



Western Health

Western Health (WH) COVID-19 Vaccination Hub

Operating Guideline - Pfizer

Version - 2

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1. Introduction

1.1 Purpose

The purpose of this Operating Guideline is to profile the Western Health COVID-19 Vaccination Hub (WHCVH) and to provide details of the operations of the service and requirements for establishment of additional provision of Pfizer™ vaccine.

The Operating Guideline describes the various components and associated processes of the governance structures, vaccine recipient journey, workforce requirements, clinical and non-clinical support requirements, equipment and capital requirements and communications procedures.

This document is to be used with reference to the [Victorian COVID-19 Vaccination Hub Guidelines](#).

1.2 Intended Audience

This Operating Guideline is intended for the following audience:

Who	Utilisation
<p>Primary:</p> <ul style="list-style-type: none"> COVID Vaccination Hub / Sub Hub Frontline workforce – all sites 	<p>To provide frontline staff with a detailed understanding of the day-to-day operations of the COVID-19 Vaccination Hub / Sub-Hub</p>
<p>Secondary:</p> <ul style="list-style-type: none"> COVID Vaccination Hub project staff WH Leadership Colleagues Department of Health (Victoria) C-19 Vaccination Hub Project Lead/s 	<p>To be used as a baseline plan and overall tool to define operational aspects of the COVID-19 Vaccination Hub</p>

Table 1: Intended audience

2. Governance

The WHCVH will be run under the oversight and governance of Western Health (WH) as the designated accountable organisation, in line with the specification set out by the Department of Health Victoria (the Department) (Figure 1).

Operational management of WHCVH will be led by the Executive Director Nursing and Midwifery (EDONM). The EDONM will be the designated accountable executive, reporting to the CEO. The interdependencies with the WH Local Public Health Unit and COVID Operations are detailed as per figure one.

A dedicated COVID-19 Vaccination Hub senior leadership team is in place who are responsible for the day-to-day operation, management and care standards of the hub, operating under delegated authority from Western Health.

Day to day operations will be managed by the Nurse Unit Manager / Site Manager and WHCVH Project Lead.

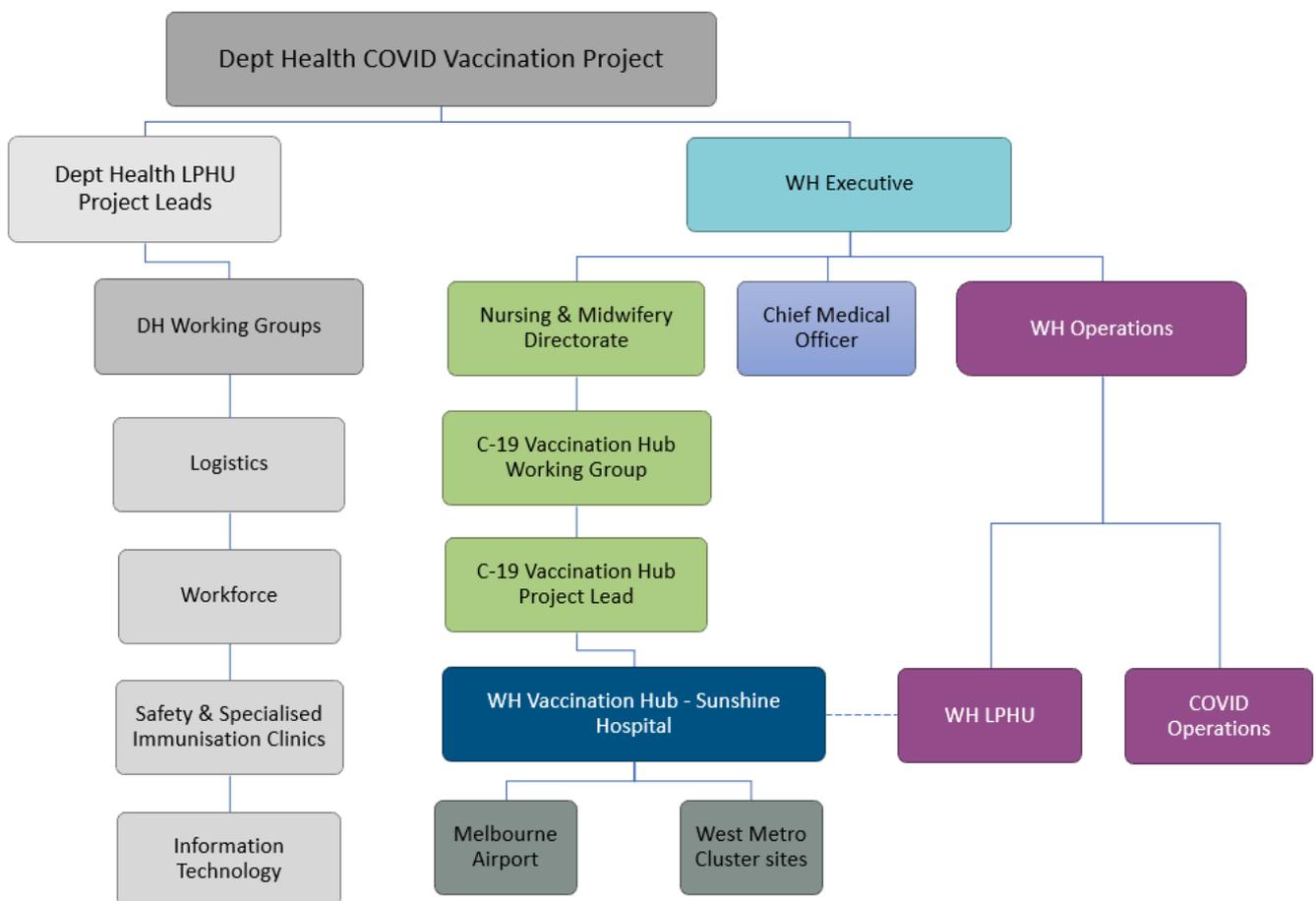


Figure 1: Western Health Covid-19 Vaccination Hub Governance

2.1 Site Accreditation

Site readiness requirements for the Pfizer™ vaccine have been developed by the Australian Government in consultation with expert advice from the Australian Technical Advisory Group on Immunisation (ATAGI) and standards outlined in the Australian Immunisation Handbook.



WHCVH must confirm compliance with the minimum requirements (appendix 1) prior to delivery of vaccine doses.

2.2 Sub Hub Governance

WH, as nominated by the Victorian Department of Health (the Department) to deliver COVID-19 vaccine as part of the Australian COVID-19 Vaccination Policy, endorsed by National Cabinet on 13 November 2020 functions as one of nine public health services to implement the COVID-19 Vaccination Programs.

The roles and responsibilities of health services in the delivery of the vaccination programs is detailed in the [Victorian COVID-19 Vaccination Guidelines](#)

It is anticipated that each sub-hub will appoint an operational lead who will be responsible for the delivery of all aspects of the COVID-19 vaccination services in all settings relevant to that hub. This leadership should lead the development and implementation of local delivery plans to ensure all systems and processes, workforce, training and all other relevant preparatory requirements are in place to support delivery of the COVID-19 vaccination service as per the [Victorian COVID-19 Vaccination Guidelines](#).

The completion of the Commonwealth Site Requirements ([appendix 1](#)) and Clinical Operational Readiness Checklist ([appendix 2](#)) must be completed aligning with Commonwealth and State requirements for the handling and administration of the Pfizer™ vaccine and any additional requirements as set out by the department and state legislation, such as training requirements and supervision ratios.

Vaccination locations will be run by a registered healthcare provider and will comply with the relevant accreditation and clinical governance standards for that provider.

2.3 Vaccination Administration – Consent, Monitoring and Documentation

The administration of the vaccine, including consent process, monitoring and documentation for all WHCVH and sub hubs should be undertaken as per [Vaccination Administration – Consent, Monitoring & Documentation](#) which details the process of consent, recording vaccination administration, monitoring and recording adverse events and [AusVax safety surveillance](#) processes.

The criteria and process for referral to a [COVID-19 Victorian Specialist Immunisation Services \(VicSIS\)](#) details access and referral for pre and post vaccination consultation.

Additional regulatory and legislative frameworks governing the vaccination hub and sub hub are detailed in the [Victorian COVID-19 Vaccination Guidelines](#), and must be read in conjunction with this operating guideline.

2.4 Activity Reporting

Vaccination Hub and sub hub activity reporting is required on a daily basis.

Reporting includes completion of the daily activity template ([appendix 3](#)) to be emailed by 2100 hours to publichealth.intelligence@dhhs.vic.gov.au

The WH COVID-19 Vaccination Teams site (link provided by WHCVH) must be updated with daily activity to ensure oversight of actual and predicted activity to ensure accurate dose allocations.

Reporting data to the Australian Immunisation Register (AIR)

The Australian Immunisation Register (AIR) is a national register that records vaccinations given to people of all ages in Australia. It is managed by the Australia Government through Services Australia.

Reporting of all COVID-19 vaccinations is mandatory from commencement of the COVID-19 vaccination program at all sites.

The following manner and period of reporting applies:

- Manner of reporting: electronic or if this is not reasonably practical then in written form
- Reporting period: within 24 hours, and no more than 10 working days after the vaccination
- Personal information: Medicare number (if applicable), name, date of birth, gender
- Vaccine information: brand name, dose number and batch number, date of administration
- Provider information: provider number, name and contact details

The COVID-19 vaccination management system, will enable direct upload of vaccination information into AIR. All sub hubs must ensure entry to the CVMS to enable direct upload to AIR.

Sub Hubs must ensure access to immunisation records held on the AIR using [Health Professional Online Services](#) (HPOS) for services provided by the sub hub. To access HPOS an individual [Provider Digital Access](#) (PRODA) account is required by the designated hub / sub hub lead.

Further information about how to register to access the AIR is available from <https://www.servicesaustralia.gov.au/organisations/business/services/proda-provider-digital-access>

Key contacts to assist in Hub and Sub Hub operations including incident reporting and response is detailed in [Contact Information](#).

3. Service Overview

The WHCVH provides a facility for vaccination of adults as determined by the priority cohorts outlined by the Department.

Clinical governance is provided by the Head of Infectious Diseases. Operations report through to the WHCVH Hub/Sub-Hub Site Manager or Nurse Unit Manager. The COVID-19 Vaccination Hub Project reports to the WH Executive Director Nursing and Midwifery.

The WHCVH has been established to sit alongside the Western Public Health Unit (WPHU) as part of the Victorian Government and the West Metro Cluster response to COVID-19. The anticipated length of operation is unknown. This operating guideline has been developed with the assumption that the Hub and Sub-Hubs are temporary and will be required to scale up and down in response to changing demand and ultimately cease when no longer required.

