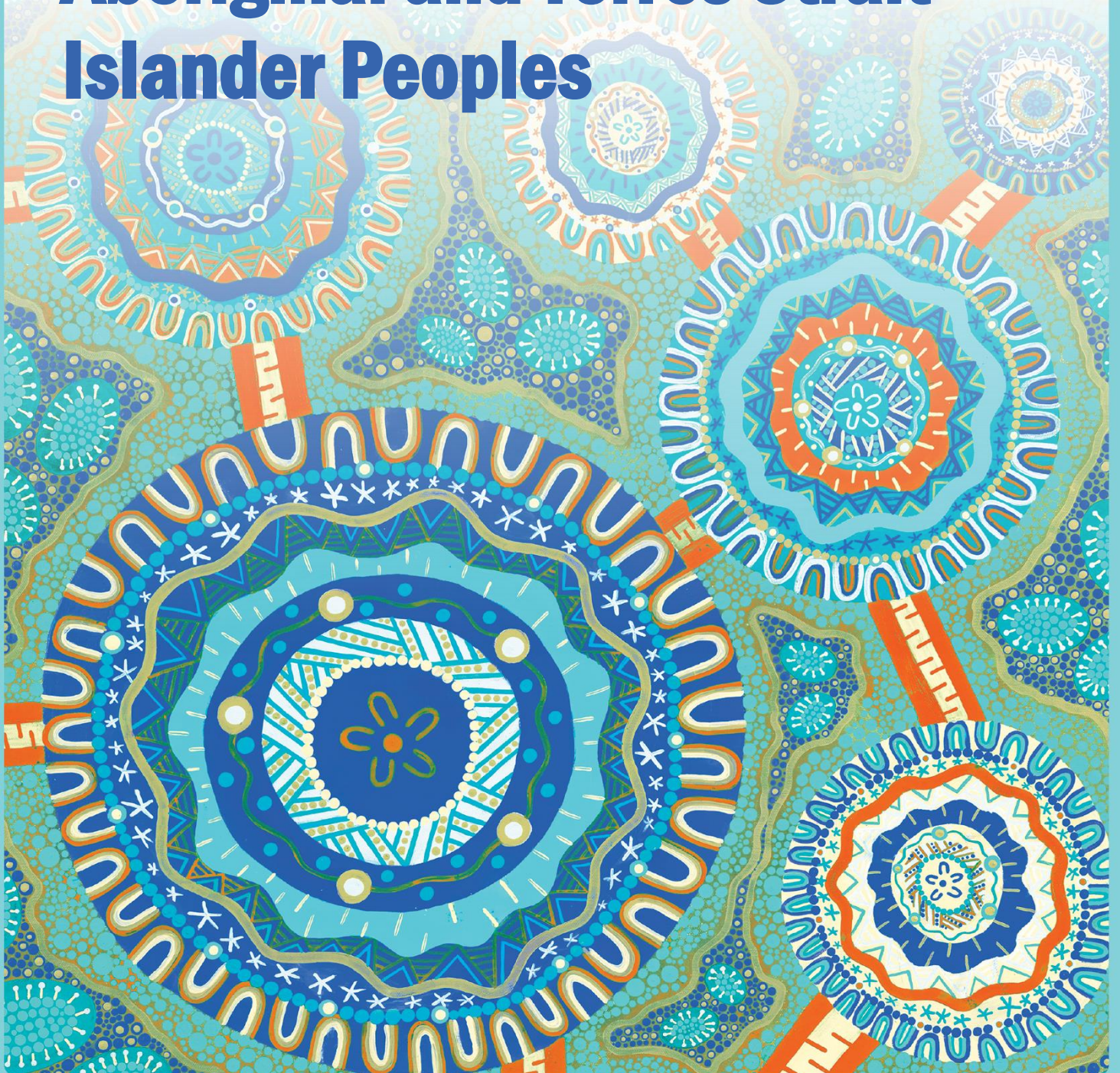




Australian Government

Australia's COVID-19  
Vaccine Roadmap

# **COVID-19 Vaccination Program Implementation Plan: Aboriginal and Torres Strait Islander Peoples**





## Introduction

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

Whilst this document refers to an Implementation Plan for Aboriginal and Torres Strait Islander peoples, this should also be read taking into consideration individual circumstances and include other implementation plans such as the *COVID-19 Vaccination Program Commonwealth Disability Implementation Plan*, the *COVID-19 Vaccination Program Commonwealth Aged Care Implementation Plan* and others where applicable and needed. It should also be read in conjunction with state and territory implementation plans.

