Medical Waste Bin

- Vaccine vial boxes can be securely destroyed in biohazard bags
- Material with blood or body fluid soiling
- Fluid contaminated items that could cause flick or splash injury
- Body fluid filled receptacles

Disposable Sharps Container

- Syringes with needles attached

10.3.1 Disposal of Damaged, Empty and Expired Vaccine Vials

- MoH is monitoring the number of all vials discarded
- Vials (including empty, broken or expired vials) are placed in the yellow buckets provided by Interwaste
- please see photo below
- Follow the instructions on the container for them to be picked up by Interwaste (0800 102 131)

These are NOT to be picked up by Waste Management



10.3.2 Collection of Medical and Sharps Bins

- Contact **Interwaste (0800 102 131)** to arrange collection when **Yellow Hazardous Bins**
- **All other sharps containers** (needles, syringes) are disposed in the sharps containers provided as part of the MOH consumables or by **Waste Management**; these are to be **collected by Waste Management**, as per pick up schedule or ring them for pick up

10.4 Adverse Events Reporting

If the consumer has an adverse event during vaccination or the 20-minute observation period at the vaccination site, appropriate medical attention must be provided. The on-site adverse event must be recorded in CIR to enable reporting on adverse reactions to the vaccine.

All Adverse Event Reporting will occur as outlined in the [COVID-19 Vaccine Operating Guidelines](#)

10.4.1 Recording Vaccine Errors

All Vaccine Error Reporting will occur as outlined in the [COVID-19 Vaccine Operating Guidelines](#) Section 8.5 Reporting Vaccine Errors

SECTION 11 CLINICAL EMERGENCY SITUATIONS

The following is guidance on the clinical management of Clinical Emergencies following Immunisation Adverse Event following immunisation at a COVAX vaccination programme clinic. This section establishes the expected processes for response and communication if an adverse event occurs immediately after receiving the immunisation or later after going home.

11.1 Scope

All staff working at the West Coast DHB COVID-19 Immunisation Programme Vaccination Clinics in either out fixed clinics or mobile clinics

11.2 Background

Lead role in observation areas is a RN who holds current Core intermediate and are authorised vaccinators and has completed the MoH COVID-19 Training Module (IMAC).

Support staff may include Registered Nurses or ambulance officer working under the direction of lead role Observation Nurse or any other competent person who has CPR training (this will be a particular feature of vaccinations delivered in ARC settings where individual residents are vaccinated in their own rooms requiring one-on-one observation likely to be provided by family members or other volunteers).

All programmes are equipped with emergency equipment and medications.

Prior to the commencement of each programme, roles will be allocated to individuals so that any emergency situation or AEFI can be managed safely and effectively.

An AEFI is not necessarily an indication for stopping the programme; however the process will need to be slowed down while vaccinators are redeployed to the observation area to maintain a safe clinical workload. If the situation becomes an emergency, then follow the guidance in [Section 12 Anaphylaxis Management](#) . This decision will be for the VETL to make.

If there are clinical or safety concerns that warrant discontinuation of the programme on that day, the Vaccination Team Leader will call the Operations Lead Maria Giles 022 012 0157.

11.3 Clinical Management

11.3.1 Observation Nurse

- Is based in Observation and takes the lead role in an emergency.
- Initially identifies probable anaphylactic reaction
- [Allergies and Adverse Reactions In the CIR](#)

11.3.2 Vaccinator one

- Is based at a vaccinating station and responds to Vaccinator One's call for assistance
- Commences CPR

11.3.3 Vaccinator two (if present)

- Is based at a vaccinating station and responds to Vaccinator One's call for assistance
- Takes a supportive role, assisting with CPR

11.3.4 Administrator

- May be an administrator who will be working under the direction of Nurse One (Lead RN) and makes emergency call via:
 - **Grey COVAX Clinic Dial 777**, State location, request for Resus Team, then call 1-111 for Ambulance.
 - **Westport COVAX Clinic Dial 111**, Request an Ambulance
 - **Mobile COVAX Clinics Dial 111**, Request an Ambulance

11.3.4 Vaccination Event Team Leader

- Responds to call for assistance and locates consent form
- Maintains overall responsibility for Immunisation programme

11.4 Minor Reactions

People may react in a variety of ways during or following the immunisation process:

11.4.1 Faint

- A vaso-vagal response with signs of pallor, cold and clammy, shallow breathing, slow pulse
- This can be accompanied by tonic/clonic activity of short duration
- Put person in supine position (or observation position if there is any sign of vomiting or remains unconscious) while you assess, then raise legs and keep warm
- Reassure person and stay with them.
- Take person's name and contact details for follow up later
- If there is a history of fainting with previous vaccination or blood tests, vaccinate person supine

11.4.2 Hyperventilation

- People occasionally breathe rapidly as a stress response
- This can result in electrolyte imbalance characterised by carpo-pedal spasm
- This is primarily self-correcting
- Breathe with the person to slow and steady their breathing rate or ask the person to breath into their own expired air through their cupped hands or a paper bag
- Oxygen is not indicated for hyperventilation

11.4.3 Panic attacks

- Can be characterized by tachycardia, hyperventilation, and nausea
- Calm the person
- Vaccinate in a private area if required

11.4.4 Nausea and/or vomiting

- This is common and generally transient
- Lie the person down and rest them for a few minutes

11.4.5 Localised reaction

- Pain or sensation of heaviness at the site of injection is common
- This is generally limited to transient discomfort
- There may be some inflammation at the site of the injection occurring up to a few days after the injection
- If the local reaction is severe and causing distress, medical advice should be sought



If a person is experiencing any adverse symptoms, these must be documented on the Anaphylaxis/AEFI CIR management record and the MoH written consent form and the person monitored closely for any deterioration

11.5 Major Adverse Reactions

- Ensure patency of airway
- Monitor and document the person's vital signs, pulse, blood pressure, respiration and skin colour; check capillary return is within 2 seconds
- Assess adequacy of respiration by observing patency of the airway and chest expansion as well as respiratory rate
- Observe skin colour and document all observations on the Anaphylaxis and AEFI Management Record
- Prepare to assist respiration via ambu-bag (Bag-Mask-Valve) Disposable Resuscitator Bag including one-way valve if clinically indicated
- Manage the clinical needs of the person as indicated (e.g. anaphylaxis protocol or other as appropriate)
- If clinically indicated commence CPR
- As this is a new vaccine, recently approved for use in New Zealand, a major adverse event, defined here as unconscious collapse which does not resolve by vasovagal management, or administration of adrenaline for anaphylaxis, requires further action as below:
 - As soon as practical, the **Vaccinator Team Leader** should inform the **West Coast DHB Vaccination Programme Operations Lead** Operations Lead Maria Giles 022 012 0157– she will then inform the **West Coast DHB COVAC Programme Manager and IMMS Coordinator** of the type of reaction and the action that has been taken; the **IMMS Coordinator** will, in turn, inform **NRHCC COVID-19 Immunisation Incident Controller**, and the **Ministry of Health Medical Lead for the COVID-19 Immunisation Events**.
 - **Pause the Immunisation Event**, waiting advice by the Ministry of Health Medical Lead as to when to recommence immunising. People who are waiting for immunisation should be informed there may be a delay in them receiving their vaccine but asked to remain on site. Resume immunising once instructed by the Ministry of Health.
 - The **VETL** needs to complete documentation on CIR, as well as adverse reporting on Safety First Incident reporting system.

11.6 Anaphylaxis Management

11.6.1 Assessment

The first person on the scene

The vaccinator's role is to watch for adverse reactions and respond

- Airway
- Breathing
- Circulation
- Disability

The first person on the scene is responsible for assessment of the person and summoning assistance

11.6.2 Signs and Symptoms

MINOR

Pruritus
Urticaria
Flushing
Giddiness
Rhinitis
Conjunctivitis

MAJOR

Chest Pain
Rapid weak pulse
Loss of consciousness
Abdominal pain
Vomiting & diarrhoea
Oedema-laryngeal (stridor)
Bronchospasm (wheeze)
Cardiac arrhythmia
Cardiovascular collapse

Give Adrenaline when 2 major and 1 minor symptom are present

Stay calm, reassure person



If adrenaline administered, persons must be transported to hospital via ambulance (Te Nīkau, Grey Hospital) accompanied by a Registered Nurse; Paramedic; Intensive Care Paramedic or Doctor

11.7 Immunisation Emergency Roles

When a nurse identifies **ANAPHYLAXIS** or any other emergency situation, the following suggested actions should take place simultaneously.

Step	Vaccinator 1 (Observation)	Vaccinator 2	Vaccinator 3	Admin	Support Person 2	VETL
1	Assesses staff member and identifies probable anaphylactic reaction Calls for assistance	Responds to call for assistance				
2	Requests Admin to: Call 111 and ask for Ambulance identifying anaphylaxis <u>Or</u> Te Nīkau phone 777 ask for Adult Resus Call Confirms that this has been done	If not breathing: Commences basic life support Inserts airway Connects Oxygen to pocket mask and ambu-bag Commences rescue bagging If breathing: Administers 8 – 10 l/min Oxygen via Hudson mask and assesses adequacy of respiration	Assesses for signs of life Carotid pulse	Telephones for an Ambulance 111 Te Nīkau – Grey COVAX Clinic 777 Adult Resus Call, then 1-111	Manages other post-immunisation staff members in Observation area	Identifies staff member and locates consent form
3	Draws up and administers adrenaline	Continues with airway support	Commences cardiac compressions if no pulse present	Provides assistance as requested by vaccinators		Notifies the Vaccination Programme Operations Lead and Programme Manager
4	Attaches AED (if indicated)	Continues with airway support	Continues with circulation support if indicated	e.g. collects AED as requested		
5	Monitors and documents vital signs and medication given					
6	Completes documentation on Consent form and CARM notification completed (online)	Accompanies staff member in ambulance to hospital along with vital signs, recordings and used adrenaline kit		Waits for Ambulance in Emergency area		

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11.8 Documentation of Anaphylaxis/Safety First

All adverse reactions will be documented in the CIR and in Safety First

SECTION 12 BUSINESS CONTINUITY PLANNING

12.0 Outline

This section outlines the actions required in the event of disruption to the business of delivering the vaccination programme; the priority is to maintain staff safety. Contingency and escalation plans are outlined below:

12.1 Vaccination Event Team Leader Responsibilities

The **Vaccination Event Team Leader** will be in charge of the vaccination site. This role will be the conduit for all staff on site at the Vaccination Centre, COVID-19 IMT, Emergency Services, COVAX Programme Management Team, Facilities and the persons being immunised.

Responsibilities of the Vaccination Event Team Leaders are:

- a. Liaise with **the Programme management team** or COVID-19 IMT Incident Controller (if ECC activated)
- b. Brief the staff working at the Vaccination Centre on the incident and the likely impact to the service
- c. Brief any consumers located at the Vaccination Centre on the incident and the impact on vaccinations
- d. Negotiate and prioritise resource requirements as required
- e. Ensure provision is made for staff welfare including rest periods, rotation, handovers and EAP support

12.2 Equipment and Contingency Planning

Equipment Name	Number of Units	Function of Equipment	Equipment Supplier	Alternative/ backup for equipment
Computers/tablets		Electronic access to CIR	ISG	Hard Copies of the following: <ul style="list-style-type: none"> - Consent Forms - Covid-19 Vaccination Adverse Event Report Any hard copy forms must be entered the CIR as soon as practicable. All completed forms are to be locked away when not in use
Mobile Phone		Telephone communication	ISG	Landlines Personal mobiles
Refrigerator		Storage of vaccination	Pharmacy	..\..\Pharmacy\Cold Chain\Cold Chain Policy\Vaccine Storage Transportation and Cold Chain Management Policy v4.docx
Printers		Print documents Scan documents to network	ISG	Wait until printer & fax machine is up and running
Fans and air conditioning		Circulate air and keep room cool	Facilities via operator	Open doors and windows Notify staff to bring in fans from home
Monitoring Equipment		Monitor patient's heart rate, oxygen saturations & blood pressure	Clinical Engineering	Checking vital signs manually using standard clinical assessment techniques
Pulse Oximetry		Monitor oxygen saturation & heart rate	Clinical Engineering	Clinical Assessment Skills
Portable Oxygen		Supplementary Oxygen-includes 9 regulators	O2 Equipment Orderly	
Blood pressure machine		Used to measure blood pressure	Clinical Engineering	Nil
Wheelchair			Orderlies	

Application/Problem	Impact	Degree of impact High/ Med/Low	Contingency Plan
Covid-19 Immunisation Register (Web based application)	<ul style="list-style-type: none"> • Loss of consumer information medical alerts • Loss of NHI searching • Loss of immunisation register • Loss of booking system • Loss of ability to enter adverse events 	High	<ul style="list-style-type: none"> • Hard copy system to be implemented for duration of outage • Hard copy consent forms to be kept and uploaded to CIR as soon as system back working • Hard copy Covid-19 Vaccine Adverse Event Report –form to be completed to document adverse events to the Centre for Adverse Event Monitoring (CARM). Upload details of adverse events as soon as CIR is accessible
Internet	Loss of access to CIR	High	<ul style="list-style-type: none"> • Hard copy system to be implemented for duration of outage • Hard copy consent forms to be kept and uploaded to CIR as soon as system back working • Hard copy Covid-19 Vaccine Adverse Event Report –form to be completed to document adverse events to the Centre for Adverse Event Monitoring (CARM). Upload details of adverse events as soon as CIR is accessible
Rostering	Loss of workforce roster	High	<ul style="list-style-type: none"> • Use hard copy of roster located at Vaccination Centre • Use alternative excel based roster and update any changes required to regional roster when system back working

12.3 Critical Services Contingency Plan

Critical Service / Problem	Impact	Degree of impact High / Med/Low	Contingency	Resource – Supplier Additional Information
Reduced staffing levels	<ul style="list-style-type: none"> Unable to provide expected volume of vaccinations 	High	Activate cascade call back Clinical resource <ul style="list-style-type: none"> Request assistance from other vaccination centres for staff depending on degree of severity Reduce number of vaccination capacity Non-clinical resource <ul style="list-style-type: none"> Request assistance from other centres or services depending on severity 	Contact rostering coordinator
Power Supply	<ul style="list-style-type: none"> Failure of the lights, equipment failure (computers, refrigerators) Failure of ventilation and heating 	High	<ul style="list-style-type: none"> Pause immunisations and assess safety. If safe to continue then: Use hard copy process for vaccination consent and adverse event register Manual process to monitor time in observation – eg watches, mobile phone clocks, Open doors and windows for ventilation Use torches if low light levels Cell phones Contact Engineering (via Hospital Operator) 	
Water Supply	<ul style="list-style-type: none"> Loss of water supply - Hydration - No drinking water Contamination to water supply Excess water, flooding and related damage 	Medium /High	Pause immunisations and assess safety. If safe to continue then: <ul style="list-style-type: none"> All sites will have bottled water available Reduce consumption as much as possible and use hand gel Contact Engineering if excess water occurs flush sparingly Grey water usage Identify storage areas for waste. Access to toilets in neighbouring buildings for staff 	Facilities / Trades Duty Nurse Manager Emergency Management Advisor

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Critical Service / Problem	Impact	Degree of impact High / Med/Low	Contingency	Resource – Supplier Additional Information
Interruption to Communication Systems e.g. telephones, email, cell phones	<ul style="list-style-type: none"> Inability to communicate with other areas and services 	Medium	<ul style="list-style-type: none"> Cell phones, email Meetings / handovers, Retain hard copy of key numbers Personal cell phones 	ISG Send an email to alert
Fire and evacuation procedures	<ul style="list-style-type: none"> Inability to provide a service on site 	High	<ul style="list-style-type: none"> Call 111 (Mobile / Off Site) Call 777 (Te Nīkau site) Activate fire alarm and clear the building of all staff and visitors Follow fire safety instructions of the fire wardens 	
Safety	<ul style="list-style-type: none"> Unsafe to remain in current environment requiring full or partial evacuation 	High	<ul style="list-style-type: none"> Close Vaccination Centre and notify consumers booked in for vaccinations to visit alternative sites Keep a record of staff members contact details and location if different areas are being utilised 	
Security	<ul style="list-style-type: none"> Inability to provide safe environment for staff and consumers 	High	<ul style="list-style-type: none"> If immediate threat to personal safety call 111 for Police If no immediate danger or threat to individuals request for additional security officers on site 	
Unsafe facilities	<ul style="list-style-type: none"> Inability to provide a service on site Inability to provide safety for staff 	High	<ul style="list-style-type: none"> Evacuate staff and any consumers to designated assembly point or to a “safe” place Ensure essential supplies available Liaise with facilities management Ensure as much equipment and supplies are removed to a safe location as time and staff risk allows 	

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Critical Service / Problem	Impact	Degree of impact High / Med/Low	Contingency	Resource – Supplier Additional Information
Lock down	<ul style="list-style-type: none"> Immediate threat to staff in building and staff has been issued 	High	<ul style="list-style-type: none"> Address any immediate threats in area Ensure staff and consumers do not leave the area until lock down has been lifted Communicate lock down has been lifted to all staff and consumers 	
Support services – cleaning	<ul style="list-style-type: none"> Reduction in cleaning services Removal of rubbish 	Medium/High	<ul style="list-style-type: none"> Contact cleaning services to assist with site clean Co-opt non-essential personal 	
Inability to access consumable supplies	Insufficient stock available	Medium	<ul style="list-style-type: none"> Contact Logistics Leads to arrange urgent deliveries Source supplies from another vaccination centre as able Source directly from suppliers 	
Defibrillators, grab bags, first aid kit	<ul style="list-style-type: none"> Defibrillator not available/working First aid kit not available/working Grab bags not available/working 	Medium/High	<ul style="list-style-type: none"> Support advanced cardiac life support in an emergency and call: <ul style="list-style-type: none"> 111 for assistance (off Site Clinics) 777 for assistance (Te Nīkau Clinic) 	
Natural disasters emergencies	<p>Disruption due to natural disaster including but not limited to earthquake, storm, volcanic eruption, tsunami, tornado affecting staff based in locality bases</p> <p>While the probability is low the impact is generally high</p>	Low probability High impact	<ul style="list-style-type: none"> Ensure cascade and staff contact lists are up to date During / after an incident has occurred: <ul style="list-style-type: none"> Exercise care after a natural disaster Do not enter damaged buildings Contact staff to ensure they are safe Contact DHB Incident Controller to provide information on service status Encourage staff to contact family members Document all actions 	

12.4 WCDHB Emergency Plans

[WCDHB Health Emergency Plan](#)

[Pandemic & Outbreak Coordination Response Plan](#)

[West Coast Covid-19 Health Strategic Resurgence Plan](#)

West Coast COVID-19 Community Testing plan – *currently being reviewed and updated by testing group*

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SECTION 13 COMMUNICATIONS

13.1 Public Messaging / Campaign

All national media responses will be controlled and coordinated through the MoH in the first instance. All local messaging needs to be approved by the Medical Officer of Health or COVID-19 Vaccine Programme Manager, or, where relevant if operating, the West Coast DHB Emergency Coordination Centre. Internal messaging will be promulgated on a regular basis to ensure DHB staff as well as our partner agencies are kept up to date.

At all times the Ministry of Health and or national All of Government COVID-19 Response messaging and information is to be considered the **Single Point of Truth** and DHB / partner agencies **health messaging should comply with this to avoid unnecessary confusion**.

West Coast DHB should be the first agency to release important health information and updates on the West Coast. Information will then be cascaded out to partner agencies to share.

The COVID-19 Communications Lead for the West Coast Vaccination Programme is the DHB Senior Communications Advisor who will coordinate all messaging

13.1.1 Reporting COVID-19 and vaccine misinformation

Where the DHB is advised that there is a misinformation campaign regarding COVID-19 Response/Recovery or the COVID-19 Vaccine we will ensure that that Ministry of Health and our Medical Officer of Health are advised of this information.

As part of our ongoing media campaign we will be advising people that

“If you become aware of any campaigns or information targeting New Zealanders and asking for personal information or payment for receiving the COVID-19 vaccine, please report this misinformation to covid@ops.cert.govt.nz (Subject: COVID-19 scam) or call 0800 237 869.

For more information, visit CERT NZ’s website – www.cert.govt.nz”.

13.2 COVID-19: Vaccine resources for health professionals (restricted access)

Restricted access to resources and collateral for the COVID-19 Vaccine and Immunisation programme for health professionals and District Health Boards (DHBs) is located at:

<https://www.health.govt.nz/covid-vaccine-resources-restricted>

SECTION 14 COVID-19 VACCINE COSTS

From a finance perspective, we have set up project and cost centre codes as follows:

1. Project code: **WC-20-O-10020**
2. Cost centre: **6205739**

All purchases and capital items, please send to the project code and all employee codes must be set up with the cost code.