3.1 Location

Western Health operates a primary COVID-19 Vaccination Hub at Sunshine Hospital (as per figure 2 and 3), with a 'sub-hub' at Melbourne Airport, Parkville and Werribee Mercy in the first instance. Western Health has governance for the establishment of additional Sub-Hubs to support vaccination across the West Metro Cluster. Sub-hubs established at other health services will be under the governance of the respective health service, with accountability back to the Western Health COVID-19 Vaccination Hub for elements related to the vaccination program.

The scope of each location and number of locations operating as part of the WHCVH may change in response to the Department directives to assist with strategic mass vaccination of particular groups.

COVID-19 VACCINATION HUB

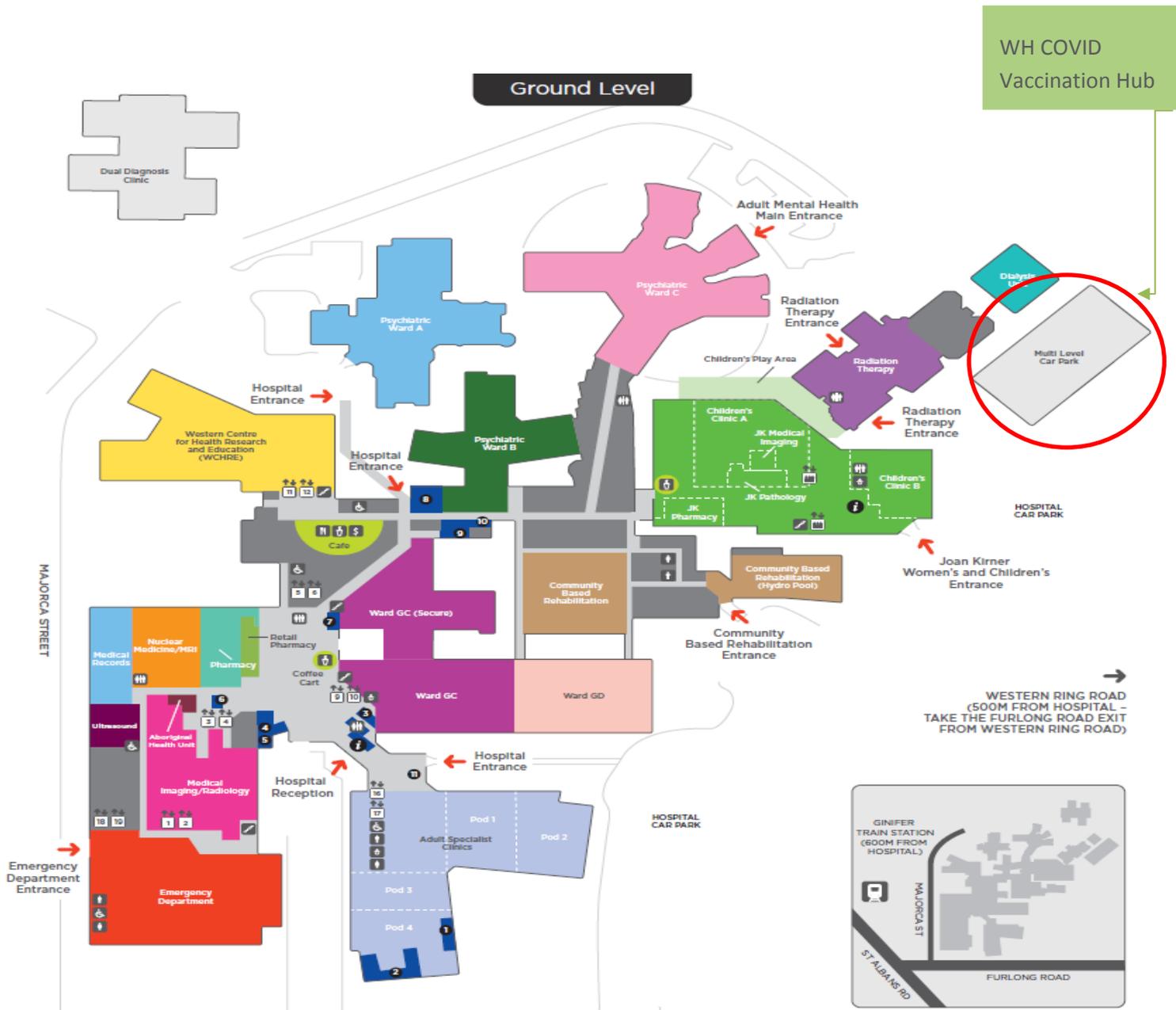


Figure 2: Site location WHCVH

COVID-19 VACCINATION HUB

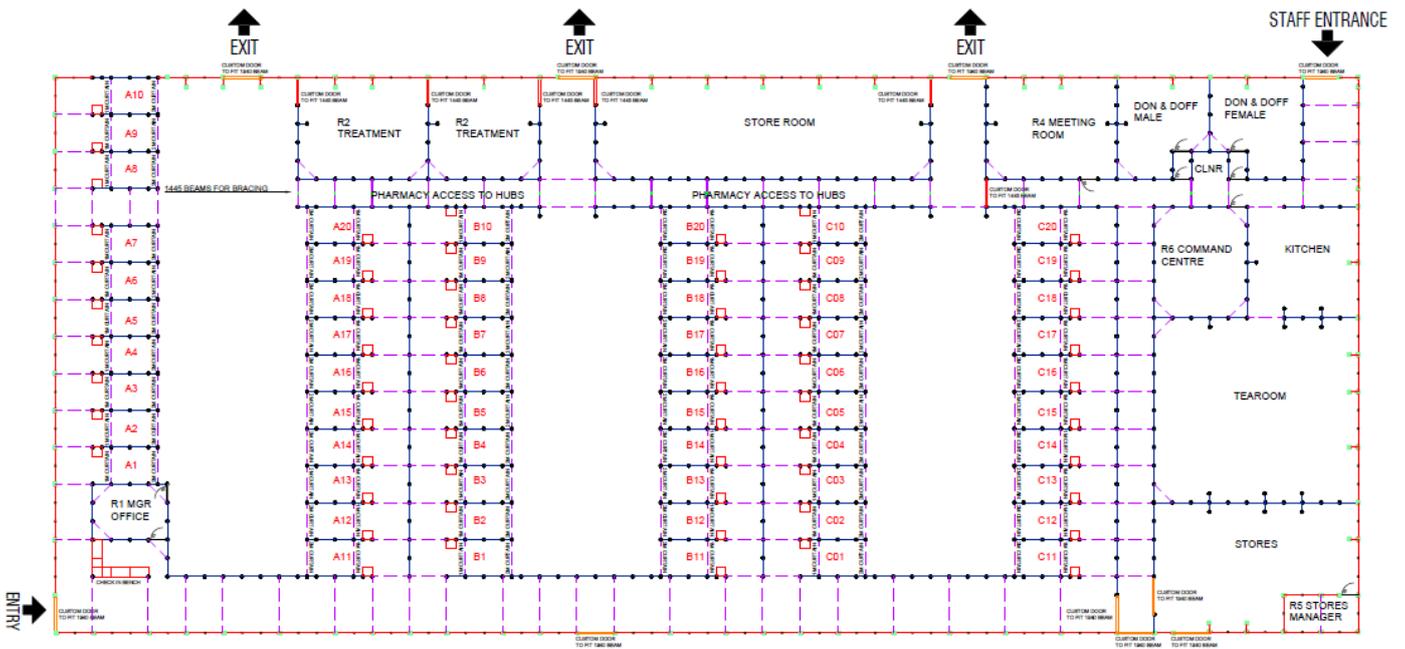
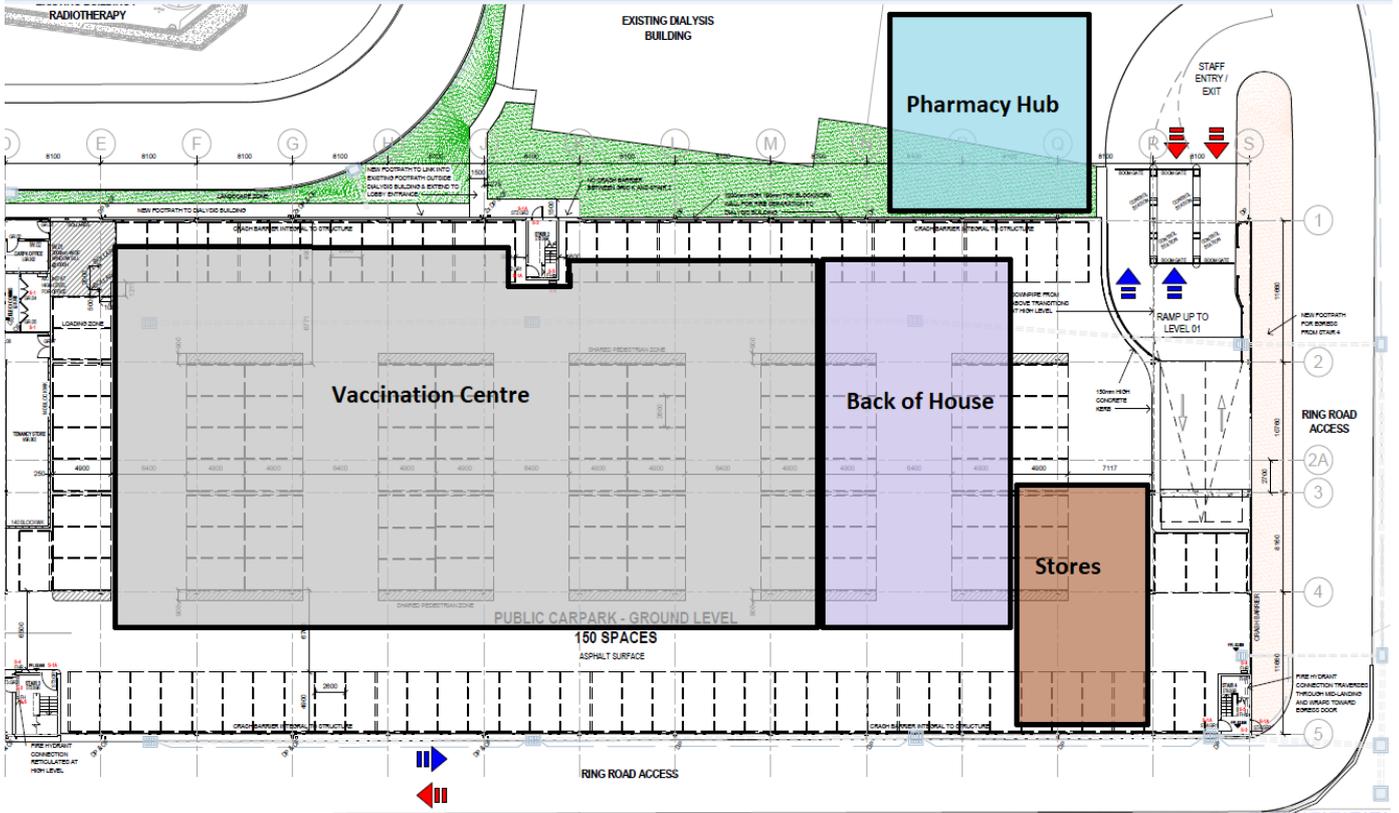


Figure 3 and 3a: WHCVH layout and location

3.1.1 Site Overview

Each Sub-Hub model established will be replicated on the WHCVH site specifications, dependent on available infrastructure and services at each dedicated site.

