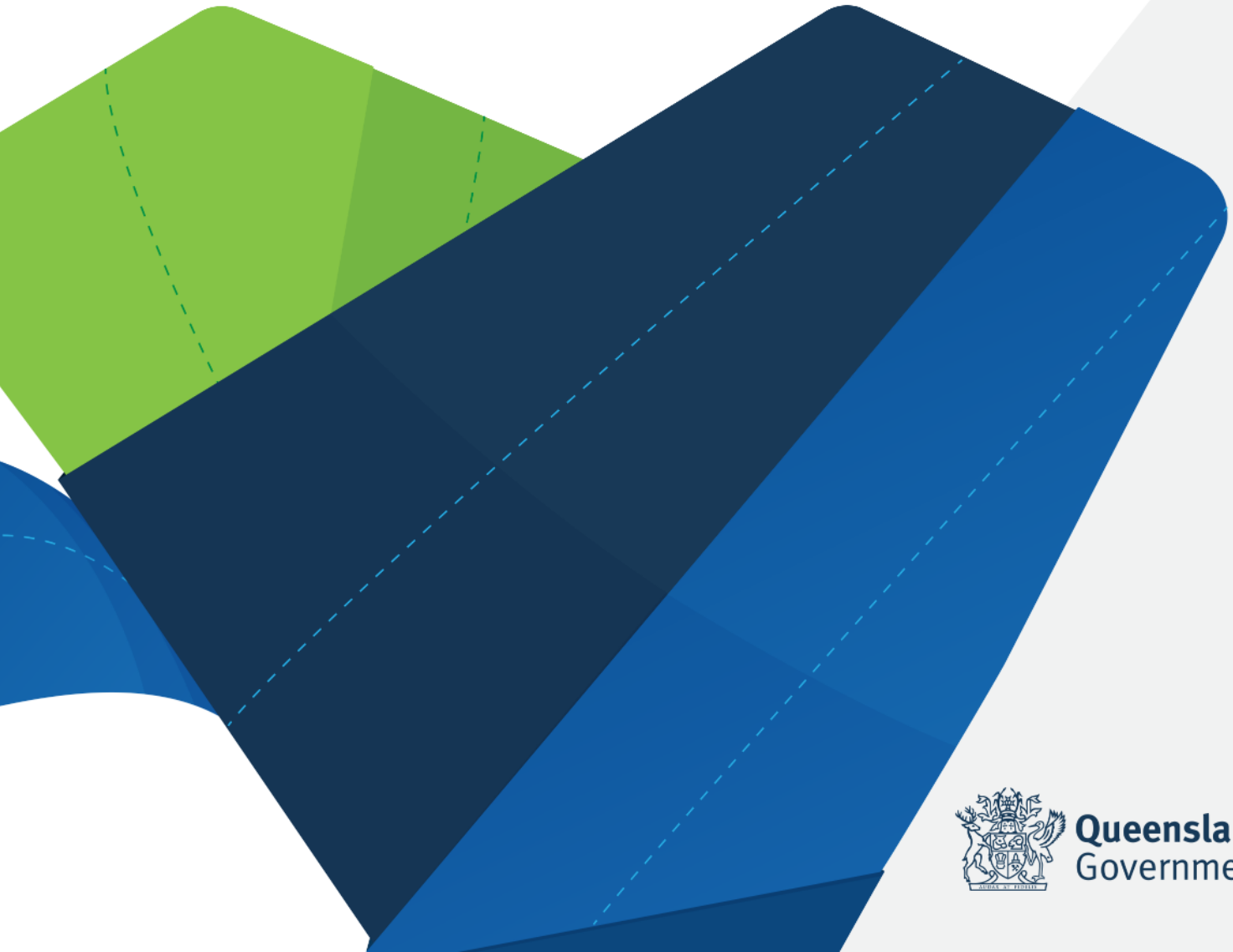
Queensland Health

Vaccination Readiness Assurance Plan 3.0



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Document version control

Version	Date	Comments
2	30 April 2021	• This iteration of the Assurance Plan applies to all Providers either requesting Declared Provider Status as a State COVID-19 Provider or requesting permission to commence vaccinations at a new site.
2.1	16 July 2021	• Streamlined the Readiness Pathways. Updated appendices to reflect the dual vaccination checklist from the Commonwealth, the LCVL approval checklist and the vaccination location accessibility checklist. Expansion of the self-assurance checklist, the content within workforce and training, building requirements and further advice supporting CALD and vulnerable cohorts.
2.2	8 September 2021	• Update to the Readiness Pathways to include Readiness Pathway Four; Pathway for a Declared COVID-19 Provider engaged for a specific purpose.
2.3	27 September 2021	• The processes for commencing subsequent vaccination clinics or services has been streamlined to support the transition into more mobile, adhoc vaccination services. These include: ○ The Clinic Planner has been combined with the Operational Plan. ○ The self-assurance checklist is available to support Providers but submission to the VCC isn't required. ○ The Location accessibility checklist is only required for public facing sites in QCVMS. ○ The Australian Government Declaration is no longer required.
2.4	10 January 2022	• Updated to include the Paediatric Clinical Assurance Guide as an appendix. • Terminology updated from Declared Provider to Queensland Government-controlled COVID-19 vaccination service (QG-CS) Provider to align with the Emergency Order. • Updated planning regulations amendment to align with Emergency Order.
3.0	10 May 2022	• Reformatted to clearly define pathways to become a QG-CS Provider versus Vaccine Operational Guidelines. • Introduces Readiness Pathway Three: For vaccine service providers approved by Queensland Health and engaged by Queensland Government • Acknowledgement to clinical governance at a HHS level for COVID-19 vaccines other than Comirnaty (Pfizer) • Addition of Influenza vaccine into the Emergency Order

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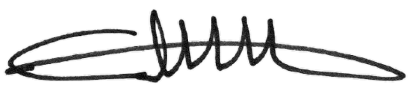
SIGNATURE:  11/05/2022	**SIGNATURE:**  11/05/2022	**SIGNATURE:**  11/05/2022

Contents

Introduction

Purpose

Queensland has a long-established system for vaccinating people against infectious diseases including programs dedicated to childhood vaccination, large-scale seasonal influenza programs and annual school-based vaccination programs. As referenced in the Emergency Order: Public Health Emergency – Pandemic Response to Coronavirus Disease (COVID-19) – COVID-19 Vaccination Service Providers – COVID-19 Vaccine and Influenza Vaccine (the Emergency Order), this Queensland COVID-19 Vaccination Readiness Assurance Plan (VRAP) has been developed to provide an assurance and operational framework for Queensland Government-controlled COVID-19 vaccination service (QG-CS) Providers. It is designed to give confidence to both the QG-CS Provider and the Queensland Government, that providers are ready to safely receive, store, transport and administer the COVID-19 vaccine.

