



Australian Government

Prioritising Residential Aged Care



Clinical governance requirements for COVID-19 vaccination clinics at RACFs

Information current as at 28 October 2021

The following outlines the responsibilities for the safe and effective delivery of COVID-19 vaccination clinics for residents at residential aged care facilities (RACF). This includes vaccination clinics for administering a primary course of a COVID-19 vaccine (i.e. two doses of the same vaccine) and for COVID-19 booster doses.

The RACF and the vaccine provider each have roles and responsibilities related to the vaccination activity over three phases:

- Preparation for the vaccine clinic
- The clinic
- Conclusion of each clinic and post clinic

Preparation for the vaccine clinic

Activity	RACF
Clinical Lead	<ul style="list-style-type: none"> • RACF must establish a Clinical Lead (e.g. Registered Nurse) responsible for managing the vaccine program at the site who will: <ul style="list-style-type: none"> ○ liaise with the PHN and the Commonwealth vaccine provider ○ formally sign off on all logistics and arrangements ○ prepare a list of residents and staff to be vaccinated and communicate that to the vaccine provider ○ meet the vaccine provider upon arrival for local orientation and support clinic set up ○ assess suitability of residents for a vaccine on the day and ensure consent has been provided for all participating residents ○ liaise with the vaccine provider on the day ○ receive a formal clinical handover from the vaccine provider at the conclusion of each clinic day and assume responsibility for all residents prior to the departure of the vaccination team • RACF will advise the PHN and the vaccine provider of the name and contact details for this Clinical Lead.
Clinical review for suitability to receive the vaccine prior to vaccination day	<p>Residents</p> <ul style="list-style-type: none"> • RACF Clinical Leads must assess residents to determine if there are any concerns in relation suitability to receive the vaccine. Where there are concerns in relation to a resident's suitability for the vaccine, RACF Clinical Leads should consult with the resident's GP. GPs may provide a phone assessment or may review the resident personally. GP advice should be documented in the resident care notes. <ul style="list-style-type: none"> ○ Assessing an individual's suitability to receive the vaccine is a necessary precursor to the resident or their representative providing informed consent to receive the vaccine or, choosing to decline it. ○ The clinical review outcomes for all residents must be provided to the to the vaccine provider. • RACF Clinical Leads should be families with the latest clinical advice on COVID-19 vaccination from ATAGI • Vaccine providers should be informed of any residents that have a bleeding disorder or are taking a blood-thinning medication (anticoagulant). <p>Workers</p> <ul style="list-style-type: none"> • Workers may wish to engage with their GP or other health professionals to discuss vaccination. • RACF will be responsible for ensuring workers who are eligible to be vaccinated at clinic have completed their consent form.
Consent	<ul style="list-style-type: none"> • RACF Clinical Leads are responsible for seeking and recording informed consent for all residents assessed as suitable to receive the vaccine. This includes residents that: <ul style="list-style-type: none"> ○ have a substitute decision maker ○ do not have a substitute decision maker.

Activity	RACF
	<ul style="list-style-type: none"> • A consent form template together with relevant information is available to support this activity. • Evidence of residents' consent must be provided to the vaccine provider on the day of the clinic.
Site readiness	<ul style="list-style-type: none"> • RACF is responsible for ensuring the site is prepared in a manner that is appropriate and supports an efficient and safe vaccine clinic. The site must comply with the readiness requirements for COVID-19 vaccination clinics at residential aged care facilities (refer checklist – Clinic site requirements). This includes <ul style="list-style-type: none"> ○ Physical environment ○ Infrastructure ○ Workforce ○ Technology. • The RACF should engage with the PHN for assistance on meeting the Clinic site requirements. • The RACF should ensure it: <ul style="list-style-type: none"> ○ has a safe resident identification process, especially where residents are unable to state their own name and date of birth ○ is well-stocked in diagnostic equipment, Sphigmomanometers, oxygen saturation monitors, hand sanitizer, disinfectant wipes and other consumables ○ has PPE in stock to address any local state / territory health authority requirements. • The RACF should ensure it has basic diagnostic capability to ensure suitability of residents on the day, and to manage adverse events (e.g. oxygen). • The RACF will need to engage with the vaccine provider to confirm site readiness compliance.
Planning for vaccine clinic support	<p>Each RACF should ensure:</p> <ul style="list-style-type: none"> • it has plans and processes in place to manage and support resident participation in the clinic in a safe, efficient and appropriate manner, and to prevent and manage violence or aggression in the clinic. • it has an adequate number of appropriately qualified staff rostered, who are familiar with and are known to the residents, to support the vaccine event. This may include sourcing additional capability (e.g. clinical skills) or capacity to facilitate and support resident flow through the clinic and ensure clinical safety. • processes and appropriate numbers of trained/qualified staff are in place to monitor residents, and identify, manage and report adverse events. <ul style="list-style-type: none"> ○ RACF may wish to have a Registered Nurse on duty following the departure of the vaccination workforce, to manage post vaccination side effects such as fever and pain. • RACF should have in place clear escalation processes, systems and contact details for residents with adverse events.