Site overview, figure 4, outlines requirements for each Vaccination Pod. A Vaccination Pod is based on a model of 20 individual vaccination cubicles. The Hub has the ability to scale up, dependent on-site location in multiples of 20 cubicles. The ability to reduce capacity to 10 cubicles or lower is accommodated by site logistics with the ability to 'shut down' and 'scale up' as required.

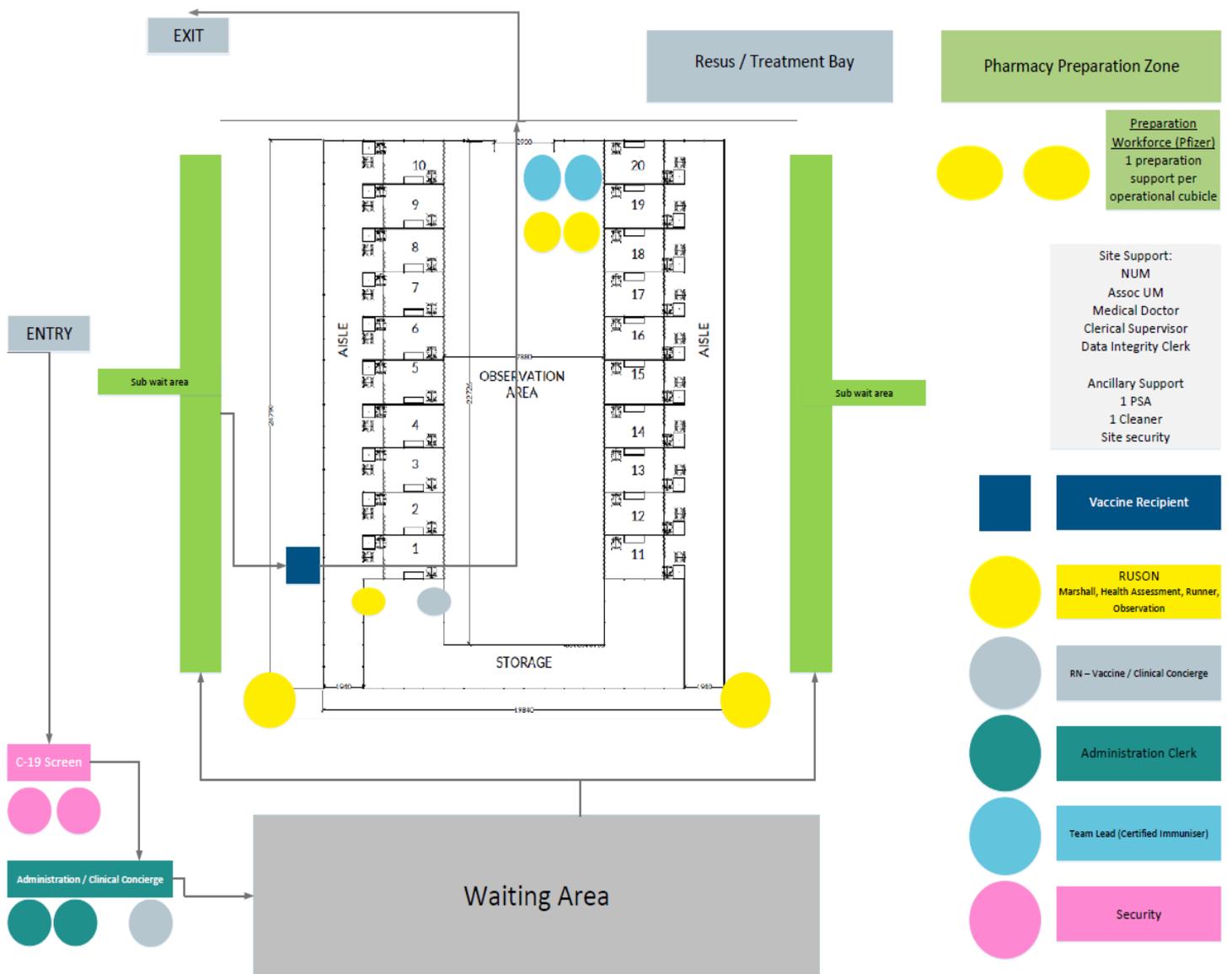


Figure 4: Vaccination Pod overview & flow

3.2 Hours of Operation

Core WHCVH operation hours are listed below:

Site	Hours of operation	Days of the week
Sunshine COVID-19 Vaccination Hub	08.00 - 16.30	<i>Monday-Wednesday, Saturday & Sunday</i>
	08.00 – 19.30	<i>Thursday & Friday</i>
Melbourne Airport COVID-19 Vaccination Sub-Hub	08.00 – 16.30	<i>Monday-Friday</i>
Parkville COVID-19 Vaccination Sub-Hub	08.00 – 16.30 hours	<i>Monday-Sunday</i>
Werribee Mercy COVID-19 Vaccination Sub-Hub	08.00-16.30 hours	<i>Monday-Friday</i>

The hours of operation and days of the week may change to align with demand requirements and in response to the Department directives to assist with strategic mass vaccination of particular groups.

4. Service Provision

4.1 Clinical Model

4.1.1 WHCVH workflow

The administrative and clinical workflow detailed in figure 5 outlines the vaccine recipient journey commencing with online scheduling via the COVID Vaccine Management System (CVMS) (in development) or Timify, the required pre vaccination checks, vaccine administration and post vaccination observation including response to adverse event following immunisation (AEFI).

4.1.2 Workflow Process Steps

Online scheduling – prior to presentation to Vaccination Hub / Sub Hub

Recipients book through booking platform 'Timify', or via the DH call centre, with a requirement to complete pre vaccination screening. Recipients who have indicated identification of a potential risk to proceeding with vaccination will be contacted the day prior to ascertain appropriateness to proceed on the day. If unable to proceed alternate arrangements will be made with the recipient to enable vaccination.

Functionality of the planned DH COVID Vaccine Management System (CVMS) will enable invitations to be sent and pre vaccination screening to occur through CVMS.

The CVMS will enable vaccine recipients to book online and enter required personal details prior to onsite check-in.

COVID-19 Screening

All vaccine recipients attending for COVID-19 vaccination will be screened according to current Department guidelines regarding risk. Screen positive cases will be referred to an appropriate COVID-19 Respiratory Assessment Centre (RAC).

Front reception – Clerical 'check in'

Front reception – clerical team confirms identity, appointment time and ensures recipient meets eligibility criteria according to priority cohorts and dose interval (if second dose).

The expansion of priority cohorts may require the presentation of the [Eligibility Declaration Form](#) confirming criteria are met to enable vaccination.

Front reception – Clinical Concierge

Clinical check is completed by a Registered Nurse - the requirement for streaming to vaccination cubicles dependant on prefilled screening, including risk factors and vaccine hesitancy enables streaming to the appropriate vaccination pod:

- 'Pink' stream for vaccine recipients requiring an individualised support plan, recipients will be directed to cubicle bays in close proximity to the resus bay and a cubicle facility with an examination couch.
- 'Green' stream for recipients with no identified individual needs.

Registration

With the introduction of CVMS, if the vaccine recipient has not completed online check in via the CVMS, recipient is directed to wait area to complete all requirements via an iPad (with cover that is able to be disinfected). Once complete the vaccine recipient returns to front reception.

Wait Area

Vaccine recipients are directed to the wait area until alerted by Pod Marshall of vacant cubicle in vaccination pod. Marshall indicates vaccination cubicle availability. Marshalls ensure COVID safe practices and density quotient requirements adhered to.

Pre Immunisation Check & Consent – Pod Cubicle

Vaccine recipient enters pod cubicle to complete pre immunisation check via CVMS. Pre immunisation checklist and consent confirmed complete by health care practitioner. Vaccine information and education is provided throughout the consultation. Discrepancies and any clinical concerns are escalated to the pod's Team Lead (Certified Immuniser) or Associate Unit Manager (AUM).

Vaccine Administration

The Registered Nurse administers a prepared vaccine and records administration on the CVMS. A vaccination card with details of the vaccine administered and 'what to expect' vaccine recipient information is given. The time of administration is recorded, and the recipient is escorted to the observation area to complete the required period of observation.

Post Immunisation Observation

The recipient exits the vaccination cubicle to the general (green) or individual support plan (pink) observation area. The recipient is observed for 15 – 30 minutes depending on clinical screening and response to vaccine administration.

Check out detail is recorded in CVMS.

Exit

Vaccine recipients exit via one way flow to pod exit points.

4.1.3 Immunisation Cubicle Workflow

The immunisation cubicle layout and workflow, figure 5, supports the concurrent workflows of vaccine recipient administrative checks including health assessment and consent, and concurrent vaccine administration.

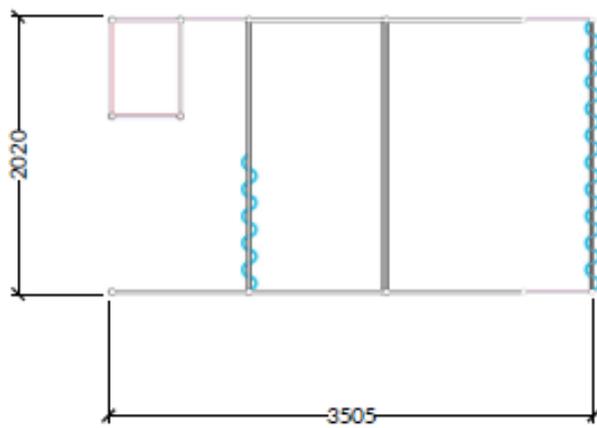
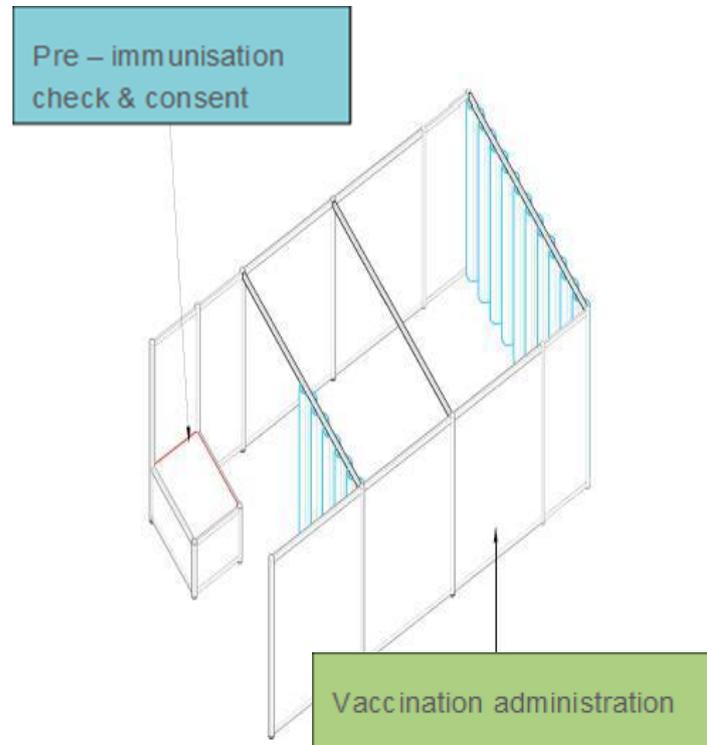


Figure 5: Vaccination Cubicle layout



4.1.5 Pharmacy Distribution and Workflow

The cold chain requirements for the Pfizer™ vaccine are subject to strict quality control. The delivery of Pfizer™ vaccine to the WHCVH and Sub-Hubs is detailed in the [Victorian COVID-19 Vaccination Hub Guidelines](#). The overview of delivery to WHCVH Hub is detailed as per figure 6.

