

Outreach Immunisations Under Alert Levels 3 and 4 Guide

Guiding principles

At COVID-19 Alert Levels 3 & 4, outreach services should continue delivering essential health services, including delivery of the National Immunisation Schedule. Last year during lockdown, there was a significant decrease in immunisation uptake, leaving our tamariki and whānau unprotected against serious diseases. It is essential everyone is as protected as possible by maintaining vaccination services. This may require changes in the way you practice to reduce the risk of cross infection.

Social distancing must be maintained during travel and the immunisation appointment.

Ideally, staff will be paired into work bubbles. If two teams are required to organise the vaccines for the day, consider rostering them to start at different times to maintain separate work bubbles.

Prior to their shift, each pair should allocate a vaccinator/support worker role. Encourage each staff member to travel in separate cars to and from appointments during Level 4 if possible or in a front seat/back seat configuration during Level 3. Each staff should carry/handle their own paperwork, bags, and equipment. All equipment must be sterilised/cleansed between each patient and at the end of each shift. PPE should be changed/cleansed between each house visit. It is recommended staff have separate work and home clothes.

Equipment for delivering outreach immunisations

- Sufficient PPE as required for vaccinator & support worker
- Rubbish bags
- Hand sanitiser
- Disinfectant wipes
- Emergency bag
- Sharps container
- Immunising supplies (kidney dishes, swabs, plasters, drawing up and giving needles)
- Information pamphlets
- Work logbook & pen

Initial phone contact

Screen for COVID-19 (see below) by phone at two timepoints: when arranging appointment and immediately prior to the home visit to check situation is unchanged.

1. Does anyone in the household or anyone you have had recent contact with:
 - a. report any sign of COVID-19 or flu-like illness
 - b. show any signs of COVID-19 or flu-like illness
 - c. in self-isolation and/or report being in close contact with a confirmed or probable case of COVID-19?

If anyone answers 'yes' to question 1a, b or c, defer visit and document reason.

2. Is/does anyone in the household or anyone you have had recent contact with:
 - a. an essential worker who comes in and out of the household bubble
 - b. work at the border or in any managed isolation or quarantine facility
 - c. immune compromised or have heightened vulnerability
 - d. asymptomatic but been at a location of interest as per MoH website?

If anyone answers 'yes' to question 2a, b, c, or d, wear full PPE (see Figure 1 on page 3) to administer the vaccine. *Note: N95 masks are not required to administer vaccinations to asymptomatic clients.

Explain that vaccinations ideally should occur outside the house if weather and/or shelter allows. If outside is not suitable, preference is to vaccinate inside the first room (i.e., closest to the access door) and with only the caregiver and infant present, if possible.

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Confirm the caregiver has a phone and it will be charged and turned on so that the OIS staff can make contact prior to entering the house.

Day of visit

Enact the following by phone

- Ask COVID-19 screening questions.
- Go through the vaccines to be given at the appointment.
- Conduct pre-vaccination screening.
- Obtain verbal consent.
- Advise of post-immunisation care.
- Ensure caregiver is wearing a mask (provide this if necessary).

Note: If caregiver/vaccinee has no phone access, conduct this process in-person masked, from 2 metres away.

Once consent is obtained and successful pre-vaccination check completed – ensure appropriate hand hygiene throughout the process below

- Draw up vaccines in the car.
- Vaccinator only should approach house. The support person need not enter nor be present during the vaccinations; however, they should be ready to provide support immediately if required.
- Place vaccines in appropriate tray.
- Explain again that only the caregiver and child are to be present. If other eligible children are onsite follow protocols and vaccinate as per procedure.
- To avoid coughs and the like, vaccinate from the side of the vaccinee if possible.
- Explain warning signs of anaphylaxis. If caregiver observes anaphylaxis signs or has any concerns, advise them to alert vaccinator immediately, explain how to do this.
- Complete the Well Child handbook if available. Perform hand hygiene before and after this action. Minimise contact with objects such as pens and paper--leave immunisation record in the letterbox if this is the caregivers preferred option.
- Leave post-care pamphlet.