14.1 Opportunity Costs

- Release of vaccinators to deliver COVID reduces delivery of other immunisation programmes such as MMR, influenza and childhood immunisations. This presents a future health risk for our population, a reduction in immunity and a potential increase in inequity.
- We have currently trained our Public Health Nursing workforce in COVID vaccination and full utilisation solely for COVID will reduce their availability for all school-based programmes and provision of care for children and their whanau.
- One disease focus at risk of multiple diseases beyond those that are part of immunisation programmes carries a risk of inadvertently creating inequity.
- Resourcing the programme team has diverted these people from business as usual activities. This cost will continue at least until our Programme Team are in place, however constraints identified above, and the risks identified below mean that there is some likelihood that there is ongoing impact to BAU across our health system.

SECTION 15 IDENTIFIED RISKS TO PROGRAMME

West Coast COVAX Programme Risk Register

- Vaccine hesitancy resulting in lower than expected uptake.
- (In)ability of some health service providers to release staff for vaccination at rates that correspond to projected programme vaccination volumes
- Prescribed delivery model versus model that meets the needs of the population resulting in lower than expected vaccine coverage.
- Equity and accessibility are limited by the model and/or is reduced for other areas of healthcare due to the singular focus on COVID-19.
- Revenue doesn't match expenditure to date and for the proposed model.
- Funding model doesn't support recruitment of appropriately skilled staff or enable utilisation of the wider healthcare workforce, particularly in primary care.
- Reactive and responsive at the risk of developing and delivering a robust and proactive plan.

SECTION 16 HEALTH AND SAFETY REQUIREMENTS

1. A Health and Safety assessment will be conducted for each Vaccination Centre within the Go-Live quality assurance process.
2. West Coast DHB will ensure Health and Safety representatives are nominated for the Vaccination Centres as soon as practicable.
3. All vaccination centre staff will complete a Health and Safety briefing on induction to the service and when moving to work at a new or different vaccination centre.
4. All COVAX Clinics will have fire wards for each site.
5. All vaccination centre staff are encouraged to access the [Employee Assistance Programme](#) as required
6. Health & Safety will be included in all Daily Briefings and Debriefings

The Vaccination Sites must comply with DHB policy in relation to:

- [Health and Safety Policy and procedures](#)
- [Hazardous Substances Policy & Procedure Manual](#)
- [Infection Control Policy & Procedure Manual](#)
- [People & Capability \(Human Resource\) Policy & Procedure Manual](#)

SECTION 17 FILE SHARING / TEAM COMMUNICATION

17.1 Shared Drive

- A shared folder has been set up to store documents for the project. This is located at [Y:\Shared\COVID-19 Vaccine Programme](#). Access to this folder is restricted to only the COVID Vaccine programme team.
- This folder will be administered by the Administration lead.

17.2 Microsoft Teams

- MS Teams will also be used to share files and communicate with team members.
- The MS Teams group will be administered by the Administration lead.

SECTION 18 MONITORING AND REPORTING

18.1 Progress Monitoring

- the COVID-19 Vaccine Group will be reasonable for reporting to the West Coast COVID-19 Oversight group on the progress on the vaccine rollout.
- Progress reporting will occur as outlined below and will include reporting on our clinic projections and the actual vaccine through numbers

18.2 Reporting

All reporting for the COVAX programme will occur as outlined in [COVID-19 Vaccine Operating Guidelines](#)

18.2.1 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).

Sites will need to report to MoH:

- Significant events on sites (e.g. significant adverse reaction, protest etc) (daily)
- Stock on hand (weekly)
- Stock movements (weekly)
- Demand allocation (weekly)

DHBs or providers may wish to collate daily reporting back from sites on inventory and/or operations to aid in supply information back to MoH.

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

Daily Site Summary returns will be forwarded to the WCDHB COVID Vaccination Programme office

18.2.2 Adverse Events Reporting

If the consumer has an adverse event during the 20-minute observation period at the vaccination site, appropriate medical attention must be provided. The on-site adverse event must be recorded in CIR to enable reporting on adverse reactions to the vaccine.

All Adverse Event Reporting will occur as outlined in the [COVID-19 Vaccine Operating Guidelines](#).

All Advise events will also be reported as per WCDHB policies via Safety 1st Incident reporting system.

18.2.3 Recording Vaccine Errors

All Vaccine Error Reporting will occur as outlined in the [COVID-19 Vaccine Operating Guidelines](#) Section 8.5 Reporting Vaccine Errors

18.2.4 Reporting COVID-19 and vaccine misinformation

We have been made aware that on the Coast there is a person or persons dropping leaflets into mail boxes regarding COVID-19 and the vaccine. The Ministry of Health and our Medical Officer of Health have been advised of this.

If we become aware of any campaigns or information targeting New Zealanders and asking for personal information or payment for receiving the COVID-19 vaccine, please report this misinformation to covid@ops.cert.govt.nz (Subject: COVID-19 scam) or call 0800 237 869. For more information, visit CERT NZ's website – www.cert.govt.nz

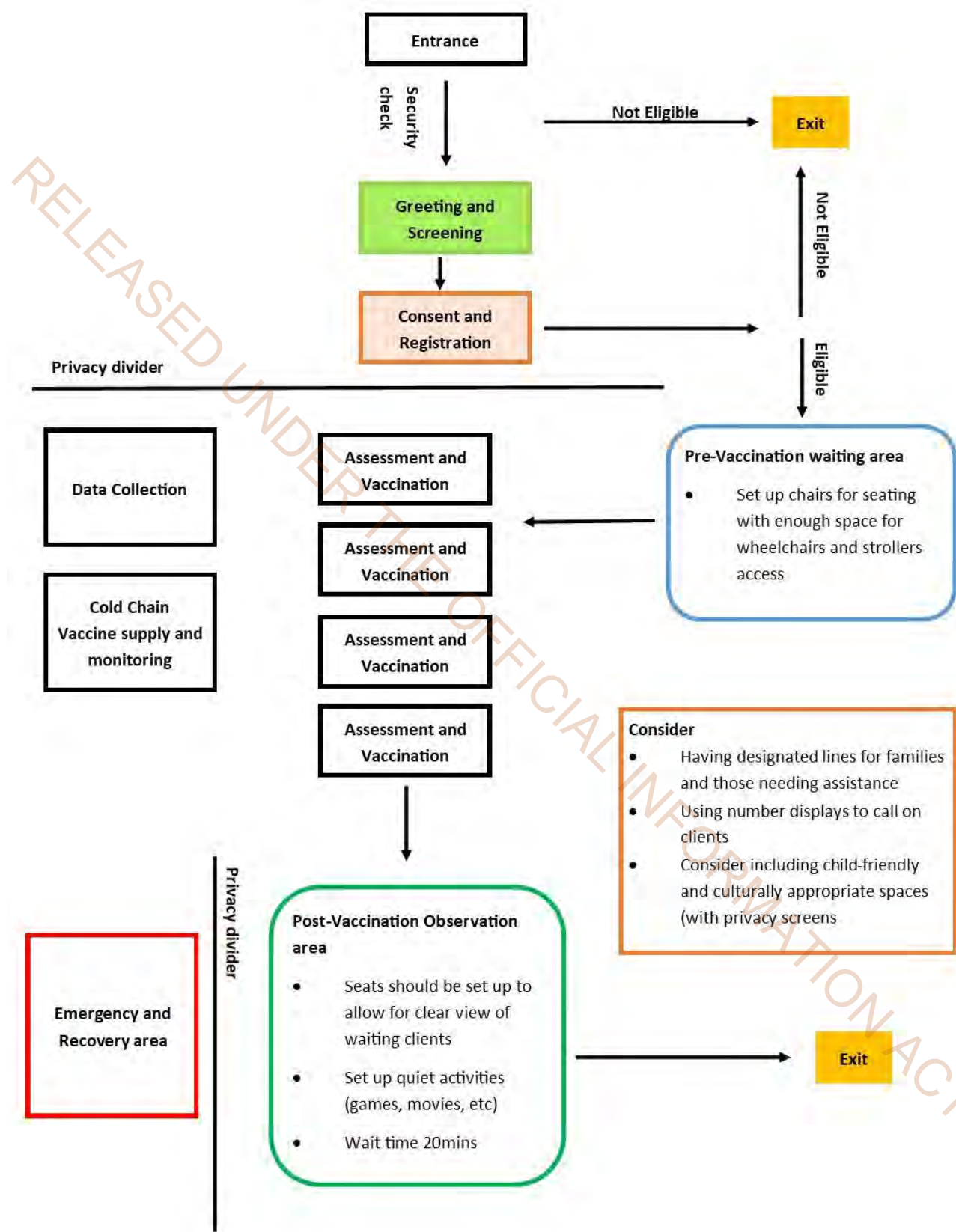
18.2.5 Programme Office Status Reporting

An up-to-date cumulative report will be issued regularly to the WCDHB GM, WCDHB Communications Manager and the Project Clinical Sponsor. This report will also include the booking status of scheduled clinics.

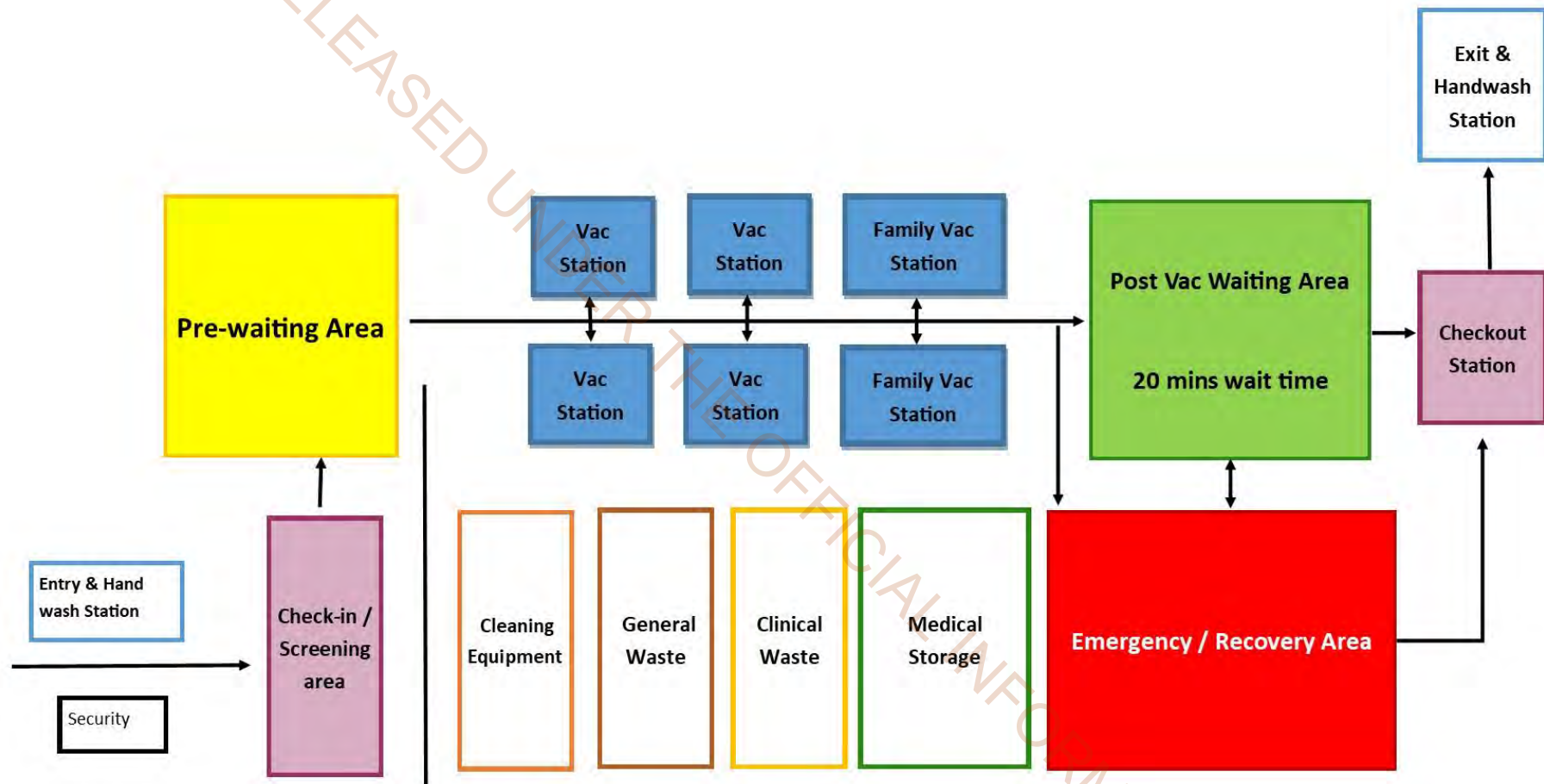
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SECTION 19 APPENDICES

Appendix 1: Vaccination Clinic Workflow



Appendix 2: Vaccination Clinic Layout



Appendix 3: Vaccine Clinic/Programme Resources

MoH	Link
COVID-19 Vaccine Resources for Health Professionals	https://www.dropbox.com/sh/vllk5cpjzft6yc/AACZU6otVLK_-JxhkB-3KRD8a?dl=0
Immunisation Handbook	https://www.health.govt.nz/publication/immunisation-handbook-2020
The National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017	https://www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017
National Immunisation Programme cold chain management	https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/national-immunisation-programme-cold-chain-management
Annual Cold Chain Management Record	https://www.health.govt.nz/publication/annual-cold-chain-management-record
Cold Chain Management policy template	https://www.health.govt.nz/system/files/documents/pages/sample_template_cold_chain_management_policy_2017.docx

Station Check lists	Link
Observation	Vaccination centre forms
Vaccination	Vaccination centre forms
Drawing up	Vaccination centre forms
Check in - Admin	Vaccination centre forms

Task Sheets	Link
Observation	Vaccination centre forms
Vaccinator	Vaccination centre forms
Clinic Team Leader	Vaccination centre forms
Check in - Admin	Vaccination centre forms

Appendix 4 Daily Team Briefing Checklist

EVENT DETAILS	Date ____ / ____ / ____	Vaccination event number	Location					
----------------------	-------------------------	--------------------------	----------	--	--	--	--	--

VACCINATION TEAM	Name	Phone	Present	ID/ Vest	Uniform Scrubs	Wellness Check	Training Complete	Logins
Vaccination Team Leader			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admin #1 – Reception			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinator – Drawing-up			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinator – Immunising			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation/Resuscitation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admin #2 – Observation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Site orientation for new staff		Fire Warden _____						

VACCINES/ RECIPIENTS	<input type="checkbox"/> Supply confirmed	# Vaccinations today ____	<input type="checkbox"/> Stand-by list available	# on stand-by list ____
-----------------------------	---	---------------------------	--	-------------------------

SITE	<input type="checkbox"/> Ambient temperature check	<input type="checkbox"/> Documentation supply	<input type="checkbox"/> Signage displayed	<input type="checkbox"/> Site doors secure
-------------	--	---	--	--

EVENT	<input type="checkbox"/> Confirmation of clinic timing, etc.	<input type="checkbox"/> Notification of process changes, if any	<input type="checkbox"/> Status update ____ (of 11,700 to June 30)
	<input type="checkbox"/> Other building user issues, if any	<input type="checkbox"/> Health & Safety Issues	<input type="checkbox"/> Questions/concerns

Briefing completed by: _____ Sign: _____ Date: ____ / ____ / ____

Title COVID Vaccine Immunisation Programme Playbook
 Issued By: COVID-19 Vaccination Work Group

Issued Date: 16/04/2021
 Version: 0.8



COVID-19 Vaccine Programme

Daily Team Debrief Notes

Y:\Shared\COVID-19 Vaccine Programme\Admin\COVID Daily Debrief Notest.docx

Version: 1.1 7 May 2021

EVENT DETAILS

Date ____/____/____	Vaccination event number	Location	Number of doses given
---------------------	--------------------------	----------	-----------------------

TEAM FEEDBACK – Operational Flows

Pharmacy and Transport of Vaccine	
Drawing Up	
Reception	
Vaccinators	
Observation	

TEAM FEEDBACK – Programme Issues

Equity	
Security	
Site Leader	
Other Building Users	
Health & Safety	
Brief look at next event (numbers etc)	
Other General Business	

Briefing completed by: _____

Sign: _____

Date: __/__/__

Appendix 6: Vaccination Event Report

EVENT DETAILS

Date ____ / ____ / ____	Vaccination event number	Location
-------------------------	--------------------------	----------

EVENT STATISTICS

Number of vaccinations delivered	
Number of first vaccinations delivered	
Number of second vaccinations delivered	
Number of Tier 1 vaccinations delivered	
Number of Tier 2a vaccinations delivered	
Number of Tier 2b vaccinations delivered	
Number of Tier 2c vaccinations delivered	
Number of Tier 3 vaccinations delivered	
Number vaccinations delivered to date - Māori	
Number vaccinations delivered to date - Pacific	
Number vaccinations delivered to date – NZ European	
Number vaccinations delivered to date – Other	
Staff identifying as Māori in Vaccination Team	Y / N
Number vaccinations declined on day due to illness/symptoms	
Number vials	
Number of 7-dose vials	
Number of doses discarded	
Number of adverse reactions - minor	
Number of adverse reactions - significant	
Formal Feedback - number of compliments	
Formal Feedback - number of complaints	

Appendix 7: COVID-19 Vaccine Clinic Summary

EVENT DETAILS

Date __ / __ / __	Vaccination event #	Location	Today's target
----------------------	---------------------	----------	----------------

VACCINATION TEAM

Vaccination Team Leader		Observation/Resuscitation	
Security		Admin #2 – Observation	
Admin #1 – Reception		Additional	
Vaccinator – Drawing-up		Additional	
Vaccinator – Immunising #1		Additional	
Vaccinator – Immunising #2		Additional	
Vaccinator – Immunising #3		Additional	
Vaccinator – Immunising #4		Additional	

SCHEDULE

Briefing	
Vaccines arrive on site	
Drawing up commences	
First appointment time scheduled	
Break time	
Last appointment time scheduled	
Daily debrief	

NOTES (Visitors, changes, etc)

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Covid-19 West Coast DHB Update

Our Covid19 Immunization strategy developed by the WCDHB Steering group has a commitment to equity and access for all.

Governance and Partnership

A steering group has been developed involving all stakeholders; PHO, Community and Public Health, Māori Health Provider, Iwi and DHB to develop strategy and implement Covid-19 Vaccination roll-out.

Marion Smith, Covid-19 Portfolio Lead, DHB Hauora Māori is meeting regularly with the Māori Health Provider, Te Runaka o Makaawhio and Te Runaka o Ngatiwaewae to ensure ongoing input and feedback to the operational aspects of the rollout.

A Project Manager Operations (stakeholder engagement, high-level strategy and MoH reporting) and Programme Lead positions are now in place, and we expect to see some accelerated progress in the development of outreach services now that these roles are in place and Tier 1 phase is complete.

Targeted Vaccination Approach

To date the majority of effort has focused on establishment of the static clinic within the DHB in both Mawhera and Kawatiri, and all workforce, IT and protocols surrounding that. Māori whanau/households of frontline workers who were eligible for the vaccine were offered vaccination as part of a 'whole of whanau' strategy. The Whanau strategy identified Māori whanau of Groups 1 or 2 including all household members (over 16) and offered vaccination. This strategy also included anyone identified as being part of a vulnerable group.

In Greymouth a Kaiarahi position has been established with the purpose of supporting Māori whanau to engage in the Covid-19 clinic, and ensure the experience is a good one. A process to gain feedback from vaccinated Māori is being undertaken by the Kaiarahi to ensure quality improvement is based on robust consumer feedback.

The next phase of the rollout will focus on outreach vaccination clinics with a trial already taking place in Reefton. Ngā Whanau Māori are consulted prior to the clinics to ensure the information was disseminated amongst Māori.

One third of our community live outside the catchment area of our static clinic coverage and planning is underway to begin outreach clinics in the regions. As well as Māori, we have identified other communities of interest, i.e. Glorivale Christian community, Industry groups, socioeconomic areas and isolated areas where outreach clinics will be operating to ensure we achieve maximum coverage.

Ministry data is distributed daily identifying ethnicity uptake and is shared with the Hauora Maori Portfolio Lead, this will enable timely responsiveness of specifically tailored Māori approaches where uptake is slow.