This VRAP consists of two parts:

- **Part A: Readiness and Assurance Pathways** - details the pathways and processes to attain QG-CS Provider status, and
- **Part B: COVID-19 Vaccination Operational Guidelines** - details the operational expectations to ensure the safe, efficient, and effective administration of COVID-19 vaccines in Queensland.

Scope

The Queensland COVID-19 Vaccination Program (the Program) may be delivered in a variety of locations including in hospitals, community centres, workplaces, General Practice and community pharmacies and the expected throughput at these locations may range from less than 100 persons to greater than 3000 persons.

The VRAP is an iterative plan that will be further developed to incorporate the learnings from previous phases of Queensland's COVID-19 Vaccination Program roll-out, any Program changes and relevant updates to guidance from the Therapeutic Goods Association (TGA) and Australian Technical Advisory Group for Immunisation (ATAGI).

This iteration of the VRAP applies to all services requesting QG-CS Provider status or those commencing subsequent vaccinations services as required. The Readiness Assurance Pathways (the Pathways) detailed in this VRAP must successfully be completed prior to a vaccination service attaining QG-CS Provider status.

Once QG-CS Provider status is attained, subsequent services can undergo a self-assurance process as detailed on page 7 of this document and in Appendix 1 – Table of readiness and assurance documents.

Part A: Readiness and assurance pathways

Introduction

This section provides detailed information on the Pathways to become a QG-CS Provider and the requirements for QG-CS Providers to commence subsequent COVID-19 vaccination services.

Prior to commencing COVID-19 vaccination services on behalf of Queensland Health, providers must ensure they receive confirmation from the Vaccine Command Centre (VCC) they have successfully attained QG-CS Provider status. This document is an iterative document and will be updated to include additional Pathways to align with key transitions in Queensland's COVID-19 vaccination roll-out.

A Pathway will be allocated to a provider requesting QG-CS status depending on their organisation type, previous involvement in vaccination services and the intended contractual agreement.

As at April 2022, there are three Pathways to become a QG-CS Provider and two Pathways to initiate subsequent services.

Pathways to become a QG-CS Provider

Pathway One: For Queensland Hospital and Health Services (HHSs):

Pathway One was established to support HHSs commence the roll-out of COVID-19 vaccination services. It involves three separate gates which may be undertaken concurrently and specific detail on these gates can be found in Part B of this document.

- **Gate 1:** Submission, review and gap analysis of service plan based on Queensland Health's COVID-19 Vaccination Operational Guidelines
- **Gate 2:** Iterative site visit/s from the COVID-19 Vaccination Taskforce (the Taskforce) to ensure compliance with Queensland Health's COVID-19 vaccination location requirements
- **Gate 3:** Independent go-live simulations to assess readiness and operational compliance.

Once these gates are successfully completed, HHSs are required to submit the readiness assurance documents in line with Appendix 1 including the mandatory Australian Government Declaration Checklist (Appendix 2).

Pathway Two: For Providers being engaged by Hospital and Health Services

Pathway Two was established to support a range of other workforce sources being contracted by a HHS to support the delivery of COVID-19 vaccination services become QG-CS Providers.

These other workforce sources include:

- Standing Offer Arrangements (SOAs)
- The COVID-19 Clinical Contingent Workforce Agreement (CSCSD111215)
- The COVID-19 Vaccination Service Providers Panel (CSCSD108061).

The COVID-19 Onboarding and Assurance Manual (Appendix 3) details the specific readiness and assurance activities required and Appendix 1 summarises the readiness assurance documents required including the mandatory Australian Government Declaration Checklist (Appendix 2).

Pathway Three: For existing non-COVID-19 immunisation programs engaged by Queensland Government

Pathway Three supports vaccine service providers that operate an existing non-COVID-19 immunisation program authorised under the *Medicines and Poisons Act 2019*, or otherwise approved by Queensland Health (e.g. local government immunisation programs, commercial vaccination providers). This pathway acknowledges the vaccination experience and existing assurance processes required as part of non-COVID-19 vaccination services.

Given this experience, a self-assurance process has been established and is detailed in Appendix 4 - Readiness Pathway Three: For vaccine service providers approved by Queensland Health and engaged by Queensland Government.

Pathways for QG-CS Providers commencing subsequent services

Pathway Four: For QG-CS Providers establishing subsequent services including from a van or similar

Pathway Four was established to support QG-CS Providers commencing subsequent sites and services undergo a condensed self-assurance process. There is an expectation that the learnings, governance and overarching policies, processes and protocols will be transferred from the QG-CS Provider's subsequent services and therefore, a condensed self-assurance process has been developed.

A self-assurance checklist (Appendix 5) is available offering guidance to this process and Appendix 1 details the readiness and assurance documents required.

Variation to subsequent site assurance

If deemed necessary and, despite having QG-CS Provider status, QG-CS Providers may still be required to undertake one or more of the assurance gates outlined in Pathway One depending on the proposed service plan. This is at the discretion of the VCC and QG-CS Providers will be notified of the requirement.

At minimum, the following expectations exist:

- Any community-based vaccination location coming online that has a potential throughput of greater than 1,000 persons per day may be required to undergo a tailored assurance, regardless of existing QG-CS Provider status
- Any mass vaccination location coming online that has a potential throughput of greater than 3,000 persons per day will undergo a tailored assurance, regardless of QG-CS Provider status
- Any site previously administering only the AstraZeneca vaccine will undergo a modified assurance processes, regardless of existing QG-CS Provider status
- Self-assurance of subsequent sites or services by QG-CS Providers only applies to vaccination services undertaken by their own organisation

- Any QG-CS Provider utilising vaccination service providers/contractors from the State's panel of providers may require additional assurance activities. The scope of these activities is at the discretion of the VCC, and dependent on the service model proposed
- Any site undertaking vaccination services with specific safety concerns or complex logistics may require additional assurance activities. The scope of these activities is at the discretion of the VCC, and dependent on the service model proposed.

