

COVID-19 Vaccination Program Aged Care Implementation Plan

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Introduction

The [Australian COVID-19 Vaccination Policy](#), endorsed by the National Cabinet on 13 November 2020, sets out key principles for the COVID-19 Vaccination Program (Program) roll-out. COVID-19 vaccines will be made available for free to everyone in Australia. This policy also outlines how COVID-19 vaccines will be accessible on a rolling basis, dependent on vaccine delivery schedules and the identification of groups for most urgent vaccination.

Status of this document

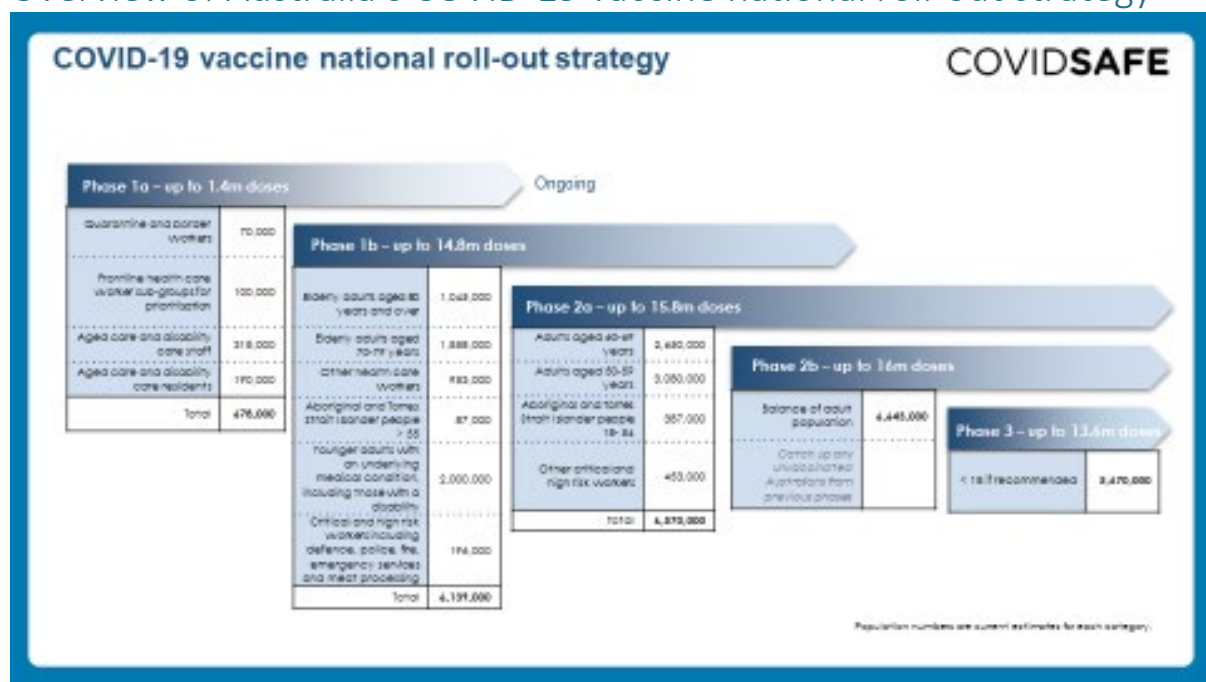
This Plan has been developed by the Australian Government, in consultation with relevant peak bodies, unions, and state and territory governments.

It should be read in conjunction with [Australia's COVID-19 vaccine national roll-out strategy](#), released on 7 January 2021, state and territory implementation plans, and the [National COVID-19 Aged Care Plan](#).

This Plan will be brought forward to the National Cabinet for information. This Plan will be iterative, to be updated as further information becomes available, including in relation to:

- which vaccines purchased by the Australian Government have been registered by the Therapeutic Goods Administration (TGA), when, and which populations these vaccines are registered as suitable for
- the final delivery schedules for purchased vaccines, including quantities and delivery locations
- the distribution and logistics model developed by the Australian Government's procured partners to support delivery to vaccination sites
- details on the methods and requirements around data reporting to support program-level data consolidation
- ongoing information on the roll-out of vaccines that may require adjustment to the approach.