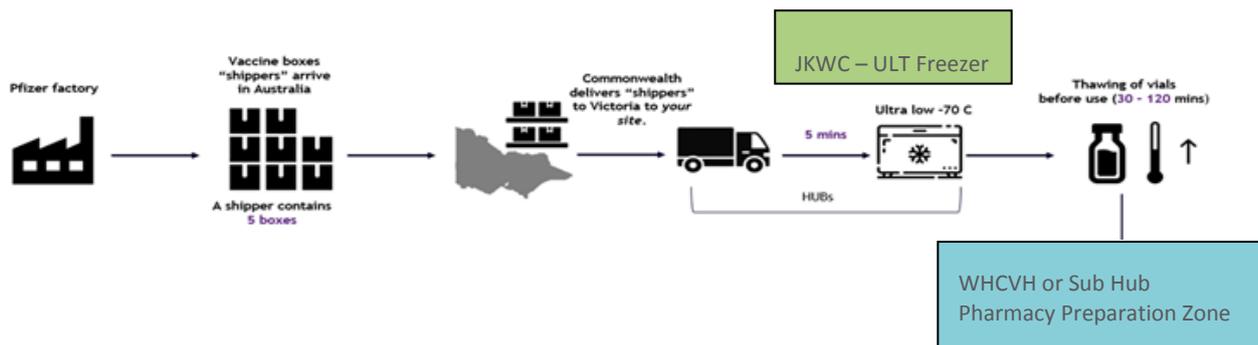


Figure 6: Overview Pfizer™ delivery

Upon arrival of new Pfizer™ vaccine shippers to the Sunshine Hospital, arrangements are in place to ensure that the frozen vaccine is not outside of an ultra-low temperature for more than 5 minutes. To facilitate this, delivery trucks will be instructed to arrive at the logistics entrance of the Joan Kirner Women’s and Children’s (JKWC) at Sunshine Hospital.

A monitored ultra-low temperature freezer (-70°) is located in the Satellite Pharmacy Department within the JKWC.

Careful transportation of frozen Pfizer™ vaccine vials will be transported from the Pharmacy Department JKWC to specific monitored medication refrigerators (-2° to -8°) within the Hub or Sub-Hub.

The options for method of transportation are detailed in the [Victorian COVID-19 Vaccination Hub Guidelines](#).

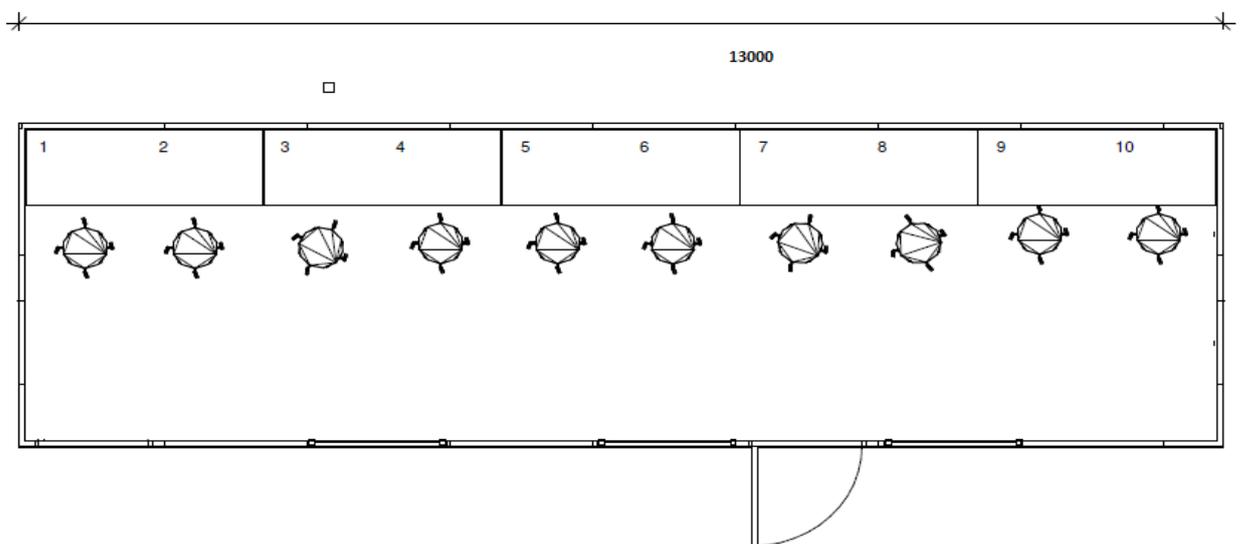
The receipt and acceptance of the vaccine is detailed in the [WH COVID-19 Vaccine Management Procedure](#).

Sub hubs are required to complete vaccine ordering as per Section 8.3 Ordering, Receipt, and Storage (JKSAT PHARMACY) in the [WH COVID-19 Vaccine Management Procedure](#).

A dedicated pharmacy workspace is established at all WHCVH and sub hubs. The pharmacy preparation area ensures a dedicated temperature controlled, secure space for the preparation and distribution of the vaccine to the hub or sub hub (figure 7).

The preparation of the Pfizer™ multidose vial is detailed as per the [Factsheet Pfizer MDV preparation](#) document.

Figure 7: Pharmacy Preparation Zone – WHCVH



4.1.6 Stock Management

The Commonwealth Government has developed an Australian Government Vaccine Stock Management Form that should be completed by all sites at the end of each day by no later than 9pm each day (local time). The form must be completed and submitted on Citizen Space (an Australian Department of Health Consultation Hub).

The link for completion of the Australian Government Vaccine Stock Management Form is <https://consultations.health.gov.au/covid19-vaccine-taskforce/dadfe24a>

If the site holds more than one type of COVID-19 vaccine, a separate form must be completed for each vaccine.

4.1.7 Cold Chain Management

Vaccines management guidelines are contained within [National Vaccine Storage Guidelines 'Strive for 5' | Australian Government Department of Health](#).

Any cold chain breach must be managed as per the [Victorian COVID -19 Vaccination Hub Guidelines](#).

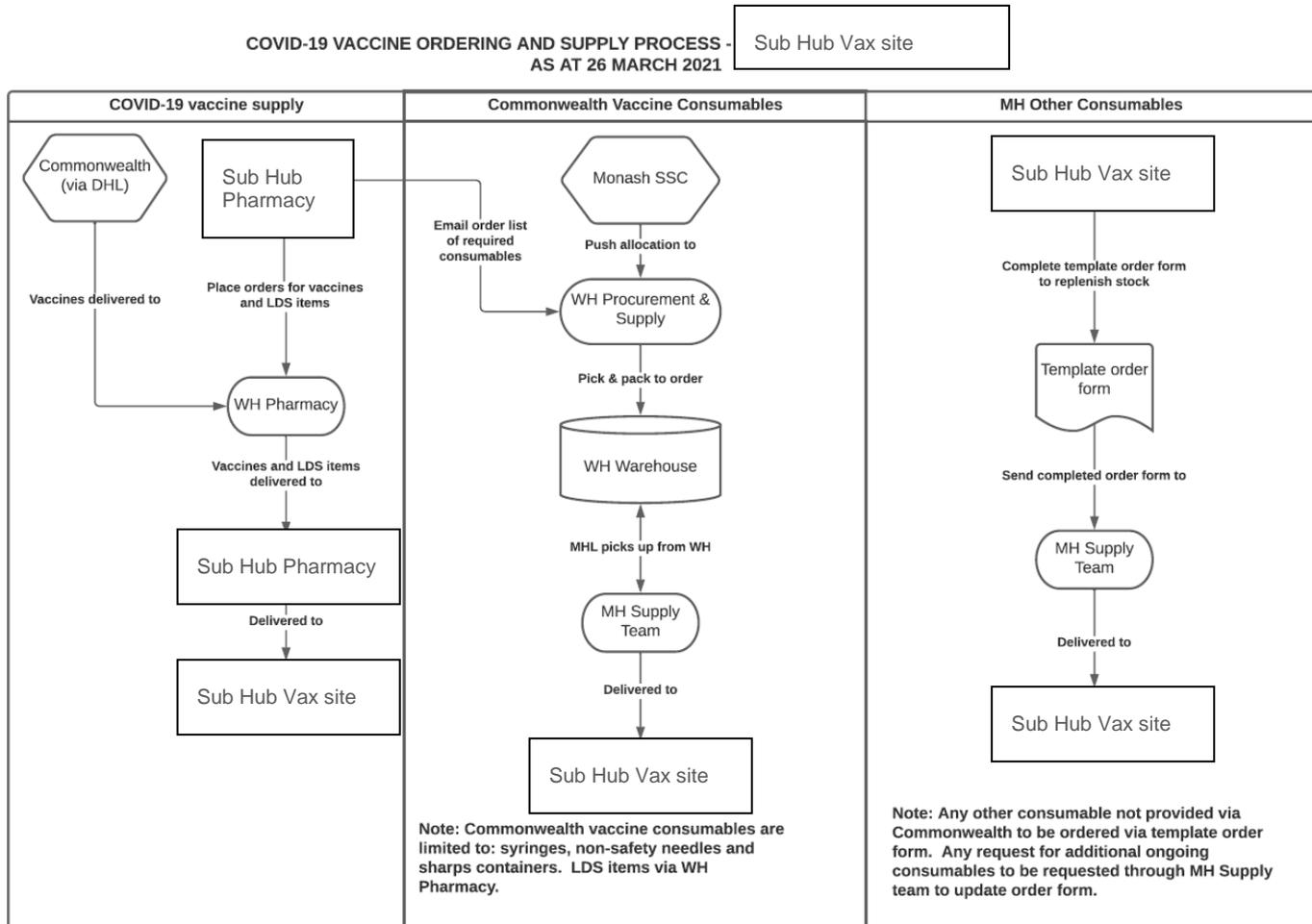
4.1.8 Consumables

The Commonwealth Government provides all consumables as outlined in the ATAGI minimum equipment requirements ([appendix 4](#)) to administer COVID-19 vaccines.

