



COVID-19 Immunisation Clinical Toolkit

This Toolkit provides key clinical information required pre- and post-vaccination. It is designed to help frontline clinical staff provide ‘on the day’ efficient and safe COVID-19 immunisation.

Please provide feedback on this toolkit [here](https://tinyurl.com/pznjd9dw) (tinyurl.com/pznjd9dw).

Recent changes & new information

- Single dose Pfizer COVID-19 vaccine booster doses have been approved by Medsafe (page 6).
- Vaccine exemption information, including clinical criteria and a process flowchart, can be found [here](https://tinyurl.com/2dvaw565) (tinyurl.com/2dvaw565).
- Third primary doses of the Pfizer COVID-19 vaccine for severely immunocompromised people (aged 12 and older) require a prescription from their GP or specialist and should be administered at least 8 weeks after the second dose (page 6).
- Recording third and overseas-administered doses in the CIR (page 6).
- AstraZeneca information (page 2).
- Advice on giving prominence to expiry dates on the vaccine boxes (page 3).
- COVID-19 Vaccinators - Working under Supervision are now being trained to vaccinate from aged 12 years (page 2).
- Occasionally consumers request that vaccinators aspirate the needle prior to administration of the Pfizer COVID-19 vaccine – see page 8 for IMAC guidance.
- Needle changes coming soon (page 5).

Immunisation Handbook

Keep an eye out for version 14 update of [Immunisation Handbook 2020](https://tinyurl.com/7sjhm5d5) (tinyurl.com/7sjhm5d5).

Ongoing reminders

- Review instructions (page 8) to ensure that you are correctly identifying the injection site to avoid potential vaccine administration harm.
- Rotate vaccine stock, regularly check expiry dates, and remove expired vaccine from cold chain.

Key documents for COVID-19 immunisations

- [Instructions for multi-dose vial Pfizer/BioNTech vaccine: preparation and administration Version 2](https://tinyurl.com/e78bm3jr) (tinyurl.com/e78bm3jr)
- [Pre-vaccination screening & guidance Version 6](https://tinyurl.com/3m2s5nxu) (tinyurl.com/3m2s5nxu)
- [Guidance supporting the administration of mRNA-CV vaccine Version 2](https://tinyurl.com/4m2fy46j) (tinyurl.com/4m2fy46j)

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SECTION 1 | RESOURCES AND DEVELOPMENT OPPORTUNITIES

New and updated resources

IMAC written resources can be accessed [here](#) (tinyurl.com/5xjp47nz) including these newer resources:

- [COVID-19 and COVID-19 vaccination in pregnancy](#) (tinyurl.com/uynjz8vf). This health professional resource has been updated. A consumer version will be available soon from IMAC's covid.immune.org.nz website.
- [Additional COVID vaccine for severely immunocompromised people](#) (tinyurl.com/3e2pe4h2)
- [Quick conversation tips to encourage people to get vaccinated](#) (tinyurl.com/y5n6fv87)
- [Supporting communication for the COVID-19 vaccination programme](#) (tinyurl.com/z7ue4d8)
- Glossaries *Supporting communication for the COVID-19 vaccination programme* in Samoan, Tongan and Niuean languages

For latest IMAC video resources, visit immune.org.nz/resources/videos.

The Ministry of Health has resources designed to help healthcare workers when having challenging discussions related to mandatory vaccinations. See [here](#) (tinyurl.com/ehbtd5f).

Development opportunities

AstraZeneca will soon be available as an alternative vaccine. Healthcare professionals who are COVID-19 vaccinators will need to complete a FREE short online course prior to administering AstraZeneca vaccines.

IMAC has produced an online training course and resources to support vaccine delivery. This course will be freely available – around mid to late November - from [IMAC Learning](#) (tinyurl.com/pp84cdb) and the resources via IMAC's covid.immune.org.nz website.

The *Provisional Vaccinator Foundation Course* (PVFC) will not be available after 31 December 2021. This course was developed to support the expansion of the COVID-19 immunisation workforce. For those who wish to complete the PVFC, the last day to apply for a package code is 30 November 2021. Participants will need to complete the course before close of business on 31 December 2021. After this date the course will not be available for completion.

New courses are accessed at immune.org.nz/health-professionals/education including:

- Due out very soon: COVID-19 Vaccinator update course; a short webinar-based course to ensure you are up-to-date with latest guidance. It will be accessed in the same way as the COVID-19 vaccine course, allowing you to include it as part of your personal education record. Details will be on the IMAC website soon.