Overview of Australia's COVID-19 vaccine national roll-out strategy



Aged care residents and workers as a priority population

The Australian Government approach to prioritisation has been determined by medical and technical experts. Older age is one of the clearest risk factors associated with severe outcomes from COVID-19. The Australian Technical Advisory Group on Immunisation (ATAGI) has acknowledged that older people in residential aged care facilities are at increased risk.

In addition to its preliminary advice published on 13 November 2020¹, ATAGI provided supplementary advice. In it, ATAGI stated that staff and residents of aged care and disability care facilities, elderly adults aged 70 years and older, and staff in other health care settings (including staff in home and community aged care settings) should have priority for vaccine access, alongside frontline healthcare workers, and staff at Australian ports of entry and quarantine facilities.

ATAGI further stated that the following groups are at elevated risk and should be prioritised for vaccination:

- older adults aged 60-69 years
- Aboriginal and Torres Strait Islander adults aged 55 years and older
- adults (<60 years) with underlying medical conditions
- other essential services personnel and settings with higher risks of transmission.

Vaccination of people receiving Commonwealth-funded home and community aged care will be supported by accessing vaccination through vaccination clinics or GP practices as they meet priority population eligibility.

The relative prioritisation of older Australians and age thresholds may change on the basis of subsequent ATAGI advice as further evidence comes available. Relevant factors will include vaccine

¹ [Link](#) to ATAGI preliminary advice.

safety and efficacy in older adults, age-specific disease incidence and features, and any conditions placed on registration by the TGA.

Aged care sector-specific considerations

The aged care sector provides in-home and residential support to some of the most vulnerable people in Australia. The provision of COVID-19 vaccinations within an aged care setting will take account of the unique cohort characteristics of residential aged care recipients, including robust arrangements for consent to vaccination. The approach will also incorporate methodologies which cater for the demographics of the aged care workforce including those with low literacy, culturally and linguistically diverse (CALD) groups, casual workers, and individuals that work across multiple facilities and in home, community and/or disability care.

This Plan takes account of:

- The possibility that available vaccines will be contraindicated with other medications being taken or may not be suitable for use in older people and/or those with multiple comorbidities.
- The interaction between COVID-19 vaccination and annual influenza vaccination schedules.
- The balance between limited vaccine supply and the prioritisation of vaccination for those in regular contact with the elderly.
- The diminished capacity of some aged care residents and the consequential need for additional processes and time for consent to be sought, including from a guardian where relevant.
- That residents living with dementia or cognitive impairment may benefit from having a familiar carer, trusted support person or family member present on the day of vaccination.
- That some residents may benefit from additional support in the 24 hours post vaccination, noting some residents may be fearful or concerned as a result of vaccination.
- In-language resources and support for those with limited English.
- That some individuals will be in multiple priority groups, such as persons accessing the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC).
- The need to consider the inclusion of Transition Care Program clients and respite residents in the vaccination program.
- The need for variation in program delivery models for those who live in the community versus aged care residents.
- The location at which aged care residents receive the vaccination, i.e. the aged care facility vs being taken off site (which is likely to have logistical issues, the potential to cause distress for residents, and various health and safety risks).
- The need for home and community aged care workers, including those employed on a casual basis, to evidence that they work in the aged care sector and receive vaccination at the appropriate location/workplace.
- The accessibility of vaccinations to individuals in regional, rural and remote locations, and the need for planning to take into account the needs of the region and local population.
- The need for an education campaign focused specifically on aged care (both residential aged care and home and community aged care) by cohort – including providers, staff, families and decision-makers.

Arrangements for partners in care are under consideration.

Vaccination program operation

Residential Aged Care

There are 2,943 Residential Aged Care Facilities (RACF) across Australia (this includes Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program services).

Jurisdiction	No. of RACF	Approximate number of residents	Approximate number of staff
NSW	948	60,631	73,212
VIC	779	48,824	61,049
QLD	515	35,294	48,112
WA	290	15,901	26,030
SA	277	16,143	23,673
TAS	78	4,455	7,800
ACT	25	2,252	3,405
NT	31	489	1,761
TOTAL	2943	183,989	245,042

Vaccination for residents and staff will be made available through RACFs at which they reside or work.