Pathway Five: For QG-CS Providers incorporating additional COVID-19 vaccines

Queensland's COVID-19 vaccination roll-out will continue to evolve. The Comirnaty (Pfizer) vaccine is the only COVID-19 vaccine supported clinically at a State-wide level by the Department of Health. QG-CS Providers who identify a need to access and offer additional COVID-19 vaccines are required to liaise with the VCC who will consider the request.

At minimum, there is an expectation that QG-CS Providers adhere to the following key principles:

- Staff have undertaken the relevant training in accordance with Commonwealth and State guidelines
- Operational processes are developed in accordance with ATAGI guidelines and Australian Product Information (PI)
- Vaccines administered are reported to Australian Immunisation Register (AIR) within the mandatory timeframes
- Adverse Events Following Immunisation (AEFIs), Vaccine Administration Errors (VAEs) and Cold Chain Breaches (CCBs) are reported within mandatory timeframes
- Reporting requirements for additional COVID-19 vaccines as stipulated at the time by the VCC are adhered to
- The key principles in the Paediatric Clinical Assurance Guide (Appendix 6) are adhered to.

Amendments to the Emergency Order to include Influenza vaccine

In April 2022, the Emergency Order was updated to include influenza vaccine. QG-CS Providers including the influenza vaccine into their vaccination services under the Emergency Order are expected to administer this vaccine in accordance with:

a) The *Statement on the administration of seasonal influenza vaccine in 2022* issued by ATAGI

b) The current online edition of the *Australian Immunisation Handbook*

c) The *National Vaccine Storage Guidelines: Strive for 5*.

For QG-CS Providers administering both COVID-19 vaccines and Influenza vaccines from the same location, it is expected that the key principles of this VRAP are adhered to and applied accordingly to influenza vaccination services specifically in relation to the training requirements for the expanded workforce.

Part B: COVID-19 Vaccination Operational Guidelines

Introduction

This section details Queensland Health's COVID-19 Vaccination Operational Guidelines. It is expected that all QG-CS Providers adhere to these guidelines throughout the duration of their vaccination services. The COVID-19 vaccine is being administered under a provisional registration through the TGA and a dedicated governance and operational framework has been established.

Clinical Operations

It is expected that all QG-CS Providers have a COVID-19 Service Plan (Service Plan) or similar, to support the safe, efficient and effective delivery of the COVID-19 vaccine. QG-CS Providers following Pathway One are required to submit their COVID-19 service plan to the VCC via QH.VCC@health.qld.gov.au for review prior to commencement of services.

Detailed planning is essential to deliver safe and effective large-scale or mass vaccination programs. Planning and delivery should occur in-line with a consistent pre-identified footprint, designed to ensure safe and effective delivery of COVID-19 vaccines.

By completing this analysis, significant variations and/or gaps in planning which require further consideration will be identified. The Service Plan must include detailed information on a wide range of practical considerations necessary for large-scale vaccination services, and must address the following elements:

1. Governance structure
2. Vaccination location information
3. Clinic management
4. Vaccine management, storage, transport, transfer and preparation
5. Consumables and resources
6. Workforce and training
7. Business continuity plan

Further information about these elements is outlined below.

1. Governance structure

QG-CS Providers are required to develop a governance structure to support the local oversight of the vaccine roll-out. This includes identifying specific clinical, operational and/or pharmacy leads for ongoing liaison with the VCC and Taskforce.

It is critical to ensure documented procedures are in place to:

- Ensure the safe and effective delivery of the COVID-19 vaccine in accordance with all Commonwealth and State requirements
- Ensure processes are in place to detect any fraudulent or inappropriate behaviour by consumers or personnel
    - Falsification of medical records is a serious offence and will need to be reported to the Australian Health Practitioner Regulation Agency (AHPRA), the Office of the

Health Ombudsman, the Queensland Police Service and Commonwealth Authorities for records impacting the AIR.

- Ensure that personnel at the vaccine hub have not provided, requested or accepted, and will not provide, request or accept, any additional incentive or benefit in connection with the vaccine doses, packaging or materials (such as a bribe)
- Ensure that any documentation, or other information received in connection with vaccine doses, is maintained in strict confidence and are not disclosed to any third party without the consent of the Queensland or Australian Government.

Clinical Governance

In vaccine locations where medical officers are not routinely working on-site or in proximity, other health professionals on-site must be trained and capable of recognising and responding to any serious adverse reactions post vaccination, including an anaphylactic reaction.

For those rural and remote sites, it is critical to have well understood and documented processes regarding access to additional medical and/or emergency support as required. This could include support from local Queensland Ambulance Service (QAS) who may have on-site capacity or Royal Flying Doctor Service (RFDS) if services would routinely access this additional support.

2. Vaccination location information

Target audience & vaccination goals

QG-CS Providers must clearly identify the target audience the number of predicted vaccination encounters and the predicted vaccination timeframes for the cohort. It is critical to identify the scalability of vaccination capacity. This information will inform the VCC on expected throughput to ensure alignment with vaccine allocation and delivery schedule, as well as supporting the flexible delivery of vaccination services.

There is an expectation that each QG-CS Provider will deliver vaccination services which support the timely roll-out of the National COVID-19 vaccination program, in accordance with State directives.

Natural hazard considerations

Queensland is exposed to a range of natural hazards throughout various times of the year. QG-CS Providers operating vaccination services will need to consider these potential hazards as they may conflict with disaster management arrangements or impact access to suitable locations, resources and anticipated workforce requirements.

Key considerations include:

- Severe weather season – October to April
- Operation Cool Burn (back-burning activities) – April to August
- Bushfire season – August to December
- Heatwave – October to March

Identification of proposed COVID-19 vaccination locations

QG-CS Providers are responsible for identifying and securing appropriate COVID-19 vaccination locations within their geographical boundaries. It is critical to apply local context to these

decisions. QG-CS Providers will need to ensure all legal agreements are in place prior to commencing COVID-19 vaccination services and Appendix 7 – COVID-19 Site License Agreement Template has been created to guide this process.

Specific requirements will include:

- appropriate insurance cover
- workplace health and safety assessment
- venue specific fire evacuation plan
- COVID safe management plan and traffic management plan

QG-CS Providers will also need to ensure they're aware of any concerns with the venue such as roof leaks in the event of heavy rain.