COVID-19 Vaccinators - Working under Supervision are being invited by email to attend one of a selection of short interactive webinars to update their knowledge prior to vaccinating adolescents aged 12 – 15 years.

To access IMAC learning management system see:

- [How to create a profile on IMAC learning](#) (tinyurl.com/4n27b8a4)
- [How to log into your IMAC learning account](#) (tinyurl.com/b69r6zh8)

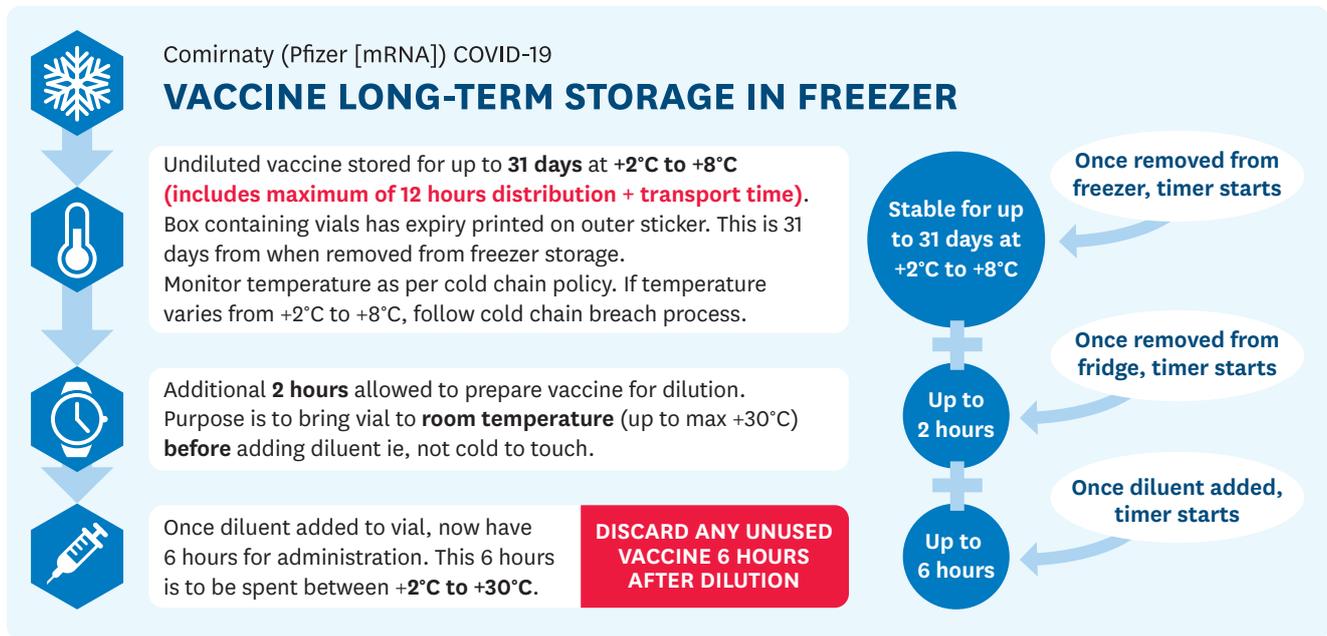
Webinars are accessed [here](#) (tinyurl.com/uckczea4) including most recently:

- Reaching those yet to get their COVID-19 Vaccine
- Additional COVID-19 vaccine for severely immunocompromised people

After viewing webinars, use the [IMAC Reflection Form – Webinars](#) (tinyurl.com/kv4sfrrx). This is used instead of a certificate to demonstrate you have viewed the webinar.

SECTION 2 | COLD CHAIN

Overall picture of Comirnaty vaccine cold chain



Advice for managing cold chain breaches – specific to Comirnaty vaccine

At delivery: Check the logger that accompanies the Credo-Cube to confirm whether a temperature excursion has occurred in transit. Each shipment contains detailed instructions on managing these loggers.

North Island deliveries will have a logger with a flashing light. Check that this is flashing green. DO NOT press any buttons on the logger. If the light

is flashing red, quarantine the Credo-Cube in your vaccine fridge and contact: covid-19.logistics@health.govt.nz or call 0800 335 778.

South Island deliveries will have a logger that will show a ✓ symbol if the cold chain is intact. If there is a X symbol, quarantine the Credo-Cube in your vaccine fridge and contact: covid-19.logistics@health.govt.nz or call 0800 335 778.