Vaccination will be undertaken by an in-reach vaccination workforce provider engaged directly by the Australian Government. The activity will be managed by, and coordinated within, Primary Health Networks (PHNs), who will be responsible for all RACFs in their PHN region. Clinical governance and vaccination site management will be the responsibility of the engaged vaccination workforce provider in line with the requirements set out at [Attachment A](#). It will be the responsibility of the vaccination provider to ensure, in partnership with the RACF and relevant PHN, that these minimum requirements are met at each RACF at which they are providing vaccinations.

Home and Community Aged Care

Vaccination for home and community aged care recipients and staff will occur in the community.

People aged over 70 years who do not reside in a RACF and in-home and community aged care staff will be able to go to central locations or medical facilities in most situations to receive their COVID-19 vaccination, e.g. vaccination clinics or participating general practices.

It is acknowledged that many older Australians receiving Home Care are not able to leave home at all. Issues relevant to vaccinating home and community aged care recipients and staff will need to be considered and resolved, including provisions for transport, and follow-up monitoring and support. Specific communication to these care recipients and their advocates will be distributed.

Summary of responsibilities for COVID-19 vaccination in the aged care sector

The Australian Government will be responsible for leading the implementation of the COVID-19 vaccination program in the aged care sector, in consultation with relevant peak bodies and state and territory governments.

However, the New South Wales, Victorian and South Australian Governments will maintain responsibility for vaccinating residents and staff of the public sector residential aged care facilities in their state and territory.

Clear lines of responsibility are required to ensure that this complex process is well managed, and accountabilities are well understood at each stage of the process.

The following articulates the respective roles and responsibilities of all parties in relation to COVID-19 vaccination for the aged care sector.

	Responsibilities
Australian Government	<ul style="list-style-type: none"> • select and purchase vaccines • formally accept vaccines from suppliers and ensure that they meet the required quality and safety standards • safely transport vaccine doses to storage and administration sites within each state and territory, and between these sites and vaccination locations where it determines necessary • establish and manage a system to track and trace vaccine doses • specify priority populations, based on advice from ATAGI • establish overarching principles for immunisation scheduling • specify minimum training requirements for the vaccination workforce provider • specify types of, and minimum requirements for, vaccination locations • establish clinical governance requirements • develop and deliver the national communications campaign, including materials about the vaccination program for use by both residential and home care aged care providers • set data collection and reporting requirements, including adverse event monitoring via the TGA • further strengthen the capabilities of the current national active safety surveillance system, known as AusVaxSafety • establish and maintain a National Booking System • agree and monitor coordination plans for PHN region • provide contact details to PHNs for each RACF in the region • regulate vaccination roll-out, including through the Aged Care Quality and Safety Commission and the Aged Care Quality Standards, to ensure that providers are upholding quality standards and clinical governance.
Primary Health Networks	<ul style="list-style-type: none"> • develop a coordination plan (based on a Department of Health template) across all RACFs in the PHN region to govern roll-out • the coordination plan for each RACF will include: <ul style="list-style-type: none"> ○ number of doses of vaccine for staff ○ number of doses of vaccine for residents ○ processes to ensure second dose administration ○ key dates for vaccination clinics at each RACF, including hard deadlines • ensure approval of the coordination plan from the Department of Health • coordinate vaccine providers (as engaged by the Department of Health) to administer vaccines to staff and/or residents in RACFs in line with the Department of Health-approved coordination plan