Māori Health and Disability Provider support

Poutini Waiora are the main Māori Health Provider on Te Tai Poutini and the Hauora Maori team are supporting them to develop a covid preparedness strategy that will ensure workforce readiness,

innovative approaches for whanau, collaboration across the sector, minimize duplication and tailoring services at the most local level.

A number of Hauora Māori clinics will be held building on flu vaccination clinics run by Poutini Waiora - Maori Health Provider. These clinics are underpinned by whānau ora with health navigators, bowel screening kaimahi and the Covid19 team attending the clinics to offer education and support to whānau in all areas of health and well-being.

Opportunities to build capacity across the NGO sector to enable multiple touch points for Māori whanau to engage in the vaccination programme and build knowledge about the vaccine are being explored and will be further developed as the programme rolls out further.

Workforce Development

A collaborative effort between the Māori Health Provider and the DHB has resulted in a number of Māori nurses being identified to complete the IMAC training and registration to begin building a pool of Māori vaccinators. Additionally, Poutini Waiora employ three current vaccinators.

Options for WCDHB clinical workforce to work under the Poutini Waiora umbrella to offer vaccination support and clinical backfill as a key part of the Maori response strategy are currently being investigated. Recruitment is a challenge on the West Coast and the Provider are looking to work closely with the DHB to partner on innovative solutions to address this.

Tailored Communications

In April, with MOH support, the WCDHB Beginning 1st June, all Māori over 16 will now be eligible for vaccinations and we are using our iwi and Māori provider network to advise whānau.

Iwi and Poutini Waiora are currently doing online training that will allow them to become booking champions within this network to give whānau another support option when booking appointments. This approach allows supported uptake for whanau as we can easily identify and track whanau who have booked.

Te Rongoa Arai mate Korona – The covid-19 vaccination communication strategy targeting Māori is being distributed widely across Te Tai o Poutini.

COVID19 – Vaccinations Readiness:

The Ministry of Health is funding Māori health providers who have existing vaccinator capabilities to ensure they are prepared and ready to be responsive and sustainable during the COVID-19 vaccinations roll-out and Hauora Maori are supporting Poutini Waiora through this development phase of the Tranche 1 contract.

The objectives are:

- Enabling choice for whānau, hapu, iwi and communities
- Encouraging collaboration between providers, and reduction of competition and duplication (ensuring alignment with local DHB vaccinations roll-out)
- Maximisation of resources in communities
- Tailoring of services at the most local level
- The recruitment of new staff

The MoH has also provided funding to DHB's through Tranche 2 funding for Māori vaccination support. The funding is intended to support the roll-out programme by increasing access to vaccinations for whānau Māori, hapu, iwi and communities.

These objectives are:

- Whānau Māori, hapu, iwi and communities are enabled to access the vaccine services with ease
- Wrap-around holistic support is provided with the delivery vaccinations
- Whānau Māori, hapu, iwi and communities are enabled with a choice to access kaupapa Māori vaccinators
- Reduction of competition and duplication through collaboration between providers and local DHB's
- Resources are maximised in communities
- Services are tailored at the most local level and innovative approaches are enabled.

Hauora Māori are also liaising with Te Kahui who are a newly formed group of South Island Māori Health Providers to ensure oversight and input into the Hauora Māori Covid vaccination and rollout response.

Governance and Partnership

A steering group has been developed involving all stakeholders; PHO, Community and Public Health, Māori Health Provider, Iwi and DHB to develop strategy and implement Covid-19 Vaccination roll-out.

The Hauora Māori Covid Lead is meeting regularly with the Māori Health Provider, Te Runaka o Makaawhio and Te Runaka o Ngatiwaewae to ensure ongoing input and feedback to the operational aspects of the rollout.

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Ministry data is distributed daily identifying ethnicity uptake and is shared with the Hauora Maori Portfolio Lead, this will enable timely responsiveness of specifically tailored Māori approaches where uptake is slow.

Māori Health and Disability Provider support

The Hauora Maori team are supporting our Poutini Waiora – our Māori Health Provider to develop a Covid preparedness strategy that will ensure workforce readiness, innovative approaches for whanau, collaboration across the sector, minimize duplication and tailoring services at the most local level.

A number of Hauora Māori clinics will be held building on flu vaccination clinics run by Poutini Waiora - Maori Health Provider. These clinics are underpinned by whānau ora with health navigators, bowel screening kaimahi and the Covid19 team attending the clinics to offer education and support to whānau in all areas of health and well-being.

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Te Rongoa Arai mate Korona – The covid-19 vaccination communication strategy targeting Māori is being distributed widely across Te Tai o Poutini.

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What's
going on

Stuff you need to know

West Coast DHB's COVID-19 Vaccination Programme

Equity and Outreach Planning

9th August 2021



What's going on

Stuff you need to know

Agenda

- Karakia
- Introductions 10 min
- Demographics 10 min
- Progress 15 min
- Outreach 20 min
- Planning 25 min
- Review 5 min
- Closing karakia

What's
going on



Stuff you need to know

The demographics

- Eligible population 25442 as at 9 July PHO
- 2701 Māori and Pacific people
- 2578 Highly deprived – Quintile 5
- 27% of West Coasters identify as living with a disability



What's
going on

Stuff you need to know

Progress

- 28% fully vaccinated
- 36% of West Coasters have started the process
- 19% Māori fully vaccinated
- 28% Pacific fully vaccinated
- 39% Asian fully vaccinated



What's
going on?

Stuff you need to know

Outreach

- Alongside community events
- Farming
- Rural populations
- Seasonal activities – whitebaiting, calving
- Schools
- Workplaces



What's
going on?

Stuff you need to know

Common themes

- Super clinics in main centres – with walk-ins
- Farming communities – partner with sector stakeholders – RNS critical involvement
- Larger workplaces – work with Occ Health nurses
- Comms – local ambassadors, sharing stories
- Offer walk-in capacity at clinics – trial first



What's
going on?

Stuff you need to know

Common themes

- Rapid convenience monitoring RCM's
- Schools – BOT relationships – promote upwards
- Partner with community events
- Mana ake – health hui
- Gloriavale - offer

What's
going on



Stuff you need to know

Planning

- What
- Where
- When
- How
- Who
- Commitment

Covid Vaccination Programme West Coast

**Status as of 24 October 2021
Full Population**

Coverage for West Coast DHB Population 12+ as at 23/10/2021

080

Fully Vaccinated

16,805 (60.2%)

Dose 1 only - in Progress

4,078 (14.6%)

Not Vaccinated but Booked

399 (1.4%)

Not Vaccinated Not Booked

6,624 (23.7%)

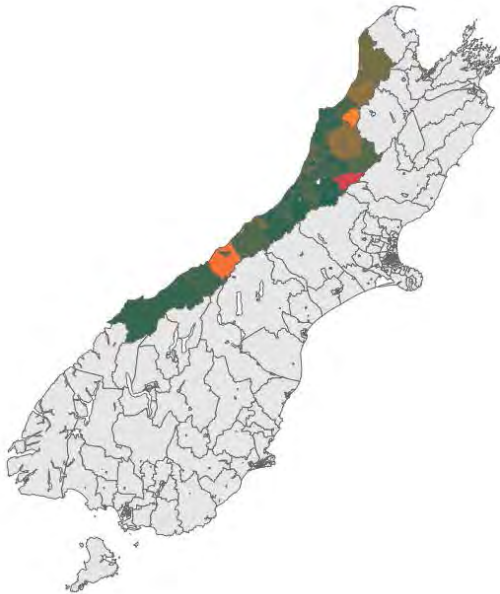
HSU 2020 Population

27,906

Map by Domicile

Map by Ward

CDHB Vaccinations by Domicile



Progress



● Fully Vaccinated ● Dose 1 Only ● Not Vaccinated but Booked ● Not Vaccinated Not Booked

Overall Status

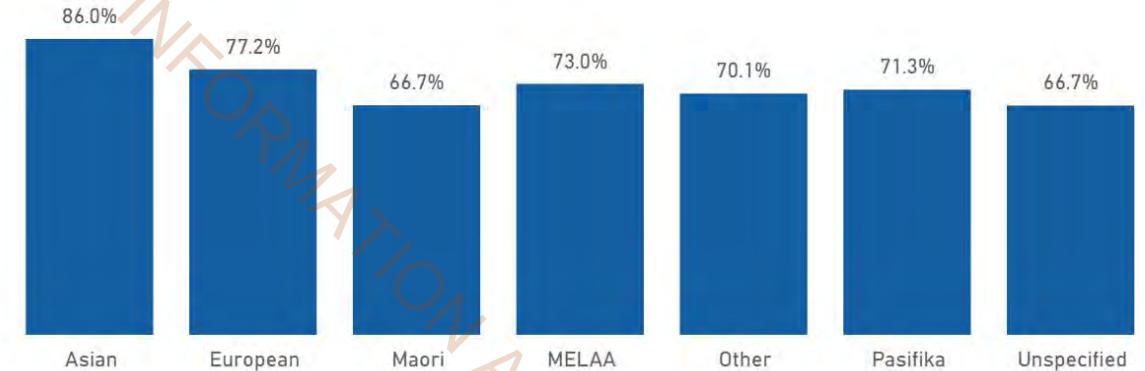
Select all

Fully Vaccinated

Dose 1 Only

Not Vaccinated but Booked

Reached % of Population by Ethnicity Group



Note: this report shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 23/10/2021

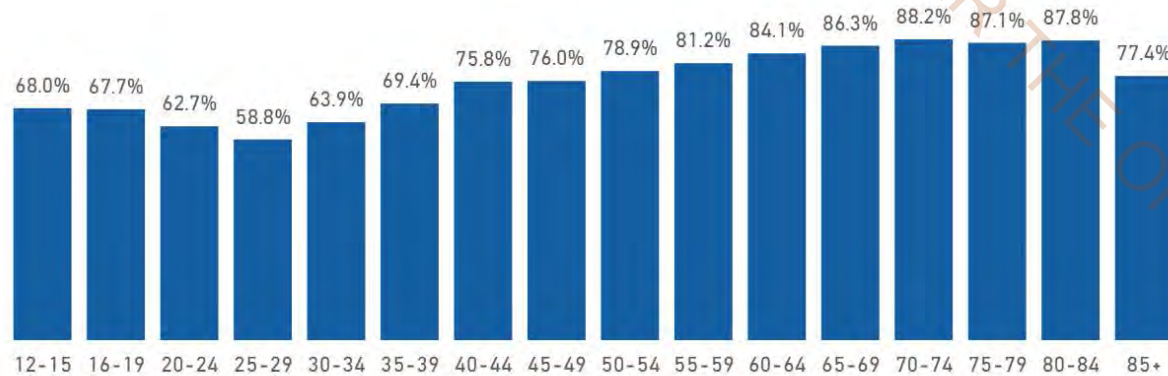
081

Fully Vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	HSU 2020 Population
16,805 (60.2%)	4,078 (14.6%)	399 (1.4%)	6,624 (23.7%)	27,906

Overall Status



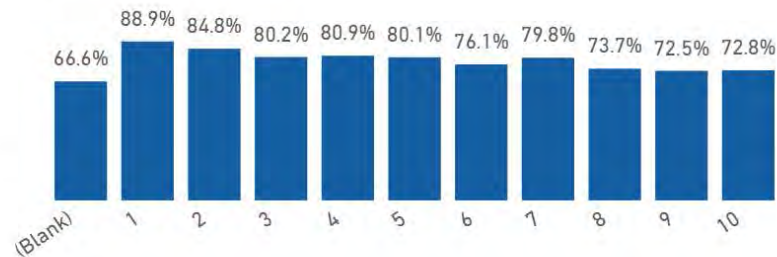
Reached % of Population by Age Group



Gender



Deprivation Decile



TL

76.2% of Population reached

- 60.2% fully vaccinated
- 14.6% have had 1st dose
- 1.4% booked

We:

TL



Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Covid Vaccination Programme West Coast

Maori Population Status as of 24 October 2021

Coverage for West Coast DHB Population 12+ as at 23/10/2021

083

Fully Vaccinated

1,282 (46.4%)

Dose 1 only - in progress

513 (18.6%)

Not Vaccinated but Booked

50 (1.8%)

Not Vaccinated Not Booked

920 (33.3%)

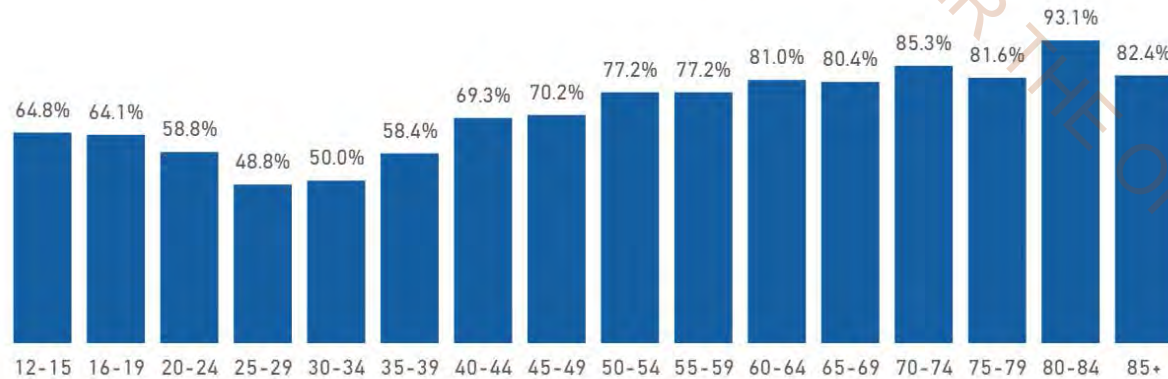
HSU 2020 Population

2,765

Overall Status



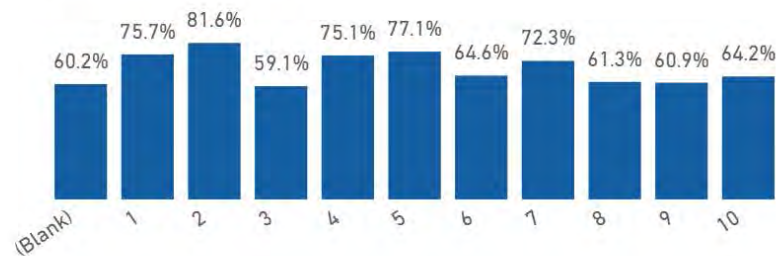
Reached % of Population by Age Group



Gender



Deprivation Decile



66.8% of Maori reached

- 46.4% fully vaccinated
- 18.6% have had 1st dose
- 1.8% booked

Ward of Residence/Ward/Domicile



Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Where is the Vaccinated Population?



Domicile	Reached	Fully Vaccinated	Population	% of Population Reached
Maruia	2	2	2	100.0%
South Beach-Camersons	57	57	79	72.2%
Haast	13	13	19	68.4%
Coal Creek	2	2	3	66.7%
Ahaura	16	16	24	66.7%
Ross	16	16	24	66.7%
Otira	2	2	3	66.7%
Karoro	26	26	44	59.1%
Greymouth South	113	113	195	57.9%
Charleston	8	8	14	57.1%
Franz Josef	12	12	21	57.1%
Orowaiti	19	19	34	55.9%
Hokitika Urban	254	254	463	54.9%
Waimea-Arahura	47	47	86	54.7%
Barrytown	14	14	26	53.8%
Kaniere	24	24	47	51.1%
Atarau	8	8	16	50.0%
Greymouth Rural	1	1	2	50.0%
Inlet-Buller River	1	1	2	50.0%
Arnold Valley	5	5	11	45.5%
Hokitika Rural	35	35	77	45.5%
Waiho	4	4	9	44.4%
Kaiata	10	10	23	43.5%
Cobden	80	80	184	43.5%
	50	50	116	43.1%
Granity	9	9	21	42.9%
Westport Urban	136	136	320	42.5%
Mokihinui	5	5	12	41.7%

Domicile	Reached	Fully Vaccinated	Population	% of Population Reached
Marsden-Hohonu	11	11	27	40.7%
Westport Rural	37	37	91	40.7%
Point Elizabeth	2	2	5	40.0%
Nelson Creek-Ngahere	12	12	30	40.0%
Harihari	6	6	15	40.0%
Buller Coalfields	17	17	43	39.5%
Hokitika Valley	15	15	38	39.5%
Runanga-Rapahoe	37	37	95	38.9%
Blaketown	30	30	79	38.0%
Greymouth Central	20	20	53	37.7%
Taramakau	8	8	22	36.4%
Dobson	27	27	75	36.0%
Hector-Ngakawau	6	6	17	35.3%
Reefton	27	27	80	33.8%
Mawheraiti	7	7	21	33.3%
Lake Brunner	7	7	21	33.3%
Kumara	9	9	28	32.1%
Inangahua Junction	3	3	10	30.0%
Karamea	5	5	17	29.4%
Haupiri	2	2	7	28.6%
Totara River	2	2	7	28.6%
Whataroa	8	8	28	28.6%
Blackball	7	7	26	26.9%
Fox Glacier	2	2	10	20.0%
Waitaha	1	1	5	20.0%
Little Wanganui	2	2	11	18.2%
Inangahua Valley	3	3	18	16.7%

Covid Vaccination Programme West Coast

**Non Vaccinated – Not Booked (NVNB)
Status as of 24 October 2021**

NVNB – Urban Areas

086

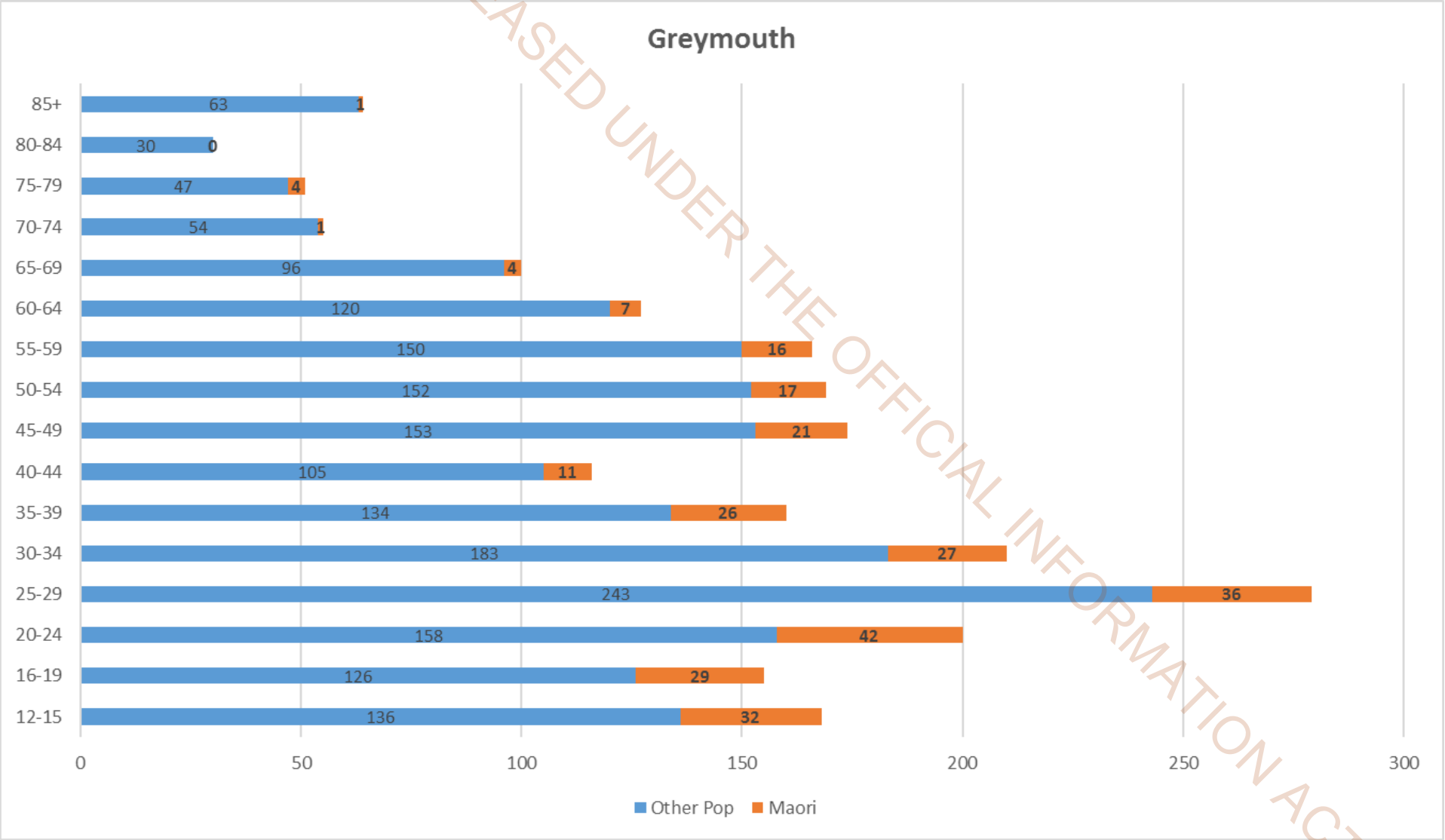
Total Population

Age	Westport	Greymouth	Hokitika	Total
12-15	45	168	61	274
16-19	46	155	51	252
20-24	54	200	54	308
25-29	95	279	94	468
30-34	94	210	83	387
35-39	53	160	72	285
40-44	67	116	48	231
45-49	72	174	68	314
50-54	70	169	57	296
55-59	49	166	58	273
60-64	45	127	38	210
65-69	35	100	24	159
70-74	31	55	25	111
75-79	23	51	32	106
80-84	8	30	13	51
85+	12	64	12	88
Total	799	2,224	790	3,813