Initial actions when cold chain breaches arise within a clinical setting

- 1** Clearly label the vaccines 'NOT FOR USE'. Inform clinic staff.
- 2** If the refrigerator is NOT within the +2° to +8° range, look for obvious reversible causes (e.g. door open, power interruption, ice buildup). Download your datalogger, inform your Clinical Lead and contact your local IMAC COVID-19 Facilitator or Regional Advisor.
- 3** The next step may include packing labelled vaccines into a chilly bin, with a temperature monitoring device and transportation to your backup refrigeration provider (details are in your cold chain policy). DO NOT discard any vaccine without written advice from IMAC.

Expiring stock

Please highlight expiry dates on the vaccine boxes when stock arrives. To prevent errors we also advise writing this date on the side of the box and inside the lid of the box, as a reminder to use the box expiry date not the vial one.

Cold chain breaches and excursions

To document cold chain breaches and excursions, use the IMAC COVID-19 Cold Chain Reporting Form (tinyurl.com/4wkhe4mt).

SECTION 3 | VACCINE PREPARATION (1)

See [Instructions for multi-dose vial Pfizer/BioNTech vaccine: preparation and administration \(tinyurl.com/e78bm3jr\)](https://tinyurl.com/e78bm3jr).

The following actions are recommended at all COVID-19 immunisation venues:

- Utilise safety huddles. These are a brief (≤ 10 minutes), focused exchange of information about potential or existing safety risks and any relevant programme updates which may affect consumers, staff and any person accessing the healthcare environment.
 - Put clear processes in place to **ensure vaccination staff are not interrupted** in their processes, especially during vaccine preparation.
 - Ensure regular task rotation and breaks to mitigate against the risk of fatigue or lapses in process checking.
 - Ensure staff are not rushed and able to concentrate fully when preparing vaccine.
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- **Keep the vaccine preparation area free of dust and distractions.** Prepare vaccine as needed, including the syringes, needles and saline that will be used immediately.
 - **Ensure appropriate time is allocated for vaccine draw up.**
 - **Keep a log of staff roles** for vaccine preparation and checking. At least two appropriately trained staff need to work together and independently check each other's work.
 - **Do not interrupt the vaccine preparation process** until all vaccine is in the syringes and appropriately labelled. Never dilute a vial that has already had the top removed. To prevent errors, reject vaccine, deface the vial and start preparing with a sealed vial. Finish this process before handover to the next shift.
 - **Keep records** identifying the time each vial has been out of the cold chain prior to dilution, and to confirm it has been used within max 6 hours post dilution. It is recommended that vaccines are prepared as needed and used as close to vaccine preparation time as practical.
 - **Vaccine appearance pre- and post-dilution:** Thawed, undiluted vaccine may have white to off white opaque amorphous particulates. These relate to the lipids in the vaccine. If present, these typically dissolve once diluent is added and the vial inverted 10 times. **If they remain despite inversion, then the vial should be discarded, due to the risk that they could block the syringe.** Very occasionally particulates may also reform even if they initially disappear during mixing. Therefore visual inspection of the vaccine is very important.
- Please report any incidences resulting in discarding of the vaccine.
-
- **Dilution record:** A template (tinyurl.com/w2va6kj5) is available to document vial numbers, time out of fridge, dilution time, number of doses per vial, person diluting, batch numbers, and doses discarded. **It is necessary to number each vial (bottom of vial with pen) to coincide with the dilution record.**
 - **Ensure that every used vial is defaced** and removed from the vaccine preparation table.
 - **Keep records** identifying the number of doses per vial is within the expected range as per guidance.
 - **Reconcile the number of doses administered** against the number of vials used.
 - **Labelling the vaccine:**
 - If several syringes have been drawn up from the same vial you could group them together in a sealed box or plastic bag with one label but do not combine more than one vial's worth. If splitting up doses, each syringe must be labelled. A template for this label can be found on the [version 2 Dilution Record \(tinyurl.com/w2va6kj5\)](https://tinyurl.com/w2va6kj5).
 - Labels must include:
 - Name of vaccine
 - Diluent name and expiry date
 - Vaccine sub batch number (number on box including the extra 3 digits)
 - Expiry date for vaccine sub batch, (this is the expiry date on the box not the vial)
 - Time the syringe must be used by (6 hours from time of dilution)
 - Who prepared the vaccine and who checked it
 - **Larger patients** will need 21-25G x 1.5" 38mm length. See [here \(tinyurl.com/4m2fy46j\)](https://tinyurl.com/4m2fy46j) for size estimation guidance. Each vaccinator should have at least one longer needle available.