	Responsibilities
Residential care facility providers (inc. state and territory governments, where applicable)	<ul style="list-style-type: none"> • nominate a key contact for each RACF (preferably a senior clinician) to liaise with the PHN and formally sign off on all logistics and arrangements • obtain appropriate consent whether from the resident or a guardian, in line with Department of Health guidance on consent • contact regularly employed casual, visiting and on-leave workers to offer a vaccination including GPs and allied health workers, and encouraging workers on temporary visas (who aren't eligible for Medicare) to register with Services Australia for an Individual Health Identifier • coordinate a register of residents and staff to receive a vaccination • ensure the set-up of the physical environment for the vaccination site will meet minimum requirements as at <u>Attachment A</u> • keep records (either through new or existing systems) of residents and staff who have received the vaccination, have declined the vaccination or for another reason have not been vaccinated (e.g. contraindication) • monitor vaccine recipients following vaccination for adverse reaction, report adverse reactions and treat and respond to adverse reactions appropriately • provide information to staff (including casual aged care workforce), care recipients and decision-makers in relation to the vaccination process and events.
Home and community aged care providers	<ul style="list-style-type: none"> • provide a letter to the Department of Health confirming staff employment in the aged care sector • where the provider has assisted the vaccination recipient in receiving the vaccination, keep records of staff and care recipients who have received the vaccination, have declined the vaccination or for another reason have not been vaccinated (e.g. contraindication) • where the provider has assisted the vaccination recipient in receiving the vaccination, monitor vaccine recipients following vaccination for adverse reactions, report adverse reactions and treat and respond to adverse reactions appropriately • provide information to staff (including casual aged care workforce) in relation to the vaccination process and events.
Vaccination providers	<ul style="list-style-type: none"> • liaise with each PHN on logistics for the PHN region (including key dates for vaccination clinics at each RACF, number of doses for residents and staff, and registration information) • provide support for all aspects of administration (principally including vaccination workforce management, eligibility checking, scheduling of appointments to manage supply and demand, reporting, refrigerated storage capacity and management, physical security, and follow-up for second dose)

	Responsibilities
	<ul style="list-style-type: none"> • meet accreditation standards, as per their relative health professional qualification and registrations, and ensure they meet Commonwealth, state and territory legislative requirements to provide authorised immunisers to the deployed location • provide vaccination to registered residents and staff • manage and comply with cold-chain management requirements as per the National Vaccine Storage Guidelines 'Strive for 5' and other requirements specified by the Commonwealth • record all vaccinations in the Australian Immunisation Register • ensure the confidentiality and integrity of any systems or data through conformance with <i>Australian Government IT Security Standards</i> as published by the Australian Cyber Security Centre, including but not limited to the Australian Government Information Security Manual.

Recipient Requirements

Consent

As with all other vaccines, valid consent is required before administering each COVID-19 vaccine does, with the risks and benefits of vaccination understood. For many residents, consent will need to be sought from a substitute decision maker. Substitute decision makers consenting on behalf of a resident living with dementia or cognitive impairment should make informed decisions about COVID-19 vaccination, in-line with the wishes and preferences of the person they are acting on behalf of.

Workforce and Training Requirements

Authorisation

State and territory governments will be responsible for ensuring that the vaccination workforce for COVID-19 vaccinations are appropriately authorised under relevant state and territory legislation.

Vaccination providers will be responsible for meeting accreditation standards, as per their relative health professional qualification and registrations, and ensuring they meet Commonwealth, state and territory legislative requirements to provide authorised immunisers to the deployed location.

Training

The vaccination workforce identified as delivering COVID-19 vaccination in the aged care sector, including clerical staff where appropriate, will be required to have undertaken the relevant training, including:

1. General requirements for any authorised immuniser in their jurisdiction.
2. Training on the use of multi-dose vials, infection control (both general and specific to vaccine administration), wastage, and adverse event reporting – to be identified by the Australian Government in cooperation with ATAGI and other identified organisations such as Health Education Services Australia.

3. Specific training on each vaccine, including cold storage and handling requirements – to be identified and provided by the Australian Government in cooperation with vaccine developers and manufacturers.
4. Training on reporting requirements – to be identified and provided by the Australian Government.
5. Training on working with people with cognitive impairment, including ensuring consent has been appropriately given on behalf of aged care recipients who are unable to consent themselves.

Monitoring stock, Minimising wastage and Reporting on uptake

National Booking System for COVID-19 Vaccination Program

The Australian Government will establish a national booking system which will act as a single front door to facilitate participation in the COVID-19 Vaccination Program. From Phase 1b, all approved COVID-19 vaccination clinics will be listed on Healthdirect's National Health Services Directory (NHSD), with contact details and information about online booking services (if available). If a person requires help in locating a suitable clinic, they can contact the National Coronavirus Hotline for support.

Approved GP COVID-19 vaccination sites that have existing booking systems may continue to use those systems, choosing how to integrate with the NHSD.

RACF providers will work with vaccine providers to register residents and staff to receive a vaccination, and will be supported by their relevant PHN in this process.