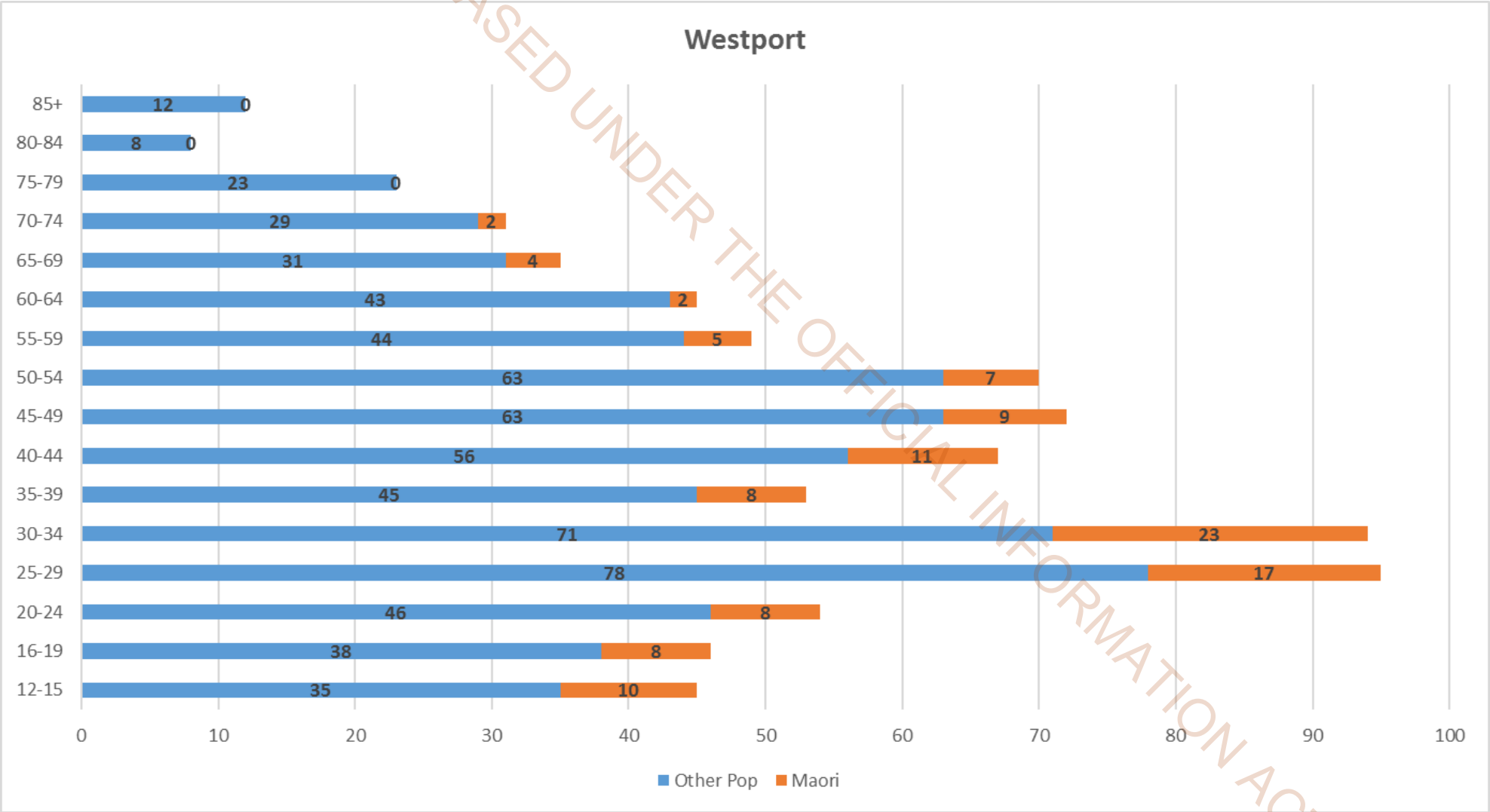
Maori Population

Age	Westport	Greymouth	Hokitika	Total
12-15	10	32	17	59
16-19	8	29	16	53
20-24	8	42	16	66
25-29	17	36	38	91
30-34	23	27	21	71
35-39	8	26	13	47
40-44	11	11	10	32
45-49	9	21	10	40
50-54	7	17	2	26
55-59	5	16	7	28
60-64	2	7	5	14
65-69	4	4	2	10
70-74	2	1	1	4
75-79	0	4	0	4
80-84	0	0	1	1
85+	0	1	0	1
Total	114	274	159	547

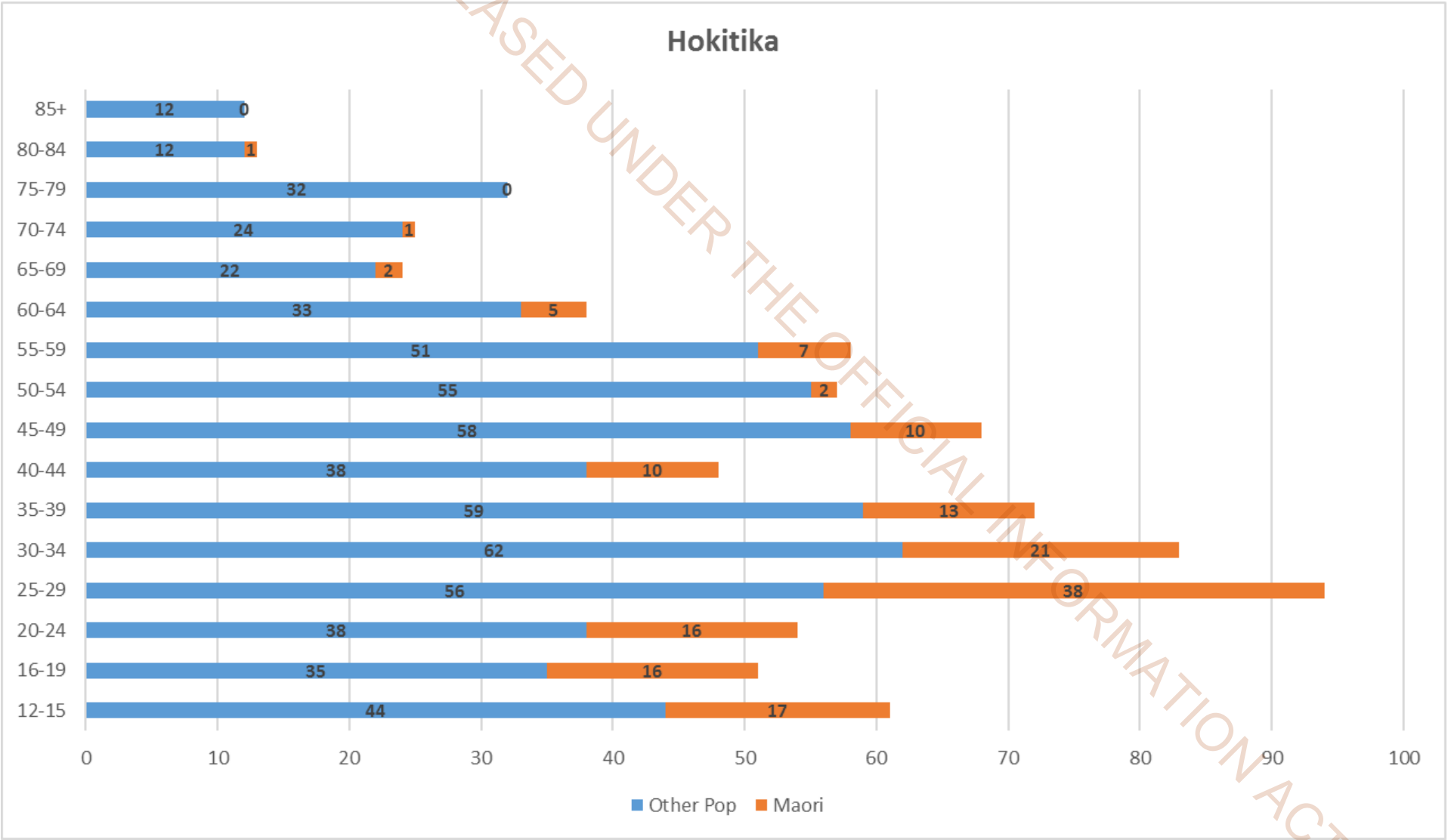
NVNB - Greymouth Urban



Other Pop = Total Population – Maori Population



Other Pop = Total Population – Maori Population



Other Pop = Total Population – Maori Population

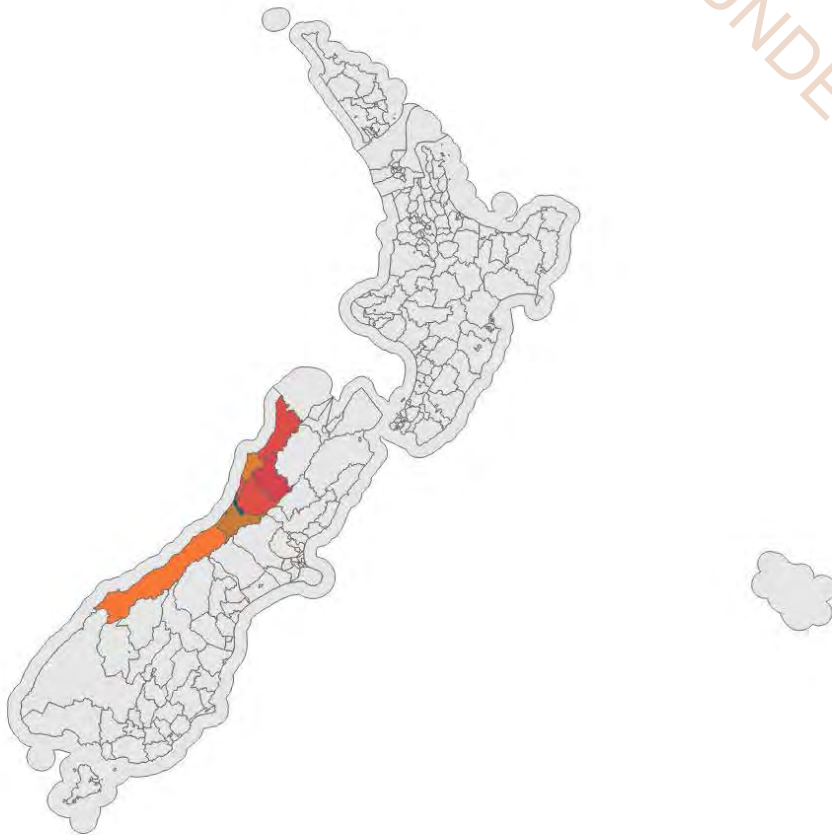
Covid Vaccination Programme West Coast

**Status as of 18 October 2021
Full Population**

Coverage for West Coast DHB Population 12+ as at 18/10/2021 091

Fully Vaccinated	Dose 1 only - in Progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	HSU 2020 Population
15,628 (58.3%)	4,207 (15.7%)	394 (1.5%)	6,555 (24.5%)	26,784

CDHB Vaccinations by Ward



Progress



● Fully Vaccinated ● Dose 1 Only ● Not Vaccinated but Booked ● Not Vaccinated Not Booked

Overall Status

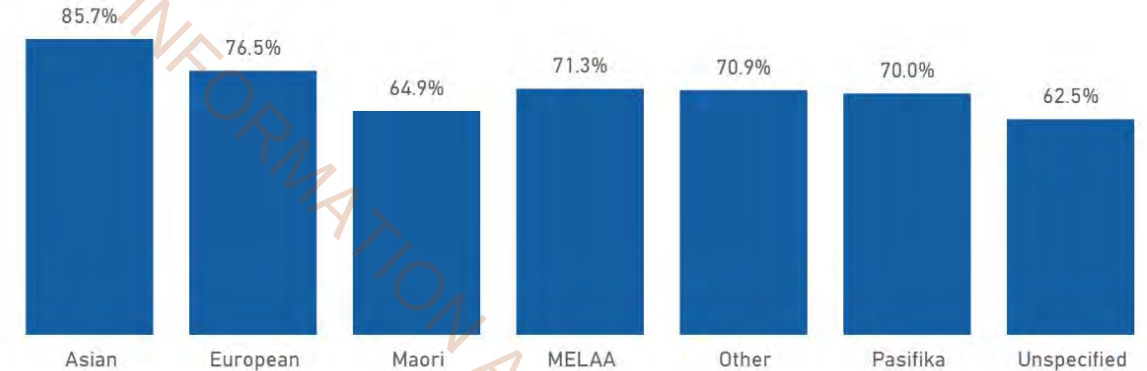
Select all

Fully Vaccinated

Dose 1 Only

Not Vaccinated but Booked

Reached % of Population by Ethnicity Group



Note: this report shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 18/10/2021

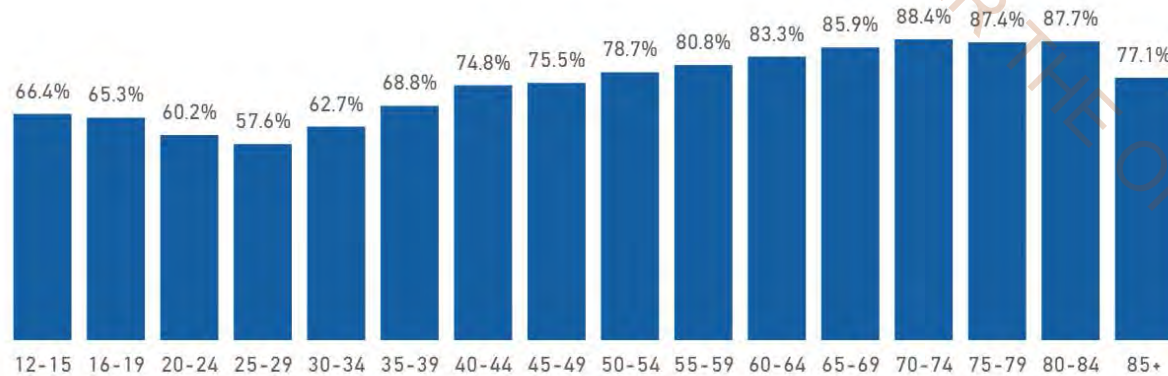
092

Fully Vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	HSU 2020 Population
15,628 (58.3%)	4,207 (15.7%)	394 (1.5%)	6,555 (24.5%)	26,784

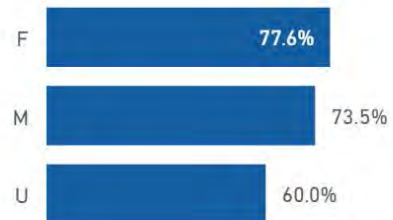
Overall Status



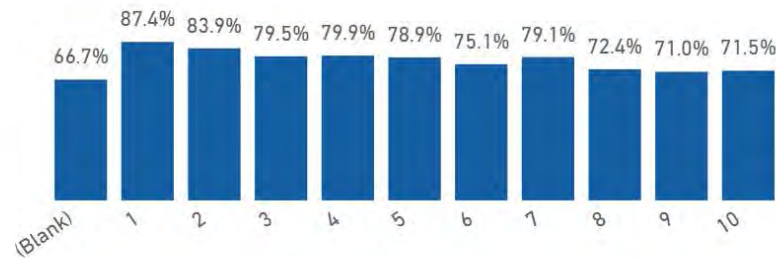
Reached % of Population by Age Group



Gender



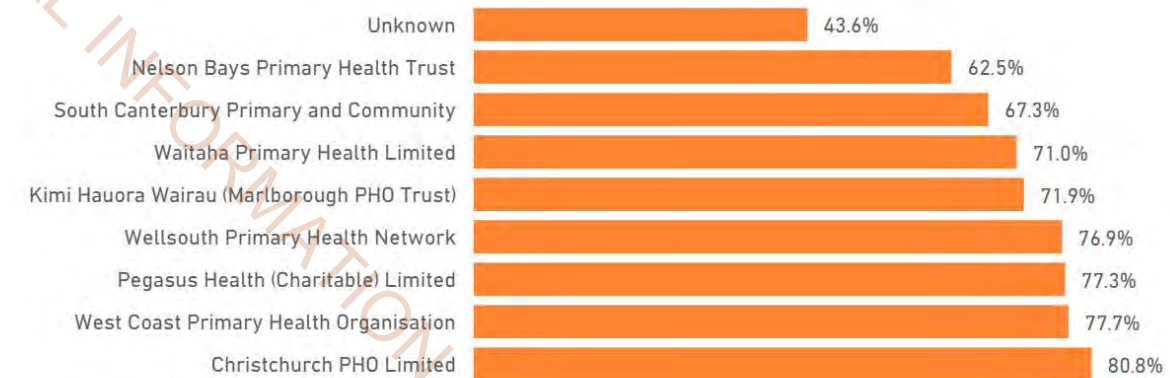
Deprivation Decile



TLA of Residence/Ward/Domicile



Enrolled PHO and Practice



Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 18/10/2021

093

Fully Vaccinated

15,628 (58.3%)

Dose 1 only - in progress

4,207 (15.7%)

Not Vaccinated but Booked

394 (1.5%)

Not Vaccinated Not Booked

6,555 (24.5%)

HSU 2020 Population

26,784

At Least Dose 1

74.1%

Display as

Count

Proportion

Ethnicity Group	12-15	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total
<input type="checkbox"/> Asian	65	24	41	134	158	119	86	74	43	43	33	13	11	5	3	4	856
Fully Vaccinated	29	8	22	91	107	82	60	51	35	32	27	13	8	4	2	2	573
Dose 1 Only	24	10	10	26	29	23	12	10	2	3	1			1			151
Not Vaccinated but Booked					3	4	2	1									10
Not Vaccinated Not Booked	12	6	9	17	19	10	12	12	6	8	5		3		1	2	122
<input type="checkbox"/> European	1,062	947	989	1,302	1,285	1,269	1,282	1,702	2,012	2,397	2,246	2,048	1,759	1,114	686	544	22,644
Fully Vaccinated	393	321	332	423	494	559	672	949	1,205	1,618	1,666	1,607	1,462	912	552	397	13,562
Dose 1 Only	295	284	255	285	264	274	258	310	349	301	198	153	88	64	47	22	3,447
Not Vaccinated but Booked	21	24	26	33	33	28	29	38	27	27	15	10	8		3	2	324
Not Vaccinated Not Booked	353	318	376	561	494	408	323	405	431	451	367	278	201	138	84	123	5,311
<input type="checkbox"/> Maori	260	226	239	272	220	165	172	205	207	241	180	106	69	46	25	16	2,649
Fully Vaccinated	82	66	57	66	60	53	80	110	119	160	122	67	51	36	19	12	1,160
Dose 1 Only	74	64	56	51	42	37	34	31	43	26	21	15	9	3	4	1	511
Total	1,439	1,232	1,305	1,751	1,735	1,619	1,602	2,052	2,316	2,727	2,498	2,198	1,855	1,171	717	567	26,784

Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

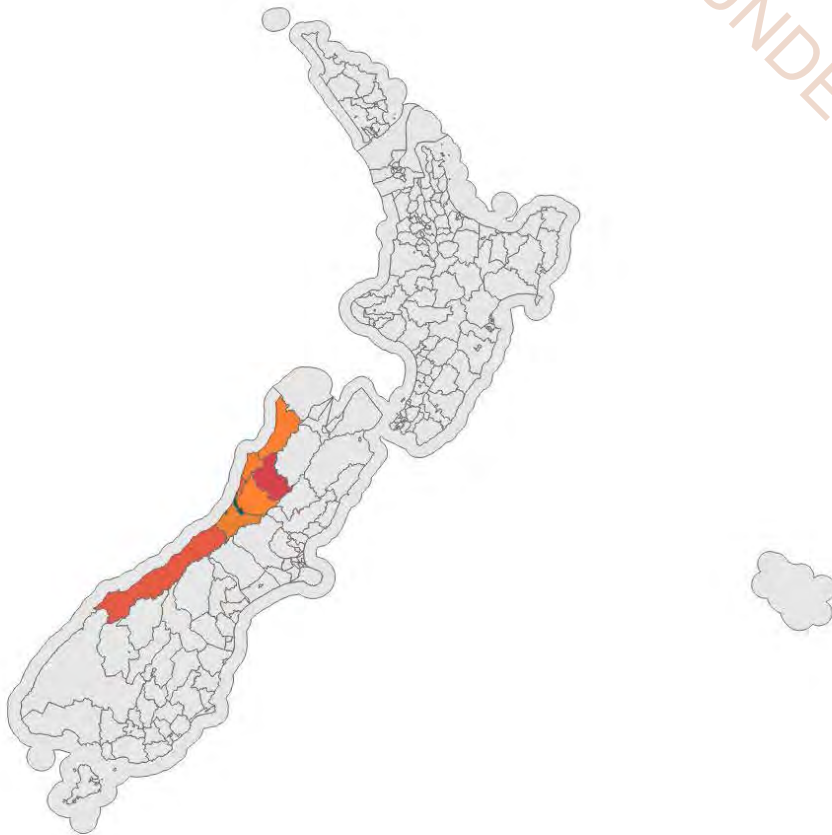
Covid Vaccination Programme West Coast

**Status as of 18 October 2021
Maori Population**

Coverage for West Coast DHB Population 12+ as at 18/10/2021 095

Fully Vaccinated	Dose 1 only - in Progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	HSU 2020 Population
1,160 (43.8%)	511 (19.3%)	48 (1.8%)	930 (35.1%)	2,649

CDHB Vaccinations by Ward



Progress



● Fully Vaccinated ● Dose 1 Only ● Not Vaccinated but Booked ● Not Vaccinated Not Booked

Overall Status

Select all

Fully Vaccinated

Dose 1 Only

Not Vaccinated but Booked

Reached % of Population by Ethnicity Group



Note: this report shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 18/10/2021

096

Fully Vaccinated

1,160 (43.8%)

Dose 1 only - in progress

511 (19.3%)

Not Vaccinated but Booked

48 (1.8%)

Not Vaccinated Not Booked

930 (35.1%)

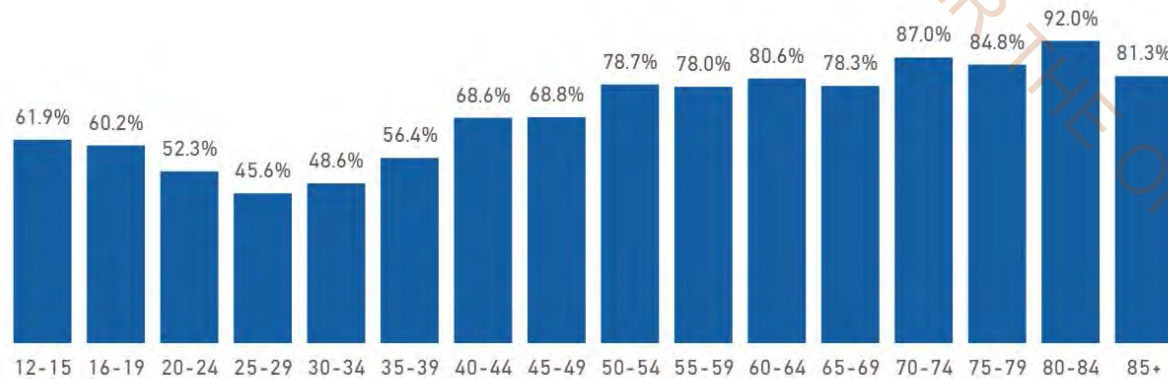
HSU 2020 Population

2,649

Overall Status



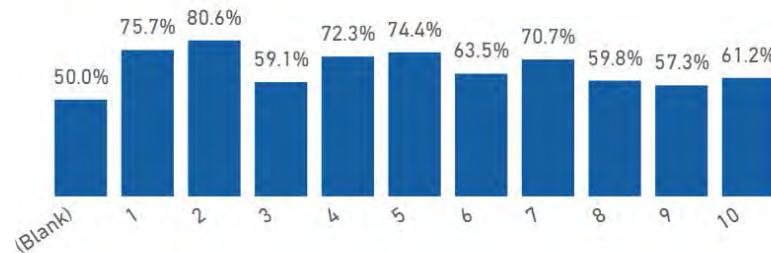
Reached % of Population by Age Group



Gender



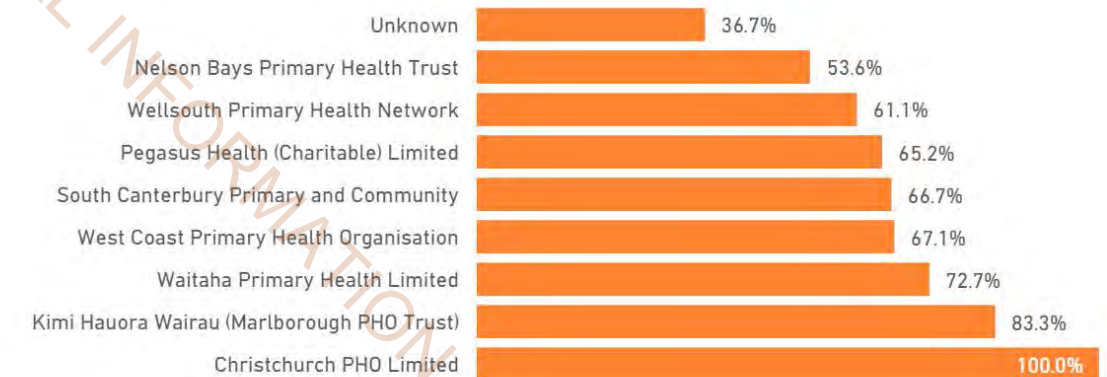
Deprivation Decile



TLA of Residence/Ward/Domicile



Enrolled PHO and Practice



Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 18/10/2021

097

Fully Vaccinated

1,160 (43.8%)

Dose 1 only - in progress

511 (19.3%)

Not Vaccinated but Booked

48 (1.8%)

Not Vaccinated Not Booked

930 (35.1%)

HSU 2020 Population

2,649

At Least Dose 1

63.1%

Display as

Count

Proportion

Ethnicity Group

12-15 16-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85+ Total

<input type="checkbox"/> Maori	260	226	239	272	220	165	172	205	207	241	180	106	69	46	25	16	2,649
Fully Vaccinated	82	66	57	66	60	53	80	110	119	160	122	67	51	36	19	12	1,160
Dose 1 Only	74	64	56	51	42	37	34	31	43	26	21	15	9	3	4	1	511
Not Vaccinated but Booked	5	6	12	7	5	3	4		1	2	2	1					48
Not Vaccinated Not Booked	99	90	114	148	113	72	54	64	44	53	35	23	9	7	2	3	930
Total	260	226	239	272	220	165	172	205	207	241	180	106	69	46	25	16	2,649

Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Actuals - Vaccinations and Bookings

[View in Power BI](#) ↗

Last data refresh:

5/10/2021 4:41:52 PM UTC

Downloaded at:

5/10/2021 11:05:44 PM UTC

West Coast DHB Vaccinations and future Bookings as at 05/10/2021

099

Total
2,486

West Coast
2,342

Other DHBs
144

Vaccinations for the West Coast DHB people and people from other DHBs

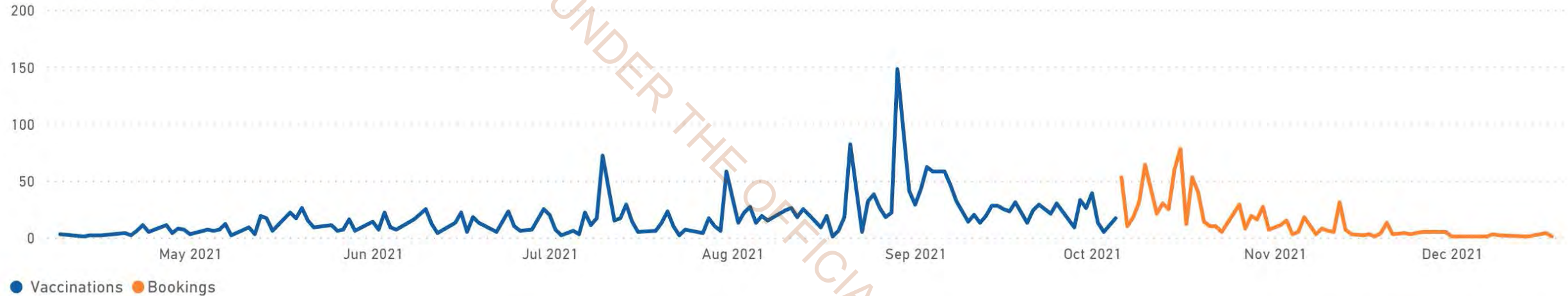
Total
812

West Coast
790

Other DHBs
22

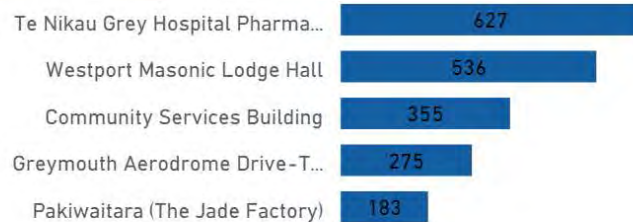
Bookings for the West Coast DHB people and people from other DHBs

Total activities by day



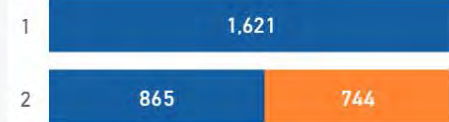
By site

● Vaccinations ● Bookings

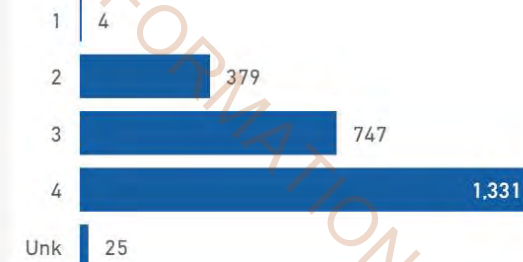


By dose

● Vaccinations ● Bookings

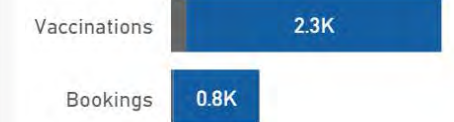


Vaccinations by tier



Where are the people from?

● Other DHBs ● West Coast



Note: this report shows the data for West Coast DHB as the DHB of service (rather than the DHB of domicile).

West Coast DHB Vaccinations and future Bookings as at 05/10/2021

100

Total events

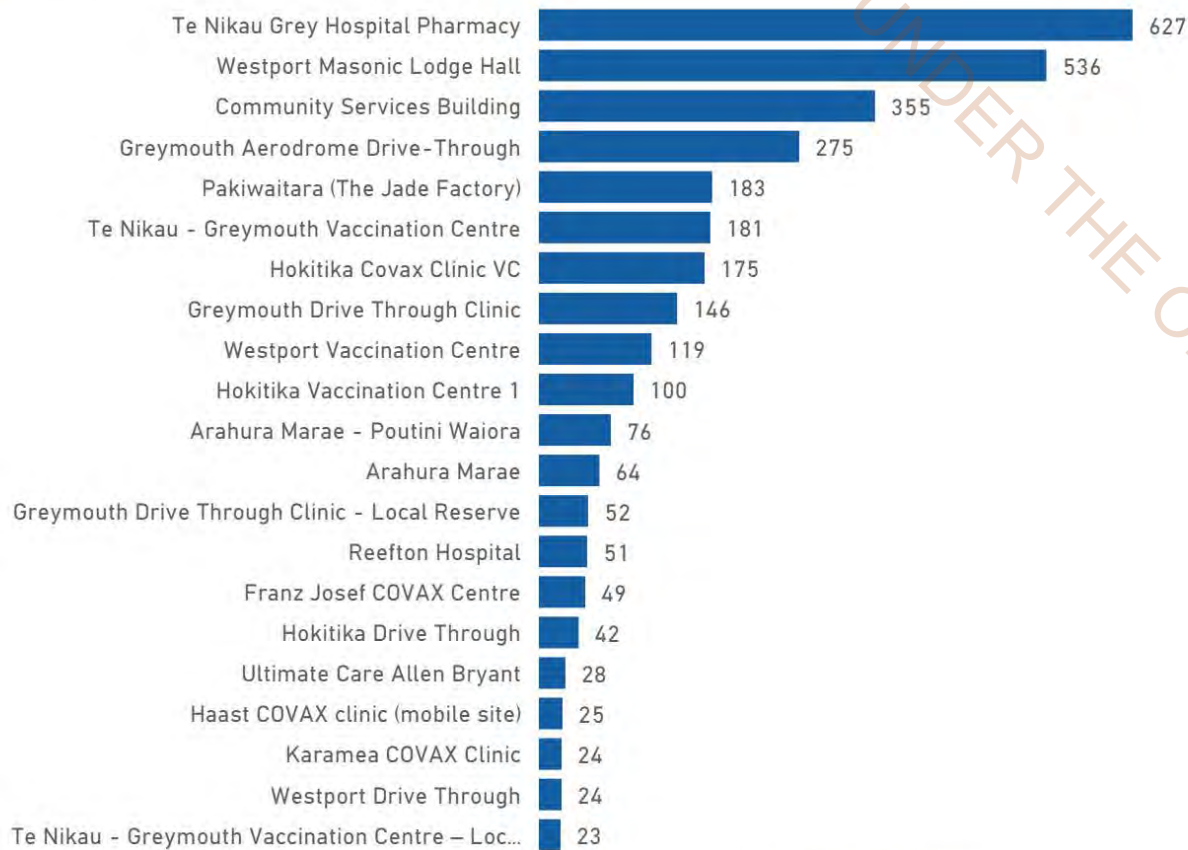
3,298

Total people

1,739

Events by Site

● Maori



Events per group

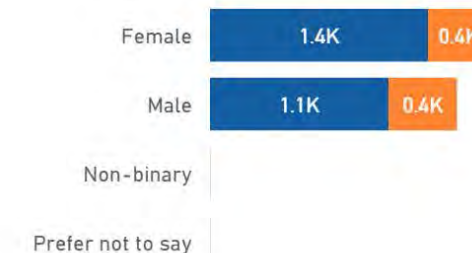
by Ethnicity

● Vaccinations ● Bookings



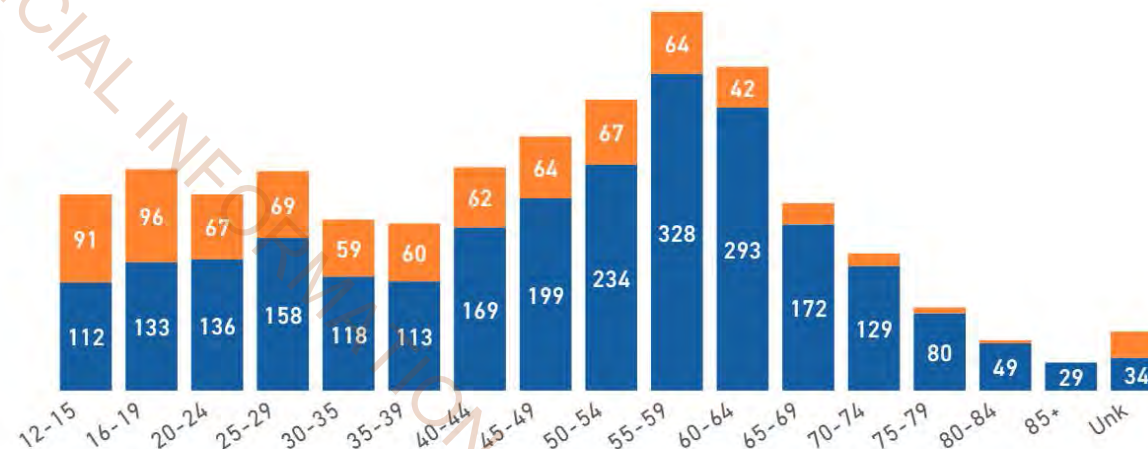
by Gender

● Vaccinations ● Bookings



by Age group

● Vaccinations ● Bookings



Note: this report shows the data for West Coast DHB as the DHB of service (rather than the DHB of domicile).

Population Coverage

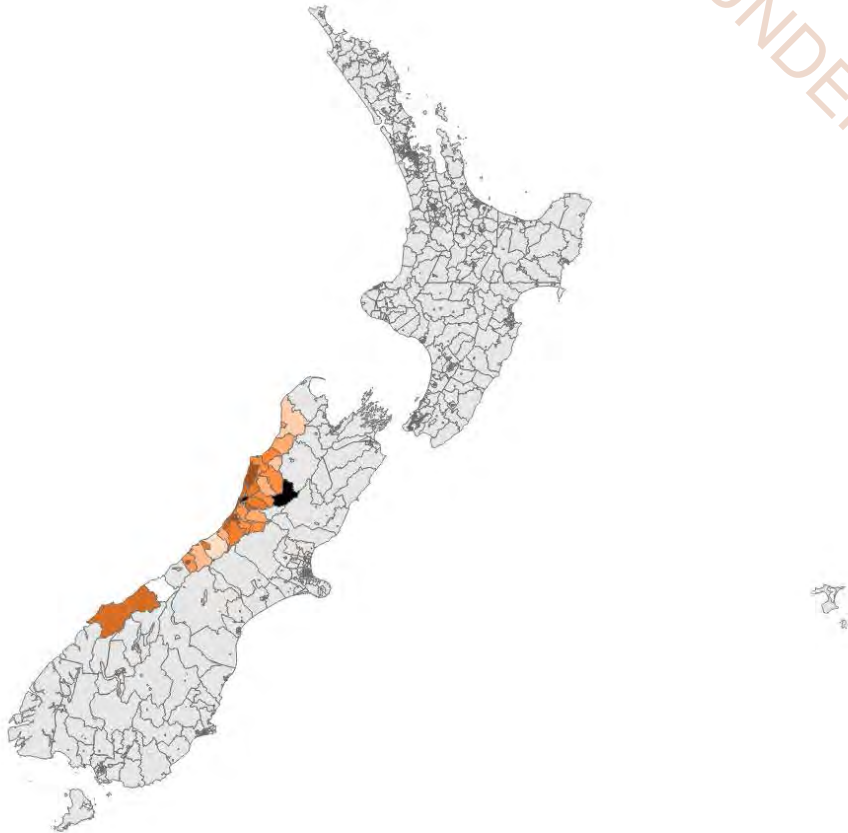
[View in Power BI](#) ↗

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Coverage for West Coast DHB Population 12+ as at 05/10/2021 102

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
819 (30.3%)	695 (25.7%)	108 (4%)	1,078 (39.9%)	2,700

CDHB Vaccinations by Area Unit



Progress



● Fully vaccinated ● Dose 1 only ● Not vaccinated but booked ● No records

Overall status

Select all

Fully vaccinated

Dose 1 only

Not vaccinated but booked

Reached % of population, People reached and Population by Ethnicity group



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Coverage for West Coast DHB Population 12+ as at 05/10/2021

103

Fully vaccinated

819 (30.3%)

Dose 1 only - in progress

695 (25.7%)

Not Vaccinated but Booked

108 (4%)

Not Vaccinated Not Booked

1,078 (39.9%)