SECTION 3 | VACCINE PREPARATION (2)

Supplies

Logistics supply syringes and needles. Currently supplies are:

Item	Number	To be used for
25G 25mm Standard Needle Orange	1165011	Diluting the vaccine
3ml LL Syringe	1165009	Drawing up diluent
25G 25mm LDS Needle Orange	1165446	Drawing up and administering the vaccine
Unifix 1ml Luer Slip Syringe Unifix	1169565	For administering the vaccine
10ml Saline	1165013	Diluting the vaccine (use for one vaccine vial only)

IMPORTANT: Use the Orange standard needles for diluting the vaccine, NOT the 21G larger needles, or you may end up with rubber debris in the vial and the vaccine being wasted

Changes to needles being supplied

Larger arm giving needles will be available from 15 November: Vernacare LDS Needle 23G 38mm. Distribution of the existing needle (BD Needle 21G 38mm) will cease.

All administration kits will now be supplied with the Nipro standard 25G 25mm drawing needle. This is our ongoing available needle. Note: Agani and BD 25G needles may still be in some existing kits supplied.

Movement of vaccines

There is a limit to the amount of time that vials can be transported. The total allowable transit time of an undiluted vial at +2°C to +8°C is 12 hours. This includes the original delivery from the warehouse, plus any further travel time. Diluted vials can be transported for a maximum of 6 hours in line with their expiry time post-dilution.

Moving stock that is near expiry. Note all movements must comply with the National Standards for Vaccine Storage and Transportation.

- **Sites who have received their vaccine stock from a DHB Pharmacy** can contact that pharmacy who may be able to arrange to move whole packs. Please ensure tight stock management to minimise waste, and if a stock transfer is necessary, please plan ahead to give the pharmacy plenty of warning.
- **Non-DHB sites who have received stock from either DHL or HCL** are unable to move stock from these sites, so extra care is needed when ordering stock to reduce wastage.

SECTION 4 | PRE-VACCINATION (1)

See [Pre-vaccination screening & guidance](#) (tinyurl.com/3m2s5nxu) Version 6. This is designed to remind you of the screening questions and actions needed. Please download for regular reference.

Booster doses

From 29 November single dose Pfizer COVID-19 vaccine booster doses will be offered to those aged 18 and older who have completed their full primary COVID-19 vaccination course ≥6 months ago.

See [here](#) (tinyurl.com/mbvvpcw7). Information will also be added to covid.immune.org.nz

Third primary dose for severely immunocompromised

Please see IMAC's [Additional COVID vaccine for severely immunocompromised people](#) (tinyurl.com/nwkvuae).

These third primary doses are for severely immunocompromised people who may not have generated an effective protective response to the standard two doses. These are NOT booster doses which aim to address waning immunity over time.

The Ministry of Health's *Third Primary Dose of the Pfizer/BioNTech Vaccine Policy Statement and Clinical Guidance* can be found [here](#) (tinyurl.com/3mjpmr56). The consent form can be viewed [here](#) (tinyurl.com/64xe77un).

Recording third and overseas-administered doses in CIR

See [Quick Step Guide to Record an Additional or Replacement Dose in CIR](#) (tinyurl.com/26584e6k).

Consumer information on COVID-19: Overseas vaccinations and certificates can be found [here](#) (tinyurl.com/8adkw7k4).

See [Recording Overseas Vaccination Quick Step Guide](#) (tinyurl.com/2f8zfa99).

Previous adverse events

If you have concerns as to whether someone is safe to receive their second vaccine, please contact IMAC (0800 466 863) to discuss the AEFI. For further information and guidance on managing and reporting AEFIs, see: [Clinical review of early onset AEFIs](#) (tinyurl.com/5cct7yan) and/or [Clinical review of late onset AEFIs](#) (tinyurl.com/5yt6t298).

Vaccine hesitant

For practices engaging with people who are hesitant to be vaccinated, see [The Workshop guide How to Talk About COVID-19 Vaccinations](#) (tinyurl.com/98mjzprd).

See [here](#) for how to manage a fear of needles (tinyurl.com/yfaumbvc).

There may be times where the person you are screening to be vaccinated or their support person/whānau member has a question about vaccine safety.

