

build positive perceptions about the vaccines and encourage uptake. As frontline workers engage with patients and other members of the community daily, and are seen as leaders of the community, we must support clinicians to have productive and informed conversations with their patients about the vaccines, and to feel confident in their decision to have the vaccination.

Research insights and what we know

Research was conducted by Ipsos on behalf of the department's Strategic Communication Branch to better understand vaccine hesitancy and perceptions around COVID-19 vaccines. Stage two of the research included 27 in-depth interviews with healthcare and frontline workers. Further, as representatives of the clinical workforce, CEQ and QCS have their 'fingers on the pulse' of the staff response to the vaccine and rollout plans and receive regular feedback and questions.

There is also anecdotal evidence locally and globally suggesting there is moderate to high levels of vaccine hesitancy amongst healthcare professionals.

Barriers/concerns

- Concerns exist around the safety and efficacy of the vaccine including side effects, the vaccine development process, long-term impacts/efficacy, how it will protect against mutations of the virus.
- Whilst the program has started, questions remain about the logistics of the vaccine – where to go for a vaccination, when will it be available in their region, what vaccine they will receive, how to book an appointment, if it is being stored and transported safely, and supply of medical consumables.
- Confusion around the definition of those within Phase 1a and 1b, how this is decided and who decides it etc. This has led to a perceived unfair delineation between cities/regional centres and staff in rural and remote areas, and perceived worth as an employee.
- High levels of anxiety around the impact on team morale and performance (and workplace safety) if some are vaccinated and some are not.
- Concerns around supply of vaccinators and training of vaccinators, and if this will occur in time for all sites, including GP-led/community vaccination locations (recently made worse by the accidental overdose of two aged care residents – 24 February 2021).
- Ethics around distributing the vaccine in Australia when there is low to no community transmission at present (i.e. other countries are in greater need).

These issues are compounded by the rapidly evolving nature of the rollout with several unknowns hindering decision-making and our ability to communicate in a timely manner. Each HHS being responsible for its own rollout also hinders effective statewide communications as information will not necessarily be relevant or timely.

Enablers

- Having the vaccination is for 'the greater good' – it's our civic duty, I normally get vaccinated against other diseases, my colleagues are having it, it's the right thing to do, I want to set a good example, I want to protect my patients and loved ones.
- Self-preservation - I don't want my colleagues to have to treat me for severe infection, if I do get COVID I want to get a mild infection and be able to survive it.

- There is high-level support for the vaccines (internally, nationally and internationally) and they have passed stringent TGA approval processes, international scrutiny, and are subject to ongoing research.

Key messages

Due to the nature of the rollout and information about the vaccines continuing to evolve (and will evolve over a long period of time), key messages will change and be adjusted accordingly. The below list represents basic, known information about the vaccines and rollout.

General

- Healthcare workers face a higher risk of COVID infection and illness compared to the general population. They might also, unwittingly, be responsible for transmitting the virus to the vulnerable population in their care.
- Your support and uptake of the vaccine, while vital to your own protection, will also support higher uptake in the community.
- It is recommended all healthcare workers get vaccinated against COVID-19 to reduce the risk of serious illness.
- It is still important to continue physical distancing where you can, exercising good hand and respiratory hygiene, following relevant PPE guidelines, staying home when sick and getting tested.
- COVID-19 vaccines will reduce the chance of you suffering severe COVID-19 disease. You may still get COVID-19 despite having a vaccination, but the vaccination should lessen the severity of infection.

Safety and efficacy

- The magnitude of the COVID-19 pandemic led to unprecedented funding and collaboration for the development of vaccines, enabling some processes to run in parallel. This has not compromised scientific rigour as safety, immunogenicity and efficacy outcomes are strictly assessed and safety monitoring will continue even after approval.
- All COVID-19 vaccines have gone through the required clinical phases and have proven to be both safe and effective at every stage of the process.
- While it was critical to develop the vaccine quickly, the vaccine's ability to work safely has not been sacrificed in the interest of time.
- Australia's vaccine safety processes are rigorous. On top of intense international scrutiny, the vaccines will be reviewed and approved by the Therapeutic Goods Administration before use in Australia.
- AstraZeneca and Pfizer have all reported high rates of effectiveness of their respective vaccines. Each of these vaccines is statistically effective in preventing COVID-19.
- As the vaccines are new, little is known about their long-term safety and efficacy, but the rollout is being closely monitored in Australia and across the globe.

- All vaccines can cause side effects. Early trials of COVID-19 vaccines have reported mild, temporary side effects such as fatigue, pain or swelling at the injection site, headache and fever.
- Paracetamol or similar is recommended if you develop fever after your vaccination. Speak with your Line Manager if you are unsure about coming to work.

About the vaccines

Development

- All vaccines work by exposing the body to the pathogen to trigger an immune response – but the method of exposure varies.
- The AstraZeneca and Pfizer vaccines both induce immunity to COVID-19 by telling the body how to target the virus but do this in different ways.

Pfizer

- The Pfizer vaccine is imported from Europe, transported/stored at minus 70 degrees Celsius and very sensitive to movement. This makes distribution and the potential for wastage challenging in a country as vast as Australia. It also explains why Pfizer does not form the bulk of Australia's vaccine strategy.
- The Pfizer vaccine is a Messenger RNA (or mRNA) vaccine made synthetically in a laboratory.
- mRNA vaccines work differently to traditional vaccines as they don't contain the virus itself. The vaccine uses genes to deliver instructions to the body on how to make the viral protein that will fight the Sars-CoV-2 virus (COVID-19).
- When the vaccine is injected into the muscle of the upper arm, the cells receive instructions to build a part of the SARS-CoV-2 virus known as the 'spike protein'. If a vaccinated person is then infected with SARS-CoV-2 in the future, the body's immune system will recognise the virus and make antibodies to stop an infection developing.
- The TGA has provisionally approved the Pfizer vaccine for use in persons aged 16 years and over. No dose adjustment is required for those over 65 years of age. Full coverage requires a course of two doses at least 21 days apart.