It should be noted that a range of funding arrangements will need to be considered and implemented to support the effective and culturally safe and appropriate delivery of the COVID-19 Vaccination Program.

## Context

This Implementation Plan is for the COVID-19 vaccination program for all Aboriginal and Torres Strait Islander peoples over 18 years of age. Vaccination will be available at a range of locations including Aboriginal Community Controlled Health Services (ACCHS), General Practice-led respiratory clinics, and General Practice. This Implementation Plan will be updated iteratively as more becomes known about the specific vaccines available for use. Further supporting plans will be developed for each state and territory, and specific to the type of vaccination sites, such as implementation plans for ACCHS.

In 2020, there is an estimated - 864,206 Aboriginal and Torres Strait Islander people in Australia, representing 3.3% of the total Australian population, with over one-third (35%) of the Aboriginal and Torres Strait Islander population reported in capital city areas. From this data just under 530,000 people were over the age of 18. Almost 400,000 people access care from an Aboriginal and Torres Strait Islander specific health service each year.

In 2016, Health Care and Social Assistance was the largest employer of Aboriginal and Torres Strait Islander Australians aged 15-64 years (15%)<sup>1</sup>.

Aboriginal and Torres Strait Islander people made up 54% (4,255) of the employed FTE workforce in Commonwealth-funded Aboriginal and Torres Strait Islander primary health-care organisations in 2017–18, of which 89% (3,769) were employed in ACCHS.<sup>2</sup>

Within this population, meeting the needs of Aboriginal and Torres Strait Islander peoples with a disability, and those in prisons, hostels or aged care settings requires specific considerations. The respective Coronavirus Management Plans and COVID-19 vaccination implementation plans outline some of these intersections.

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<sup>1</sup> Australian Institute of Health and Welfare 2019, Australia's Welfare Snapshots 2019, AIHW, Canberra

<sup>2</sup> AIHW OSR collection

## Status of this document

This Plan has been developed by the Australian Government, in consultation with the Aboriginal and Torres Strait Islander health sector through the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 (the Taskforce), and with state and territory governments.

This Plan builds on [Australia's COVID-19 Vaccine National Rollout Strategy](#) released on 7 January 2021, and complements the [Management Plan for Aboriginal and Torres Strait Islander Populations](#) and other relevant guidance developed by the Taskforce.

The Australian Government is responsible for purchasing approved vaccines and safely transporting vaccine doses to storage and administration sites within each state and territory, and between these sites and vaccination locations where it is necessary.

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 data reporting methods and requirements to support program-level data consolidation.
- Ongoing information on the roll-out of vaccines which may require adjustment to the approach.
- Ongoing advice provided by the Taskforce, the National Aboriginal Community Controlled Health Organisation (NACCHO) and its Sector Support Organisations, and/or other Indigenous health experts where appropriate.
- Consideration of other vaccination programs, in particular the seasonal influenza immunisation program (noting this is led by the states and territories).

Further development of this plan as a public document will assist the Indigenous health sector and ACCHS to develop more specific service level planning, and increase consumer confidence in the uptake.