Myocarditis conversations

- The benefits of getting vaccinated against COVID-19 far outweigh the potential risks of developing myocarditis.
- The risk of myocarditis from COVID-19 disease is approximately 4 times higher than from vaccination.
- Normal rates of myocarditis in New Zealand have not increased since the COVID-19 vaccination roll-out.
- Myocarditis is a very rare, usually mild illness and people generally recover without any complications.

More information for health professionals can be found in the IMAC factsheet [Myocarditis and the mRNA COVID-19 vaccine in New Zealand](#) (tinyurl.com/yy2myypj).

SECTION 4 | PRE-VACCINATION (2)

Pregnancy/breastfeeding/ fertility conversations

- It is safe to vaccinate pregnant people against COVID-19 at any stage of pregnancy.
- Pregnant people are far more likely to suffer from complications of COVID-19 disease, hence why vaccination is important.
- Vaccine components are not passed onto baby/pēpi through the placenta or breastmilk, but some immunity against COVID-19 disease is, which is beneficial.
- Studies show the vaccine is safe to give to people who are pregnant, trying to become pregnant or breastfeeding.
- It is safe to get vaccinated against COVID-19 while undergoing fertility treatment or trying to become pregnant/hapū.
- There is no chance that the COVID-19 (Comirnaty) vaccination could affect your genes or fertility in the future.

More information for the general public can be found at [COVID-19 vaccine: Pregnancy and breastfeeding \(tinyurl.com/2wwxm8rw\)](https://tinyurl.com/2wwxm8rw). This includes a video COVID-19 vaccine and pregnancy featuring Dr Nikki Turner.

More information for health professionals can be found in the IMAC factsheet [COVID-19 and COVID-19 vaccination in pregnancy \(tinyurl.com/uynjz8vf\)](https://tinyurl.com/uynjz8vf). It includes a short section about breastfeeding.

Dedicated team to support disabled people

A team has been mobilised to support disabled people to access transport and get vaccinated in a way that suits their needs.

The team will answer calls and questions, assisting disabled people and their carers to get the information and support they need.

To speak with a support specialist, call the COVID Vaccination Healthline on 0800 28 29 26, 8am – 8pm Mon to Fri.

Also see [Toolkit for organisations working with disabled people \(tinyurl.com/5y2bpfjx\)](https://tinyurl.com/5y2bpfjx).

SECTION 5 | VACCINE ADMINISTRATION

See [Guidance supporting the administration of mRNA-CV vaccine](https://www.tinyurl.com/4m2fy46j) (tinyurl.com/4m2fy46j).

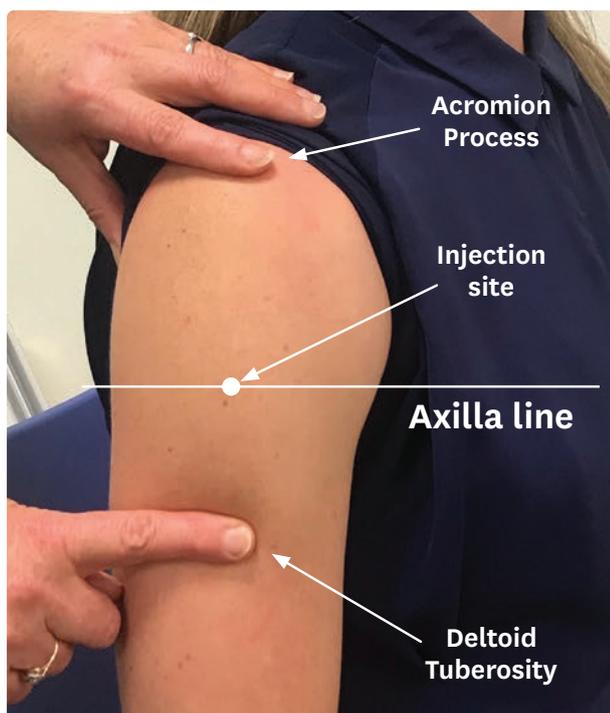
Locating correct injection site

Errors are still being reported. Please check that you are identifying the correct location to avoid administering the vaccine with the potential to cause injury.

The vaccinee should be seated with their arm removed from their clothing and relaxed at their side.

Find **acromion process** (the highest point on the shoulder) and the **deltoid tuberosity** (the lower deltoid attachment point).

The injection site is central to these two landmarks in the **bulkiest** part of the muscle.



This method avoids the subacromial bursa, the axillary nerve and the humeral artery located in the midpoint which can lead to vaccine injury.

If deltoid administration is not indicated due to medical reasons, the **vastus lateralis (thigh)** can be used by an experienced vaccinator. Contact **0800 IMMUNE** for more guidance.