Activity	Vaccine provider
Site readiness	<ul style="list-style-type: none"> • Vaccine provider must be satisfied the clinic site complies with readiness requirements for COVID-19 vaccination clinics at a RACF. This includes the site requirements for the release of the Pfizer vaccine.

The clinic

Activity	RACF
Support clinic set up	<ul style="list-style-type: none"> • The RACF Clinical Lead must be onsite to meet the vaccine provider upon arrival, to provide local orientation and support clinic commencement.
Resident preparation	<ul style="list-style-type: none"> • RACF clinical staff should assess residents registered for a vaccine on the day. <ul style="list-style-type: none"> ○ If a resident develops an acute medical issue on the day of vaccination, a discussion with the resident's normal medical provider is required to determine suitability for vaccination. • RACF should provide to the vaccine workforce on their arrival a list of all residents and workers due to receive the vaccine <ul style="list-style-type: none"> ○ All residents on the list must be assessed as suitable to receive the vaccine on the date of vaccination day. The sign off sheet should record this. ○ The sign off sheet must be authorised by the Clinical Lead who is responsible for managing the vaccine program at the site. • The RACF should ensure that only residents assessed as suitable and recorded on the list are presented for vaccination (noting some individuals may change their mind and decide not to receive the vaccine on the day). • The RACF will prepare the residents for the vaccination clinic, together with their consent form and any information about: <ul style="list-style-type: none"> ○ the resident's medical conditions, allergies, bleeding disorders or immunocompromise (i.e. weakened immune system) ○ any medications the resident is taking ○ any reactions the resident has had to any vaccine in the past ○ any communication, cultural or behavioural factors of individual residents that are relevant to the vaccination process ○ whether a support person is required to be with the resident at time of vaccination.
Clinic management	<ul style="list-style-type: none"> • The RACF is responsible for the efficient and safe movement of residents through the clinic. • PPE to be used in line with local state health authority requirements.
Resident monitoring post vaccination	<ul style="list-style-type: none"> • Once a resident is released from the vaccination provider's 15-minute post-vaccination observation, the RACF is clinically responsible for that resident. (i.e. this remains the case even if the clinic is still operating) • RACF is responsible for ensuring that appropriately trained/qualified staff actively monitor residents to identify, manage, document and report adverse events.

Activity	Vaccine provider
Site readiness	<ul style="list-style-type: none"> The vaccine provider will receive a local orientation from the RACF Clinical Lead. The vaccine provider is responsible for ensuring an adequate number of appropriately qualified staff are present to deliver the vaccine clinic in a safe and efficient manner.
Resident preparation	<ul style="list-style-type: none"> The vaccine provider should, through a screening process, satisfy themselves that residents are suitable to receive the vaccine. The vaccine provider must be satisfied on the day that informed consent has been given by all residents receiving the vaccine. This should be achieved through sighting appropriate evidence (preferably the standardised consent form).
Reporting	<ul style="list-style-type: none"> The vaccine provider is responsible for reporting vaccinations to the AIR
Monitoring and reporting adverse events	<ul style="list-style-type: none"> The vaccine provider is responsible for monitoring residents for adverse events in the post vaccination observation period (15 minutes, or 30 minutes in limited cases) and reporting adverse events that occur in the post vaccination observation period.

The conclusion of the clinic

Activity	RACF
Clinic closure and hand over	<ul style="list-style-type: none"> At the conclusion of each clinic day, the vaccine provider and the RACF will have a formal clinical handover, which is attended by the RACF Clinical Lead. The RACF assumes clinical responsibility for all residents prior to the departure of the vaccination team. This may include a signed verification handover. RACF may wish to have a Registered Nurse on duty, following the departure of the vaccination workforce, to manage post vaccination side effects such as fever and pain. In the event of an adverse outcome, the RACF will enact relevant escalation process and pathways (refer separate guidance materials).
Resident records	<ul style="list-style-type: none"> Record vaccination in resident records

Activity	Vaccine provider
Clinic closure and hand over	<ul style="list-style-type: none"> At the conclusion of each clinic day, the vaccine provider and the RACF Clinical Lead will have a formal clinical handover. This will be attended by the RACF Clinical Lead as agreed to prior to the departure of the vaccination team. This may include a signed verification handover.