

# Appendix C:

## Facility/site closure

This information must be provided to NPHS Health New Zealand Te Whatu Ora in the event of a facility or site choosing to no longer administer and distribute certain vaccine types.

Please take care and provide detail when completing the form below. Upon completion, please email this form to NPHS Te Whatu Ora service desk at: [help@imms.min.health.nz](mailto:help@imms.min.health.nz)

**Users of the AIR vaccinator portal can request to be deactivated by contacting [help@imms.min.health.nz](mailto:help@imms.min.health.nz).**

**The following definitions apply specifically to this form**

- **Vaccination facility**  
Where vaccines are shipped, stored, and distributed to sites.
- **On-line Reporting Suite**  
Includes all vaccination recording tools managed by NPHS Te Whatu Ora, the suite covers AIR, Inventory Portal, NIBS & Payments

## Facility and Site closure form

<b>Health District/Provider name</b>		
Please state the Health District/Provider the vaccination facility/site is attached to		
<b>A</b>	<b>Site closure</b>	
<b>Site</b>	1 Site name	
	2 Site address	
	3 Closure date	
	4 Reason for closure	
<b>B</b>	<b>Facility closure (if applicable)</b>	
<b>Facility</b>	5 Facility name	
	6 Facility address	
	7 Facility ID (if known)	
	8 Closure date	
	9 Reason for closure	
<b>C</b>	<b>Tick to confirm the closure of:</b>	
	Site: <input type="checkbox"/>	Facility: <input type="checkbox"/>
		Both: <input type="checkbox"/>
<b>D</b>	<b>Tick the vaccine type you will no longer offer:</b>	
	<input type="checkbox"/> Covid-19 <input type="checkbox"/> Boostrix <input type="checkbox"/> Priorix (MMR) <input type="checkbox"/> Gardasil 9 (HPV9) <input type="checkbox"/> Shingrix <input type="checkbox"/> Bexsero (Men B) <input type="checkbox"/> MenQuadfi (MenACYW) <input type="checkbox"/> Rotarix <input type="checkbox"/> Infanrix-Hexa <input type="checkbox"/> Infanrix-IPV <input type="checkbox"/> Prevenar 13 <input type="checkbox"/> Hiberix <input type="checkbox"/> Varivax	
<b>Return of excess stock</b>		
<p>1. Please conduct a stocktake of all assets upon Facility/Site closure. Please send copies of this form to NPHS Te Health New Zealand Whatu Ora Service Desk and your Health District Lead.</p> <p>2. The Health District lead should arrange a transfer of any remaining assets from the site which is closing to another site and capture this through raising a transfer order in the Inventory Portal.</p> <p>3. Once there is zero stock on hand visible in the Inventory Portal the Health District logistics Lead should notify NPHS Te Whatu Ora to change the site status in the Inventory Portal from Active to Closed.</p> <p><b>Note:</b> Once closed the site will not be accessible by inventory users in the system.</p>		
<p>Providers must adhere to guidance provided in National Standards for Vaccine Storage and Transportation Providers 2017 and the 2021 Addendum when closing down a vaccine site/facility. Please refer to the links below for a copy.</p>		
Please tick to confirm these guidelines have been adhered to		Y <input type="checkbox"/> Please tick to confirm
<p>Once submitted, the site will no longer be visible through the logistics portal and if the site operates under a PPD model, they will be paid within the final cycle then removed from the contract.</p> <p>By completing this document, you agree that the Facility/Site will no longer ordering vaccines.</p>		