The development of a centralised procurement process through Monash Health is in place to WH as a designated Vaccination Hub (as per figure 8). An ordering system will be established by the Commonwealth Government, and the Department will coordinate with appropriate entities to establish and operate a centralised procurement process where hubs can order directly from the central stockpile.

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Figure 8: Vaccine & Consumables ordering



The ordering of consumables for supply by WH is based on the following ratio as determined by the Department (figure 9).

The order for consumables ([appendix 5](#)) must be completed by the receiving sub hub to ensure delivery of consumables with the vaccine.

VACs Consumables Supply Ratios as at 18/03/2021

Pfizer	
Product Name	Comment
Sodium Chloride 0.9% (Saline) Solution 10ml	Requirement: 1/vial
C19-Injection Syringe – 3ml LS	Requirement: 1/vial
C19-Injection Syringe – 1ml LS syringe	Requirement: 6/vial
C19-Injection Needles – 25G x 1IN	Requirement: 7/vial
C19-Sharps Containers – 3L	Requirement: 1L for 50 syringes
Vaccination Reminder Cards	Requirement: 1/dose

AstraZeneca	
Product Name	Comment
C19-Injection Syringe – 1ml LS syringe	Requirement: 1/dose
C19-Injection Needles – 25G x 1IN	Requirement: 1/dose
C19-Sharps Containers – 3L	Requirement: 1L for 50 syringes
Vaccination Reminder Cards	Requirement: 1/dose

Figure 9: Ratio of consumables to vaccine

4.1.5 Clinical Oversight

Medical:

The Head of Infectious Diseases provides clinical oversight for the WHCVH. Hospital Medical Officers (HMO's) working in the WHCVH provide clinical support via the Infectious Diseases Unit or Local Public Health Unit. Day-to-day direction whilst working within the WHCVH is informed by liaison with the Site Manager / Unit Manager or Associate Unit Manager.

Nursing and Registered Undergraduate Students of Nursing (RUSONs):

Registered Nurses and RUSONs working in the WHCVH report to the WHCVH Site Manager / Unit Manager.

Pharmacists and Pharmacy Technicians:

Pharmacists and Pharmacy Technicians report to the Director of Pharmacy, but receive day-to-day direction whilst working within the WHCVH by the Site Manager / Unit Manager or Associate Unit Manager

Support staff:

Clerical staff will report to the Clerical Supervisor for the WHCVH.

Patient Service Assistants and Security Officers report to the relevant Health Support Services manager, but receive day-to-day direction whilst working within the WHCVH by the Site Manager / Unit Manager or Associate Unit Manager

4.1.6 Supervision Requirements:

In Victoria, the Secretary of the Department of Health can approve a class of nurses (or midwives) to possess and administer medicines without the direct supervision of a medical officer or nurse practitioner when it is necessary for the provision of health services and is within the competence of a nurse or midwife to do so without direct supervision. This provision in the Drugs, Poisons and Controlled Substances Regulations 2017 is the mechanism by which Registered Nurses and Midwives are currently approved to administer specified immunisations and can manage adverse reactions where there may not be a medical practitioner present.

All Registered Nurses, Enrolled Nurses and Registered Midwives may possess and administer vaccinations as part of their normal duties when they have an order from a legal authorised prescriber.

To support the efficient and timely administration of COVID-19 vaccine at the planned scale and scope, the Secretary of the Department of Health will issue an Emergency Order to allow all Registered Nurses, Registered Midwives and Enrolled Nurses to be able to administer a COVID-19 vaccine without an order from a legal authorised prescriber. Details regarding role authorisation and supervision are outlined in the [Victorian COVID -19 Vaccination Hub Guidelines](#).

To allow this to occur safely and effectively, in addition to specific training requirements outlined below, the following delegation and supervision arrangements will be in place at all WHCVH sites:

Function:	Roles:	Supervised by:	Ratio of supervisor to delegate:
Immuniser	Registered Nurse Enrolled Nurse Paramedic	Certified Nurse Immuniser	1:10
Post-immunisation observation	Registered Nurse Enrolled Nurse Paramedic	Certified Nurse Immuniser	1:2
Preparation of Pfizer™ vaccine	Pharmacist Pharmacy Technician Registered Nurse Enrolled Nurse	Pharmacy Lead	1:10
Pre-vaccination Support functions	Registered Undergraduate Student of Nursing (RUSON)	Registered Nurse, with oversight by Certified Nurse Immuniser	1:2

4.1.7 Adverse Event Following Immunisation (AEFI) - Emergency Response

The emergency response is detailed in figure 10.

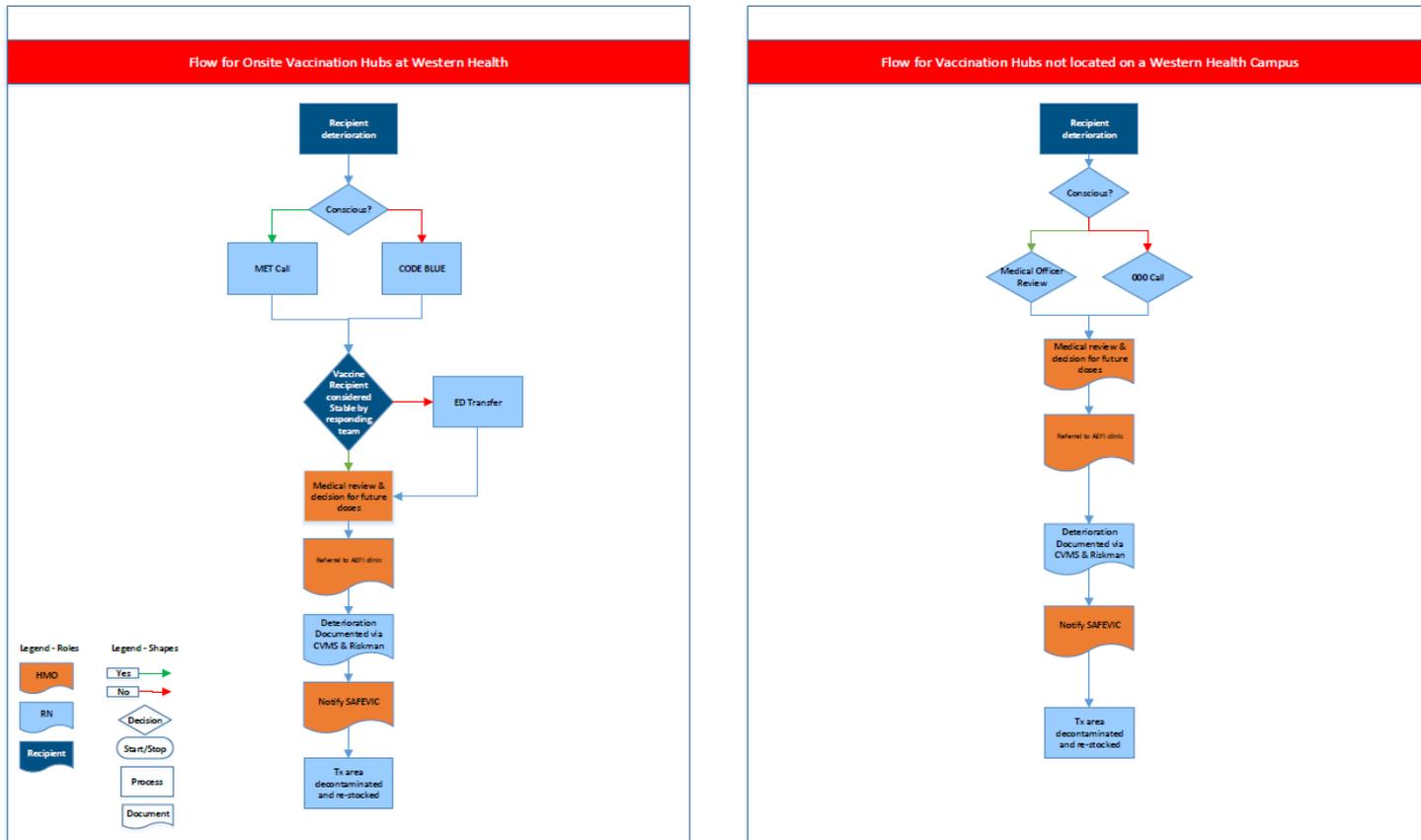


Figure 10: Emergency Response

The WHCVH – Sunshine Hospital emergency response aligns with the WH Procedure OP-GC4 Adult Rapid Response System: Adult MET and Code Blue Activation and Response to ensure fast, reliable and effective response to any adult who is experiencing a medical emergency, respiratory or cardiac arrest on the WH Campus.

Anaphylactic reactions usually happen rapidly, within 15 minutes of vaccination. Anaphylaxis is managed as per WH Procedure OP-GC6 Adrenaline Administration for Post Vaccination Anaphylaxis Management by the Medical Officer of Accredited Nurse Immunisers.

Anaphylaxis kits are available onsite. A Stryker trolley for patient transport and resuscitation trolley is available on site at the WHCVH – Sunshine Hospital.

The onsite Medical Officer will respond to any AEFI or medical emergency. The onsite Medical Officer will determine follow up required as an outpatient in the dedicated VicSIS clinic according to established referral criteria and processes.

Management of AEFI and medical emergencies at Sub-Hubs will align with pre-existing site emergency management procedures.

An Adverse Event Following Immunisation (AEFI) is any untoward medical occurrence that happens following administration of a vaccine. An AEFI can be coincidentally associated with the timing of immunisation without necessarily being caused by the vaccine or immunisation process. All AEFIs must be reported as per [Adverse Events Following Immunisation \(AEFI\)](#)

5. Workforce

The WHCVH provides a model of care with both dedicated WHCVH permanent employees and casual employees allocated to the WHCVH through the Nursing & Midwifery Workforce Unit (NMWU). Medical staffing is provided from the Medical Workforce Unit (MWU). Non-clinical workforce including security, PSA and administrative staff are provided by Health Support Services (HSS) Division.

The proposed WHCVH governance model for Sub-Hubs will involve at minimum the allocation of an operational site lead (NUM / Site Manager), Clerical Site Lead and Pharmacy Lead. Allocation of additional workforce will be reviewed post site location confirmation and may be a combination of staff from Western Health and the respective health service.