AstraZeneca

- AstraZeneca is a viral vector vaccine made with human-derived cells grown in a lab. Viral vector vaccines use a chemically weakened harmless virus - like a common cold virus - to deliver genetic code into human cells.
- Viral vector vaccines mimic what happens during natural viral infections more closely, meaning it can trigger a strong cellular immune response.
- When the vaccine is injected into the muscle of the upper arm, the cells receive instructions to build a part of the SARS-CoV-2 virus known as the 'spike protein'. If a vaccinated person is then infected with SARS-CoV-2 in the future, the body's immune system will recognise the virus and make antibodies to stop an infection developing.

- The TGA has provisionally approved the AstraZeneca vaccine for use in persons aged 18 years and over. Full coverage requires a course of two doses, 4-12 weeks apart.
- There are two other licensed viral vector vaccines for humans, both for the Ebola virus.
- Viral vectors are also used in licensed gene therapy products.

Administration

- Both the Pfizer and AstraZeneca vaccines require two doses to be fully effective.
- Both doses of your vaccination series must be completed with the same product/vaccine. The safety and efficacy of a mixed-product series has not yet been evaluated.

Phases/prioritization

- Like PPE, the COVID-19 vaccines must be rationalised and shared with our global partners.
- The Australian Technical Advisory Group on Immunisation (ATAGI) provided advice to the Australian Government on which groups should be prioritised for the first doses of COVID-19 vaccine.
- The Australian Government has identified three priority groups for the vaccines, which is in-line with guidance from the World Health Organization and supported by state and territory governments:
 1. Those who are most at risk of exposure to COVID-19 as they are most at risk of becoming infected with the virus.
 2. Those who have an increased risk, compared to others, of developing a severe COVID-19 infection or adverse outcome.
 3. Those who work in services that are critical to societal functioning.
- As outlined in Queensland Health's [COVID-19 vaccine roadmap](#), Phase 1a captures quarantine and border workers, frontline healthcare worker sub-groups, aged care and disability care staff and aged care and disability care residents. We anticipate this to be approximately 130,000 people (including 27,000 healthcare workers).
- These people have regular contact or are likely to have contact with COVID patients or have a high risk of contracting COVID-19 due to the nature of their job.
- The work of all Queensland Health staff is important and valued. Everyone will be offered a vaccination.
- Queensland healthcare workers will receive whichever vaccine is available at the time and location of their appointment – there is no opportunity to preference a vaccine. The availability of a vaccine will depend on the distribution schedule set out by the Australian Government.

Logistics

- The physical rollout of vaccines including transportation and storage is one of the most complex logistical projects undertaken in Australia since World War II.

- Queensland's vaccination rollout plan has been carefully coordinated and is consistent with our peers across the country, and internationally.
- The Australian Government will be responsible for safely transporting vaccine doses to storage and administration sites and for establishing a mechanism to track and trace all doses of vaccine as they move through the system.
- Queensland Health will have responsibility for the physical safety and appropriate storage and handling of vaccine stock once we receive it.
- Queensland Health has identified six hubs which will store and administer the Pfizer vaccine: Princess Alexandra Hospital, Royal Brisbane and Women's Hospital, Cairns Hospital, Townsville University Hospital, Gold Coast University Hospital, and the Sunshine Coast University Hospital.
- Additional vaccination locations will be announced as the rollout progresses.
- Frontline healthcare workers who are eligible for vaccination during Phase 1a of the rollout will receive an invitation to attend their closest vaccination hub. These workers will have been identified as eligible by their employer (including the private sector).
- Each HHS is responsible for developing how, when and where to vaccinate their staff.
- It is estimated there will be more than 1,000 vaccination sites established across Australia including general practice clinics, GP respiratory clinics, dedicated vaccination clinics, in-reach vaccination teams, and workplace vaccinations.

Beyond these topics, it is important for our team to include messaging/information relating to key areas of concern including:

- Consent and booking process (for self and patients) including informed consent, obtaining consent, where/how/when to book an appointment
- Advice for people with complex healthcare needs, underlying medical conditions (for self and patients)
- Advice for pregnant and lactating women, including those who want to defer their vaccination until after pregnancy (for self and patients)
- Information on side effects including how and what to report for an adverse event and if sick leave should be taken
- Tailored information for First Nations healthcare workers and their consumers where required/relevant.

Phases and tactics

Due to the nature of the pandemic, the rollout and ongoing global scrutiny of the vaccines, there is a high risk that communication is incorrect at the time of publication or provided too late. As such, our approach will take a more reactive stance; providing information in response to demand/questions. This also ensures we are addressing key areas of concern to our stakeholders/audience and not "pushing out" content that is irrelevant. This is particularly important in an "information overload" environment such as COVID-19, with information coming from direct lines of reporting, the relevant facility, broader health

service, department, professional bodies and the media.

Therefore, the supply of accurate information in a timely manner – whilst challenging - will be the focus of all activities. A dedicated web presence has been established to house FAQs and other vaccine-related documents and resources. Other communication activity includes:

- Frontline COVID Advice bulletin (as required)
- CEQ Facebook page (ongoing)
- online information session/s featuring expert/qualified staff and guests
- contributing to SCB's influencer strategy:
 - video series featuring clinical leaders / experts emphasising the safety of the vaccine
 - video series featuring healthcare workers explaining why they're getting vaccinated
 - screensavers and posters for clinical areas
 - lanyards/retractable ID card clips and t-shirts for 'vaccine champions'
- Providing content for HHS channels and channels owned by SCB (where relevant).

In addition, Primary Health Network (PHN) communication leads have requested the existing COVID-19 Primary Care (PC) updates provided by CEQ's Primary Care Lead continue to be used to disseminate information to this sector. This process sits outside of the governance process outlined below.

Existing distribution lists will be analysed to determine level of reach into the private healthcare sector, unions and professional bodies and built upon where required.

Governance

Material for healthcare and frontline workers will be developed in conjunction with CEQ's clinical leads including the Chairs of the Queensland Clinical Senate and Queensland Clinical Network Executive, and then progress to Prof Keith McNeil for formal sign off.