Population

2,700

Overall status

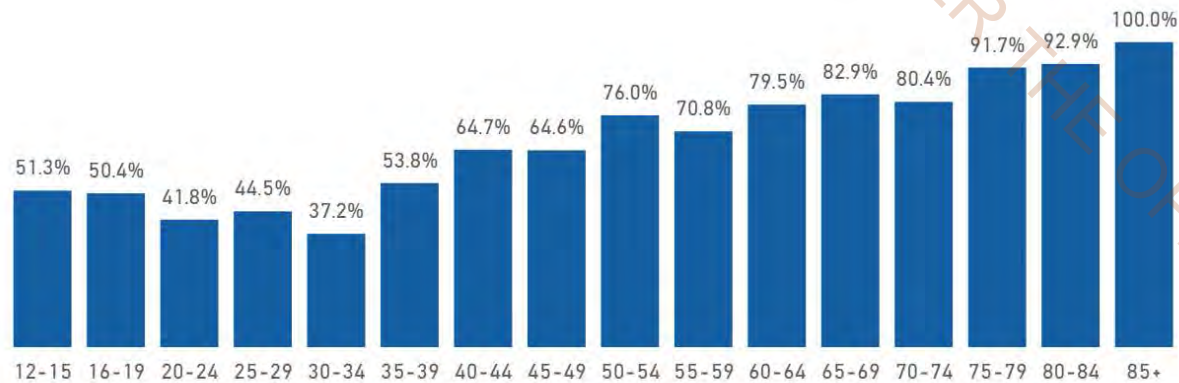
Select all

Fully vaccinated

Dose 1 only

Not vaccinated but
booked

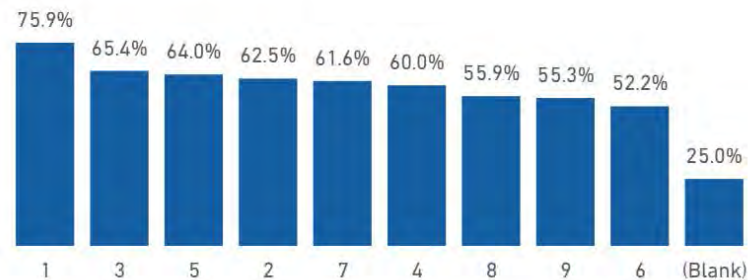
Reached % of population, People reached and Population by Age Group



by Gender



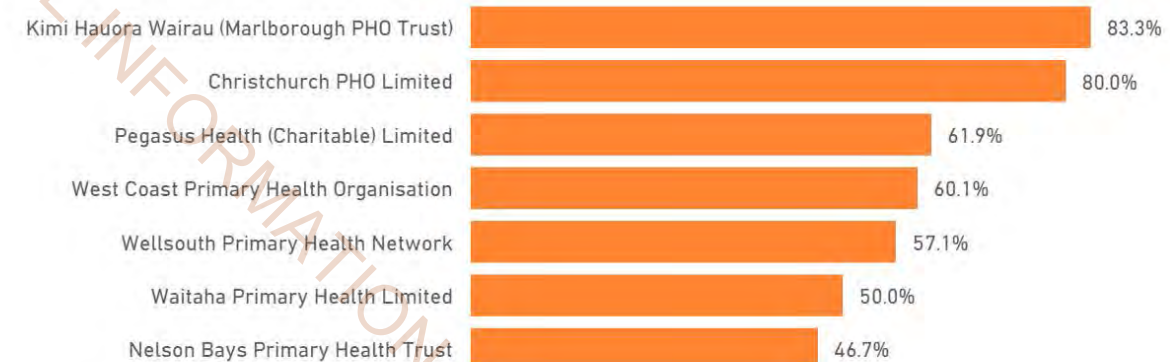
by Deprivation decile



by TLA of residence



by Enrolled PHO and Practice



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service). The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Coverage for West Coast DHB Population 12+ as at 05/10/2021

104

Fully vaccinated

819 (30.3%)

Dose 1 only - in progress

695 (25.7%)

Not Vaccinated but Booked

108 (4%)

Not Vaccinated Not Booked

1,078 (39.9%)

Population

2,700

Display as

Count

Proportion

Ethnicity group

12-15 16-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85+ Total

<input type="checkbox"/> Maori	263	226	232	256	226	171	173	206	196	253	205	111	92	48	28	14	2,700
No records	128	112	135	142	142	79	61	73	47	74	42	19	18	4	2		1,078
Not vaccinated but booked	16	11	17	17	8	9	4	7	2	8	5	2	1		1		108
Dose 1 only	106	78	48	53	49	52	55	59	68	53	30	20	15	6	3		695
Fully vaccinated	13	25	32	44	27	31	53	67	79	118	128	70	58	38	22	14	819
Total	263	226	232	256	226	171	173	206	196	253	205	111	92	48	28	14	2,700

Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Covid Vaccination Programme West Coast

**Status as of 6 October 2021
Full Population**

Coverage for West Coast DHB Population 12+ as at 07/10/2021 106

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
13,402 (49%)	5,697 (20.8%)	734 (2.7%)	7,532 (27.5%)	27,365

CDHB Vaccinations by Area Unit



Progress



● Fully vaccinated ● Dose 1 only ● Not vaccinated but booked ● No records

Overall status



Reached % of population, People reached and Population by Ethnicity group



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Coverage for West Coast DHB Population 12+ as at 07/10/2021

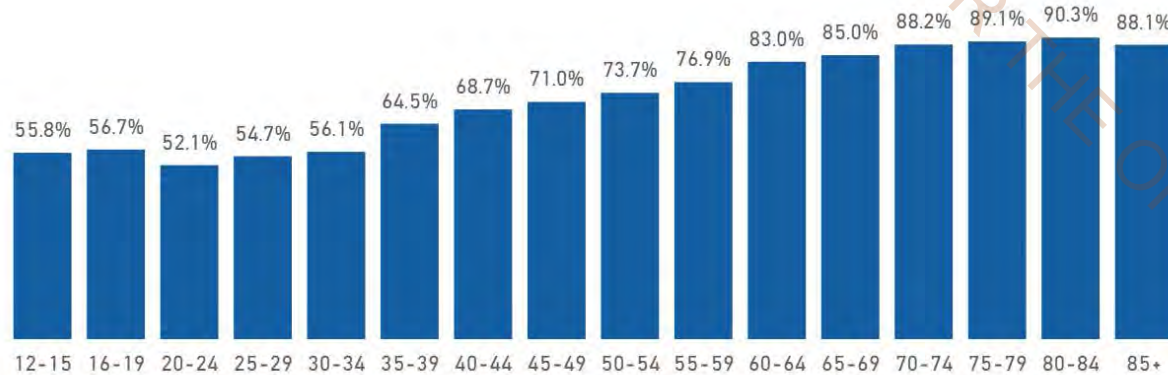
107

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
13,402 (49%)	5,697 (20.8%)	734 (2.7%)	7,532 (27.5%)	27,365

Overall status

Select all	Fully vaccinated	Dose 1 only	Not vaccinated but booked
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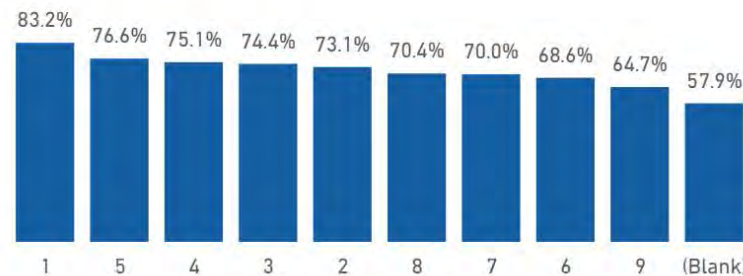
Reached % of population, People reached and Population by Age Group



by Gender



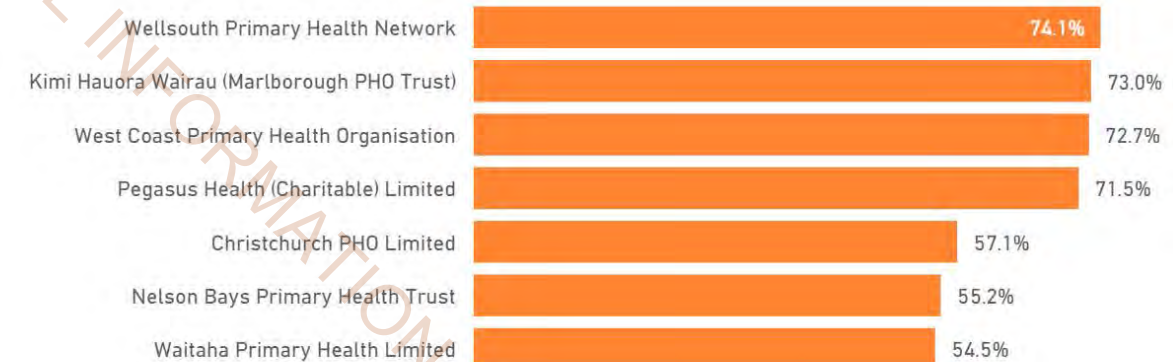
by Deprivation decile



by TLA of residence



by Enrolled PHO and Practice



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service). The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Covid Vaccination Programme West Coast

**Status as of 6 October 2021
Maori Population**

Coverage for West Coast DHB Population 12+ as at 07/10/2021

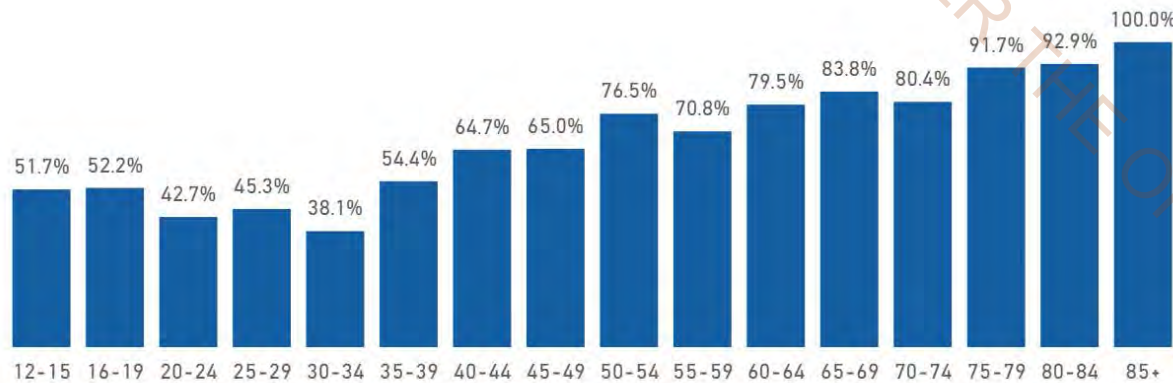
109

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
862 (31.9%)	670 (24.8%)	105 (3.9%)	1,063 (39.4%)	2,700

Overall status



Reached % of population, People reached and Population by Age Group



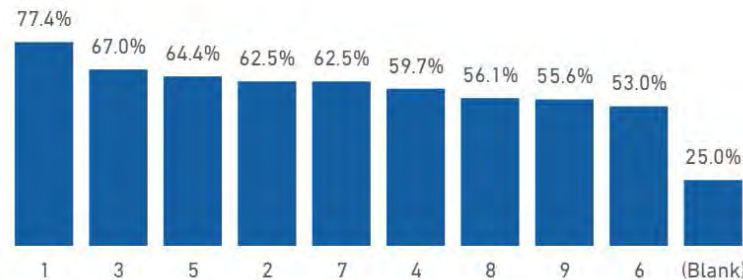
60.8% of Maori reached

- 31.9% fully vaccinated
- 24.8% have had 1st dose
- 3.9% booked

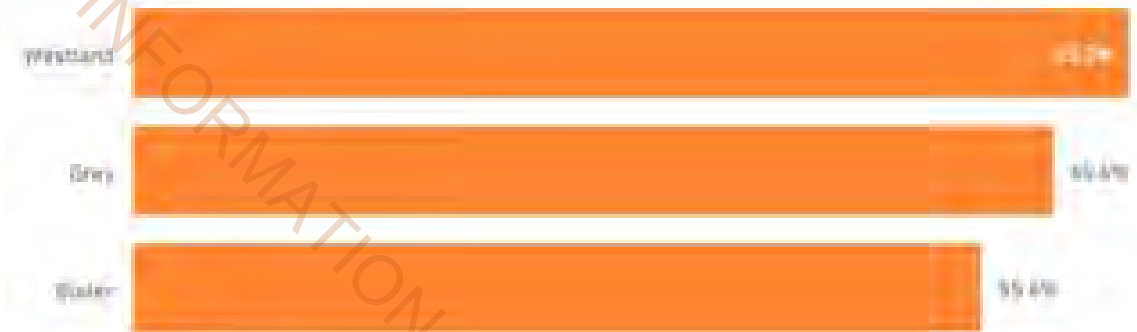
by Gender



by Deprivation decile



by TLA of residence



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Where is the Vaccinated Population?



Domicile	% Vacc
Maruia	100.0%
Coalcreek	100.0%
South Beach - Camerons	80.0%
Point Elizabeth	80.0%
Waimea-Arahura	74.7%
Charleston	73.3%
Karoro	72.9%
Orowaiti	72.1%
Kaniere	72.0%
Ross	72.0%
Greymouth South	71.0%
Franz Josef	70.0%
Hokitika Urban	69.7%
Arnold Valley	66.7%
Hokitika Rural	66.2%
Barrytown	65.5%
Haast	65.0%
Nelson Creek-Ngahere	64.5%
Atarau	62.5%
Harihari	61.9%
Granity	61.1%
Westport Urban	59.4%
Hector - Ngakawau	57.9%
Cobden	57.8%
Greymouth Central	57.7%
Buller Coalfields	57.4%
Hokitika Valley	56.7%
Otira	55.6%

Domicile	% Vacc
Ahaura	55.2%
Westport Rural	54.6%
Inangahua Valley	54.5%
Taramakau	54.5%
Blaketown	52.8%
Runanga - Rapahoe	51.6%
Marsden-Hohonu	51.5%
Dobson	50.0%
Greymouth Rural	50.0%
Waio	50.0%
Inlet - Buller River	50.0%
Kaiata	48.4%
Karamea	47.6%
Lake Brunner	45.8%
Mokihinui	45.0%
Mawheraiti	42.9%
Totara River	42.9%
Blackball	40.7%
Reefton	39.7%
Whataroa	39.3%
Inangahua Junction	37.5%
Fox Glacier	37.5%
Little Wanganui	33.3%
Kumara	32.0%
Waitaha	28.6%
Bruce Bay-Paringa	16.7%
Karangarua	

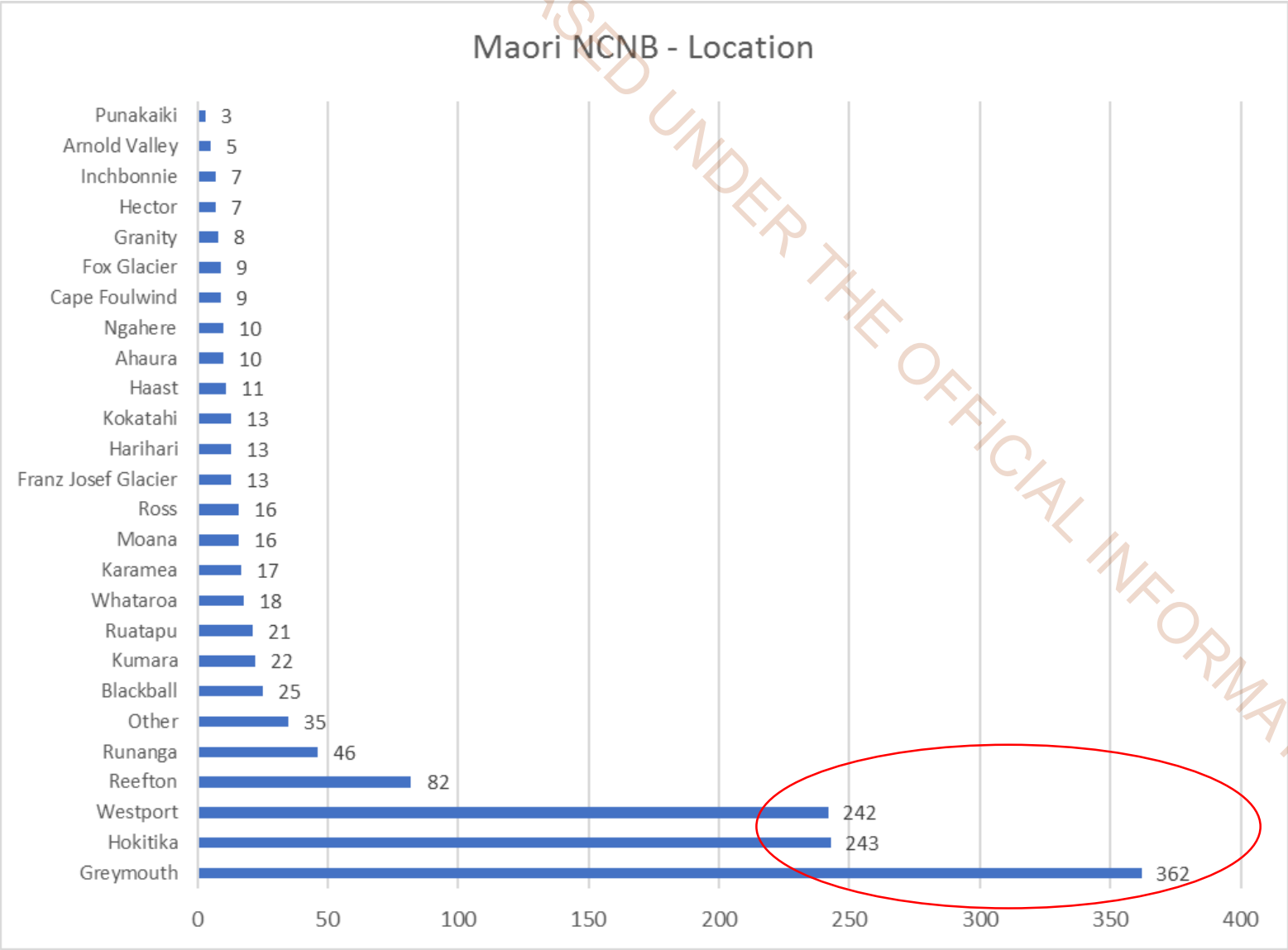
**Non Vaccinated – Not Booked
(NVNB)**

Maori Population

What Do We Know About This Group?

- Approximately 1,260 still to be reached (according to new HSU data from MoH)
- With new data it is possible to identify all non vaccinated from one source
- The data is a tool to develop a detailed outreach plan
- It is mainly the younger generation that are not yet vaccinated

What Are The Main Geographical Areas?

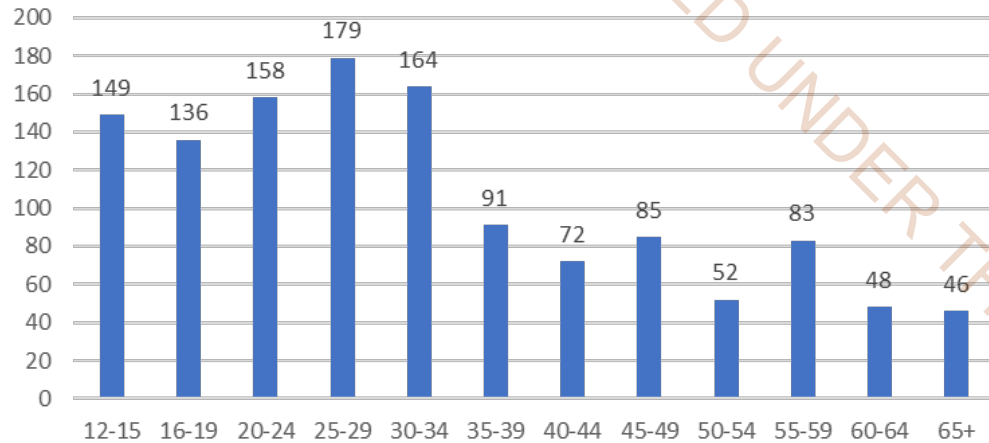


Key Message:

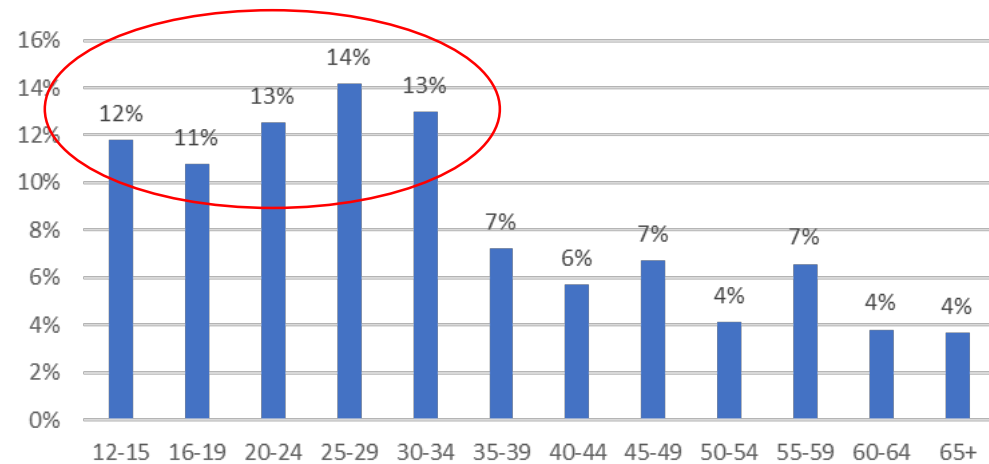
- 67% of NVNB live in Greymouth, Hokitika and Westport
- With new HSU data from MoH it is possible to identify all non vaccinated from one source

What Are The Main Age Groups?