Planning Regulation

An amendment has been made to the Planning Regulation 2017 (section 20A) to make any facility or premises used as a 'COVID-19 vaccination centre' for Queensland's COVID-19 vaccination program not assessable development, and therefore not requiring development assessment or planning approval by Local Government. The amendment applies to COVID-19 vaccination services provided by or for the Commonwealth, the State or a public sector entity. The amendment expires on the COVID-19 legislation expiry day as defined in section 4A of the *COVID-19 Emergency Response Act 2020*.

Disaster management collaboration

Despite the vaccination centres being accepted development, it is strongly recommended that locations be identified in consultation with relevant Local Disaster Management Groups (LDMGs) and/or District Disaster Management Groups (DDMGs).

This will assist in ensuring the location is suitable in terms of vaccination service provision and any potential impact on the surrounding area, including:

- Any plans to utilise a Queensland heritage place or a local heritage place must not include permanent and/or irreversible alterations to enable the COVID-19 vaccination service
- If a proposed location is adjacent to or accessed from a State-controlled road, consultation with the Department of Transport and Main Roads is required to maintain safety and minimise traffic disruptions on the road network
- If a proposed location is located adjacent to a railway, light railway or busway, consultation with the Department of Transport and Main Roads is required to minimise disruptions to public transport services and maintain safe pedestrian access to the vaccination centre.

Building Code requirements

When selecting a venue, it is expected that consideration be given as early as possible to the appropriateness of the location and the building intended to be occupied for vaccine administration. It is important to note that although there is no minimum building classification requirement for these locations, QG-CS Providers are encouraged, where possible, to select a venue with Class 5 or Class 9(b) classification as they have an akin community usage.

Facility requirements are further detailed in Part B of this document under vaccination location requirements.

People with disability

QG-CS Providers are expected to consider the accessibility of the proposed location for people with disability, carers, and the disability workforce. The Commonwealth and Queensland Health has identified that people with disability are often more vulnerable to adverse outcomes associated with COVID-19 due to underlying chronic health conditions, weakened immune systems, low health literacy levels, requirements for personal care and difficulties with physical distancing, difficulties undertaking basic hygiene measures, and workforce challenges.

For these reasons, people with disability, carers and the disability workforce are a priority group for the COVID-19 vaccine and may require personalised care plans to facilitate. It may be preferable to facilitate vaccination through their known primary care network or through a specialised hospital-based vaccination location.

Once a location is confirmed and procured, QG-CS Providers will need to:

- Capture the vaccination location in their dedicated clinic planner
- Complete the Large Community Vaccination Location Approval Checklist (Appendix 8) if applicable
- Complete the Vaccination Location Accessibility Checklist (Appendix 9) if applicable
- Develop a communication strategy for the location
- Notify the relevant Local Government and surrounding businesses (if not already) of the proposed establishment as soon as practicable.

  At minimum, the following information should be provided:

  - Location
  - Hours of operation
  - Contact name, phone number and email of the provider responsible for the service and able to deal with queries or complaints
  - The anticipated length of time the vaccination centre will be operating
  - Any changes to the above.

3. Clinic Management

The clinic management of the vaccination service is critical to safe and effective vaccination services. The clinic management requirements are based on those outlined by the Australian Government.

QG-CS Providers must adhere to the clinic management expectations detailed in this section and for those HHSs undertaking Pathway One, detailed clinic management information must be included in their service plan.

Key areas of clinic management include:

- Identification and booking
- Consumer journey including roles and responsibilities
- Consideration of First Nations People, CALD communities, and vulnerable persons
- Clinical record maintenance and reporting

- Clinical governance of AEFI and VAE
- Security for staff and vaccines
- Incident prevention and management
- Infection control
- Waste management including sharps.

The detailed information outlined below will guide each QG-CS Provider in the planning and development of their COVID-19 vaccination services. These are minimum requirements set-out by the Queensland Government to ensure the efficient, safe, and effective delivery of the Program.

It is acknowledged and expected that QG-CS Providers will need to further develop site-specific processes unique to their vaccination services including processes to support mobile or pop-up options.

Identification and booking

QG-CS Providers should identify and book consumers in accordance with Australia's COVID-19 vaccine national roll-out strategy. Queensland Health developed the Queensland COVID-19 Vaccination Ethical Framework (the Ethical Framework) to support the prioritisation within phases.

Since the development of the Ethical Framework, there have been a series of decisions requiring a shift in Program planning, models and timeframes. As such, it is important that QG-CS Providers consider the principles set out in the Ethical Framework and criteria developed by the Taskforce and circulated from the VCC.

In certain areas, it's likely linkages between Local Government, Primary Healthcare Networks and any other community organisations including Aboriginal and Torres Strait Islander people and communities will be vital for the successful and equitable roll-out.

In the event vaccinations are not administered by appointment, a traffic management plan must be in place and adequate plans and support to maintain potential crowds. Certain venues such as stadiums and convention centres may already have an agreed traffic management plan which can be adapted to manage vaccination clinic/centre traffic.

Stand-by processes for missed bookings

Given the increased difficulties with transporting the mRNA vaccine, due consideration should be given to the vaccination delivery model. The logistics, preparation and integration of COVID-19 vaccine is complex, especially for mRNA vaccines. All efforts must be made to avoid vaccine wastage however, it is acknowledged that multi-dose vials can be challenging. Queensland Health's preference is to vaccinate any person presenting if clinically appropriate to do so.

To minimise the risk of vaccine wastage, QG-CS Providers must ensure they have integrated stand-by booking processes in place.

These processes must identify:

- A responsible person for overseeing booked attendance during a clinic
- A quantified threshold which identifies the need to instigate stand-by processes
- Identification of regular intervals at which the above information will be monitored throughout the vaccination session to ensure timely intervention.

For walk-in services, QG-CS Providers must ensure a robust vaccine delivery and preparation model that limits wastage whilst still ensuring access and coverage.

Consumer journey including roles and responsibilities

QG-CS Providers must ensure that each proposed location has detailed information on the consumer journey through the vaccination process and ensure there are well documented roles and responsibilities at each point. Safe and efficient operations are critical.