Requests to Aspirate

IMAC are aware that occasionally consumers are requesting that the vaccinators aspirate the needle (pull back slightly to check for any minor blood vessels) prior to administration of the Pfizer COVID-19 vaccine. While this is currently not best practice and may be more uncomfortable for the patient, there is no danger associated with accommodating the consumers' requests. In the unlikely event that you did see any blood in the syringe after doing this, discard the vaccine and revaccinate with a new syringe and needle.

Needle size and guide

If a longer needle is required, then the vaccine must be drawn up using the 38mm needle so the needle hub contains vaccine. If needles are swapped, the dose administered is lessened due to the volume of vaccine lost in the needle.

Post COVID-19 vaccination advice

- Reminder of need to stay for at least 15 minutes for observation. Anyone with a history of anaphylaxis to any product in the past must be closely observed for 30 minutes.
- Discuss possible potential side effects (tinyurl.com/ywakus6w) and advise rest and use of paracetamol or other analgesia for pain, fever or discomfort, and how and where to seek help including Healthline and use of GP, 111.
- Seek medical advice for any unexpected concerns including chest pain, shortness of breath, or palpitations.
- Advise no vigorous exercise if feeling unwell.
- For those who have insulin-dependent diabetes, discuss the need to closely monitor blood sugars for next few days, as high or low sugars can occasionally be a side effect of the vaccine.
- Supply information on how and when to make a second appointment.

SECTION 6 | ADVERSE EVENTS

Those who have had a previous anaphylaxis allergic reaction to ANYTHING should wait 30 minutes post-vaccination.

Assess carefully. Distinguishing between Anaphylaxis and Acute Stress Response can sometimes be difficult.

Anaphylaxis		Acute Stress Response	
		General ISRRs	Faint
Time of onset	Most commonly within 5-15 minutes post-vaccination	Sudden onset. Can occur before, during, or just after vaccination	
Body systems			
Skin	Hives/generalised redness Swelling Itch, eyes or skin Generalised prickle sensation.	Pale, sweaty, cold, clammy	
Respiratory	Coughing Noisy breathing Respiratory arrest	HYPERVENTILATION Rapid and deep breathing	Normal to deep breaths
Cardiovascular	↑ heart rate, ↓ BP, circulatory arrest	↑ heart rate, normal or elevated systolic blood pressure	↓ heart rate, +/-transient ↓ BP
Gastrointestinal	Nausea Vomiting Abdominal cramps	Nausea	Nausea Vomiting
Neurological and other symptoms	Uneasiness Restlessness/agitation Loss of consciousness Little response once flat	Fearfulness Light-headedness/ dizziness, Numbness/weakness Spasms in hands and feet	Transient loss of consciousness Good response once lying flat +/- tonic-clonic seizure

See [Anaphylaxis management COVID poster \(tinyurl.com/4unc4zuy\)](https://tinyurl.com/4unc4zuy)

Anaphylaxis

ANY provisional or fully authorised vaccinators can administer adrenaline without prescription or standing order. Please keep detailed records of observations and doses given.

12 years and over	0.5ml	1:1000 adrenaline	Deep IM outer thigh
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The [Anaphylaxis Checklist for Vaccinator Version 1.0, 5 February 2021 \(tinyurl.com/b8pbkccu\)](https://tinyurl.com/b8pbkccu) should be completed after the event and scanned to CARM.

Reporting Adverse Events Following Immunisation

While in clinic: Report via CIR, this saves to their profile AND forwards to CARM.

After leaving clinic: Report straight to CARM, either online nzphvc.otago.ac.nz/reporting or [paper form \(pdf\)](#) (tinyurl.com/ykmtuhjv). These do not report back to the CIR.

SECTION 7 | VACCINE ERRORS, SERIOUS ADVERSE EVENTS & EARLY SECOND DOSES

Guidance in this section comes from Sections 26.6 & 26.7, and Appendix I of Ministry of Health's Operating Guidelines for DHBs and Providers: COVID-19 Vaccine Immunisation Programme (tinyurl.com/tpp7mrhu).

Recording vaccine errors

A vaccine administration error is any preventable event that may cause or lead to inappropriate use of a vaccine or consumer harm. Administration errors can occur at any stage of the vaccination process (such as storage or handling, site/route of administration, or dosage given).

Some known vaccine errors include unauthorised age group vaccinations, shorter than recommended dosing intervals, injecting errors, dosage errors, vaccine administration errors, or when the consumer has an adverse event due to a vaccine error.