In Numbers



In %



Key Message:

- A large part of the elderly population has been reached
- 49% are under 30 years of age
- 69% are under 40 years of age

Area and Age Combined Profile (example)

115

Row Labels	12-15	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Grand Total
119 Milton Street			1										1
Ahaura					1								1
Arahura Valley	1		3	1	1	1		1			1		9
Atarau			2	1	1	1			1				6
Awatuna	2		3	2	1				1	5	1	1	16
Barrytown	3	1				1			1	2			8
Blackball		1											1
Blaketown	4	2	10	9	11	5		1		4		3	49
Blue Spur	2	2	1										5
Bruce Bay				2	1						1		4
CAMERONS	1		1										2
Carters Beach	3	2		1	3	2	2	2		2		1	18
Coal Creek	1	1	1		1								4
Cobden	11	12	19	14	6	3	5	5	4	4	4		87
Cron Street										1			1
Cronadun			1					2			1		4
Dillmanstown										1	1		2
Dobson	2	4	2	3	1	3	1	2	1		2		21
Dunganville				1									1
Dunollie	3		5	2	1	2		1	2			1	17

Key Discussion Items

- Parameters – 9 weeks to go
- Access to NVNB
- Working to strengths – who does what work and with what capacity – will that get to our target?
- Develop high level plan and commit resources

Covid Vaccination Programme West Coast

**Status as of 7 October 2021
Full Population**

Coverage for West Coast DHB Population 12+ as at 07/10/2021 118

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
13,402 (49%)	5,697 (20.8%)	734 (2.7%)	7,532 (27.5%)	27,365

CDHB Vaccinations by Area Unit



Progress

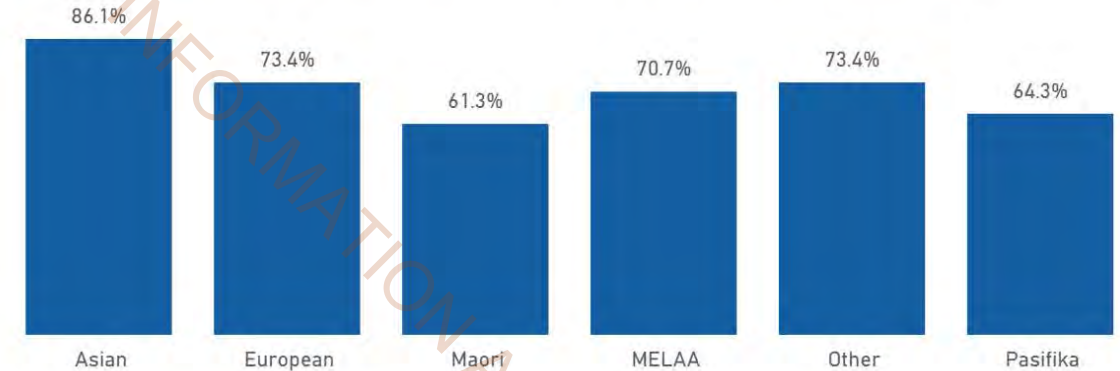


● Fully vaccinated ● Dose 1 only ● Not vaccinated but booked ● No records

Overall status



Reached % of population, People reached and Population by Ethnicity group



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Coverage for West Coast DHB Population 12+ as at 07/10/2021

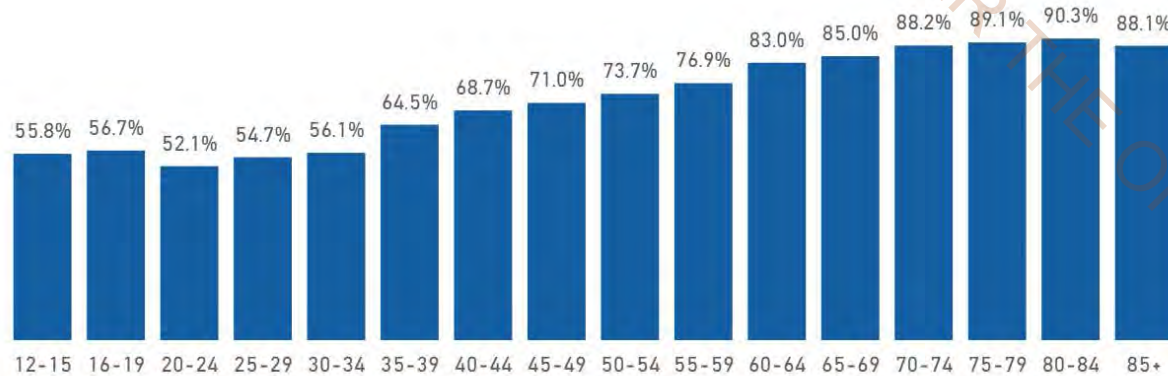
119

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
13,402 (49%)	5,697 (20.8%)	734 (2.7%)	7,532 (27.5%)	27,365

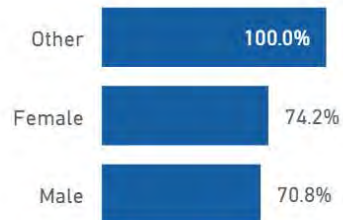
Overall status



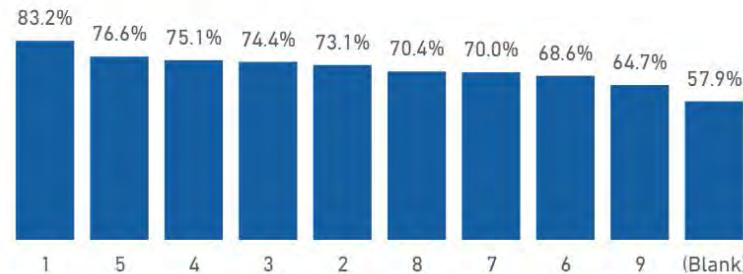
Reached % of population, People reached and Population by Age Group



by Gender



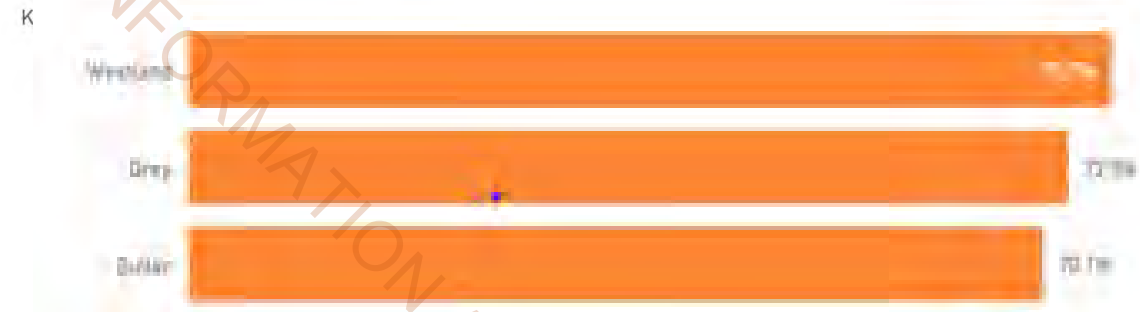
by Deprivation decile



72.5% of Population reached

- 49% fully vaccinated
- 20.8% have had 1st dose
- 2.7% booked

by TLA of residence



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Covid Vaccination Programme West Coast

**Status as of 6 October 2021
Maori Population**

Coverage for West Coast DHB Population 12+ as at 07/10/2021

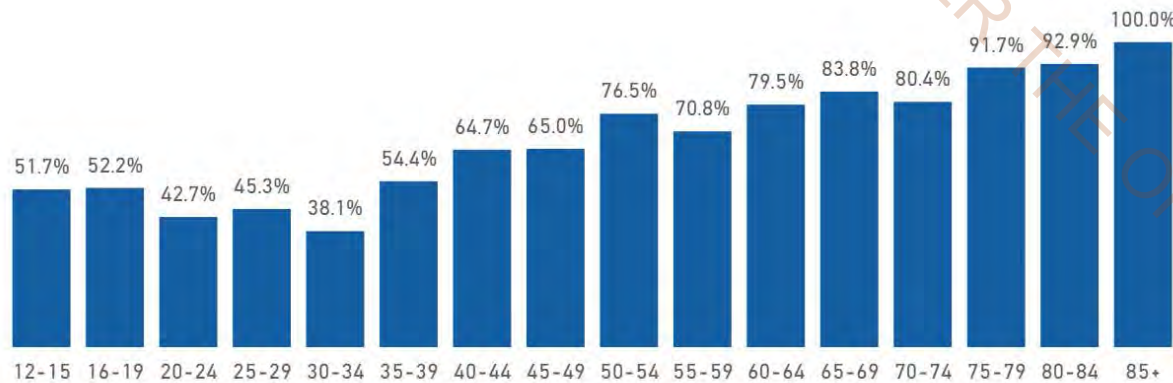
121

Fully vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	Population
862 (31.9%)	670 (24.8%)	105 (3.9%)	1,063 (39.4%)	2,700

Overall status



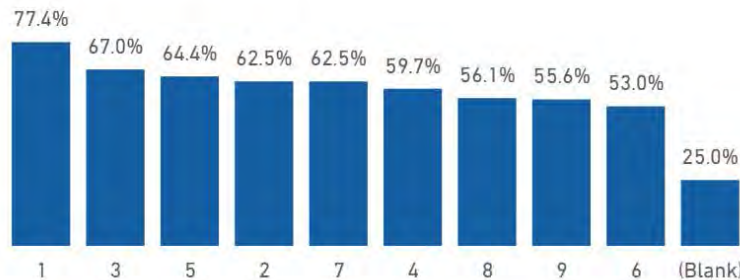
Reached % of population, People reached and Population by Age Group



by Gender



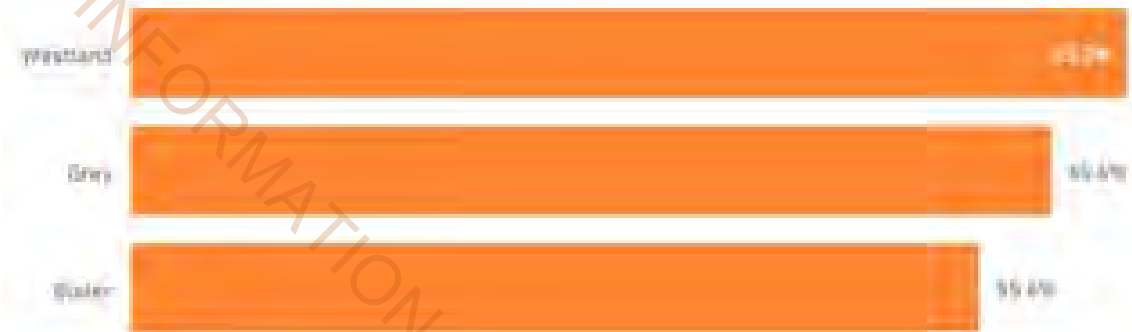
by Deprivation decile



60.8% of Maori reached

- 31.9% fully vaccinated
- 24.8% have had 1st dose
- 3.9% booked

by TLA of residence



Note: this reports shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service).The volumes might slightly differ from what MoH provides, because MoH uses HSU data as denominator, with a different refresh time and they have scope of data from the whole New Zealand.

Where is the Vaccinated Population?



Domicile	% Vacc
Maruia	100.0%
Coalcreek	100.0%
South Beach - Camerons	80.0%
Point Elizabeth	80.0%
Waimea-Arahura	74.7%
Charleston	73.3%
Karoro	72.9%
Orowaiti	72.1%
Kaniere	72.0%
Ross	72.0%
Greymouth South	71.0%
Franz Josef	70.0%
Hokitika Urban	69.7%
Arnold Valley	66.7%
Hokitika Rural	66.2%
Barrytown	65.5%
Haast	65.0%
Nelson Creek-Ngahere	64.5%
Atarau	62.5%
Harihari	61.9%
Granity	61.1%
Westport Urban	59.4%
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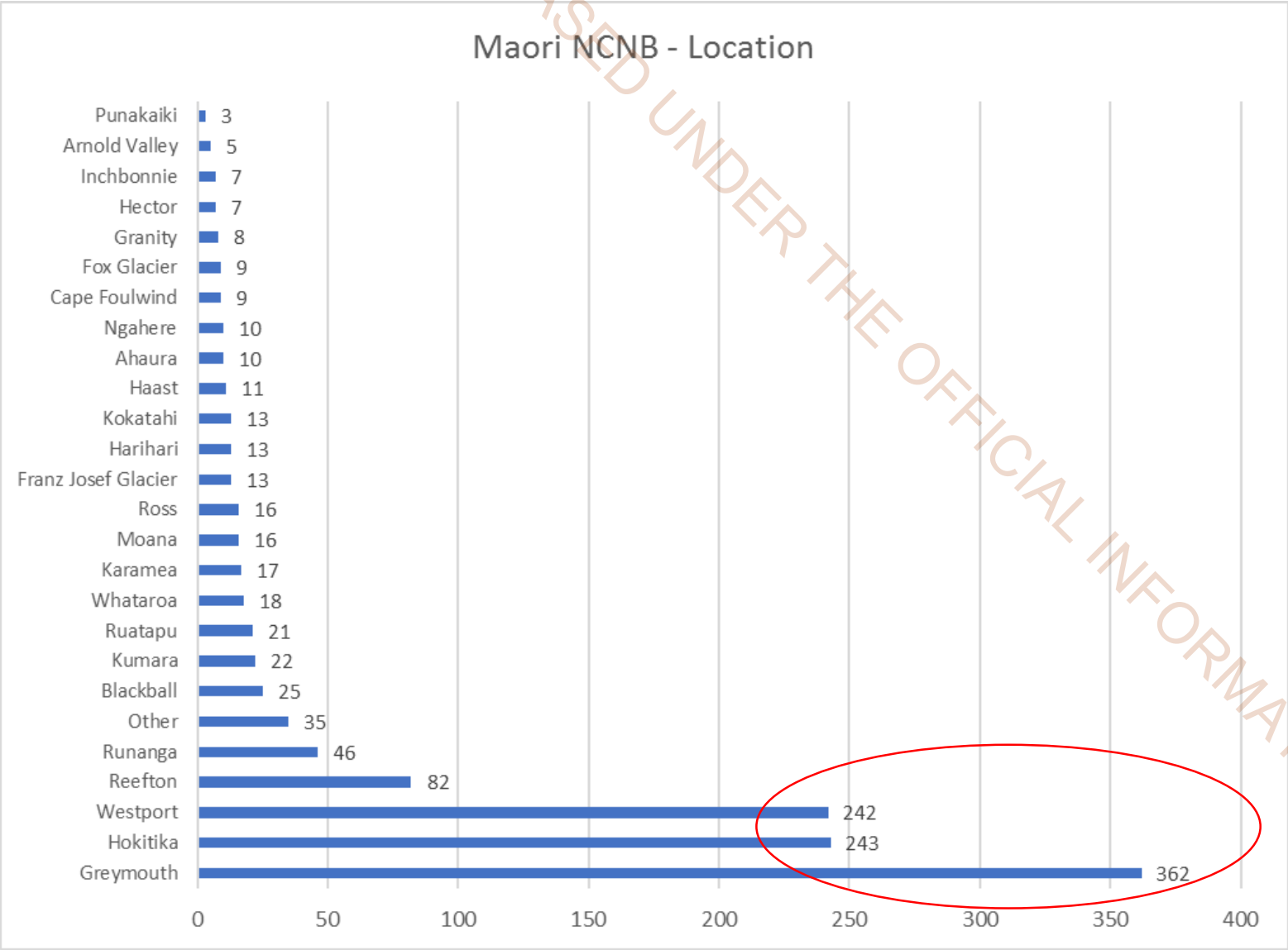
**Non Vaccinated – Not Booked
(NVNB)**

Maori Population

What Do We Know About This Group?

- Approximately 1,260 still to be reached (according to new HSU data from MoH)
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- It is mainly the younger generation that are not yet vaccinated

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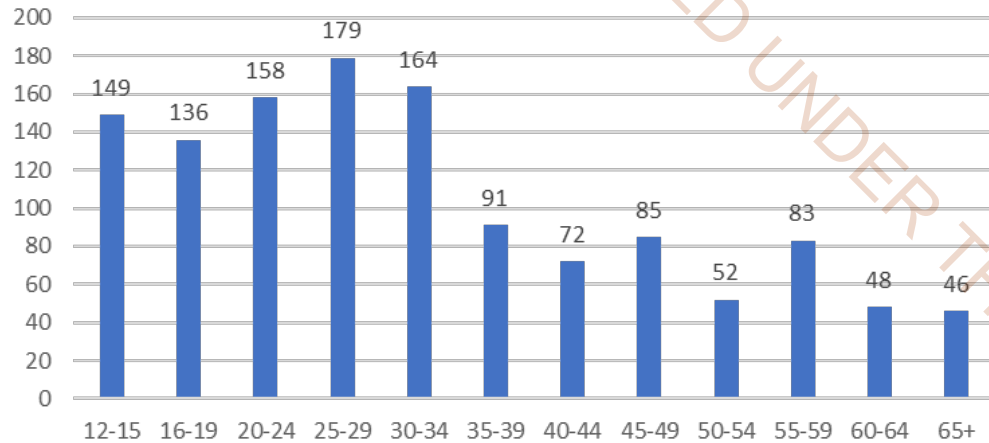


Key Message:

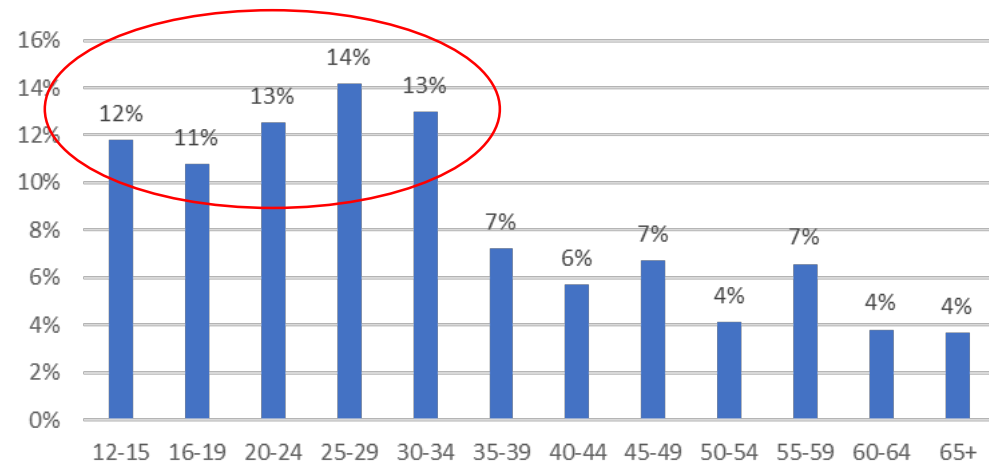
- 67% of NVNB live in Greymouth, Hokitika and Westport
- With new HSU data from MoH it is possible to identify all non vaccinated from one source

What Are The Main Age Groups?