Healthcare workers' experience and engagement with the vaccination program will directly shape their perceptions of the vaccine and rollout program. As leaders in the community engaging with members of the public on a daily basis, as well as with colleagues inside and outside of the health system, it is important that we play our part in ensuring the vaccination process is smooth and that healthcare workers have an overall positive vaccination experience. Therefore, information/correspondence for healthcare workers and other internal staff must be prioritised in-line (or in some cases, ahead of) other, public-facing material, given they are amongst the first to be offered a vaccine.

References

- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32661-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32661-1/fulltext)
- <https://theconversation.com/the-oxford-vaccine-has-unique-advantages-as-does-pfizers-using-both-is-australias-best-strategy-152976>
- [Australian Government](#)
- <https://journals.sagepub.com/doi/abs/10.1177/2372732215600716?journalCode=bbsa&>
- <https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions>

- <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html>

RTI RELEASE

Philip Hood

From: Bronwyn Nardi
Sent: Friday, 27 November 2020 5:27 PM
To: Philip Hood
Cc: Cheryl Paolucci
Subject: Re: Number of pathologist dealing with live Covid-19

Thank you

Get [Outlook for iOS](#)

From: Philip Hood [REDACTED]@health.qld.gov.au>
Sent: Friday, November 27, 2020 5:25:48 PM
To: Bronwyn Nardi [REDACTED]@health.qld.gov.au>
Cc: Cheryl Paolucci [REDACTED]@health.qld.gov.au>
Subject: Fwd: Number of pathologist dealing with live Covid-19

Bron
 As requested.

Let's add 50 for linen handling.

We will need to consider how this all fits with VPD.

Regards

Philip

Sent from my iPad because ...

Begin forwarded message:

Order of priority based on WHO guidelines Categories of staff	FSS	PQ
1. Those working with live viruses	32	0
2. Staff working in mortuaries that may be required to conduct an autopsy or otherwise manage a deceased person with SARS-CoV-2	35	0
3. Staff involved directly in the specimen preparation and testing process and phlebotomists	21	575
4. Staff involved in handling the specimen such as Central Specimen Registry (CSR) / staff in small labs that share all duties	20	365
5. Other staff	37	1060

From: Bronwyn Nardi [REDACTED]@health.qld.gov.au>
Sent: Friday, 27 November 2020 6:48 AM
To: Philip Hood [REDACTED]@health.qld.gov.au>

Cc: Scott Brown [REDACTED]@health.qld.gov.au>

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At this stage I just need Macro level total number statewide.

Later on I will need it by hhs catchment. Both private and public pathology.

I will need each pathology to be able to provide individual names probably in March/April 2021

I need the macro level numbers ASAP - I will even take an expert guess for the moment so I can add them to the preliminary modelling which will occur early next week.

Thanks

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From: Craig Russell
Sent: Friday, 27 November 2020 10:10 AM
To: Brett Bricknell; Cheryl Paolucci
Cc: Philip Hood
Subject: RE: Number of pathologist dealing with live Covid-19

Cheryl

Will do, however the criteria from Brom is very vague are we also identifying staff who are on the front line or only those who are susceptible of being exposed to the live virus?

Thanks
 Craig

From: Cheryl Paolucci [redacted] @health.qld.gov.au> **On Behalf Of** Philip Hood
Sent: Friday, 27 November 2020 8:23 AM
To: Craig Russell [redacted] @health.qld.gov.au>; Philip Hood [redacted] @health.qld.gov.au>; Brett Bricknell [redacted] @health.qld.gov.au>
Subject: RE: Number of pathologist dealing with live Covid-19

Please include FSS scientists, clinical microbiologists etc.
 Thanks
 Cheryl

From: Craig Russell [redacted] @health.qld.gov.au>
Sent: Friday, 27 November 2020 7:30 AM
To: Philip Hood [redacted] @health.qld.gov.au>; Brett Bricknell [redacted] @health.qld.gov.au>
Subject: Re: Number of pathologist dealing with live Covid-19

Thought you had day off !
 Brett and I have a meeting today so we can discuss and review and come back with recommendations

Craig

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Subject: FW: Number of pathologist dealing with live Covid-19

Brett/Craig

Let's discuss. My view is it would be all pathology staff and possibly those in the laundry receiving potentially infected linen.

Regards

Philip



Philip Hood

Acting Deputy Director-General
Health Support Queensland, Queensland Health

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e [REDACTED]@health.qld.gov.au w www.health.qld.gov.au/healthsupport



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

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Subject: RE: Number of pathologist dealing with live Covid-19

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Broadly speaking the order of priority for PQ/FSS will be based on WHO guidelines.

1. Personnel dealing with viral culture and amplification
2. Forensic Pathologists and mortuary assistants
3. Personnel dealing with closed samples
4. Central Specimen Receipt personnel
5. Personnel dealing with samples that may come from a COVID-19 positive patient that are not respiratory samples
6. ...

Also we will need to consider staff dealing with soiled linen.

Will come back today.

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From: Cheryl Paolucci
Sent: Friday, 27 November 2020 5:18 PM
To: Philip Hood
Subject: RE: Number of pathologist dealing with live Covid-19

Philip

For your consideration and response to Bron given that you said you would provide today. No response from Craig.