## Aboriginal and Torres Strait Islander people as a priority population

The overarching Australian Government approach to prioritisation has been guided by medical and technical experts. The Australian Technical Advisory Group on Immunisation (ATAGI) in its preliminary advice published on 13 November 2020<sup>3</sup> acknowledged that Aboriginal and Torres Strait Islander people have an increased risk of acquiring and developing serious disease from COVID-19. This increased risk is multifactorial, driven by social determinants of health and access to health care. Although the majority of Aboriginal and Torres Strait Islander people live in metropolitan (urban) and regional areas, Aboriginal and Torres Strait Islander people also comprise a high proportion of people in remote

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<sup>3</sup> <https://www.health.gov.au/resources/publications/atagi-preliminary-advice-on-general-principles-to-guide-the-prioritisation-of-target-populations-in-a-covid-19-vaccination-program-in-australia>



communities. Remote communities have a higher risk of serious infection and negative outcomes from COVID-19 due to poorer housing infrastructure, higher prevalence of comorbidities and increased difficulty to access health care. However, the immediate risk of COVID-19 transmission is highest in metropolitan (urban) areas where most COVID-19 outbreaks have occurred. Aboriginal peoples living in urban communities also face barriers to service access which may inhibit delivery of the vaccination program including lack of culturally safe service provision.

Vaccination for Aboriginal and Torres Strait Islander people will take place across Phase 1b and 2a of the Australian Government's vaccine rollout strategy.

Decisions about vaccine prioritisation will be necessarily dynamic as new information about vaccine formulations, vaccine response, COVID-19 epidemiology and population risk continues to emerge. These considerations also apply to Aboriginal and Torres Strait Islander people and vaccine recommendations may be refined to account for people of different ages, with different health conditions or medications. However, Aboriginal and Torres Strait Islander peoples are expected to remain a priority population group for vaccination.

## Principles

This Plan has been built on principles aligned with the [Management Plan for Aboriginal and Torres Strait Islander Populations](#):

- Shared decision-making between Governments and Aboriginal and Torres Strait Islander peoples
- Community Control
- Cultural safety across the whole-of-population system
- Data and evidence
- Human rights

The Australian Government will work closely together with each state and territory government and with the ACCHS to support vaccination of Aboriginal and Torres Strait Islander people in each jurisdiction; and across metropolitan, regional, rural, remote and very remote settings.

Vaccination will be accessible on a rolling basis, dependent on vaccine delivery schedules and identification of groups for most urgent vaccination.

## Aboriginal and Torres Strait Islander sector-specific considerations for this vaccination program

The provision of COVID-19 vaccinations to Aboriginal and Torres Strait Islander peoples will account for the unique strengths and needs of the community. It is important to recognise that Aboriginal and Torres Strait Islander cultures across Australia are different, and each culture having different cultural practices, and the need to understand the communities with which public health work with.

Vaccination of health care and social assistance workers in conjunction with these workplaces will be important.

This plan takes account of:

- The success of the vaccination program will require Aboriginal led decision making and leadership.

- The need for all elements of the system (ACCHS, other Aboriginal Medical Services, other vaccination providers including hospitals, GP-led respiratory clinics and private practice, Primary Health Networks, and all levels of government) to commit to provide culturally safe and appropriate access to the COVID-19 Vaccination Program for Aboriginal and Torres Strait Islander peoples in all allocations.
- The recommendation that the vaccination workforce should undertake appropriate cultural awareness training specific to their locations where appropriate or applicable, noting this is a pre-existing standard requirement for staff in ACCHS.
- Tailored COVID-19 vaccination awareness and promotion communication activities, in local languages, including why some population groups are prioritised for earlier vaccine access.
- The differences in health service delivery across metropolitan, regional, rural, remote and very remote areas including Aboriginal and Torres Strait Islander workforce availability.
- The practicalities of vaccine delivery logistics and administering health services to very remote locations.
- The need to consider cultural events and practices when organising vaccine administration clinics and remain flexible if administration changes at short notice.
- The possibility that available vaccines will be contraindicated with other medications being taken, or with particular conditions and potentially increased risk of adverse events.
- The interaction between COVID-19 vaccination and annual influenza vaccination schedules.
- Ensuring information about the vaccine and any booking system is available in a range of communication media and languages.
- Accessibility of the National Booking System and availability of appropriate supports or other mechanisms for those unable to directly access the booking system, particularly in remote areas where there may be limited communication infrastructure (telephone and internet).
- Where the National Booking System may not be practical (e.g. vaccination of whole remote communities), further considerations are ongoing.
- Ensuring the vaccination workforce has sufficient culturally appropriate mechanisms for follow up of people to ensure time sensitive delivery of the second dose of a COVID-19 vaccine.
- Ensuring people have clear information about timeframes for follow up of the second dose, even if they have travelled to a different community.
- Ensuring appropriate consent is obtained where required, including for people who do not speak English as a primary language or who have guardianship arrangements for health care decisions e.g. for children under the age of 16 (if/when they are included in vaccine rollout) or persons with impairments or conditions and attitudinal and environmental barriers.
- In addition to the listed priority populations, all remote and very remote residents (inclusive of both the Aboriginal and Torres Strait Islander population and the non-Indigenous population) over the age of 18 will be considered a priority group, due to logistical requirements. This will limit the need to transfer workforce and relevant materials and will assist with issues associated with distribution and access.