The workforce model, appendix 3, enables modification of parameters to meet specific Hub / Sub-hub site requirements including:

- Pfizer™ vaccine dose availability
- Variable operating hours
- Variable shift length options
- Ability to alter role allocations

The workforce required to operationalise one Vaccination Pod (20 individual cubicles) includes:

Role	Per Pod (Max 20 cubicles)	Per shift
Nurse Unit Manager	1 per site	
Clerical Supervisor	1 per site	

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Role	Per Pod (Max 20 cubicles)	Per shift
Associate Nurse Unit Manager	1 per site	1 per site
C-19 Screening Station (security)	2	2
Administration – check in	3	3
RN – Clinical Concierge	1	1
Team Lead (Certified Immuniser)	2	2
Vaccinator (Administers vaccine)	20	20
Vaccination Preparation 1 Pharmacy Supervisor	10	10
Pre-vaccination support – RUSON / RN (pre- immunisation health assessment check & consent)	20	20
Medical Officer	1 per site	1 per site
Observation Practitioner (RUSON)	2	2
Pharmacy Zone Runner (RUSON)	1	1
Marshall (ensures flow)	2	2
Data Integrity Clerk	1	1
PSA	1	1

Role	Per Pod (Max 20 cubicles)	Per shift
Cleaner	1	1
Site security	2	2
Total workforce – head count	72	70

5.1 Roster

The WHCVH is expected to operate from 0800 – 1630, 7 days per week, with extended hours on Thursday and Friday until 1915.

The first vaccination appointment of each day is expected to be at 08.15.

The WHCV Melbourne Airport Sub Hub operating hours will commence at 0800 – 1630, Monday to Friday.

The following proposed shift pattern for the WHCVH is designed to offer maximum flexibility both for staff requesting, and staff / vaccine recipients accessing the hub or sub-hub.

The shift lengths and rotation through roles during vaccination sessions will support fatigue management with consideration of occupational and health and safety (OH&S) risks.

Rotational Workforce:

- C-19 Screening Station
- Administration Staff – front reception
- RN Clinical Concierge
- RUSON – Marshall / Pre-immunisation support / Observation Area / Pharmacy Zone Runner
- RN Immuniser

Core Workforce:

- NUM
- AUM
- Team Lead (Certified Immuniser)
- Medical Officer
- Clerical Supervisor
- Data Integrity Clerk

- Site Security

5.2 Clinical Support Services

The roles required to support the operations of the WHCVH are outlined below. Detailed specific roles and responsibilities for each workforce group are detailed in WHCVH Duty Statements.

5.2.1 Unit Manager / Site Manager

The Unit Manager (UM) or Site Manager has overall operational, professional and clinical service management responsibility for the assigned Hub or Sub-Hub. Working closely with the COVID Vaccination Hub Project Lead the UM / Site Manager plans, establishes, implements and operates the assigned Hub or Sub-Hub.

5.2.2 Associate Unit Manager

The Associate Unit Manager (AUM) assists with the establishment of and ensures the safe and efficient operation of the Hub or Sub-Hub. The AUM provides support, guidance, and visible leadership to the workforce within the Hub or Sub-hub.

An AUM will hold a dedicated Roster Portfolio to ensure the operational workforce requirements of each Hub and Sub-Hub in response to variables in demand.

5.2.3 Medical Officer

The Medical Officer will provide medical support to the Hub or Sub-Hub clinical workforce. The Medical Officer is responsible for the management of any AEFI, as indicated by severity and presentation in conjunction with the emergency medical response team.

The Medical Officer will review any vaccine recipient following an AEFI to determine appropriate referral and follow up concerning subsequent vaccination.

5.2.4 Clinical Concierge

The Clinical Concierge (RN), co-located at front reception, is responsible for welcoming and identifying vaccine recipients who may require an individualised support plan, including vaccine hesitancy, suspected syncopal / vagal reaction not identified through the prefilled immunisation check in. The concierge identifies and directs vaccine recipients requiring an individualised support plan to the 'pink' stream for vaccine administration and post vaccination observation.

5.2.5 Marshall (RUSON)

The Marshall / RUSON role, stationed at each pod entry to vaccination cubicles ensures visual oversight of the main waiting area and maintains flow of vaccine recipients to the sub wait area

at the cubicle entrance. The Marshall monitors the waiting areas to ensure COVID safe physical distancing is adhered to and ensures all surfaces are decontaminated post recipient exit.

5.2.6 Pre-vaccination support (RUSON / RN)

Pre-vaccination support is undertaken to ensure that all aspects of the vaccine recipient's critical health information, health assessment and consent via the CVMS has been completed. The role assists the Immuniser with vaccine recipient preparation and after care instructions.

5.2.7 Team Lead (Certified Immuniser)

The Team Lead is an experienced, certified immuniser. The Team Lead provides support to the Health Assessment Practitioner and oversees the observation area. The Team Lead is a point of escalation and supervision for each vaccination pod.

5.2.8 Immuniser

The Immuniser is certified to administer the Pfizer™ and AstraZeneca™ vaccine following completion of the mandatory education requirements. The RN Immuniser is responsible for quality control of the vaccine in the individual cubicle.

5.2.9 Post-vaccination Observation (RN / RUSON)

Staff working in the Post-vaccination Observation area are responsible for noting time of exit (as per applied sticker) of vaccine recipients to observation area and monitoring for any adverse event following immunisation (AEFI). They are supported by the Team Lead in response to any AEFI.

Staff also monitor the observation area to ensure COVID safe physical distancing is adhered to and ensures all surfaces are decontaminated post recipient exit.

5.2.10 Vaccination Preparation Assistant

The Pfizer™ vaccine preparation (reconstitution) assistants may include Pharmacy Technicians, Registered and Enrolled Nurses under the supervision and delegation of a dedicated Pharmacy Lead. The Pfizer™ vaccine specific reconstitution requirements as per product information are completed in the dedicated Pharmacy Preparation Zone.

5.2.11 Pharmacy Preparation Zone Runner (RUSON)

The Pharmacy Preparation Zone Runner monitors the utilisation of vaccine per cubicle and ensures adequate vaccine and consumables are available at each cubicle. The Pharmacy Preparation Zone Runner communicates issues related to quality control and cold chain management to the Hub or Sub-Hub AUM or NUM.

5.3 Non- Clinical Support Services

5.3.1 Administration Staff

Administration staff confirm vaccine recipient registration. Administration staff may assist with recipients who have not completed registration prior to arrival. In addition, administrative staff assist with other general administration tasks such as answering phone enquiries and general administrative duties.

5.3.2 Clerical Supervisor

The Clerical Supervisor has overall responsibility for Hub and Sub-Hub clerical operations and processes. The Clerical Supervisor works closely with the Site AUM / NUM to ensure required resources are available to operationalise the Hub and Sub-hub on a daily basis, forward planning to ensure optimal vaccine recipient flow through the Hub and Sub-Hubs.

5.3.3 System Administrator - CVMS

The System Administrator has responsibility for the COVID Vaccine Management System and related system requirements for WH and the Department's reporting requirements. The role is also responsible for the provision of reports to WH and other health services staff that have received COVID vaccination.

5.3.4 Patient Services Assistant (PSA)

PSA staff in the WHCVH are responsible for supporting and maintaining the cleanliness of areas accessible to both staff and vaccine recipients. The PSAs are also responsible to run errands and undertake other tasks as delegated by the NUM / AUM.

5.3.5 Security

Security staff are present to support the provision of a safe environment for staff and vaccine recipients, and assist with COVID-19 screening on entry, management of flow through the clinic, supporting way finding, and ensuring the clinic environment is accessed by appropriate persons. They may also assist WH staff with de-escalation of any issues that may arise.

5.4 Mandatory Competencies and Orientation

All Western Health staff are required to undertake annual mandatory training as outlined in the Mandatory Training Procedure.

All clinical staff working in the WHCVH are required to complete orientation and induction before commencing work in the Hub / Sub-hub. This includes completion of a specific orientation / induction checklist together with the WHCVH competency register which confirms all staff have been orientated and have both observed and been observed completing the tasks required of their allocated role.

Medical Officers are also required to complete the WHCVH competency register as above. It is recommended Medical Officers and Team Leaders complete a refresher in anaphylaxis management via The Australian Society of Clinical Immunology and Allergy (ASCIA). [ASCIA Anaphylaxis e-training](https://etraininghp.ascia.org.au/) for health professionals is available online free of charge at <https://etraininghp.ascia.org.au/>

Administrative and Ancillary Staff are required to complete site induction and orientation.

6 Education & Training

Each WHCVH Hub and Sub-Hub is responsible for ensuring all staff working in the area have completed the required training.

Requirements for staff education as determined by the Department of Health, and the UM / Site Manager and will be arranged with the relevant educators.

The required training modules are available on WeLearn for Western Health staff to access and upload certificate of completion.

All staff working in the Vaccination Hub / Sub Hubs are required to successfully complete the education as detailed in the [Victorian COVID-19 Vaccination Hub Guidelines](#).

Before arriving on site vaccinators will be required to be up to date with the following:

- WH Policies and Procedures relating to Emergency Response, Management of Anaphylaxis
- WH COVID-19 guidelines and information
- WHCVH guidelines

7 Equipment

A specified list of equipment is detailed in the [Victorian COVID-19 Vaccination Hub Guidelines](#).

The Clinical Operational Checklist is completed for each dedicated WHCVH / Sub-Hub ([appendix 2](#)).

8 Information and Communication Technology (ICT)

The Department has engaged Microsoft® in the development of a COVID Vaccine Management System (CVMS) platform – the platform will enable registration capabilities for vaccine recipients and providers, a phased schedule for vaccinations, streamlined reporting, and management dash boarding with analytics and forecasting.

The CVMS System Administrator in consultation with the WHCVH Working Group, ensures the reporting requirements for WH, Sub-Hub locations and the Department are met.

The ICT hardware required to support a Vaccination Hub includes:

Hardware	Number required
PC – Double screen – Admin Check-in	2 per Hub
Laptop / iPad – waiting area (recipient requirement to register if not pre-registered)	2 per Pod
Laptop – pre immunisation check & consent, vaccine administration	1 per cubicle (20 cubicles)
Laptop – pharmacy preparation zone	2 per hub
Mobile phones / phone access	6 per Hub
Printer	2 per Hub

9 Communication

The Department will provide communication material to ensure consistent communication across all COVID Vaccination Hubs.

As suite of documents are accessible through the [Western Health COVID Vaccination Hub Microsite](#).

10 Appendices

10.1 Pfizer Site Requirements




Australian Government

Site requirements for COVID-19 vaccination clinic

Facility Name: _____

Completed by: _____

Date: _____

The following site readiness requirements for COVID-19 vaccination clinics have been developed by the Australian Government in consultation with expert advice from the Australian Technical Advisory Group on Immunisation (ATAGI) and standards outlined in the Australian Immunisation Handbook. Identified sites must confirm compliance with the minimum requirements outlined below prior to delivery of vaccine doses.