Roles and responsibilities for large vaccination locations include, but are not limited to, the following:

- A designated vaccine clinic lead who will take responsibility for determining the number of vials to be thawed for the clinic based on bookings and stock management. Whilst accurate stock management at the clinic level is expected, locations should also have a plan in place for utilising any leftover vaccines at the end of a clinic to ensure no wastage occurs.
- A designated person/s in the vaccine preparation area who will take responsibility for oversight of preparation and stock control throughout the vaccination session. They will be responsible for receipting and/or collecting the required number of vaccines and returning any remaining quantities at the end of a session.
- Designated person/s providing adequate direction for consumers from the carpark through to vaccination centre and supporting rapid access for emergency support to the venue and consumer.
- Designated person/s to ensure safety of consumers and staff throughout the hours of clinic operation.
- Designated person/s to support efficient flow of clients through the designated areas and to ensure required social distancing is maintained.
- Designated person/s to ensure the location can appropriate support people with disability including being able to facilitate interpreter access, identifying and addressing accessibility issues each day, and providing assistance to people with accessibility challenges.
- Designated person/s conducting standardised screening to exclude consumers who display symptoms of COVID-19 disease, and referral for appropriate assessment for COVID-19 disease or other conditions as per guidance provided in the ATAGI Guiding Principles for Maintaining Immunisation Services During the COVID-19 Pandemic.
- Designated person/s confirming consumer's identity including how consumers will be identified throughout the vaccination processes, especially in the event of an AEFI and provision of a vaccination record card with consumer's details that they carry throughout the process.
- Designated person/s conducting vaccination history checks via the AIR to confirm adequate interval between COVID-19 doses and the previous brand administered and/or other vaccines administered in last 7 days.
- Designated person/s conducting a pre-vaccination screen for contraindications and precautions and ensuring the attainment, recording and confirmation of informed consent prior to the administration of COVID-19 vaccine.

- Designated person/s undertaking the correct preparation of the vaccine ready for administration in accordance with relevant Australian Product Information and any State guideline/s
- Designated person/s responsible for the supervision of consumers post vaccine administration.
- Designated person/s available to provide next-level medical support either directly or indirectly related to vaccine administration, including in the event of an AEFI.
- Designated person/s responsible for the regular cleaning of high-touch services in-line with local infection control procedures and the location's COVID Safe management plan.
- Designated person/s responsible for the continuous provision of consumables to designated areas throughout and at the completion of the vaccination service.
- Designated lead responsible for the management of the vaccination clinic's operational needs, including incident management.
- Designated person/s responsible for the direct supervision and support for vaccinators.

In certain vaccination service settings, especially mobile, pop-up vaccination services, it is acknowledged that the roles detailed above may be undertaken by the same person/s.

A minimum of two staff must be in attendance during any COVID-19 vaccination service.

Consideration of First Nations People, CALD communities and vulnerable persons

Each QG-CS Provider is required to develop detailed policies, procedures and processes ensuring services are culturally safe and arrangements for early identification and provisions of assistance to, those with additional and/or specific needs.

At minimum, specific consideration is required for the following:

- Provision of private areas for vaccination
- Accessibility for those with disability, including intellectual disability
- Access to qualified interpreters
- Availability of materials translated into languages other than English
- Availability of materials for those with limited literacy, vision and/or hearing.

The Vaccination Location Accessibility Checklist (Appendix 9) has been provided to support the identification of locations that are preferred for those persons with specific requirements. This form will assist the Taskforce to ensure the Queensland Health website details this information and can direct consumers to the most appropriate vaccination location for their needs.

First Nations People

For communities with large numbers of First Nations People, it is expected that QG-CS Providers engage early and continue to work with relevant organisations and nominated representatives throughout the planning and vaccination services. Their advice and support will be essential and where possible, any on-site support during vaccination or engagement sessions should also be considered.

CALD communities

It is expected that QG-CS Providers are prepared to meet the language needs of the Culturally and Linguistically Diverse (CALD) communities in their area. QG-CS Providers should also consider engaging with local multicultural community organisations to increase the update of vaccines by CALD communities. Queensland Health has engaged the CALD COVID-19 Engagement Team, through the Mater Refugee Health Network to streamline engagement with CALD communities. To support their pandemic response, QG-CS Providers can engage with local community and religious leaders by emailing info@refugeehealthnetwork.org.au.

Translated resources including consent forms, information about the vaccine and side effects are available on the Australian Government website.

People experiencing homelessness

In Communities where there are significant cohorts of people experiencing homelessness, particularly people 'sleeping rough', QG-CS Providers should consider engaging with relevant homelessness organisations and local networks to ensure that vaccination sessions are accessible and inclusive for this cohort. Where possible, on-site support from homelessness services and targeted strategies should be considered.

People with disability

It is expected QG-CS Providers can meet the needs of people with disability, at a service and individual level. This may include providing designed quiet or low stimulation operating hours, offering longer appointments, ensuring the vaccination location is accessible, reducing waiting times to minimise distress, providing easy-read resources, and facilitating interpreter access.

It is important that carers and support workers are identified as a valuable resource who can assist the vaccination process. They should be welcomed into the appointment as they will offer reassurance and support to the person with disability.

Further information on accessibility can be found at COVID-19 Vaccination Clinics: Ensuring Access for People with Disability guideline.

Clinical record maintenance and reporting

It is expected that QG-CS Providers have means of capturing vaccines administered and reporting these to the AIR and have processes in place to ensure any State reporting requirements are adhered to.

In the event of downtime from any vaccine management digital system or inability to reasonably access it, QG-CS Providers must have in place processes to support the seamless transition to downtime capture and subsequent reporting of all information ideally within 24 hours of vaccination occurring or at minimum, within 10 business days.

Australian Immunisation Register (AIR)

The AIR is a whole of life, national immunisation register which records vaccines given to all people in Australia including COVID-19 vaccines. In accordance with the *Australian Immunisation Register Act 2015* (the AIR Act), it is mandatory to report all COVID-19 and influenza vaccines administered to the AIR within 24 hours, and no more than 10 working days after vaccination.

QG-CS Providers must comply with the Australian Government requirements for mandatory reporting to AIR. It is a requirement for all COVID-19 vaccination providers to have a specific AIR number for the administration of COVID-19 vaccines in Australia.

QG-CS Providers need to ensure nominated staff working within their vaccination service have completed their individual PRODA registration and authentication process. This is required to

enable access to the AIR either to upload vaccination information, correct vaccination information, or to conduct a vaccination history check if necessary. These individuals will then be linked, usually by an organisation's Finance Branch, to the organisation's/sub-organisation's PRODA account.

Further information for health professionals is available from the Services Australia website.

Queensland's COVID-19 Vaccine Management Solution (QCVMS)

QCVMS is a purpose built COVID-19 Vaccination Management Solution, and has been built over time, designed by and for clinicians. eHealth Queensland partnered with State and Territory agencies to ensure an effective solution was delivered that was fit-for-purpose and met operational requirements.