Thanks

Cheryl

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From: [Cheryl Paolucci](#)
To: [Cheryl Paolucci](#)
Subject: FW: Number of pathologist dealing with live Covid-19
Date: Friday, 27 November 2020 4:44:26 PM

From: Philip Hood
Sent: Friday, 27 November 2020 10:23 AM
To: Bronwyn Nardi <[REDACTED]@health.qld.gov.au>; Brett Bricknell
 <[REDACTED]@health.qld.gov.au>; Craig Russell <[REDACTED]@health.qld.gov.au>
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From: [Craig Russell](#)
To: [Cheryl Paolucci](#)
Subject: Re: Number of pathologist dealing with live Covid-19
Date: Friday, 27 November 2020 6:03:46 PM

Cheryl
 If linen is inclusive you can put down 45 infectious linen staff

Thanks
 Craig

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From: Cheryl Paolucci [REDACTED]@health.qld.gov.au>
Sent: Friday, November 27, 2020 4:52:52 PM
To: Craig Russell [REDACTED]@health.qld.gov.au>
Subject: RE: Number of pathologist dealing with live Covid-19

Craig are you putting any staff numbers in? I am collating now – have FSS and PQ.
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RTI RELEASE

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From: Bronwyn Nardi
Sent: Friday, 27 November 2020 1:50 PM
To: Philip Hood
Subject: RE: Number of pathologist dealing with live Covid-19

Ok thanks
 bron

From: Philip Hood [REDACTED]@health.qld.gov.au>
Sent: Friday, 27 November 2020 10:23 AM
To: Bronwyn Nardi [REDACTED]@health.qld.gov.au>; Brett Bricknell [REDACTED]@health.qld.gov.au>;
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3. Personnel dealing with closed samples
4. Central Specimen Receipt personnel
5. Personnel dealing with samples that may come from a COVID-19 positive patient that are not respiratory samples
6. ...

Also we will need to consider staff dealing with soiled linen.

Will come back today.

Regards

Philip



Philip Hood

Acting Deputy Director-General
 Health Support Queensland, Queensland Health

p 07 [REDACTED] m [REDACTED]
 a 41 O'Connell Terrace, Bowen Hills, QLD 4006
 e [REDACTED]@health.qld.gov.au w www.health.qld.gov.au/healthsupport



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

From: Bronwyn Nardi [redacted] <[\[redacted\]@health.qld.gov.au](mailto:[redacted]@health.qld.gov.au)>
Sent: Friday, 27 November 2020 6:48 AM
To: Philip Hood [redacted] <[\[redacted\]@health.qld.gov.au](mailto:[redacted]@health.qld.gov.au)>
Cc: Scott Brown [redacted] <[\[redacted\]@health.qld.gov.au](mailto:[redacted]@health.qld.gov.au)>
Subject: Number of pathologist dealing with live Covid-19

Phil

I am leading the system preparation for Covid vaccine. I would appreciate if you could give me the number of pathologists managing live Covid virus as I would like to add them to planning for earlier vaccination tranche separate from other pathology workers.

At this stage I just need Macro level total number statewide.

Later on I will need it by hhs catchment. Both private and public pathology.

I will need each pathology to be able to provide individual names probably in March/April 2021

I need the macro level numbers ASAP - I will even take an expert guess for the moment so I can add them to the preliminary modelling which will occur early next week.

Thanks

Bron

Get [Outlook for iOS](#)

MEMORANDUM

To:	Hospital and Health Services, Chief Executive Officers		
Copies to:	Nick Steele		
From:	Dr John Wakefield	Enquiries to:	Bronwyn Nardi, State Director, COVID-19 Vaccination Taskforce
	Director-General, Queensland Health		07 [REDACTED]
Subject:	COVID-19 Vaccination Program – Phase 1A and Phase 1B		
	File Ref:	C-ECTF-21/4205	

The Commonwealth Government has announced Phase 1b of the COVID-19 vaccination program will be rolled out from 22 March 2021, subject to vaccine supply.

The purpose of this memorandum is to:

1. Outline Hospital and Health Service (HHS) responsibilities for phase 1a individuals who have not been vaccinated
2. Outline HHS responsibilities for phase 1b
3. Reinforce my commitment to fund phase 1b implementation and outline financial arrangements for the program, and
4. Address some high-level issues in relation COVID-19 vaccination of HHS staff.

1. Phase 1a: HHS responsibilities

I acknowledge the commitment and effort of all HHSs in implementing the rollout of phase 1a of the COVID-19 vaccination program.

As we begin to move into phase 1b, I require HHSs to have either vaccinated (with at least the first dose) or offered vaccination to all eligible phase 1a individuals (*frontline healthcare workers and quarantine and border workers*) by no later than 31 March 2021.

I am concerned vaccination uptake among border and hotel quarantine workers is low compared other groups in phase 1a. To address this, Queensland Health is engaging with hotel managers and other relevant departments to ensure there is a co-ordinated approach to the vaccination of workers in this high-risk group. I also seek the assistance of all HHSs to explore and implement strategies to improve vaccination of our border and hotel quarantine workers as a priority.

While, phase 1b officially launched on 22 March 2021, this should not distract our focus and priority on completing vaccinations for people under phase 1a. Accordingly, HHSs should

be confident they have strategies in place to ensure the completion of phase 1a, progressing in parallel with vaccination roll out under phase 1b.

Phase 1b: HHS responsibilities

The Australian Government has released information on who is eligible to receive COVID-19 vaccination under phase 1b. The advice can be found [here](#).

Under phase 1b, HHSs will be responsible for offering vaccination to:

- Public healthcare workers and support staff
- Emergency services personnel
- Corrective services (including youth detention centres)
- Workers at meat processing
- Workers at international airports
- Maritime industry workers who board international vessels, and
- Patients with certain underlying medical conditions during their usual medical care.

The attached document provides further details on these groups, which are referred to as the Queensland Government 'swim lane'. The Commonwealth will be responsible for facilitating vaccination of all other eligible persons under phase 1b (Commonwealth government 'swim lane').

From a State government perspective, this will allow us to focus our collective efforts on securing the health system and protecting those who are at the highest risk of contracting the COVID-19.

Further information on the Queensland Government's 'swim lane' for phase 1b will be published after Easter.

Funding

HHSs will receive funding from Queensland Health to administer COVID-19 vaccinations under phase 1b.

Initially, this funding will take the form of direct reimbursement for all labour and non-labour costs associated with the phase 1b rollout, over and above the initial allocation outlined to each HHS in the memorandum circulated on 19 February 2021 (C-ETF-21/2608).

Queensland Health has been working with HHSs to develop a simple and transparent process to capture the cost of the rollout. This will continue to be a focus, and further guidance will be provided in due course to ensure a consistent approach is adopted.

Over the course of the next few months, as the operating model for COVID-19 vaccinations in Queensland becomes more standardised, a transition to alternative funding models (such as activity-based funding or an efficient price) will be considered. These financial arrangements will be developed and formalised with each of the HHSs in due course.