Mechanisms to facilitate proof of COVID-19 vaccination

All vaccination providers participating in the COVID-19 Vaccination Program will be required to enter patient records for all COVID-19 vaccinations administered at any location in to the Australian Immunisation Register (AIR). Additional patient records of vaccination must also be retained by the RACF.

All those who are administered a COVID-19 vaccine through the COVID-19 Vaccination Program will be able to access proof of this vaccination through:

- My Health Record
- Immunisation History Statement (accessed through the Medicare app, online or via the Australian Immunisation Register Helpline)
- Hard copy record at the time of vaccination, followed by an electronic copy record via email.

Coordinating of safety monitoring, and surveillance of and responding to adverse events

The Australian Government will require appropriate safety signalling and adverse events monitoring and scenario planning to be in place.

The Australian Government will further strengthen the capabilities of the current national, active safety surveillance system known as AusVaxSafety.

The aged care sector will also make use of the following existing aged care sector systems and adhere to the following regulatory requirements:

- Documenting and providing support/advice for any adverse event, including the actions the provider undertook in the consumer's care plan, and submitting this adverse event report through the usual channel for the jurisdiction, e.g. via state or territory health department or directly to the TGA.
- Coronial investigations where the person has received a vaccination in the relevant period.
- Where necessary, ensuring the consumer's decision maker/next of kin are advised of the adverse event.

Consistent with its legal obligations as an employer, aged care providers should consider the requirement to continue staff remuneration in the event that an employee experiences an adverse event in response to the COVID-19 vaccination, and is therefore unable to continue work during the period of illness.

Co-administration of COVID-19 vaccination with influenza vaccination

Interactions between the COVID-19 vaccination roll-out and the annual influenza vaccination roll-out must be appropriately managed by aged care providers, vaccination providers and PHNs.

On 20 January 2021, ATAGI published the [ATAGI advice on influenza and COVID-19 vaccines](#). Advice includes:

- Not recommending healthcare professionals routinely scheduling and administering both the influenza and COVID-19 vaccine on the same day.
- The recommended minimum timeframe between the different vaccines is 14 days.

For further information on timing and arrangements for the influenza vaccination campaign in the context of this roll-out, please refer to this ATAGI advice.

Communication

The strategic communication approach for the development and deployment of public information for the COVID-19 Vaccination Program by the Australian Government will be set in a national communication strategy. This strategy will be supported by communication action plans for special audiences with different levels of health literacy, including the aged care sector.

Communication activities regarding Australian Government actions related to delivery and roll-out of a COVID-19 vaccine will be led and coordinated by the Australian Government Department of Health. The Department will work closely with the aged care sector and state and territory health departments to keep aged care providers, aged care workers, residential aged care consumers, families, loved ones, decision-makers and the general community informed.

Targeted communication strategies will be implemented for older Australians in the community (including, but not limited to those receiving home and community aged care services funded by the Australian Government), to ensure that vulnerable cohort receive vaccines in community settings.

The key aged care sector stakeholders for RACF providers and workers include:

- Aged and Community Services Australia
- Leading Age Services Australia
- Australian Nursing & Midwifery Federation
- United Workers Union
- Health Services Union

The key aged care sector stakeholders for consumers include:

- Council on the Ageing
- Older Persons Advocacy Network
- Dementia Australia
- National Seniors

Key communication channels include:

- Ministerial media statements
- The department's website, including the My Aged Care website
- Sector forums including COVID peaks meeting with the Minister, fortnightly provider meeting, Aged Care Sector Committee and National Aged Care Alliance meetings etc.
- COVID aged care sector newsletter
- Aged care sector newsletter (general)
- Bulk Information Distribution (BID) messaging
- The Aged Care Quality and Safety Commission's website, newsletter and regulatory bulletin
- Communication with health providers, including General Practitioners and pharmacists , who will share this information with their patients

Additional information

Additional resources

The following documents and resources have been developed by ATAGI to assist with the implementation of the COVID-19 vaccination program.

- Checklist of minimum requirements for immunisation service provider sites and operational procedures where COVID-19 vaccines will be administered (Edition 1).