Post vaccination

- Return to car.
- Remove PPE and place in rubbish bag in boot. Spray shoes with disinfectant spray or remove foot coverings if worn.
- Clean equipment.
- During wait time record vaccines administered, perform administration, and call next client.
- Fill in work logbook with details of visit:
 - Date and time of arrival and departure
 - Name of parent/caregiver holding the child
 - Vaccines given outside or inside dwelling
 - Noteworthy occurrences
- At 10 and 20 minutes perform a visual check of child from a distance.
- At 20 minutes with nil concerns vacate property.

At the end of the day wipe down interior of car after returning to base.

Shower and change into 'home clothes.' Hot wash 'work clothes' separately from other household clothing and tumble dry (if possible).

Note: additional steps and guidance maybe required depending on individual and workplace requirements.

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COVID-19

ALERT LEVEL 3 AND 4: Personal protective equipment (PPE) for community care providers who are providing care in people's place of residence

When caring for a **probable or confirmed COVID-19 case, or someone who meets the Clinical and Higher Index of Suspicion (HIS) Criteria**¹, please follow Table 1.

If you **do not know someone's COVID-19 status** - prior to contact, assess the person's risk by either phone, or in person whilst maintaining at least 2 m physical distance. See *Alert Level 4: Risk Assessment questions if COVID-19 status is unknown*.²







The **risk assessment** will help you determine appropriate PPE for initial contact with people.

No matter what a person's COVID-19 status is, follow Standard Precautions³ for all care and refer to your organisational IPC guidance.

Table 1: When caring for someone who is a probable or confirmed COVID-19 case, or meets the Clinical and Higher Index of Suspicion (HIS) Criteria¹

	 Hand Hygiene ⁴	 Medical Mask	 P2/N95 Particulate Respirator	 Eye Protection ⁵	 Gloves	 Fluid-resistant long sleeve gown
Providing care	✓	✗	✓	✓	✓	✓

Table 2: When caring for someone who is not a probable or confirmed COVID-19 case, and does not meet the Clinical and Higher Index of Suspicion (HIS) Criteria¹

	 Hand Hygiene ⁴	 Medical Mask	 P2/N95 Particulate Respirator	 Eye Protection ⁵ optional	 Gloves	 Fluid-resistant long sleeve gown
Providing care not involving contact with blood or body fluids	✓	✓	✗	-	✗	✗
Providing care that may involve exposure to blood, body fluids, secretions, and excretions	✓	✓	✗	Standard Precautions should be used for all patient care activities. This means wearing PPE based on your risk of exposure to blood, body fluids, secretions and excretions. For more information on Standard Precautions, see <i>Frequently Asked Questions about PPE</i> . ³		

Please refer to guidance on how to safely put on, take off and dispose of PPE: www.health.govt.nz/pppe-health

1 As per case definition: www.health.govt.nz/covid19-case-definition

2 www.health.govt.nz/pppe-health

3 *Frequently Asked Questions about PPE*, available at www.health.govt.nz/pppe-health

4 Perform hand hygiene according to the 5 moments for hand hygiene www.handhygiene.org.nz

5 Face shield or goggles. Prescription glasses are not classed as eye protection. Remember to clean reusable eye protection between uses

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Higher Index of Suspicion (HIS) criteria

People who meet the HIS criteria are those who have, in the 14 days prior to symptom onset:

- travelled internationally (excluding travel by air from a country/area with which New Zealand has quarantine-free travel [QFT]*)
- had direct contact with a person who has travelled internationally in the preceding 14 days (excluding travel by air from a QFT country/area), e.g., Customs and Immigration staff, staff at quarantine/isolation facilities
- exited an MIQ facility (excluding recovered COVID-19 cases)
- worked on an international aircraft or shipping vessel (excluding aircraft from a QFT country/area)
- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals (excluding areas/conveniences for travellers by air from a QFT country/area)
- worked in cold storage areas of facilities that receive imported chilled and frozen goods directly from an international airport or maritime port
- travelled from an area with an evolving COVID-19 community outbreak (including in New Zealand and in any country/area with which New Zealand has QFT) or
- any other criteria requested by the local Medical Officer of Health.

*A list of QFT countries/areas can be found on the [Unite Against COVID-19](#) website. QFT only refers to travel by air at this point.

Sourced from Ministry of Health [Case definition and clinical testing guidelines for COVID-19](#)