Victorian COVID-19 vaccination program

Health service hubs- outreach services
19 February 2021

OFFICIAL

Outreach services

Outreach would increase patient access to the vaccine

Health service hubs are responsible for ensuring Phase 1a groups in their catchment have access to the vaccine (excluding disability care and private aged care services).

The establishment of outreach services by health service hubs will enable a more efficient and rapid delivery of the vaccine to high priority groups across a wider geographical span.

This would also minimise potential service disruptions to critical services (e.g. hospitals, ports of entry, hotel quarantine) from staff being offsite and having to potentially travel long distances to be vaccinated at a hub.

While there are significant benefits with this approach, there are additional planning and implementation considerations, including logistics, maintaining the vaccine cold chain across sites, inventory control and workforce.

Examples of outreach settings

Hospitals

The lead health services for the hubs will not only be required to vaccinate their own staff, but also ensure Phase 1a staff working in other hospitals within their catchment (public and private) have access to the vaccine.

It may be more efficient for health service hubs to establish an outreach site to vaccinate staff from larger health services with immunisers from that health service. For smaller sites, it may be more practicable for staff from those health services to receive their vaccination at the hub.

Public sector residential aged care services (PSRACS)

Outreach services may be part of a health service hub's delivery model to PSRACS. This can be done through the hub or via a health service that is auspicing the PSRACS.

PSRACS are included in an local publish health unit (LPHU) catchment based on their postcode except where an auspicing health service has a PSRACS outside its LPHU catchment.



Other prioritised settings

Melbourne Airport

Given Melbourne Airport is the predominant port of entry for returned international travellers, an outreach site is being stood up within the Western Health hub to vaccinate workers.

Hotel quarantine

Alfred Health, operating within the Monash Health hub, will provide outreach to vaccinate hotel quarantine staff.

Disability care

Disability workers and residents will be the responsibility of the Commonwealth Government vaccination roll out and is not a consideration for Victorian implementation planning.

Governance considerations for providing outreach

Health service hubs are responsible for the stock integrity and clinical governance of the COVID-19 vaccination program.

However, in some circumstances, health service hubs may delegate responsibility of stock and/or clinical governance to another health service that they deem to be suitably prepared and qualified to manage the product without their direct supervision.

This would include outreach vaccination programs, which may involve the use of staff and resources from other health services, e.g. vaccinating staff at a non-hub health service or to an aged care service.

Health services involved in providing outreach will need to have a clear understanding of their roles and responsibilities. They must also ensure that all staff involved in an outreach service are aware of escalation processes for clinical and operational incidents, including reporting of suspected adverse events.

As part of this, health services providing outreach should determine which health service will be responsible for the following:

- Ensuring the quality of the vaccine stock being transported to the outreach site (e.g. maintaining the coldchain integrity of the vaccine during transportation)
- Ensuring the workforce involved in the storage and handling of the vaccine at the hub are appropriately trained
- · Ensuring the vaccine is appropriately stored at the outreach site before use
- · Ensuring the vaccine is prepared correctly and administered safely to the patient
- Ensuring all administration records are entered correctly in CVMS
- Ensuring the workforce involved in the storage, preparation, handling and administering of the vaccine are appropriately qualified, trained and working within their scope of practice.
- Ensuring the workforce involved in the operational management, clinical management (includes supervision arrangements) and AEFI management are appropriately qualified, trained and are working within their scope of practice.

Site configuration considerations

The COVID-19 vaccination outreach site should be large enough to provide seating for people waiting to be immunised and waiting the required post-vaccination observation period of at least 15 minutes. Individuals with a history of anaphylaxis to any antigen (including food, insect stings, medicines), and those who have

been prescribed an adrenaline autoinjector (e.g., Epipen) should be observed for 30 minutes following administration of a COVID-19 vaccine dose.

The outreach site set-up should include having an appropriate place for the cooler bag (minimising risk to the cold chain if a vaccine/medicines refrigerator is not available), a suitable area for dilution/reconstitution of vials where infection control procedures can be adhered to, an area for administering vaccines, and an area and system for post observation of residents.

Where possible a separate room or screening should be provided to offer some privacy in the area where the vaccine is administered. At the time of immunisation, it is recommended that the person receiving the vaccine be seated.

Where possible, people who are ambulant should be vaccinated close to where the vaccine is prepared to minimise movement of the vaccine following reconstitution (e.g. aged care residents should move to immunisers rather than immunisers moving around the aged care facility).

Maintaining cold chain integrity of the vaccine

The Commonwealth Government has advised that the initial Pfizer COVID-19 vaccine will only be delivered to the nine nominated hubs.

When providing vaccine stock to outreach sites, health services will need to ensure suitable transport arrangements are in place to maintain the cold chain integrity for either frozen or thawed vaccine stock. Please refer to the **Logistics** section of the **Victorian COVID-19 vaccination guidelines** for more information.

Adverse events following immunisation

As with all vaccines, adverse events following immunisation may occur. Please refer to the section on adverse events in the **Victorian COVID-19 vaccination guidelines** for advice on managing adverse events following immunisation, including the reporting requirements when an adverse event occurs.

Be prepared in case a person has anaphylaxis

Immunisers should always be prepared to respond appropriately in case of an anaphylactic reaction following the administration of any vaccine.

All clinical staff at an outreach clinic should have up to date CPR training and immunisers should have recent training in managing anaphylaxis response.

An anaphylaxis response kit should be readily accessible at an outreach site.

Minimising staff absenteeism due to an adverse event following vaccination

International experience indicates some staff absenteeism is common following a staff mass vaccination program, as some staff may experience an adverse event, like fever, and might need to miss work temporarily.

As part of the engagement and planning with workplaces, immunisers should discuss strategies for reducing the possibility of worker shortages due to vaccine adverse events.

Immunisers may need to plan to visit an outreach site over several days to enable workplaces to stagger vaccinations so that not all staff are vaccinated on the same day, particularly for staff in the same job category or who work in the same area of a facility.

Staggering may be more important for the second dose, after which adverse events may be more frequent.



Staggering vaccination may cause delays in vaccinating staff, and the decision to stagger vaccination will need to be weighed against potential inconveniences that might reduce vaccine acceptance. Workplaces should be advised to evaluate their specific situation when determining their best approach.