To inform this process, the Taskforce will monitor HHS vaccination sites against weekly throughput targets and direct cost per dose targets (which will be developed together with each HHS). This benchmarking process will be adapted for each HHS, based on their roll out plan (e.g. mobile vaccination clinics will have a different throughput and direct model to in-hospital clinics).

Staff arrangements for COVID-19 vaccination

All employees, especially those in the priority groups, should be encouraged and supported to receive the COVID-19 vaccine as soon as it becomes available to them.

It is my expectation that all HHSs will work towards maximising the uptake of the vaccine, and wherever possible, support employees to receive the vaccine in ordinary work time. To achieve this, employees and line managers are to work collaboratively to ensure vaccination occurs with minimal disruption to service delivery and in a manner, which promotes the effective use of available resources.

Easter arrangements

I acknowledge the increasing and on-going demand the COVID-19 vaccination rollout has on our existing health care system and staff, and the impact of this on maintaining the provision of other health services to the community. Given these considerations, I request that no vaccination clinics operate over the Easter break, 10 to 13 April 2021, inclusive, and no vaccination bookings are to be taken for this period.

We appreciate that this is an evolving process and we understand that there will be a requirement for Queensland Health, at all levels, to remain nimble to ensure we provide the best approach possible for COVID-19 vaccination for Queenslanders.

Should you have any queries, please do not hesitate to contact Ms Bronwyn Nardi on 07 [REDACTED].

Yours sincerely,

Dr John Wakefield PSM
Director-General

/ /

Prepared by: Yi Chen
Policy Officer
COVID-19 Vaccination Taskforce
[REDACTED]
22 March 2021

Submitted through: Scott Brown
Assistant State Director
COVID-19 Vaccination Taskforce
[REDACTED]
date [REDACTED]

Cleared by: Bronwyn Nardi
State Director
COVID-19 Vaccination Taskforce
07 [REDACTED]
date [REDACTED]

Cleared by: Dr Jeannette Young
Chief Health Officer
[REDACTED]
date [REDACTED]

MEMORANDUM

To: Hospital and Health Services, Chief Executive Officers

Copies to: DDG HPSP
ED State-wide Quarantine
COVID Vaccine Executive

From: Dr John Wakefield PSM
Director-General, Queensland Health

Enquiries to: Bronwyn Nardi,
State Director,
COVID-19
Vaccination
Taskforce
07 [REDACTED]

Subject: COVID-19 Vaccination Program – Phase 1A and Phase 1B

File Ref: C-ECTF-21/4205

The Commonwealth Government has announced Phase 1b of the COVID-19 vaccination program will be rolled out from 22 March 2021, subject to vaccine supply.

The purpose of this memorandum is to:

1. Sign-off on completion of 1st dose for all 1a eligible workers.
2. Outline HHS responsibilities for phase 1b
3. Reinforce my commitment to fund phase 1b implementation and outline financial arrangements for the program, and
4. Address some high-level issues in relation COVID-19 vaccination of HHS staff.

1. Phase 1a: Sign-off on completion of 1st dose for all 1a eligible workers.

I acknowledge the commitment and effort of all HHSs in implementing the rollout of phase 1a of the COVID-19 vaccination program. 1a workers in our hotel quarantine system and public hospitals, represent the highest risk of community transmission and the consequential health, social and economic impact for the state. We must be able demonstrate that we have achieved this critical outcome for Queensland.

I now, therefore, need you to focus on ensuring that all remaining workers in 1a have had at least a first vaccine dose by the end of March.

Whilst the quantitative data is critical in demonstrating achievement of this outcome, I will require you to confirm in writing to the <INSERT Executive Director COVID Vax Program> that you have completed a minimum of first dose vaccination for 1a workers.

I understand that there are some concerns about the take up of vaccination for 1a workers not employed by the HHS, mostly in hotel quarantine. I strongly urge you to liaise with the relevant hotel manager(s) directly, to achieve this outcome. I have asked Dr Cleary to make it clear to all quarantine hotel managers that they will be accountable for signing off on their 1a workforce vaccination by the end of March, and I ask that you consider how best you can work with them to achieve this key outcome for the state.

Phase 1b: HHS responsibilities

The Australian Government has released information on who is eligible to receive COVID-19 vaccination under phase 1b. The advice can be found [here](#).

Under phase 1b, HHSs will be responsible for offering vaccination to:

- Public healthcare workers and support staff
- Emergency services personnel
- Corrective services (including youth detention centres)
- Workers at meat processing facilities
- Workers at international airports
- Maritime industry workers who board international vessels, and
- Patients with serious and chronic medical conditions where the HHS is predominant care provider – eg. Patients receiving renal dialysis

The attached document provides further details on these groups, which are referred to as the Queensland Government 'swim lane'. The Commonwealth will be responsible for facilitating vaccination of all other eligible persons under phase 1b (Commonwealth government 'swim lane').

From a State government perspective, this will allow us to focus our collective efforts on securing the health system and protecting those who are at the highest risk of contracting the COVID-19.

Further information on the Queensland Government's 'swim lane' for phase 1b will be published after Easter.

Funding

HHSs will receive funding from Queensland Health to administer COVID-19 vaccinations under phase 1b.

Initially, this funding will take the form of direct reimbursement for all labour and non-labour costs associated with the phase 1b rollout, over and above the initial allocation outlined to each HHS in the memorandum circulated on 19 February 2021 (C-ETF-21/2608).

Queensland Health has been working with HHSs to develop a simple and transparent process to capture the cost of the rollout. This will continue to be a focus, and further guidance will be provided in due course to ensure a consistent approach is adopted. It is critical that all HHSs remain focussed on pursuing the most efficient delivery models possible, and regularly benchmark themselves on delivery model and cost per vaccination, with peers.

To inform this process, the Taskforce will monitor HHS vaccination sites against weekly throughput targets and direct cost per dose targets (which will be developed together with each HHS). This benchmarking process will be adapted for each HHS, based on their roll out plan (e.g. mobile vaccination clinics will have a different throughput and direct model to in-hospital clinics).