Physical attributes of vaccination sites, including accessibility for those with mobility issues, appropriate private spaces, culturally welcoming spaces and appropriate communication materials.

## Summary of Responsibilities

The Australian Government will be responsible for leading the implementation of the COVID-19 vaccination program for Aboriginal and Torres Strait Islander people, in consultation with state and territory governments and the ACCHS sector to ensure Aboriginal and Torres Strait Islander needs and perspectives are at the forefront of the program. Clear lines of responsibility are required to ensure this complex process is well managed, and it is clear who is accountable at each stage of the process.

The following articulates the respective roles and responsibilities of all parties in relation to COVID-19 vaccination for Aboriginal and Torres Strait Islander peoples.

	Responsibilities
<b>Australian Government</b>	<ul style="list-style-type: none"> <li>• select and procure COVID-19 vaccines</li> <li>• formally accept vaccines from suppliers and ensure they meet the required standards</li> <li>• 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</li> <li>• establish and manage a system to track and trace vaccine doses that directly interact with existing systems like the Australian Immunisation Register (AIR) and clinical software.</li> <li>• specify priority populations, drawing from advice from ATAGI</li> <li>• establish overarching principles for immunisation scheduling</li> <li>• specify minimum training requirements for the immunisation workforce</li> <li>• specify types of and minimum requirements for vaccination locations</li> <li>• where necessary, provide support for cultural safety training for mainstream service providers</li> <li>• establish clinical governance requirements</li> <li>• develop and deliver a national Aboriginal and Torres Strait Islander COVID-19 immunisation communications campaign in partnership with the Indigenous Health Sector and First Nations Media Australia including localised, targeted communication materials.</li> <li>• set data collection and reporting requirements (including to the Australian Immunisation Register) and adverse event monitoring via the TGA</li> </ul>

	<ul style="list-style-type: none"> <li>• further strengthen the capabilities of the current national active safety surveillance system, known as AusVaxSafety</li> <li>• establish and maintain a National Booking System, that, as part of mandatory fields, collects Indigenous status of patients</li> <li>• iteratively develop, in consultation with NACCHO and the Taskforce the <i>COVID-19 Vaccination Program Aboriginal and Torres Strait Islander Implementation Plan</i>.</li> </ul>
<b>State and Territory Governments</b>	<ul style="list-style-type: none"> <li>• refer to state and territory implementation plans for specific considerations, roles and responsibilities.</li> <li>• include prioritisation of Aboriginal and Torres Strait Islander peoples within their plans given all parts of the system (ACCHS, other Aboriginal Medical Services, and other vaccination providers including hospitals and pharmacies) will contribute to the immunisation of Aboriginal and Torres Strait Islander peoples.</li> <li>• ensure transparent, timely, consistent and appropriate and communication to Aboriginal and Torres Strait Islander community members and relevant stakeholders about the implementation of the vaccine program in their jurisdiction</li> <li>• work in collaboration with the ACCHS sector and relevant SSOs</li> <li>• Where applicable, the Chief Aboriginal and/or Torres Strait Islander Health Adviser or equivalent position work in collaboration across relevant health department and community controlled sector to strengthen the delivery of the vaccination program.</li> </ul>
<b>Aboriginal and Torres Strait Islander Advisory Group on COVID-19 (the Taskforce)</b>	<ul style="list-style-type: none"> <li>• continue to iteratively develop and monitor this vaccine implementation plan and linkages with the <a href="#">Management Plan for Aboriginal and Torres Strait Islander Populations</a></li> <li>• continue to provide expert advice to the implementation and monitoring of the program (including surveillance and risk management); and the national communications campaign</li> <li>• facilitate relationships and undertake stakeholder engagement with ACCHS, maintaining a clear line of communication and continuous feedback loop</li> </ul>
<b>NACCHO and Sector Support Organisations (SSO)</b>	<ul style="list-style-type: none"> <li>• with the Australian Government and the Taskforce, lead in the development and update of the <i>COVID-19 Vaccination Program Aboriginal and Torres Strait Islander Implementation Plan</i></li> <li>• in collaboration with the Commonwealth and other stakeholders where appropriate, develop a template for an ACCHS service-level Aboriginal and Torres Strait Islander COVID-19 Vaccination Plan, inclusive of site requirements listed in <a href="#">Attachment A</a>, to be implemented across all participating ACCHS (member and non-member services)</li> </ul>