In Numbers



In %



Key Message:

- A large part of the elderly population has been reached
- 49% are under 30 years of age
- 69% are under 40 years of age

Area and Age Combined Profile (example)

127

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Dobson	2	4	2	3	1	3	1	2	1		2		21
Dunganville				1									1
Dunollie	3		5	2	1	2		1	2			1	17

Key Discussion Items

- Parameters – 9 weeks to go
- Access to NVNB
- Working to strengths – who does what work and with what capacity – will that get to our target?
- Develop high level plan and commit resources

Coverage for West Coast DHB Population 12+ as at 31/10/2021

129

Fully Vaccinated

18,049 (64.7%)

Dose 1 only - in Progress

3,629 (13%)

Not Vaccinated but Booked

228 (0.8%)

Not Vaccinated Not Booked

6,000 (21.5%)

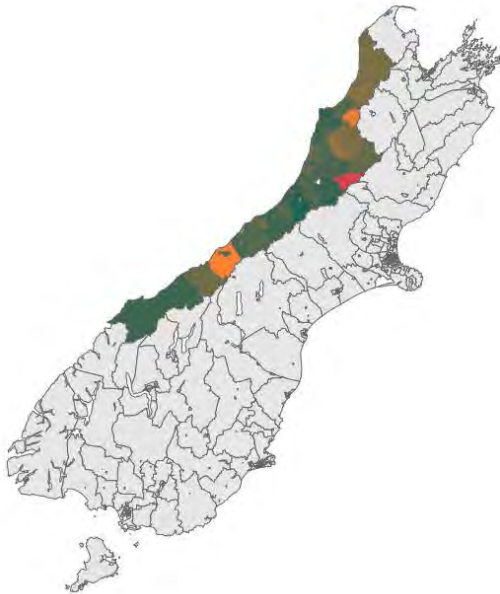
HSU 2020 Population

27,906

Map by Domicile

Map by Ward

CDHB Vaccinations by Domicile



Progress



● Fully Vaccinated ● Dose 1 Only ● Not Vaccinated but Booked ● Not Vaccinated Not Booked

Overall Status

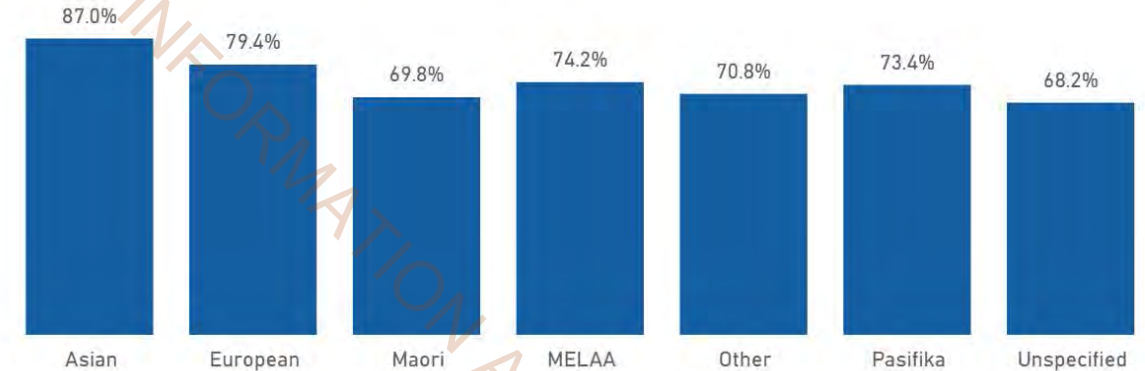
Select all

Fully Vaccinated

Dose 1 Only

Not Vaccinated but Booked

Reached % of Population by Ethnicity Group



Note: this report shows the data for West Coast DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 31/10/2021

130

Fully Vaccinated	Dose 1 only - in progress	Not Vaccinated but Booked	Not Vaccinated Not Booked	HSU 2020 Population
18,049 (64.7%)	3,629 (13%)	228 (0.8%)	6,000 (21.5%)	27,906

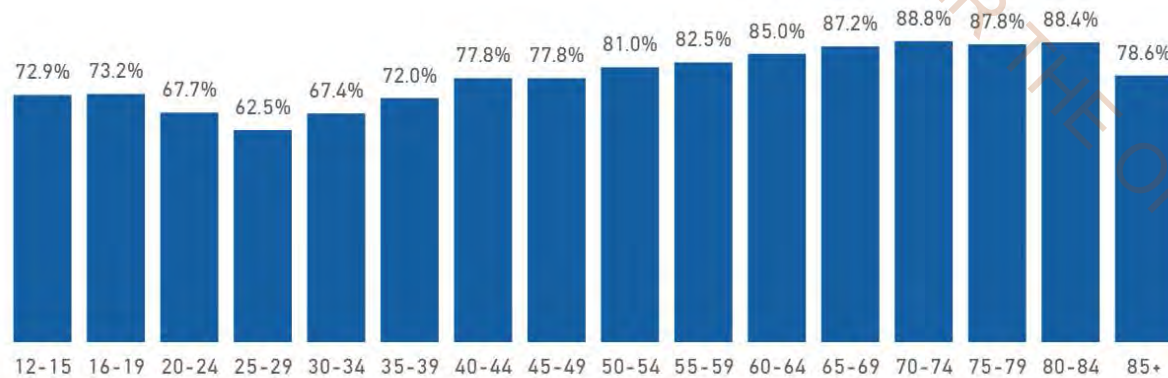
Overall Status



TLA of Residence/Ward/Domicile



Reached % of Population by Age Group



Gender



Deprivation Decile



Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.

Coverage for West Coast DHB Population 12+ as at 31/10/2021

131

Fully Vaccinated

1,409 (51%)

Dose 1 only - in Progress

490 (17.7%)

Not Vaccinated but Booked

30 (1.1%)

Not Vaccinated Not Booked

836 (30.2%)

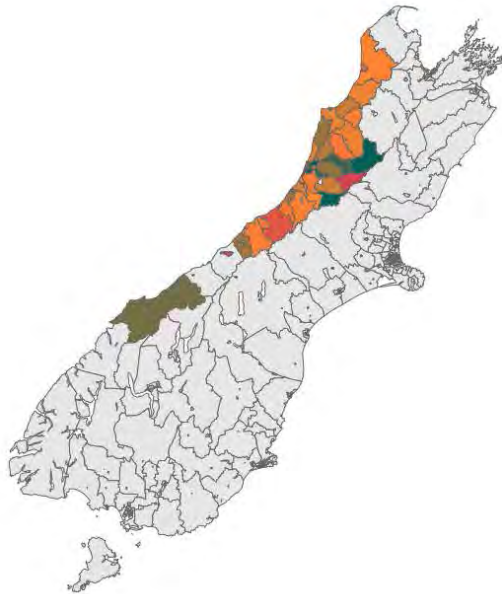
HSU 2020 Population

2,765

Map by Domicile

Map by Ward

CDHB Vaccinations by Domicile



Progress



● Fully Vaccinated ● Dose 1 Only ● Not Vaccinated but Booked ● Not Vaccinated Not Booked

Overall Status

Select all

Fully Vaccinated

Dose 1 Only

Not Vaccinated but Booked

Reached % of Population by Ethnicity Group



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HSU 2020 Population

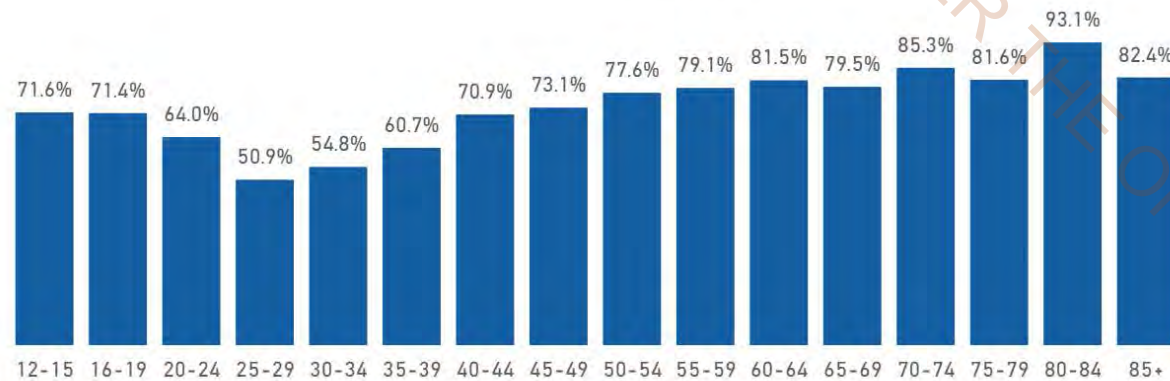
2,765

Overall Status



TLA of Residence/Ward/Domicile

Reached % of Population by Age Group



Buller District

65.9%

Grey District

70.1%

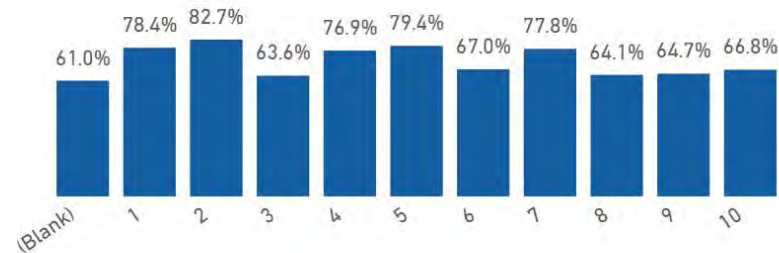
Westland District

73.5%

Gender



Deprivation Decile



Note: this report shows the data for Canterbury DHB as DHB of domicile (rather than the DHB of enrollment or the DHB of service) from HSU population for 2020. The volumes differ from what MoH provides as MoH is using a different logic in their calculations.



What's
going on

Stuff you need to know

West Coast DHB's COVID-19 Vaccination Programme

Tatau Pounamu Manawhenua Advisory Meeting
Friday, 9 July 2021



What's
going on?

Stuff you need to know

Discussion Points

- Update on roll-out to date (including data)
- Strategy for achieving equity
- Communications plan



What's
going on

Stuff you need to know

Scope

Design

Implement

Sustain

Success will look like:

- Adaptive workforce
- Work/life balance that supports wellbeing
- Our clients will have a great COVAX experience
- Māori and Pacific people have equitable access to vaccinations
- We'll keep ourselves, our colleagues and our clients safe
- The right resources enable our work
- West Coasters can and will have access to vaccinations.



What's
going on

Stuff you need to know

Our people receiving vaccinations

- 389 Māori 16.2% of eligible population
 - 55 Pacific 24.5%
 - 267 Asian 34.6%
 - 6,541 European 30.5%
 - 35 Unknown
- 7287 Total** 22.4% vaccinated
- 7,287 first doses
 - 12,015 total doses



What's
going on?

Stuff you need to know

Active sites

- Westport
- Te Nīkau
- Reefton
- All rest homes
- Hokitika
- Haast
- Karamea
- Whānau days

Future sites

- Franz Josef
- Hari Hari
- Fox Glacier
- Whataroa
- Moana
- Ngakawau
- Workplaces



What's
going on?

Stuff you need to know

Equity

Initial approach

- Whānau approach to vaccination:
 - When a household member is vaccinated, other members are offered vaccination at the same time.
- This approach will be reviewed with Mana Whenua, Poutini Waiora and Hauora Māori in July.
- Poutini Waiora preparing to become vaccination providers.

What's
going on



Stuff you need to know

Working together

- Whānau days
- Supporting Poutini Waiora staff to upskill:
 - Observation
 - Administration
 - Vaccination
- Collaboration for the remote clinics to ensure participation
- Tikanga practice visible to COVID-19 vaccination team
- Supporting Poutini Waiora to become vaccination providers.



What's
going on?

Stuff you need to know

Comms Plan

- Authorised through Ministry of Health
 - Aligned to national messaging – Groups 1-4
- National Booking Centre – migrated to this on Friday, 2 July
 - Outbound calling campaigns
 - Te Reo speakers available
- Some actions we'll be undertaking
 - Reach sports clubs – Rugby League, Rugby, Netball etc
 - Script development to support staff to ask the right questions and be able to respond appropriately
 - Collaborate with Poutini Waiora as they become vaccination providers so that messaging strengthens participation

A tall palm tree with a thick, textured trunk and a large, fan-like frond stands prominently in the center of a lush, green forest. The tree is surrounded by dense foliage, including various types of palm trees and other tropical plants. The sky is blue with scattered white clouds. A large, diagonal watermark reading "RELEASED UNDER THE OFFICIAL INFORMATION ACT" is visible across the image.

QUESTIONS?

WCDHB CVIP Programme Update to Tatau Pounamu

12/11/2021

**C'mon
Coasters**
it's time

For details of your nearest
vaccination clinic check:

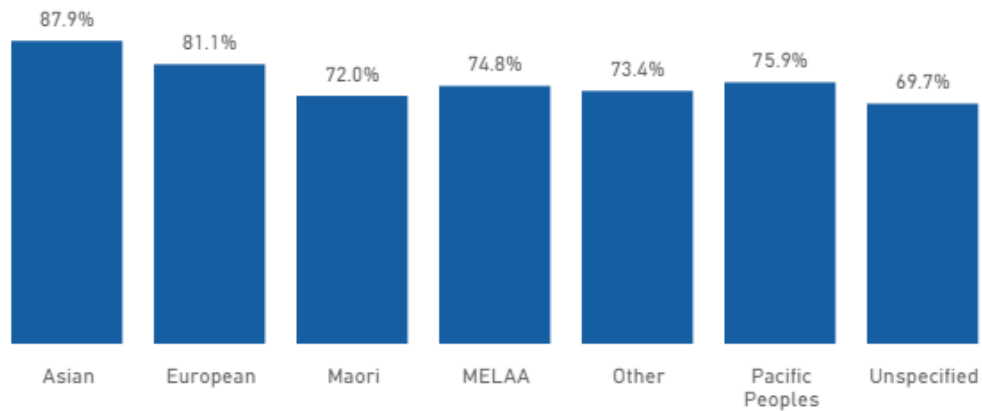
[VaccinateCanterburyWestCoast.nz](https://vaccinatecanterburywestcoast.nz)

Progress and Performance

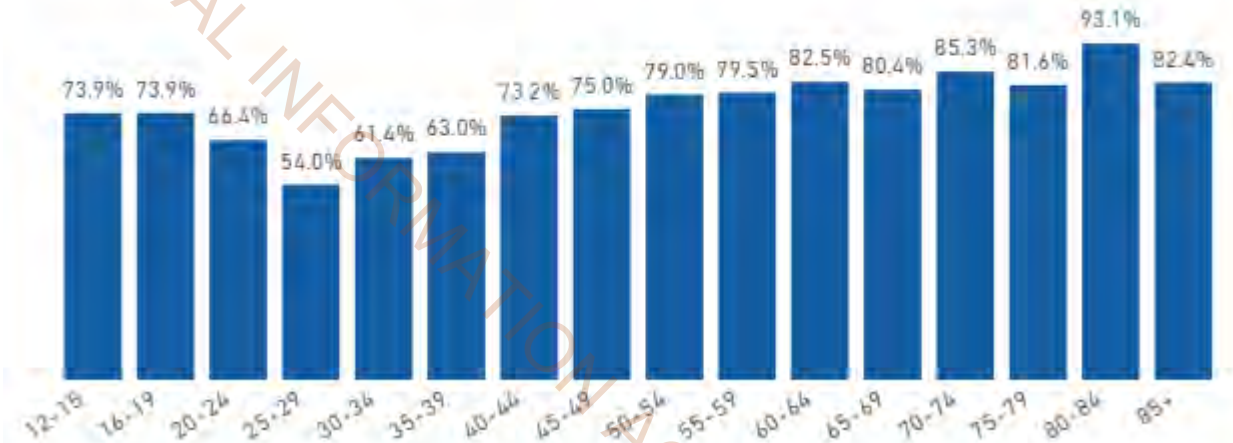
- Over 3,700 vaccinations
- 76% 1st dose
- 59% 2nd dose
- 392 1st doses required to reach 90%

% Vaccinated At Least Once

Reached % of Population by Ethnicity Group



Reached % of Population by Age Group

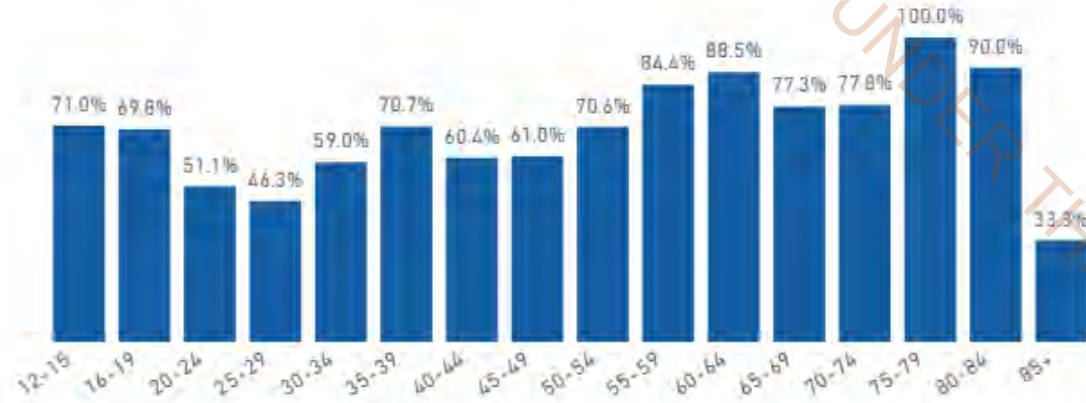


*indicative only

Māori Engagement Rates by TLA

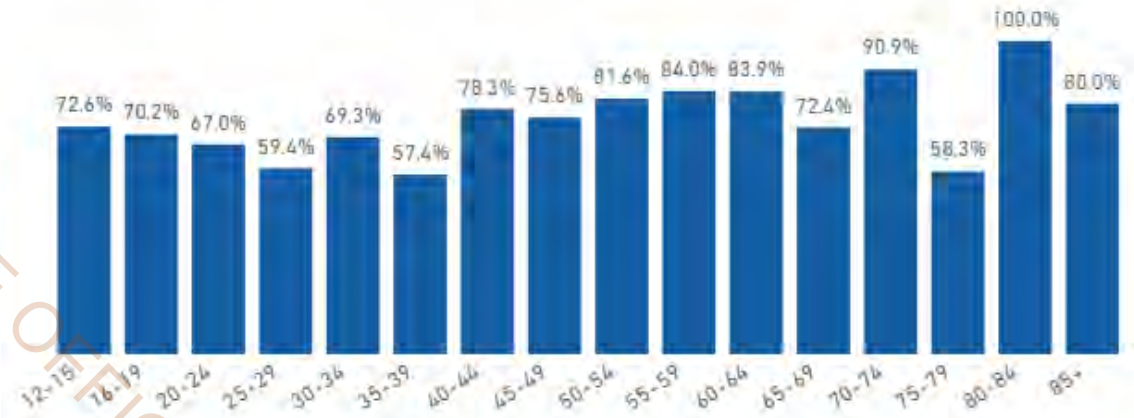
Reached % of Population by Age Group

Buller



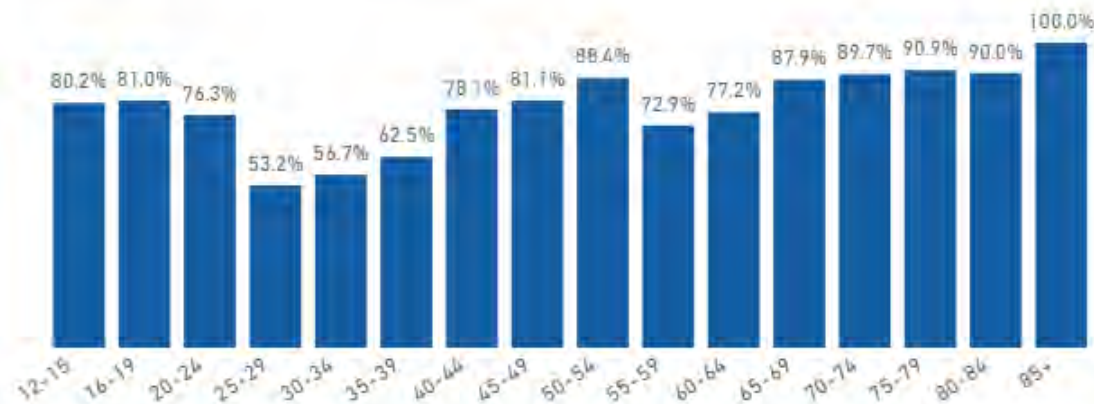
Reached % of Population by Age Group

Grey



Reached % of Population by Age Group

Westland



*Measure - % vaccinated at least once or booked
Indicative only

Current context for Māori vaccination

- Progress has been steady but more urgency required
- Some themes are common across
- Kaumatua leading the way
- C'mon Coasters campaign
- Door knocking, street by street, pop-up, marae, drive throughs, clinics
- Q&A opportunities
- Working together to make vaccination accessible
 - Hauora Maori Health
 - Poutini Waiora
 - Te Hā O Kawatiri

Wero

90% Māori vaccinated on Te Tai
Poutini by 28th November



90% in 17 days

Need:

23 1st doses each day for
Māori across the Coast

Roughly:

7 1st doses per day in
Buller

9 1st doses per day in Grey

7 1st doses per day in
Westland

Westland

Hokitika Ward	53
Northern Ward	54
Southern Ward	30

Grey

Central Ward	81
Eastern Ward	47
Northern Ward	32
Southern Ward	13

Buller

Inangahua Ward	38
Seddon Ward	23
Westport Ward	87

*indicative only

Daily and Weekly Data source

[COVID-19: Vaccine data | Ministry of Health NZ](#)