In the event of a vaccine administration error:

1. Inform the consumer/s involved. This should occur within **seven working days**.
2. If guidance/advice is needed, consult **IMAC on 0800 IMMUNE** (466 863).
3. Record the error in CIR under adverse events error to provide for reporting on vaccine administration errors.
4. Determine how the error occurred to provide for strategies to be implemented to prevent a recurrence.

Serious adverse event process

Provider and Programme Lead Clinicians should refer to Appendix I: CVIP Serious Adverse Event Process (tinyurl.com/tpp7mrhu) of MoH Operating Guidelines for DHBs and Providers: COVID-19 Vaccine Immunisation Programme.

For COVID-19 Vaccine Immunisation Programme serious adverse events, severity assessment code (SAC) ratings are defined as:

- SAC 1 (death or severe loss of function)
- SAC 2 (permanent major or temporary severe loss of function and multi consumer events)

- SAC 3 (permanent moderate or temporary loss of function)
- Multiple similar or close sequenced SAC 3/ 4 events
- Near miss with likely significant consequences

Early second doses

- If the first and second dose of the BioNTech/ Pfizer COVID-19 vaccine (Comirnaty) is administered at an interval of less than 21 days, this is considered an early second dose.

In the event of an early second dose, please follow the instructions below with respect to the reported cases:

1. Verify the case ID entry - if wrong, then correct the CIR record.
2. If correct, complete a CARM medication error report as this is a 'never event' use of the vaccine.
3. Inform the affected person of the error and ask them to report any reactions – refer to the handout 'After your vaccination'.
4. Clinical advice, eg, by the medical advisors at 0800IMMUNE (466 863) may be required. This will depend on the timing of the second dose and the characteristics of the individual.
5. Identify improvements to local practice and process to avoid early second doses and share the learnings as soon as possible.
6. On investigation, and if in the event the person reports possible harm, then follow your DHB or provider's adverse event process and or complaints process.

If an adverse reaction or injury is experienced by the individual following the event, submit an additional CARM AEFI report and arrange ACC treatment injury claim per ACC2152 downloadable form (tinyurl.com/22vkkcz).

SECTION 8 | USEFUL INFORMATION/CONTACTS/Q&As (1)

Help with cold chain

What Do You Need?	Resource & Guidance
To report a cold chain breach	<ol style="list-style-type: none"> 1. Inform your local cold chain or clinical lead for immediate actions. 2. Complete the COVID-19 Cold Chain Reporting Form (tinyurl.com/3jrkmxh8) and send to your local COVID-19 RIA
To contact my local IMAC COVID-19 Regional Advisor (RIA) for specific mRNA-CV vaccine storage advice.	View your local IMAC COVID-19 Education Team staff: covid.immune.org.nz/about/meet-team (tinyurl.com/th5hfcae)
To orientate a new staff member to the cold chain process in our clinic	See Staff cold chain orientation guide (tinyurl.com/yams35n7)
I am a support worker and have discovered a problem with the vaccine fridge. What do I do?	See Flow Chart for Support Workers for Cold Chain Breaches (tinyurl.com/45cwf25n)
Our clinic needs Cold Chain Accreditation/ Compliance OR ours has expired	<ol style="list-style-type: none"> 1. Complete the CCA Self-assessment form found here: health.govt.nz/coldchain 2. Contact your local Immunisation Coordinator to arrange a date for review (tinyurl.com/6jtdhsc9)
In-depth information on cold chain processes and National Standards	See National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Ed.) (tinyurl.com/dnkja69s) See 2021 Addendum to Standards (Pfizer Covid-19 vaccine specific) (tinyurl.com/568p6hs)
Cold chain requirements for vaccinating community pharmacies	All requirements (including appropriate equipment, monitoring, recording, and policies and procedures) are outlined in the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition) (tinyurl.com/dnkja69s) See immune.org.nz/cold-chain for more information

SECTION 8 | USEFUL INFORMATION/CONTACTS/Q&As (2)