- Support the development of an ACCHS specific implementation plan which will include:
  - list of Aboriginal Community Controlled Health Services identified to administer COVID-19 vaccinations
  - required number of vaccine doses for staff within each service
  - required number of vaccine doses for regular clients within each service region (total and by age group in the event of supply shortages and prioritisation)
  - estimated number of vaccine doses for Aboriginal and Torres Strait Islander peoples that are non-regular clients within each service region
  - vaccination site processes to ensure second dose administration
  - key dates for vaccination administration at each ACCHS, including hard timeframes.
  - Recording any barriers that may arise during the roll out of the vaccination program. Escalating potential or actual issues to national level for resolution.
  - Take into account annual flu vaccination implementation
  - Assist in the development of shared decision making tools and information resources that can be used by patients and clinicians on vaccine (e.g. among Elders hesitant/undecided about vaccines, pregnant women who are uncertain and people who are immunocompromised and or living with auto immune diseases) so they can make informed choices with their providers
- coordinate and compile completed service level Vaccination Plans (based on the template developed with the Australian Government)
- work with PHNs and relevant Aboriginal and Torres Strait Islander Health Workforce Peak Organisations to develop culturally appropriate workforce training relating to COVID-19 vaccination administration, data collection and, for mainstream services, cultural safety
- coordinate the stand-down of enhanced COVID-19 vaccination measures and support the transition to normal business arrangements
- ensure ACCHS meet the minimum requirements to administer COVID-19 vaccinations (see [Attachment A](#))
- amplify communication messages and where necessary facilitate and share culturally specific communication products that can be adapted at the local level



**Aboriginal and Torres Strait Islander Community Controlled Health Services**

- complete a service-level Aboriginal and Torres Strait Islander COVID-19 Vaccination Plan (for clients and non-regular clients)
- the service-level Vaccination Plan will include:
  - required number of vaccine doses for staff within the ACCHS (including consideration of workers such as drivers who may be at risk of exposure)
  - required number of vaccine doses for clients within their ACCHS service region (total and by age group in the event of supply shortages and prioritisation)
  - estimated number of vaccine doses for Aboriginal and Torres Strait Islander peoples that are non-permanent residents within each ACCHS service region; and for non-Indigenous residents who may need to be vaccinated at the site (e.g. in remote communities) processes to ensure second dose administration
  - key dates for vaccination dispensation at each ACCHS, including hard timeframes
  - number of staff to undertake COVID-19 vaccine administration training, including data collection requirements
  - service-level workforce assessment (clinical and non-clinical) to evaluate the service's capacity to meet increased operations.
  - Adverse events recording and procedures including any perceived or actual barriers to successful delivery of the vaccination program
  - Coordinate with annual flu vaccination
- 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
- provide support for all aspects of administration (principally including workforce management, eligibility checking, scheduling of appointments to manage supply and demand, reporting, refrigerated storage capacity and management, physical security, follow-up for second dose, data reporting)
- ensure organisation and individuals meet relevant 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
- ensure they meet the minimum requirements to administer the COVID-19 vaccination/s at their service (see [Attachment A](#))