1.0 Physical environment	Yes / No	Comments
1.1 Access to toilets for patients and staff	Yes / No	
1.2 Have adequate space for patients waiting to be vaccinated that observes physical distancing requirements, and is sheltered from weather elements. (So long as this meets these requirements this does not need to be separate from the usual waiting room)	Yes / No	
1.3 Have a private and sound-proof space for consultation with patients and vaccinator (including obtaining informed consent, answering patient questions and assessment of any conditions that may preclude vaccination or require further assessment and administration of vaccine)	Yes / No	
1.4 Have a dedicated area, separate from areas that provide other clinical services at the same time, where vaccines from multi-dose vials may be drawn up, labelled, and prepared for administration	Yes / No	
1.5 Have a dedicated, clean, well-lit space for administration of the vaccine to patients, including a desk and chairs for patients, parents/carers and vaccinator(s).	Yes / No	
1.6 Have adequate space for patients to wait and be observed post-vaccination that observes physical distancing requirements (note this may be the same as the waiting area) and is in accordance with jurisdictional requirements and guidance	Yes / No	

health.gov.au/covid19-vaccines 1

1.7	Have safe and directed access in clinical areas to allow movement of staff between areas while minimising the risk of workplace incidents (e.g. moving doses from preparation area to patient administration area, accessing refrigerators or cool boxes, etc.).	Yes / No
1.8	Adequate handwashing facilities for staff, and antimicrobial hand sanitisers available.	Yes / No
1.9	Have visual reminders and cues in place to reduce the risk of errors.	Yes / No
1.10	Have a process in place to safely dispose of unused vaccines, in accordance with TGA and other regulatory requirements.	Yes / No
1.11	Have adequate sharps disposal bins, appropriate for the volume of patients, and securely placed and spaced to mitigate the risk of needle stick injuries.	Yes / No
1.12	Appropriate security provisions to ensure no unauthorised access to vaccine doses	Yes / No
1.13	Have ready access to appropriate emergency equipment, including adrenaline, oxygen and defibrillator	Yes / No

2.0 Physical location	Yes / No	Comments
2.1 Proximity to sufficient car parking either onsite or within a short distance from the practice	Yes / No	
2.2 Proximity to public transport (where relevant, but not mandatory)	Yes / No	
2.3 Accessible by other patient transport services (including ambulance)	Yes / No	

3.0 Infrastructure	Yes / No	Comments
3.1 Reliable water and electricity supply	Yes / No	
3.2 Access to telephone, computer networks, internet and computer hardware as required	Yes / No	
3.3 Ability to maintain room temperatures between 19 – 25 degrees	Yes / No	

4.0 Workforce requirements		Yes / No	Comments
4.1	Adequate number of appropriately trained staff to ensure clinical safety including:		
4.1.1	Vaccinators to prepare and administer vaccines	Yes / No	
4.1.2	Authorised immunisation provider (e.g. medical officer or fully trained immunisation registered nurse/nurse practitioner to assess patients and authorise other appropriately trained clinical staff (vaccinator) to administer the vaccine)	Yes / No	
4.1.3	Concierge or team leader (to direct clinic flow)	Yes / No	
4.1.4	Clerical staff	Yes / No	
4.1.5	First aid staff, additional to vaccinating staff as per jurisdictional requirements	Yes / No	
4.1.6	Staff to manage staff/patient/stock safety (if/when required)	Yes / No	
4.1.7	Medical officer (may be the same as the authorised immunisation provider)	Yes / No	
4.2	Acknowledge that everyone administering vaccines must have appropriate training and/or qualifications in line with jurisdictional requirements, and have received adequate specific training in COVID-19 vaccination, including regarding the use of multi-dose vials	Yes / No	
4.3	Have documented procedure for managing and recording training of staff handling vaccine doses	Yes / No	
5.0 Cold chain management		Yes / No	Comments
5.1	Have adequate number and capacity of refrigerators to store vaccines (in addition to usual vaccine stock), with refrigerators to be maintained and monitored at 2 – 8 degrees Celsius	Yes / No	
5.2	Have appropriate refrigerators and opaque containers to store vaccine syringes that have been prepared for administration under appropriate temperature conditions and	Yes / No	



protected from light from the time they are prepared till the time they are administered

5.3 Have specific procedures associated with receipt of vaccine doses including packaging acceptance, temperature checks Yes / No

5.4 Sites must be able to adhere to the [Strive for 5 guidelines](#)¹ and will need to have or be able to develop policies for cold chain management including:

5.4.1 Able to monitor the temperatures of the refrigerator(s) where vaccines are stored Yes / No

5.4.2 Have an appropriate policy and protocol in place to respond to temperature breaches, including relocating vials to another refrigerator (or freezer, where relevant) and responding at times where clinic may not have any staff present. Yes / No

More guidance regarding cold chain management will be provided by the Commonwealth.

6.0 Technology and Record Keeping		Yes / No	Comments
6.1	Access to patient management system and Australian Immunisation Register via Provider Digital Access (PRODA)	Yes / No	
6.2	There will be a requirement for connectivity to support integration with a National booking system. <i>More information will be circulated regarding integration to current practice management systems.</i>	Yes / No	
6.3	Ability to meet mandatory requirements regarding reporting of all vaccine administration into AIR within an appropriate timeframe, ideally within 24 hours	Yes / No	



	Have a process of obtaining and recording informed consent.	Yes / No
6.5	<i>Further information regarding consent relating to COVID-19 vaccination will be provided by the Commonwealth.</i>	
6.6	Be able to develop policies and procedures for:	
6.6.1	Identifying individual vaccine recipients, checking to confirm any record of previous receipt of any COVID-19 vaccine doses (including date and brand of product received), and recording immunisation encounters (electronic records are preferable)	Yes / No
6.6.2	Labelling syringes when they are drawn up from multi-dose vials, including date and time of preparation and of expiry	Yes / No
6.6.3	Recording and reporting of vaccines used and stock on hand and those discarded, including reasons for discarding, and vaccine wastage	Yes / No
6.7	Ability to monitor, manage and report adverse events following immunisation, including anaphylaxis	Yes / No
7.0 Waste disposal		Yes / No Comments
7.1	Facilities to dispose of all waste, including sharps and unused vaccine appropriately in accordance with standard precautions (TGA, OGTR (if appropriate) and other regulatory requirements for vaccines)	Yes / No
8.0 Personal protective and other equipment		Yes / No Comments
8.1	Appropriate PPE, as per requirements in the Australian Immunisation Handbook and jurisdictional requirements	Yes / No
8.2	Adequate supplies of other medical equipment e.g. stethoscopes, examination tables, diagnostic testing equipment	Yes / No
8.3	Labels for syringes (if filling in advance)	Yes / No
8.4	Antimicrobial /disinfectant wipes to clean stations between patients.	Yes / No
8.5	Sanitation equipment for administration site	Yes / No

9.0 Accreditation and other regulatory requirements		Yes / No	Comments
9.1	Able to claim MBS item numbers for billing	Yes / No	
9.2	Have the appropriate accreditation required for the relevant clinic or practice, as advised by the Commonwealth (noting that accreditation will inform funding arrangements)	Yes / No	
9.3	Willingness to comply with compulsory training	Yes / No	
9.4	All immunisers to be authorised under the relevant state or territory's Public Health Act or related legislation to provide vaccines	Yes / No	
10.0 Accessibility and cultural safety		Yes / No	Comments
10.1	Will have or develop policies and procedures for ensuring services are culturally safe for Aboriginal and Torres Strait Islander peoples	Yes / No	
10.2	Will need to have arrangements for identification of and assistance for those with additional or specific needs, including: <ul style="list-style-type: none"> - Ensuring culturally appropriate policies and procedures for multicultural communities - Qualified interpreters available when needed such as through the Australian Government Translating and Interpreting Service (TIS) - Translations to languages other than English 	Yes / No	
10.3	Will need to have arrangements to provide accessibility to those with Disability (including intellectual disability and those with other mobility issues)	Yes / No	
11.0 Management of the clinic		Yes / No	Comments
11.1	Standardised screening process to exclude patients who display symptoms of COVID-19, and refer for appropriate assessment for COVID-19 or other conditions (as per guidance provided in the ATAGI Guiding Principles for Maintaining Immunisation Services During the COVID-19 Pandemic)	Yes / No	

11.2	Standardised screening process for contraindications, receipt of previous doses of COVID-19 vaccines and/or receipt of other vaccines (observing any interval requirements).	Yes / No
11.3	Clear assignment of duties and responsibilities of all staff and clear plan of workflow, particularly regarding drawing up from a multi-dose vial and administering individual vaccine doses drawn from a particular vial for each clinic session.	Yes / No
11.4	Incident management in place, with staff knowledgeable about relevant procedures and able to report any clinical incident (e.g. injury in workplace) to the appropriate authorities.	Yes / No
11.5	Has process in place to manage injuries to workforce (e.g. needle stick injury).	Yes / No
11.6	Process in place to prevent and manage violence or aggression in the clinic.	Yes / No
12.0 Vaccine administration equipment requirements for each patient vaccination - the Commonwealth will provide majority of consumables required for the vaccine		Yes / No
Comments		
Ability to securely store items listed below:		
12.1	Sterile 2mL or 3mL syringes (latex free)	Yes / No
12.2	Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)	Yes / No
12.3	Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or obese person	Yes / No
12.4	Alcohol wipe (for vials)	Yes / No
12.5	Cotton wool ball	Yes / No
12.6	Hypoallergenic tape or latex free band aid	Yes / No
12.7	Dish for drawn up vaccine (kidney dish)	Yes / No
12.8	Sharps containers	Yes / No
12.9	Containers for disposal of biohazardous waste	Yes / No



12.10	Saline (as required)	Yes / No
12.11	Adrenaline 1:1000	Yes / No
12.12	1mL 'single use only' syringes, with 23 gauge needle	Yes / No
12.13	Paediatric and adult size Guedel airways	Yes / No

10.2 Operational Readiness Checklist – Pfizer

[Operational Readiness Checklist](#)

VIC Health COVID Vaccine Hub	Sunshine Hospital
Business name	COVID 19 VACCINE HUB VIC001
AIR Provider Number (Pfizer)	V97571W
SAEFVIC reporting	Username: SAEFVIC.WesternHub@dhhs.vic.gov.au Password: pfizerhub1
Sub-Hub Location: Address & phone number	
Authorised Contact Contact email & phone number:	
Site Manager Contact email & phone number:	
ATAGI Site requirements for COVID-19 vaccination clinics completed	Yes / No
Copy provided to WHCVH	Yes / No
Forms available	
Pfizer Vaccine Acceptance Requirements	Yes / No
Pfizer Vaccine Acceptance Form	Yes / No
Pfizer Vaccine Stock Management Form	Yes / No
Pfizer Vaccine Wastage Report Form	Yes / No
Pfizer Summary of Wastage Form	Yes / No
Authorised contact confirming preparedness	
Authorised contact signature	
Date:	
Authorised WHCVH Contact reviewing:	
Date:	