Help with consumables/resources/supply issues

What Do You Need?	Who do you contact, and when?
Help with a vaccine or consumables supply issue	0800 223 987 8am-8pm 7 days Covid-19.logistics@health.govt.nz 8am-5pm weekdays
Help with a privacy concern or reporting a privacy breach	COVIDPrivacy@health.govt.nz 9am-5pm weekdays
Our Interwaste vial disposal bin to be collected	0800 102 131 8am-5pm weekdays
COVID-19 information in a specific language or easy-to-read format	MOH webpage COVID-19: Vaccine resources (tinyurl.com/7tbmwwdr) For resources for whānau, hapū, iwi, and Māori communities see karawhiua.nz (tinyurl.com/3x74fav5) For Pacific Peoples resources see here (tinyurl.com/3xnfj28v) Also see Toolkit for organisations working with disabled people (tinyurl.com/5y2bpfjx)
More printed COVID-19 patient resources	Contact your local Communications Manager or visit the MOH webpage COVID-19: Vaccine resources (tinyurl.com/7tbmwwdr)
Clinical advice regarding the vaccine or immunisation process	0800 466 863 (0800 IMMUNE) 8am-8pm 7 days
To contact my local IMAC COVID-19 representative	IMAC COVID-19 webpage Meet the team (tinyurl.com/snnvbbsj) 9am-5pm weekdays
To access the latest clinical info regarding COVID-19, vaccines, operating guidelines, vaccine admin and vaccine storage	See MOH website (tinyurl.com/mh74fr52) to find useful resources, guidance and the latest information on the COVID-19 vaccine for the health sector, DHBs, health providers and vaccinators. See IMAC COVID-19 written resources (tinyurl.com/3n9n29j6) for vaccine administration information, COVID-19 vaccine datasheets, access to the Immunisation Handbook and cold chain information. Check the Āwhina App on your phone (tinyurl.com/yrbmcasy).
Help with an IMAC training or education query	0800 882 873 9am-4.30pm weekdays imacetadmin@auckland.ac.nz

Āwhina App

To get the latest COVID-19 information from the Ministry of Health, it is strongly recommended to download the [Āwhina App](https://tinyurl.com/yrbmcasy) (tinyurl.com/yrbmcasy).

SECTION 8 | USEFUL INFORMATION/CONTACTS/Q&As (3)

Consumer information

The QR code at right links to covid19.govt.nz/covid-19-vaccines/how-to-get-a-covid-19-vaccination/ (tinyurl.com/ynx8xsmf).



Choose **What to expect when you get your vaccination** for information about:

- Vaccinations at Alert Levels 2 and 3
- What will happen at your appointment
- Common side effects
- If you are unwell on the day of your appointment
- Giving consent if you are aged 12 to 15
- Which vaccine you will be given
- Getting your second dose
- Delta variant
- Getting proof of your vaccination
- Protecting yourself and others from COVID-19

Help with COVID-19 Immunisation Register

What Do You Need?	Who do you contact, and when are they available?
Help accessing CIR, resetting my password, or after-hours help with CIR	0800 223 987 8am-6pm 7 days help@c-19imms.min.health.nz
Help entering third OR overseas administered doses in CIR	See Quick Step Guides to Record an Additional or Replacement Dose in CIR (tinyurl.com/26584e6k) and Recording Overseas Vaccination (tinyurl.com/2f8zfa99).
CIR training	IMAC Learning lms.immune.org.nz has a combined 'CIR and BookMyVaccine' training course. It is embedded in the COVID-19 Vaccinator Education Course for Vaccinators, or as a stand-alone course for reception/admin staff. Visit anytime.
Live virtual training for CIR	The Ministry runs daily Q&A sessions at 9:30am. Click here to join the meeting (tinyurl.com/b3hyaydc). For primary health (GP practices and pharmacies) the Ministry live training sessions can be booked via the live training dashboard (tinyurl.com/p3ppa38x)
The latest training notes for CIR	Book My Vaccine Detailed Release Notes-21-8 (tinyurl.com/s6m9z3t) Access by logging into CIR. Notes can be downloaded.

Help with Book My Vaccine

What Do You Need?	Who do you contact, and when?
Info on how clients book, move or cancel their vaccine appointment	Encourage them to visit bookmyvaccine.nz or call the COVID Vaccination Health line on 0800 28 29 26 Visit anytime, or call 8am-8pm, 7 days/week
Book My Vaccine quick guide notes	See Book My Vaccine Quick Step Guides (tinyurl.com/xx7fsa6y) Access by logging into CIR. Video can be downloaded.
To attend virtual Book My Vaccine training	The Ministry runs Q&A sessions. Click here to join the meeting . (tinyurl.com/b3hyaydc). Daily at 9:30am
To teach clients how to use the booking system	See Bookings Demo Video (tinyurl.com/4dm69sf7) Access by logging into CIR. Video can be downloaded.