	<ul style="list-style-type: none"> <li>• participate in workforce training (vaccine administration and data/clerical)</li> <li>• ensure a process for screening and managing clients who present for vaccination while exhibiting COVID-19 symptoms (refer to site COVID-19 response plans)</li> <li>• ensure that clients have access to free, prior and informed consent</li> <li>• administer vaccinations</li> <li>• compliance with reporting all vaccinations in the Australian Immunisation Register</li> <li>• ensure the confidentiality and integrity of any systems or data through conformance with Commonwealth IT Security Standards as published by the Australian Cyber Security Centre, including but not limited to the <a href="#">Australian Government Information Security Manual</a></li> <li>• Develop culturally specific communication products in local languages (where necessary).</li> <li>• Share information and coordinate with Government where required, to confirm clients have not already received a vaccine</li> <li>• Collaborate with non-health service Aboriginal community controlled services to ensure breadth of coverage of the vaccination and support for vaccination roll out.</li> </ul>
<b>State/Territory Government-run Aboriginal Medical Services</b>	<ul style="list-style-type: none"> <li>• work with their jurisdictional health authorities to determine the most appropriate method to administer COVID-19 vaccinations to regular and non-regular clients in their service region</li> <li>• ensure they adhere to the following measures: <ul style="list-style-type: none"> <li>○ develop a plan to provide culturally safe, accessible, appropriate delivery for Aboriginal and Torres Strait Islander people when administering the vaccine program</li> <li>○ Coordinate with the ACCHS</li> <li>○ provide support for all aspects of administration (principally including workforce management, eligibility checking, scheduling of appointments to manage supply and demand, reporting, refrigerated storage capacity and management, physical security, follow-up for second dose, data reporting)</li> <li>○ ensure organisation and individuals meet relevant accreditation standards as per their health professional qualification and registrations and ensure they meet Commonwealth, state and territory legislative requirements to provide authorised immunisers to the deployed location</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ ensure that clients have access to free, prior and informed consent</li> <li>○ administer vaccinations</li> <li>○ manage and comply with cold-chain management requirements as per the <a href="#">National Vaccine Storage Guidelines 'Strive for 5'</a> and other requirements specified by the Commonwealth</li> <li>○ record all vaccinations in the Australian Immunisation Register</li> <li>○ Share information with ACCHOs, where required, to confirm clients have not already received a vaccine.</li> <li>○ Identify how clients will be recalled for the second dose.</li> <li>• ensure the confidentiality and integrity of any systems or data through conformance with Commonwealth IT Security Standards as published by the Australian Cyber Security Centre, including but not limited to the <a href="#">Australian Government Information Security Manual</a></li> <li>• develop culturally specific communication products in local languages (where necessary).</li> </ul>
<b>Primary Health Networks</b>	<ul style="list-style-type: none"> <li>• establish a reference group with key Aboriginal and Torres Strait Islander Health Peak Organisations to support the effective delivery of the vaccination program in GP and GP-led Respiratory clinics, including the SSO, PHN and state and territory government.</li> <li>• participate in cultural safety training, and develop (in consultation with NACCHO and SSOs) cultural safety training for mainstream services</li> <li>• continue to support culturally safe access to services for Aboriginal and Torres Strait Islander peoples across their catchment areas.</li> </ul>
<b>Other vaccination providers</b>	<ul style="list-style-type: none"> <li>• develop partnerships with local ACCHS to collaborate on the delivery of the vaccination program.</li> <li>• make available culturally appropriate communication materials</li> <li>• participate in cultural safety training <ul style="list-style-type: none"> <li>• have a process for asking and recording Aboriginal and Torres Strait Islander status of clients. This should include the reason why the question is being asked and followed by an offer to refer to an ACCHS for further support if required.</li> </ul> </li> <li>• provide support for all aspects of administration (principally including workforce management, eligibility checking, scheduling of appointments to manage supply and demand, reporting, refrigerated storage capacity and management, physical security, follow-up for second dose)</li> </ul>

- 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 consumers in a culturally appropriate and safe way
- 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 and provide the option for individuals to have a separate vaccination record
- Have established mechanisms for sharing vaccination records with the individual's regular health service and providing recall advice
- ensure the confidentiality and integrity of any systems or data through conformance with Commonwealth IT Security Standards as published by the Australian Cyber Security Centre, including but not limited to the [Australian Government Information Security Manual](#).