COVID-19 VACCINATION HUB



Item	Checks / Tests	Y	N	N/A
Hub set up access and security	Hub signage is correct			
	Authorised staff can access hub			
	Authorised staff can access pharmacy preparation zone			
	Set of emergency keys assigned to manager			
	Staff familiar with the most commonly used pathways of travel particularly for recipient emergencies			
	Staff familiar with the work environment lockers, toilets etc.			
	Staff are aware of security features operational including:			
	<ul style="list-style-type: none"> • CCTV 			
	<ul style="list-style-type: none"> • Duress system 			
	<ul style="list-style-type: none"> • Site security 			
Supply	Clinical imprest store room stocked with consumables as per guidelines			
	Portable gases stocked and location known in Hub			
	All point of care locations stocked for day 1 use:			
	<ul style="list-style-type: none"> • Front Reception 			
	<ul style="list-style-type: none"> • Wait area 			
	<ul style="list-style-type: none"> • Cubicle – check in 			
	<ul style="list-style-type: none"> • Cubicle – vaccine administration area 			
	<ul style="list-style-type: none"> • Vaccine prep & administration trolleys 			
	<ul style="list-style-type: none"> • Observation Area 			
	<ul style="list-style-type: none"> • Command Centre 			
	<ul style="list-style-type: none"> • Treatment / Resus Bay 			
Staff Amenities	Staff changing areas set up			
	Don / Doff areas set up as required			
	PPE available			
	Storage for staff change			
	Staff amenities stocked with consumables			
	Staff amenities stocked with crockery and cutlery			
	Staff amenities – kitchen fit out complete			

COVID-19 VACCINATION HUB



Equipment	All equipment is set up and in correct location			
	Equipment tagged, tested and working			
	Monitors (Welch Allen) working			
	Staff working familiar with equipment			
	Oxygen & suction set up and working on Stryker trolley			
	Staff trained in using Stryker trolley & backboard			
Emergency procedures	Resus trolley / AED set up and available in planned location			
	Emergency routes confirmed & tested			
	Anaphylaxis Kits stocked and available in planned location			
	Staff familiar with anaphylaxis kits			
	Emergency equipment hats, vests etc. set up			
OH&S Safety Checks	New equipment risk assessments complete			
	Area OH&S risk assessment completed			
	OH&S signage visible			
	COVID safe signage visible			
	Evacuation exits identified			
	Evacuation kits in area			
	Emergency manual in area			
	Break glass alarms / Fire alarms identified			
	Position of WIP known			
	Area warden training complete by your area leads			
	Complete workplace inspections if required			
Pharmacy	Pharmacy Preparation Zone set up – consumables, ICT, labelling			
	Vaccine fridge linked to BMS			
	Vaccine fridge stocked			
	Vaccine transport receptacle checked			
ICT	Computers in place in all designated areas			
	Staff access to ICT software programs confirmed			

1. Pfizer Acceptance – <https://consultations.health.gov.au/covid19-vaccine-taskforce/c9ead52e>
2. Wastage Report <https://consultations.health.gov.au/covid19-vaccine-taskforce/3a45a6a3>
3. Stock Management Report - <https://consultations.health.gov.au/covid19-vaccine-taskforce/dadfe24a>



10.3 Daily Reporting Template

Date:	6pm to 6pm				Data description
Site name					The name of the location where the vaccinations occurred
Vaccine type	Pfizer		Astra Zeneca		
Dose number	Dose 1	Dose 2	Dose 1	Dose 2	
Total doses administered					Please include data for all outreach, sub-hubs or other locations in your LPHU that you are managing or distributing vaccine to.
Breakdowns by 1a priority group					
- Quarantine workers					Workers employed in the Hotel Quarantine program, including those directly employed by CQV, medical and support staff who work in quarantine and Health Hotels, workers involved in transporting people to and within the hotel quarantine program, security and other staff supporting the hotel quarantine program including ADF and Victoria Police. This category includes CQV staff stationed at Melbourne Airport.
- Border workers					Workers vaccinated because of their high-risk status at an airport or marine port. This category will primarily apply to people working in or traversing the Red Zone at Melbourne Airport, and high-risk workers at Geelong and Portland marine ports in the early weeks of the program. For example, Authorised Officers, Australian Border Force, COVID testing staff, Melbourne Airport and airline employees who work in the Red Zone. This category captures all airport and marine port staff NOT categorised as quarantine workers (above).
- Front line healthcare workers					All other healthcare workers in phase 1a
- Residential aged care (public sector) – Staff					RACS Staff
- Residential aged care (public sector) – Resident					RACS Residents
- Other (wastage prevention)					Any other doses administered to prevent doses being discarded at the end of the clinic



Breakdowns by 1b priority group				
- Other Healthcare workers				<p>All those employed or otherwise engaged by a healthcare setting including all employees, contractors, visiting medical officers, students and volunteers performing clinical and non-clinical roles.</p> <p>People employed on a paid or voluntary basis who are directly involved in the care of clients who are eligible under Phase 1b and are working within 1.5 metres of clients for over 15 minutes.</p>
- Critical and high-risk workforces				<ul style="list-style-type: none"> • Emergency workforce personnel (e.g. ADF, VicPol, VicSES, ESTA etc.) • Corrections/detention: all staff, prisoners in custody, and detainees • All staff working in licenced meat processing centres • Public transport workers (client facing), ride share and taxi drivers • Workers manufacturing/ delivering AstraZeneca COVID-19 vaccine • Members of households of 1a cohorts; hotel quarantine, ports of entry, border workers • Residents of high-risk accommodation • WorkSafe inspectors
- Age-related				Any person whose primary eligibility as a priority vaccination group is age-related.
- People with a pre-existing medical condition				See list in guidelines
- People with a disability				All those covered under NDIS or receiving TAC disability payments.
- Aboriginal and Torres Strait Islander people				Self-identified as Aboriginal and/or Torres Strait Islander (may be verbal)
Breakdowns by 2a priority group				
- Over 50				



	Pfizer	Astra Zeneca	
Medically attended AEFI (number only, no detail required)			Any Adverse Event Following Immunisation (AEFI) which occurred during your clinic time that results in attendance of/by a hospital medical officer, GP, paramedic or transfer to the Emergency Department, direct hospital admission or death.
Immunisers used			Clinical immunisation workforce utilised (excluding administrative and support staff)

****NB:** The definitions in this document are not considered exhaustive and Victorian COVID-19 Vaccination Guidelines document should be considered the authoritative source of all definitions with respect to sub-group inclusions and exclusions. These definitions may be subject to change over time. ******

10.4 ATAGI requirements

ATAGI checklist of minimum equipment requirements to administer COVID-19 vaccines

One each of the following is required for each patient administration:

Vaccine administration equipment

One each of the following is required for each patient administration:

- Adequate stock of unexpired vaccines (with diluents and sterile dilution equipment, i.e. needles 21 gauge bevel or narrower, and 2mL or 3mL syringes, if applicable)
- Sterile syringes with 0.1mL graduation: 2mL or 3mL syringes are preferred for drawing up dose volumes of 0.5mL or greater; 1mL syringes may be preferable for drawing up dose volumes smaller than 0.5mL (specifically 0.3mL of the vaccine sponsored by Pfizer Australia Pty Ltd, COMIRNATY BNT162b2). Use of a 1mL syringe with a Luer lock is highly preferred over those without a Luer lock.
- Sterile drawing up needle – 19 or 21 gauge bevel are strongly recommended to reduce the risk of coring
- Sterile administration needle (22–25 gauge): 25mm for infants, children or adults, 16mm for preterm infants, 38mm for very large or obese person¹
- Alcohol wipe (for vials)
- Cotton wool ball
- Hypoallergenic tape or latex-free bandaid
- Dish for drawn up vaccine (e.g. kidney dish)

Note the TGA approved Product Information for the vaccine sponsored by Pfizer Australia Pty Ltd (COMIRNATY BNT162b2) states that low dead-volume syringes and/or needles should be used in order to extract six doses from a single vial. The low dead-volume syringe and needle combination should have a dead volume of no more than 35 microlitres.

Additionally, the following is required in the clinic:

- PPE for staff, as per requirements in the *Australian Immunisation Handbook* and jurisdictional/institutional requirements (see notes in section below)
- Labels for syringes (if filling them in advance of administration)
- Materials to sanitise worktop and equipment
- Clean opaque labelled containers to store prepared doses

Additional stock of each of the above should be available in case of need to discard equipment.

¹ As per recommendations on needle size, length and angle for administering vaccines in the *Australian Immunisation Handbook* <https://immunisationhandbook.health.gov.au/resources/handbook-tables/table-recommended-needle-size-length-and-angle-for-administering-vaccines>



Sites may also consider having the following available:

- Safety needles (strongly recommended)
- Digital thermometers
- Blood pressure monitor
- Stethoscope
- Disposable gloves (latex free) of varying sizes suitable for use by immunising staff (see notes in section below), noting that gloves may not be recommended for use during vaccine administration due to increased risk of needlestick injury
- Masks for patients, as per jurisdictional/institutional requirements (see notes in section below)
- Labels for multi-dose vials to record date/time vial first accessed

Cold chain

Sites must be able to adhere to the *Strive for 5* guidelines²

- Portable cooler
- Frozen ice packs/gel packs
- Battery operated digital thermometers to monitor temperatures
- Purpose built vaccine refrigerator set at 2–8°C refrigerator
- Temperature data logger

Waste disposal

- Sharps container (one per vaccinator)
- Containers for infectious waste (biohazard, non-sharps)
- Provisions for general waste
- Rubbish bags

Emergency equipment

Resuscitation Kit, including:

- Adrenaline 1:1000

² Australian Government Department of Health. National Vaccine Storage Guidelines – Strive for 5. Canberra ACT: Department of Health; 2019. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/04/national-vaccine-storage-guidelines-strive-for-5.pdf>.



- 1mL 'single use only' syringes (not Insulin syringes) with 0.1mL graduation, with needles 22 or 23 gauge x 25mm
- Paediatric and adult size Guedel airways
- Laerdal resuscitator with paediatric and adult masks
- Copy of 'Recognition and Treatment of Anaphylaxis' from the Australian Immunisation Handbook and "Doses of IM adrenaline"
- Documentation to record treatment of anaphylaxis
- Clock (for timing of adrenaline)
- Address of venue(s)

10.5 Consumables Order Form

Western Health

Order form for Commonwealth VACs Consumable Stock Allocation

Name of VAC Hub:

Date:

___/___/2021

Quantity of Vaccine Allocated:

Type of Vaccine:

Delivery Instructions:

Vaccine Product Name	Product Code	QUANTITY REQUIRED	QUANTITY SUPPLIED
C19-Injection Syringe - 3ml LS	302106		
C19-Injection Syringe - 1ml Tuberculin	302100		
C19-Injection Needles - 25G x 1IN	300400		
C19-Injection Needles - 25G x 5/8IN	300600		
C19-Sharps Containers - 3L	303207		
C19-Sharps Containers - 8L	303208		
C19-Injection Syringes - 1ml LS syringe	303172		
C19-Sharps Containers - 17L	303209		
Sodium Chloride 0.9% (Saline) - Solution - 1 Ampule per Vial	F000158594		

Picked and packed by:

Date:

___/___/2021