To inform the solution decision, the Queensland COVID Vaccination Management Solution (QCVMS) went through a detailed requirement gathering process covering all aspects, including supply chain, bookings, clinic management, vaccine administration and clinical encounter and extensive State and federal reporting requirements based on the information that was available at the time.

It covers the following vaccination processes, distributed across three applications:

- Citizen Portal (PowerApps) - used by citizens to register their interest to be vaccinated and to make and change appointments
- Command Centre (Dynamics 365) – used by clinic staff for clinic management, including stock management and administration and for making appointments, and by the Health Contact Centre for the purposes of assisting citizens to make and change appointments
- CANVAS(PowerApps) - used by clinic staff for the purposes of checking in and checking citizens out of the clinic, monitoring citizens in the clinic, administration of the vaccine and reporting of adverse events following immunisation. This application is also used for processing walk-ins for citizens who have not made an appointment.

To enable the timely and accurate reporting at both the State and federal level, the QCVMS has the following reporting and integration capabilities:

- Clinical Business Intelligence Datawarehouse – State reporting / data analytics and reporting
- AIR – The bi-directional integration with AIR enables near-real-time reporting of vaccination episodes to AIR and provides decision support to clinicians at point of administration by enabling them to obtain citizen immunisation history
- The integration of AusVax Safety into the QCVMS for the sending and receiving of post immunisation surveys to citizens at pre-determined intervals for the purpose of monitoring and reporting of the safety and efficacy of the vaccine.

QG-CS Providers will be supported by the QCVMS project team in the onboarding to the system, including go-live readiness activities as per Appendix 10. The utilisation of QCVMS for the purposes of documenting and reporting COVID-19 vaccinations is mandated for all QG-CS Providers. This will ensure vaccination episodes are reported in as close to real-time as possible and to ensure a complete data set is available to ensure Queensland Health's compliance with both State and federal government reporting requirements.

QG-CS Providers can request an exemption to this through the VCC including a specific rationale for the request and will be provided written confirmation of the outcome (Appendix 11).

As at April 2022, QCVMS currently enables the capture of Comirnaty (Pfizer) COVID-19 vaccine and influenza vaccine/s. QG-CS Providers administering Moderna Spikevax (Elasomeran)™ and/or Nuvaxovid (Novavax) will need to ensure they have local means of reporting these COVID-19 vaccines to the AIR in accordance with the mandatory reporting requirements.

Vaccine wastage

QG-CS Providers must have detailed processes to collect data that enables the accurate reporting and monitoring of vaccine wastage. Specifically, differentiation between "wastage – opened vials" which could include wastage occurring due to administration error, breakage, lack of low dead space needles, expiry following opening of vials and "wastage – closed vials" which could include wastage occurring due to transit errors or cold chain breach.

It is also expected that QG-CS Providers will be able to track the number of vaccines administered from each vial as it will support end of day reconciliation processes and the identification of any potential vaccine preparation concerns if applicable. All significant wastage (>10 vials) is reported to the Commonwealth Vaccine Operations Centre (the VOC) within 2 hours of the incident occurring.

Stock management

All current QG-CS Provider locations holding vaccine stock overnight must provide a weekly data submission to the VCC on Thursday night each week which captures data for the week preceding submission (Friday – Thursday). This allows for tracking of doses administered under downtime procedures, wastage, end of day stock levels, and the receipt/release of any vaccine stock.

Stock submissions are collated by the VCC so that reconciliation of inventory (stock on hand) can be performed. Multiple sites can be aggregated into a stock "hub", which can be the aggregation of stock held for multiple sites within a QG-CS Provider's service, or at a QG-CS Provider level, as negotiated with the VCC.

This data submission should contain information in all relevant fields of the provided template, including:

- Storage location
- Specific vaccine type and batch number
- Any transfers between hubs within a QG-CS Provider service, between QG-CS Providers and any incoming deliveries/outgoing transfers from non-Queensland Health sources (including any deliveries received from the Commonwealth)
- Any wasted stock above the threshold for a significant wastage event (> 5 vials), including explanation for wasted stock
- Any stock currently in quarantine due to potential cold chain breaches and recording of any clearance provided to use this stock should it be approved for use.

Stock on hand is reported to the Commonwealth weekly, on Fridays.

Clinical governance of AEFI and VAE

Each QG-CS Provider must comply with all reporting requirements stipulated by both the Australian and Queensland Governments, which include reporting all AEFI and VAEs. COVID-19 vaccines currently hold provisional approval and registration with the TGA and there is

significant National interest in ensuring timely reporting and capture of all AEFI and VAE to support the continued safety surveillance efforts.

Adverse Events Following Immunisation (AEFI)

Under the *Public Health Act 2005*, events following immunisation are a notifiable condition. Reporting an AEFI is an important part of surveillance to monitor vaccine and vaccination program safety. It is expected that processes will be in place to support the identification, capture and reporting of these events in a timely manner. Vaccine details (batch number, dose number, date and time of vaccine, date and time of symptoms onset/resolve) and patient details (full name, date of birth, address and contact details) need to be reported and these can be found in the consumer's medical record, AIR or on the vaccination record card provided to the person vaccinated when they received their vaccination.

QG-CS Providers are encouraged to utilise real-time post vaccination monitoring and surveillance systems which send surveys directly to vaccine consumers and supports the timely reporting and capture of AEFI. For QG-CS Providers utilising QCVMS, in partnership with AusVax Safety, a text message will automatically be sent to consumers at pre-determined intervals post vaccination of COVID-19.

Escalation of all significant, serious, unexpected or uncommon AEFIs and Adverse Events of Special Interest (AESI) must be escalated in a timely manner and is critical for State-wide coordination with the TGA and other States. This will enable the VCC to monitor daily for any adverse events requiring further investigation and possible escalation with the QG-CS Provider and Public Health Units (PHUs).

QG-CS Providers can report AEFI via the AEFI reporting tool through QCVMS, the COVID AEFI Portal or the online COVID-19 AEFI form. It the event the PDF form is completed, these must be emailed to COVID_AEFI@health.qld.gov.au. QG-CS Providers and the relevant PHUs will be responsible for the management and investigation of all COVID-19 vaccine related clinical incidents and AEFI for the population within their services and geographical boundaries. Any AEFI occurring at the time of vaccination or within the vaccination clinic must be reported though the QCVMS within 12 hours.