## Vaccination Locations, Workforce and Training Requirements

### Vaccination Locations

In line with the phased rollout of the COVID-19 Vaccination Program, any vaccination location must comply with a range of minimum requirements as in the ATAGI site requirements for COVID-19 vaccination clinics (current version at [Attachment A](#)).

The Australian Government has worked with the Aboriginal Community-Controlled Health Sector and state and territory led AMSs to identify locations where vaccination could take place in an efficient, effective and culturally appropriate manner.

### Workforce and Training Requirements

#### Authorisation

State and territory legislation determines the workforce that is authorised to deliver immunisation in that particular jurisdiction.

#### Training

The immunisation workforce selected to deliver COVID-19 vaccination for Aboriginal and Torres Strait Islander people, including clerical staff where appropriate, will need to ensure the appropriate training is easily accessible to health staff, has been completed.

1. Cultural awareness training relevant to provision of vaccination in a culturally safe and appropriate way, in particular being sensitive to inadvertent feelings of coercion.
2. General requirements for any authorised immuniser in their jurisdiction, including at a minimum completion of a training course that meets the requirements of the [National Immunisation Education Framework for Health Professionals](#).



3. Training on the use of multi-dose vials, infection control, 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.
4. 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.
5. Training on reporting requirements – to be identified and provided by the Australian Government.

Ensuring consent has been appropriately given on behalf of recipients where English is not the primary spoken language and/or who are unable to consent themselves, i.e. people under 16 years of age, those with a cognitive impairment, people with disability or people who are incarcerated.

## **Monitoring stock, Minimising wastage and Reporting on uptake**

### **National Booking System for COVID-19 Vaccination Program**

The Australian Government will establish a nationally consistent booking system to facilitate participation in the COVID-19 Vaccination Program. It is mandatory for all identified vaccination locations and providers to participate in and utilise – an appropriate system for facilitating patient access to vaccination that interacts with the national booking system. Where able, use of the national booking system is strongly recommended, as this also facilitates second dose reminders and provides a nationally consistent approach and system for identification and stock. The national booking system will be a core part of the rollout and accessibility will be built into the systems and process, therefore, consideration on facilitating this accessibility is ongoing.

### **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 COVID19 vaccinations administered at any location into the Australian Immunisation Register (AIR). Data entry will be reviewed through the early roll out, in particular to remedy and improve processes.

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.

### **Coordinating of safety monitoring and surveillance of adverse events**

The Australian Government will require appropriate safety signalling and adverse events monitoring and scenario planning to be in place. Information will be made available for consumers about likely minor side effects of vaccination, as well as monitoring and seeking advice about any more unusual effects.

The Australian Government will further strengthen the capabilities of the current national, active safety surveillance system known as AusVaxSafety. The Australian Government will include in this processes for Aboriginal and Torres Strait Islander data governance.

Vaccination providers will also make use of the following 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 ensure the consumer's decision maker/next of kin are advised of the adverse event.

Site specific vaccination plans, and the templates developed by NACCHO and SSOs should consider these regulatory requirements.

## Communication

The strategic communication approach for the development and deployment of public information for the COVID-19 Vaccination Program by the Australian Government is outlined in a national communication strategy. This strategy will be supported by communication action plans for specific audiences, including Aboriginal and Torres Strait Islander people. The Communication Strategy and action plans will be informed by the Australian Government's qualitative report on [Aboriginal and Torres Strait Islander communication preferences](#).

Media regarding the Australian Government activities related to delivery and roll-out of a COVID-19 vaccine will be coordinated by the Public Information Branch in the Office of Health Protection and Response Division in the Department of Health. They will work closely across all levels of government.

COVID-19 vaccination awareness and promotion communication activities will need to be adapted so that they are culturally safe and suitable for Aboriginal and Torres Strait peoples across the country; including translation and in plain language including graphic based information. These activities will need to be disseminated and promoted through a range of Aboriginal and Torres Strait Islander and mainstream media channels and locations.