Minimum requirements for vaccination sites for the administration of COVID-19 vaccines, including those identified by ATAGI

Note: It will be the responsibility of the vaccination provider to ensure, in partnership with the RACF and relevant PHN, that these minimum requirements are met at the RACF site at which they are undertaking vaccination.

	Minimum requirements
Set up of the physical environment	<ul style="list-style-type: none"> • Have adequate space for patients waiting to be vaccinated that is not congested, observes physical distancing requirements, and is sheltered from weather elements. • Have a private 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). • Have a dedicated, clean, well-lit space for administration of the vaccine to patients, including a desk and chairs for patients and vaccinator(s). • Have space for patients to wait and be observed post-vaccination, separate from the area for administering the vaccine. • Have safe, risk free 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.). • Have a dedicated clean and well-lit 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. • Have adequate handwashing facilities for staff, and antimicrobial hand sanitisers available. • Have antimicrobial /disinfectant wipes to clean stations between patients. • Have visual reminders and cues in place to reduce the risk of errors. • Have a process in place to safely dispose of unused vaccines, in accordance with TGA and other regulatory requirements. • Have adequate sharps disposal bins, appropriate for the volume of patients, and securely placed and spaced to mitigate the risk of needle stick injuries.
Cold chain management	<ul style="list-style-type: none"> • Have adequate number and capacity of refrigerators, and freezers if relevant (-70°C and/or -20°C, as required for the specific vaccine), to store vaccines for usage. • Have the ability to monitor the temperatures of the refrigerator(s) and freezer(s) where vaccines are stored, including appropriate equipment and systems to monitor ultra-low temperatures according to national vaccine storage guidelines and additional guidelines for storage at -70°C. • Have an appropriate policy and protocol in place to respond to temperature breaches, including relocating vials to another refrigerator/freezer and responding at times where the clinic may not have any staff present. • Have appropriate refrigerators and opaque containers to store vaccine syringes that have been prepared for administration under appropriate

	Minimum requirements
	temperature conditions and protected from light from the time they are prepared until the time they are administered.
Immunisation record keeping and reporting to the Australian Immunisation Register (AIR)	<ul style="list-style-type: none"> • Have a clear procedure for identifying individual vaccine recipients (including alerts for when the second dose is due), checking to confirm any record of previous receipt of any COVID-19 vaccine doses (including date and brand product received), checking medical history including allergies, and recording immunisation encounters (electronic records are preferable). • Have a process of labelling syringes when they are drawn up from multi-dose vials, including date and time of preparation and of expiry. • Have access to AIR via Provider Digital Access (PRODA). • Have a process to manage vaccination data and ensure timely reporting of immunisation records to AIR (within 24 hours of immunisation). • Have a process to require patients to provide their Medicare number or, if not eligible for Medicare, another form of identification, to ensure the vaccination activity is reported to the AIR correctly. • Have a process for obtaining and recording informed consent. • Have a process to provide hard copy record of vaccination to consumers. • Have a process to record vaccines used and those discarded, including reasons for discarding.
Management of the clinic	<ul style="list-style-type: none"> • Have a standardised screening process to exclude patients who display symptoms of COVID-19 disease, and refer for appropriate assessment for COVID-19 or other conditions (as per guidance provided in the <i>ATAGI Guiding Principles for Maintaining Immunisation Services During the COVID-19 Pandemic</i>). • Have a standardised screening process for contraindications, receipt of previous doses of COVID-19 vaccines and/or receipt of other vaccines (observing any interval requirements). • Have clear records of patients vaccinated (to inform ordering of vaccines). • Have a 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. • Have knowledge of procedures and ability to report adverse event following immunisation to the appropriate health authorities. • Have incident management in place, with staff knowledgeable about procedures and able to report any clinical incident (e.g. injury in workplace) to the appropriate health authorities. • Have a process in place to manage injuries to vaccination workforce (e.g. needle stick injury). • Have a process/staff in place to prevent and manage violence or aggression, and other work health and safety risks, in the workplace. • Have the capability to keep accurate records of vaccine stock and conduct an end-of-day stocktake, and provide this information to the Australian Government in a digital format. This stocktake information could include an end-of-day stock on hand, reconciliation against AIR, and further information on any discrepancies (e.g. wastage or spoilage).