National vaccine safety data is available from the TGA website.

Vaccination Administration Errors (VAEs)

QG-CS Providers are expected to have in place processes to support the early identification and subsequent follow-up including reporting of VAEs. To support this, QG-CS Providers utilising QCVMS can access this Risk Report Power BI to investigate potential VAEs.

If validated as a genuine VAE, a dedicated VAE form has been developed to capture the required detail and can be located on Queensland Health's website. Completed documentation must be emailed to COVID_AEFI@health.qld.gov.au and the VCC will submit this to the TGA on behalf of the QG-CS Provider to support continued vaccination surveillance.

For clinical guidance see ATAGI's Clinical Guidance on COVID-19 vaccine administration errors to support management of VAEs.

Security for staff and vaccines

Each QG-CS Provider must detail what processes they have in place to ensure security for their staff and, security for their vaccine stock. Where access to the vaccination location and/or vaccine storage areas are unable to be secured or restricted with fixed infrastructure and technology, there must be nominated staff member/s who are responsible for stock at all times.

Key processes must consider:

- Any measures taken to safely transport vaccine from arrival to location and through to the designated storage or vaccination area/s
- Measures in place to ensure the defacing and secure disposal of vaccine packaging and materials to prevent it being used inappropriately
- Once vaccine is on-site, it is expected that vaccines remain in an area with restricted access and once vaccine is being prepared and/or administered it must always be supervised by appropriate staff, and at no stage left unattended
- Detailed journey management plans providing trip-specific instructions and guidelines designed to help staff complete trips safely and efficiently
    - This is mandatory for QG-CS Providers undertaking vaccination services that involve travel longer than one hour to reach the destination
- Clear communication processes for dissemination of information regarding any disruption to scheduled clinics due to unexpected events such as severe weather
- Identified and documented means of maintaining communication specifically in remote areas with limited network connectivity
- Procedures detailing the expectations of staff and processes to ensure safety of both staff and consumers in the unlikely event of a protest, or other event which may cause harm
- Processes to support the rapid extraction of staff should the need arise specifically important for rural and remote services which may require unique plans and agreements with third party organisations.

Incident prevention and management

Each QG-CS Provider must have detailed incident management processes in place and ensure staff are aware of the procedures and are able to report any incident (e.g. injury in the workplace to the appropriate health authorities) through nominated processes specific to the QG-CS Provider.

Processes to prevent and/or manage injuries to workforce or consumers must be detailed, including at minimum:

- Needle stick injury
- Violence and aggression in the workplace
- Workplace health and safety (WHS) considerations to support the wellbeing of the workforce throughout, specifically around workplace ergonomics to prevent injury to the vaccinator and persons undertaking vaccine preparation.

Infection control

All QG-CS Providers must detail their infection control measures, to prevent or minimise the risk of infection to staff and those receiving the vaccine.

These measures should include:

- Routine hand hygiene

- Using personal protective equipment (PPE) in accordance with the State's COVID-19 Vaccination roll-out PPE advice
- Handling and disposing of sharps
- Routine cleaning of the work environment
- Aseptic technique.

See also the National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare.

In the event of a COVID-19 outbreak and Chief Health Officer Directive, QG-CS Providers should defer to the relevant public health advice or their Incident Controller's guidance and make the necessary changes.

See also COVID-19 Advice for vaccine service providers.

Waste management plan including sharps

QG-CS Providers must have detailed protocols, including equipment to support the storage and removal of sharps bins and waste from the location on a regular basis. Dependent on the volume of vaccination occurring, waste removal may need to occur daily. The protocol should be written in accordance with Queensland Department of Environment and Science Guideline: Clinical and related waste.

There must be processes in place for disposal of biological and pharmaceutical waste such as vaccines, and clinical waste, in accordance with regulatory requirements. QG-CS Providers must ensure that all packaging associated with the COVID-19 vaccine is adequately defaced and/or destroyed to address the risk of inappropriate use.

For rural and remote sites, it's likely that unique processes are required and further consideration regarding waste management will be required within the local context.

4. Vaccine management, storage, transport, transfer and preparation

Vaccine management

The *National Vaccine Storage Guidelines – Strive for 5,* 3rd edition (Strive for 5) provides information and advice for management of vaccine within cold chain range of +2°C to +8°C. Certain vaccines such as mRNA vaccines have unique and complex storage and transport requirements. Each QG-CS Provider must have a Vaccine Management Protocol (VMP) which details specific information relating to the COVID-19 vaccine/s. The COVID-19 Comirnaty™ Vaccine (Pfizer®/BioNTech®) Vaccine Management Protocol Template has been developed to provide guidance.

The VMP must include at minimum, the following:

- Vaccine delivery – how stock will be receipted including:
    - checking of expiry dates
    - appropriate rotation of stock on hand to minimise risk of vaccine expiry

- checking temperature monitoring devices to ensure vaccines were within recommended temperature ranges during transit and transfer from any transport packaging to site refrigerators / freezers.

- Detail where the vaccine will be stored to ensure compliance with the product information. This includes confirming the site can maintain room temperature between +19°C and +25°C.
    - For the Comirnaty™ vaccine a purpose-built vaccine refrigerator (PBVR) and purpose-built ultra-low temperature (ULT) freezer (-70°C) will be required if the site is storing frozen vaccine
    - QG-CS Providers should specify the vaccine capacity for each of these environments
    - Vaccines are to be kept in their original packaging and only removed from the tray or packaging when required for use.
- Detail on how continuous monitoring of temperature for these environments will be achieved, including, how to use the data logger and how and when to download data.
- Detail on the maintenance requirements for equipment.
- Cold chain breach remedial action must be detailed and include contingency plans for after hour power failure events. When developing after hour plans consideration should be given the possible alternate storage options and the time critical.
- Processes and procedures in relation to any spillage/breakage of vials and/other accidents including the wastage reporting requirements.
- For ULT frozen mRNA vaccine, detailed planning for the transfer of vaccine from the shipper into the facility's freezer including role of support staff and timing of process.
- For the mRNA vaccine, detailed processes for labelling, checking and documented thaw expiry date and time of vaccines once removed from the freezer to thaw and packed for transit.

It is a requirement once a new asset is received and commissioned, 48 hours of recorded data within recommended temperature range is provided to the VCC. This includes if a new ULT freezer or PBVR has been transported and connected into the central monitoring system or other electronic temperature monitoring system. Vaccine can only be placed in the newly installed asset/s once approved by the VCC Logistics Lead.