The Australian Government Department of Health will work closely with NACCHO, state and territory health department communication and media units, First Nations Media Australia and the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 to keep healthcare providers and Aboriginal and Torres Strait Islander people and communities informed.

Frequently Asked Questions / key talking points will also be provided to NACCHO, Sector Support Organisations, ACCHS and the Taskforce to ensure consistency of message.

## Additional information

### Additional resources

The following documents and resources have been developed by ATAGI to assist all jurisdictions 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).



## Attachment A

**Minimum requirements for all immunisation service provider sites for the administration of COVID-19 vaccines identified by ATAGI**

	Minimum requirements
<b>Set up of the physical environment</b>	<ul style="list-style-type: none"> <li>• Have adequate space for patients waiting to be vaccinated that is not congested, observes physical distancing requirements, and is sheltered from weather elements.</li> <li>• 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).</li> <li>• Have a dedicated, clean, well-lit space for administration of the vaccine to patients, including a desk and chairs for patients and vaccinator(s).</li> <li>• Have space for patients to wait and be observed post-vaccination, separate from the area for administering the vaccine.</li> <li>• 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.).</li> <li>• 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.</li> <li>• Adequate handwashing facilities for staff, and antimicrobial hand sanitisers available.</li> <li>• Have antimicrobial /disinfectant wipes to clean stations between patients.</li> <li>• Have visual reminders and cues in place to reduce the risk of errors</li> <li>• Have a process in place to safely dispose of unused vaccines, in accordance with TGA and other regulatory requirements.</li> <li>• Have adequate sharps disposal bins, appropriate for the volume of patients, and securely placed and spaced to mitigate the risk of needle stick injuries.</li> </ul>
<b>Cold chain management</b>	<ul style="list-style-type: none"> <li>• Have adequate number and capacity of refrigerators, and freezers if relevant (-80°C and/or -20°C, as required for the specific vaccine), to store vaccines for usage.</li> <li>• Have the ability to monitor the temperatures of the refrigerator(s) and freezer(s) where vaccines are stored, including (where required) appropriate equipment and systems to monitor ultra-low temperatures according to national vaccine storage guidelines and additional guidelines for storage at -80°C.</li> <li>• Have an appropriate policy and protocol in place to respond to temperature breaches, including relocating vials to another</li> </ul>

	<p>refrigerator/freezer and responding at times where the clinic may not have any staff present</p> <ul style="list-style-type: none"> <li>Have appropriate refrigerators and opaque containers to store vaccine syringes that have been prepared for administration under appropriate temperature conditions and protected from light from the time they are prepared till the time they are administered.</li> </ul>
<b>Immunisation record keeping and reporting to the Australian Immunisation Register (AIR)</b>	<ul style="list-style-type: none"> <li>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), and recording immunisation encounters (electronic records are preferable).</li> <li>Have a process of labelling syringes when they are drawn up from multi-dose vials, including date and time of preparation and of expiry.</li> <li>Have access to AIR via Provider Digital Access (PRODA).</li> <li>Have a process to manage vaccination data and ensure timely report of immunisation records to AIR.</li> <li>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.</li> <li>Have a process to record vaccines used and those discarded, including reasons for discarding.</li> <li>Have a process of obtaining and recording informed consent where required.</li> <li>Have a process for asking and recording Aboriginal and Torres Strait Islander status.</li> </ul>
<b>Management of the clinic</b>	<ul style="list-style-type: none"> <li>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 <a href="#">ATAGI Guiding Principles for Maintaining Immunisation Services During the COVID-19 Pandemic</a>).</li> <li>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).</li> <li>Have clear record of patients vaccinated (to inform ordering of vaccines).</li> <li>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.</li> <li>Have knowledge of procedures and ability to report adverse event following immunisation to the appropriate health authorities.</li> <li>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.</li> <li>Have a process in place to manage injuries to workforce (e.g. needle stick injury).</li> </ul>



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|  | <ul style="list-style-type: none"><li>• Have a process/staff in place to prevent and manage violence or aggression in the workplace.</li><li>• 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).</li></ul> |
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