Staff arrangements for COVID-19 vaccination

All employees, especially those in the priority groups, should be encouraged and supported to receive the COVID-19 vaccine as soon as it becomes available to them.

It is my expectation that all HHSs will work towards maximising the uptake of the vaccine, and wherever possible, support employees to receive the vaccine in ordinary work time. To achieve this, employees and line managers are to work collaboratively to ensure vaccination occurs with minimal disruption to service delivery and in a manner, which promotes the effective use of available resources.

Easter arrangements

I acknowledge the increasing and on-going demand the COVID-19 vaccination rollout has on our existing health care system and staff, and the impact of this on maintaining the provision of other health services to the community. With this in mind, I suggest that the default position for the state vaccine program is to suspend activity for the four day Easter break 10-13 April inclusive. If you would like to continue through this period, please provide details and rationale to the <INSERT VAX DIRECTOR DETAILS>.

We appreciate that this is an evolving process and we understand that there will be a requirement for Queensland Health, at all levels, to remain nimble to ensure we provide the best approach possible for COVID-19 vaccination for Queenslanders.

Should you have any queries, please do not hesitate to contact Ms Bronwyn Nardi on 07 [REDACTED].

Yours sincerely,

Dr John Wakefield PSM
Director-General

/ /

Prepared by: Yi Chen
Policy Officer
COVID-19 Vaccination Taskforce
[REDACTED]
22 March 2021

Submitted through: Scott Brown
Assistant State Director
COVID-19 Vaccination Taskforce
[REDACTED]
date [REDACTED]

Cleared by: Bronwyn Nardi
State Director
COVID-19 Vaccination Taskforce
07 [REDACTED]
date [REDACTED]

Cleared by: Dr Jeannette Young
Chief Health Officer
[REDACTED]
date [REDACTED]



MEMORANDUM

To: Hospital and Health Services, Chief Executive Officers

Copies to: DDG HPSP
ED State-wide Quarantine
COVID Vaccine Executive

From: Dr John Wakefield
Director-General, Queensland Health

Enquiries to: Bronwyn Nardi,
State Director,
COVID-19
Vaccination
Taskforce
07 [REDACTED]

Subject: COVID-19 Vaccination Program – Phase 1A and Phase 1B

File Ref: C-ECTF-21/4205

The Commonwealth Government has announced Phase 1b of the COVID-19 vaccination program will be rolled out from 22 March 2021, subject to vaccine supply.

The purpose of this memorandum is to:

1. Sign-off on completion of 1st dose for all 1a eligible workers;
2. Outline Hospital and Health Services' (HHS) responsibilities for phase 1b;
3. Reinforce my commitment to fund phase 1b implementation and outline financial arrangements for the program; and
4. Address some high-level issues in relation COVID-19 vaccination of HHS staff.

Phase 1a: Sign-off on completion of 1st dose for all 1a eligible workers.

I acknowledge the commitment and effort of all HHSs in implementing the rollout of phase 1a of the COVID-19 vaccination program. Phase 1a workers in our hotel quarantine system and public hospitals, represent the highest risk of community transmission and the consequential health, social and economic impact for the State. We must be able demonstrate that we have achieved this critical outcome for Queensland.

I now, therefore, need you to focus on ensuring that all remaining workers in phase 1a have had at least a first vaccine dose by the end of March 2021.

Whilst the quantitative data is critical in demonstrating achievement of this outcome, I will require you to confirm in writing to Ms Bronwyn Nardi, State Director COVID-19 Vaccination Taskforce that you have completed a minimum of first dose vaccination for 1a workers.

I understand that there are some concerns about the take up of vaccination for 1a workers not employed by the HHSs, mostly in hotel quarantine. I strongly urge you to liaise with the relevant hotel manager(s) directly, to achieve this outcome. I have asked Dr Cleary to make it clear to all quarantine hotel managers that they will be accountable for signing off on their 1a workforce vaccination by the end of March 2021, and I ask that you consider how best you can work with them to achieve this key outcome for the State.

Phase 1b: HHS responsibilities

The Australian Government has released information on who is eligible to receive COVID-19 vaccination under phase 1b. The advice can be found [here](#).

Under phase 1b, HHSs will be responsible for offering vaccination to:

- Public healthcare workers and support staff;
- Emergency services personnel;
- Corrective services (including youth detention centres);
- Workers at meat processing facilities;
- Workers at international airports;
- Maritime industry workers who board international vessels; and
- Patients with serious and chronic medical conditions where the HHS is predominant care provider – for example, Patients receiving renal dialysis.

The attached document provides further details on these groups, which are referred to as the Queensland Government 'swim lane'. The Commonwealth will be responsible for facilitating vaccination of all other eligible persons under phase 1b (Commonwealth government 'swim lane').

From a State government perspective, this will allow us to focus our collective efforts on securing the health system and protecting those who are at the highest risk of contracting the COVID-19.

Further information on the Queensland Government's 'swim lane' for phase 1b will be published after Easter.

Funding

HHSs will receive funding from Queensland Health to administer COVID-19 vaccinations under phase 1b.

Initially, this funding will take the form of direct reimbursement for all labour and non-labour costs associated with the phase 1b rollout, over and above the initial allocation outlined to each HHS in the memorandum circulated on 19 February 2021 (C-ETF-21/2608).

Queensland Health has been working with HHSs to develop a simple and transparent process to capture the cost of the rollout. This will continue to be a focus, and further guidance will be provided in due course to ensure a consistent approach is adopted. It is critical that all HHSs remain focussed on pursuing the most efficient delivery models possible, and regularly benchmark themselves on delivery model and cost per vaccination, with peers.

To inform this process, the Taskforce will monitor HHS vaccination sites against weekly throughput targets and direct cost per dose targets (which will be developed together with each HHS). This benchmarking process will be adapted for each HHS, based on their roll out plan (e.g. mobile vaccination clinics will have a different throughput and direct model to in-hospital clinics).

Staff arrangements for COVID-19 vaccination

All employees, especially those in the priority groups, should be encouraged and supported to receive the COVID-19 vaccine as soon as it becomes available to them.

It is my expectation that all HHSs will work towards maximising the uptake of the vaccine, and wherever possible, support employees to receive the vaccine in ordinary work time. To achieve this, employees and line managers are to work collaboratively to ensure vaccination occurs with minimal disruption to service delivery and in a manner, which promotes the effective use of available resources.

Easter arrangements

I acknowledge the increasing and on-going demand the COVID-19 vaccination rollout has on our existing health care system and staff, and the impact of this on maintaining the provision of other health services to the community. With this in mind, I suggest that the default position for the State vaccine program is to suspend activity for the four day Easter break 10-13 April inclusive. If you would like to continue through this period, please provide details and rationale to the Vaccine Command Centre QH.VCC@health.qld.gov.au.

We appreciate that this is an evolving process and we understand that there will be a requirement for Queensland Health, at all levels, to remain nimble to ensure we provide the best approach possible for COVID-19 vaccination for Queenslanders.

Should you have any queries, please do not hesitate to contact Ms Bronwyn Nardi on (07) [REDACTED]

Yours sincerely,



Dr John Wakefield PSM
Director-General
24 /03 /2021

From: Special Broadcast
Sent: 31 March 2021 10:18
To: Special Broadcast
Subject: Keeping Queensland Health staff safe is my priority

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Special Broadcast

Dr Jeannette Young PSM

Chief Health Officer



Dear colleagues

Keeping Queensland Health staff safe is my number one priority

In line with that commitment, Queensland has new rules requiring everyone working with positive COVID-19 patients to be vaccinated against the virus.

The Direction applies to all Hospital and Health Service staff and Queensland Ambulance employees who are at higher risk of having contact with COVID-19 positive patients. This decision was made so we can continue to protect our health workforce and our most at-risk workers.

Vaccinating all high-risk quarantine hotel, border and hospital staff was always our first priority with this vaccine roll out, but making this mandatory allows us to ensure that everyone who is at risk of exposure is as protected as they can be.

We have been averaging 25 COVID-19 positive returned travellers a week for the last two weeks. Many of these are linked to Papua New Guinea, which is posing a unique challenge to our health system.

The decision was informed by several factors, including the increasing threat of COVID-19 in Papua New Guinea, the increasing emergence of virus variants, the number of active cases being managed in our hospitals and the recent COVID-19 clusters.

Further protection via testing

Staff who are likely to be in direct contact with a COVID-19 patient are to undertake surveillance testing on a regular basis. More information and Q&As can [be found here](#).

Our staff deserve to feel safe at work. High-risk health staff who do not wish to be vaccinated, or undergo regular testing, will be moved to non-COVID-19 facing roles.

Thank you

Dr Jeannette Young PSM

Chief Health Officer

Queensland Health

Queensland Health

Queensland Government

33 Charlotte Street, Brisbane QLD 4000



**Queensland
Government**



RTI RELEASE

From: Special Broadcast
Sent: 22 February 2021 10:49
Subject: COVID-19 vaccine rollout



Special Broadcast

[Queensland Health](#) | [QHEPS](#)

22 February 2021

Dear colleagues

Today the very first Queenslander received a COVID-19 vaccination, marking a monumental milestone in the recovery of our state.

The speed of development of COVID-19 vaccinations is an amazing success story. In just over a year the Gold Coast Hospital and Health Service has gone from managing the first positive COVID-19 case in Queensland to delivering the first vaccination.

Planning has been underway for months to enable the largest coordinated vaccination effort the state has ever seen to officially start today.

Guided by the [COVID-19 vaccine national rollout strategy](#), [Queensland's vaccine rollout](#) will be delivered in planned stages. Those who are at the highest risk of getting COVID-19 or at a higher risk of severe illness from COVID-19 will receive the vaccination first, under Priority Group 1a.

The highest priority for vaccination in Priority Group 1a is:

- Quarantine facility workers as defined in the *COVID-19 Testing Quarantine Facility Workers Direction (No 3)* including workers who deliver health services, personal services, security services, all front and back of house hotel and cleaning services and passenger transport service; and
- Healthcare workers providing direct clinical care to COVID-19 positive individuals.

- COVID/infectious disease wards
- Emergency departments
- Intensive care
- frontline Queensland Ambulance Service roles
- Fever and Respiratory clinics
- frontline or international aeromedical retrieval teams
- Priority quarantine and border workers, staff who work in:
 - hotel quarantine including cleaners, security, drivers, catering and public health
 - air and sea border security
- Pathology staff, medical researchers and scientists working with SARS-CoV2
- Marine pilots
- Aged care and disability care workers (vaccination rollout managed by the Australian Government Health Department)
- Aged care and disability care residents (vaccination rollout managed by the Australian Government Health Department)

Estimated population: 125,000 doses up to 250,000

Every Hospital and Health Service (HHS) in Queensland will be providing vaccinations to eligible staff in Phase 1a.

The rollout will begin with the Pfizer vaccine at the following locations:

- Gold Coast University Hospital
- Princess Alexandra Hospital
- Royal Brisbane and Women's Hospital
- Sunshine Coast University Hospital
- Townsville University Hospital
- Cairns Hospital

Eligible healthcare workers will be invited by their HHS to make an appointment for vaccination at their nearest vaccination hub. If you are a frontline healthcare worker and have not been contacted, but believe you fit into Priority Group 1a, please speak with your line manager.

Playing your part

Research shows healthcare workers are the most trusted source of information on the COVID-19 vaccine, with 85 per cent saying they trust their own doctor or healthcare provider. This means that you can play a critical role in the success of the COVID-19 vaccinations. We will share more about our ambassador campaign and how you can get involved in the next few weeks.

Even with the vaccine rollout, it is important you wash your hands regularly, stay home if you are sick and maintain social distancing.

More information about the vaccine rollout is available on [QHEPS](#) and the [Queensland Health website](#).

Kind regards

Dr John Wakefield PSM

Director-General
Queensland Health

Dr Jeannette Young PSM

Chief Health Officer
Queensland Health

Queensland Health

Queensland Government
33 Charlotte Street, Brisbane QLD 4000



**Queensland
Government**

Please do not reply to this email, as this account is monitored irregularly

Testing and Vaccination Requirements (Contact by Health Workers with Cases)

Internal comms key messages

The purpose of this Direction is to protect the health of the community and those health workers or relevant employees (working in hospitals – including transporting patients) who are at a higher risk of having contact with COVID-positive patients. The Direction will mandate surveillance testing and vaccination requirements, including compliance measures for reporting contacts with COVID-19 patients and record keeping.

Key messages-Vaccination

- You must comply with vaccination requirements if you are likely to have direct contact with a COVID-19 patient
- Vaccination requirements include receiving your first dose of Pfizer or Astra Zeneca and be scheduled to receive a second dose.
- If you do not comply with vaccination requirements, you must not have direct contact with a COVID-19 patient except where:
 - emergency care must be provided immediately
 - there is no other vaccinated employee who can provide care or transport.

Key messages-Testing

- If you are likely to be in direct contact with a COVID-19 patient you must undertake surveillance testing and notify your employer of the test.
- This means you must have:
 - a saliva test each shift
 - a weekly throat and deep nasal swab if you are away from work for 7 days or more. You must continue to be tested until 14 days have passed since you have been at work.
 - a test when directed by an emergency officer.

Key messages Face masks

- You must wear a P2/ N95 mask at all times when working in an area with COVID-19 patients, if a mask and fit testing has been made available.

Testing and Vaccination Requirements (Contact by Health Workers with Cases)

Internal comms key messages

The purpose of this Direction is to protect the health of the community and those health workers or relevant employees (working in hospitals – including transporting patients) who are at a higher risk of having contact with COVID-19 positive patients. The Direction will mandate surveillance testing and vaccination requirements, including compliance measures for reporting contacts with COVID-19 patients and record keeping.

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- Vaccination requirements include receiving your first dose of Pfizer or Astra Zeneca and be scheduled to receive a second dose.
- If you do not comply with vaccination requirements, you must not have direct contact with a COVID-19 patient except where:
 - emergency care must be provided immediately
 - there is no other vaccinated employee who can provide care or transport.

Key messages–Testing

- If you are likely to be in direct contact with a COVID-19 patient you must undertake surveillance testing and notify your employer of the test.
- This means you must have:
 - a saliva test each shift
 - a weekly throat and deep nasal swab if you are away from work for 7 days or more. You must continue to be tested until 14 days have passed since you have been at work.
 - a test when directed by an emergency officer.

Key messages Face masks

- You must wear a P2/N95 mask at all times when working in an area with COVID-19 patients, if a mask and fit testing has been made available.

COVID-19 testing and vaccination for health workers

[COVID-19 Testing and Vaccination Requirements \(Contact by Health Workers with Cases\) Direction](#)

Overview

To protect the health of the community and those working in hospitals, health workers who are at a higher risk of having contact with COVID-positive patients must follow COVID-19 vaccination, testing and mask wearing requirements. These workers are considered relevant employees under this Direction.

Vaccination

Current employees

To continue working as a relevant employee, you must comply with vaccination requirements if you are likely to have direct contact with a COVID-19 patient. This means you must have:

- received one dose of Pfizer or Astra Zeneca by 31 March; and
- receive a second dose of Pfizer on or around 21 April or Astra Zeneca on or around 23 June; and
- notified the Hospital and Health Service Chief Executive or the Queensland Ambulance Commissioner (or nominated representatives) of your vaccination.

New employees

If you start work after 31 March 2021, you must comply with vaccination requirements if you are likely to have direct contact with a COVID-19 patient. This means you must have:

- received one dose of Pfizer or Astra Zeneca before starting work; and
- receive a second dose of Pfizer on or around 3 weeks after your first dose or Astra Zeneca on or around 12 weeks after your first dose; and
- notified the Hospital and Health Service Chief Executive or the Queensland Ambulance Commissioner (or nominated representatives) of your vaccination.

If you do not comply with vaccination requirements, direct contact with a COVID-19 patient will only be allowed if:

- emergency care must be provided immediately

- there is no other vaccinated employee available who can provide care or transport
- you must provide services to maintain safe operation of the area where the COVID-19 patient is located.

If you do not comply with vaccination requirements and enter an area where a COVID-19 patient is located, you must:

- report what happened to the Hospital and Health Service Chief Executive or the Queensland Ambulance Commissioner as soon as possible; and
- undertake surveillance testing until 14 days have passed since you had contact with the person or entered the area.

If asked by an emergency officer, you must provide evidence that you comply with vaccination requirements.

If you do not comply with vaccination requirements, you can still work in a Queensland Hospital and Health Service or for the Queensland Ambulance Service as long as you do not work as a relevant employee. This means you cannot work in or enter an area with COVID-19 patients.

Testing

Relevant employees who are likely to be in direct contact with a COVID-19 patient must undertake surveillance testing and notify their employer of the test.

This means you must:

- have a saliva test each shift
- have a weekly throat and deep nasal swab if you are away from work for 7 days or more. You must continue to be tested until 14 days have passed since you have been at work.
- have a test when directed by an emergency officer; or
- continue to undertake surveillance testing if you work as a quarantine facility worker.

If you comply with surveillance testing and do not have COVID-19 symptoms, you do not need to isolate or quarantine while waiting for your result.

If you are not tested, you cannot work until you comply with testing or until 14 days have passed since you were a relevant employee.

If you develop COVID-19 symptoms, you must:

- immediately seek medical attention
- be tested and isolate until you receive a negative result and have no symptoms
- follow the requirements in any other public health direction.

Face masks

Relevant employees must wear a P2/N95 mask at all times when working in an area with COVID-19 patients, if a mask and fit testing has been made available.

Record keeping

The Hospital and Health Service Chief Executive and the Queensland Ambulance Commissioner must keep a record of surveillance testing of relevant employees.

For full details read the [COVID-19 Testing and Vaccination Requirements \(Contact by Health Workers with Cases\) Direction](#).