Escalation of any cold chain breaches to the VOC is time critical and should occur as a matter of priority. QG-CS Providers are required to complete the COVID-19 Cold Chain Breach Form (available from the VCC) and submit this along with all relevant temperature monitoring data to covid19vaccineoperationscentre@health.gov.au and include the VCC in the correspondence.

Vaccine storage

In accordance with Strive for 5, vaccines must be stored in PBVRs and for locations storing frozen mRNA vaccines, a purpose built ULT vaccine freezer (-70°C) will be required. QG-CS Providers should ensure detailed information regarding commissioned vaccine storage assets is included in their VMP. QG-CS Providers must adhere to the storage requirements detailed in the Australian Product Information available on the TGA's website.

A summary of storage requirements and time critical limits can be found in Queensland COVID-19 Comirnaty™ Vaccine (Pfizer®/BioNTech®) Protocol and Queensland COVID-19 Comirnaty™ Vaccine (Pfizer®/BioNTech®) Protocol - Paediatric Formulation. Vaccines should be kept in their original packaging and only removed from this when required for use.

The COVID-19 vaccines are S4 medicine and must be stored overnight in an area inaccessible by the public. QG-CS Providers should consider implementing additional security measures. These measures need to minimize the chance the product could be stolen, diverted or tampered with as well as ensuring staff safety for those involved in the vaccine administration (e.g. locks on the fridge / freezer, proxy card access to the room, security cameras, security escort for vaccine transfers). For locations without on-site security, consideration should be given to afterhours security measures.

QG-CS Providers must ensure that locations storing COVID-19 vaccine overnight meet at minimum the following criteria:

- Continuous ambient room temperature controls between +19°C and +25°C with alarm 'back-to-base'
- Security of vaccine, ideally swipe card access
- Afterhours response capability and processes
- Continuous temperature monitoring with alarm 'back-to-base'
- Back-up power
- Vaccine storage assets that are away from warm external walls and out of direct sunlight
- Vaccine storage assets that are positioned to enable sufficient air circulation around the back and sides
- Clearly labelled power sources to prevent vaccine storage assets or ambient temperature controls from being accidently unplugged or turned off.

Vaccine transport

QG-CS Providers are required to actively manage this process by packing vaccine to limit damage and continuously monitor the vaccine whilst in transit to eliminate the risk of vaccines exposed to temperatures outside the recommended temperature range. For QG-CS Providers carrying multiple vaccine brands, specific consideration should be given to clear labelling and differentiating of vaccine formulations and/or brands.

For locations that aren't storing vaccine overnight and a temporary 'push' of vaccine is planned from a hub, QG-CS Providers will need to have in place documented means of:

- Transferring the stock to the vaccination location; including the time removed, cumulative time in transport (specifically for Comirnaty (Pfizer)), quantity of vials, proposed destination and person responsible for packing and transport.
- Preparing the equipment required and packing vaccine for transport – this must include min/max thermometer with alarm, data loggers (if used) placed appropriately inside the portable fridge or Esky/cooler.
- Audible alarm allowing rapid intervention should the product become out of range when transporting; it is expected that there is continuous recording of temperature data throughout the entire journey.
- Guidance for staff that details recommended placement of vaccine transport equipment during transport to allow for continuous monitoring as required and ability to hear audible alarm in the event of temperature breach.

- Monitoring the vaccine during transport in accordance with Australian Product Information and Strive for 5, the duration of the clinic session and until stock is returned to the hub if able to do so – a timer is suggested as a prompt to remind clinic staff to visually check and document temperatures as it's likely they will be undertaking multiple roles throughout the vaccination session.
- Documented ergonomic guidance during preparation for transport and movement of vaccine transport equipment – depending on the equipment chosen and weight, there may be a need for a two person-lift.
- Detailed processes including who is responsible for preparing for transport, how the vaccines will be monitored during transport and throughout the session and who is responsible for returning any stock.
- Detailed requirements to ensure accurate recording and oversight of monitoring records capturing the maximum 12 hours cumulative time in transit for the Comirnaty™ vaccine (adult formulation) and 80 hours cumulative time in transit for the Comirnaty™ (paediatric formulation).
    - This information is subject to change and QG-CS Providers should refer to Australian Product Information for the latest guidance.
- Processes to ensure any stock returning from off-site is clearly labelled and positioned for use at the next opportunity.
- Clear plans in the event a cold chain breach occurs in a remote location; what redundancy plans are immediately available, e.g. additional esky, ice blankets and thermometers.
- Documented guidance or access to Guidance on How to Pack Vaccines in a Cooler or Portable Vaccine Fridge
- For the mRNA vaccine, detailed processes for labelling, documenting thaw expiry time and checking of vaccines once removed from the freezer to thaw and packed for transit
- For the mRNA vaccine, detailed processes for the stabilising of vials when packed for transport noting that the vaccine is sensitive to agitation.

Transfer of vaccine from Commonwealth vaccination locations

To maximise vaccine supply and prevent wastage, there will be situations where unused thawed mRNA vaccines are transferred between Commonwealth-led vaccination services to State-led vaccination services. The VCC will coordinate the transfer and this process and if QG-CS Providers are contacted directly by either a Residential Aged Care Facility (RACF) or General Practitioner (GP), QG-CS Providers will need to direct these services to the VOC.

Vaccine preparation model

QG-CS Providers must have a detailed plan describing the processes for vaccine preparation based on advice from the TGA, ATAGI and State issued guidance including Queensland's COVID-19 Comirnaty™ Vaccine (Pfizer®/BioNTech®) Protocol and Queensland's COVID-19 Comirnaty™ Vaccine (Pfizer®/BioNTech®) Protocol – Paediatric Formulation.

Vaccine preparation plans must include at minimum the following:

- A workflow that shows the clear separation of the vaccine preparation, processes and governance of the area where administration of the vaccine will be conducted

- Clearly delineated handover of prepared doses (including governance and accountability) from the preparation area staff to the administration area staff. Whilst discouraged, this does not preclude both areas co-habiting the same physical space.
- Clear list of roles and responsibilities of staff in the vaccine preparation area, which must include cold chain management, dose preparation, tracking and record keeping, and entry of vaccine stock management information into the QCVMS.
- Clear list of roles and responsibilities of staff in the vaccine administration area and vaccine preparation area/s
- Detailed guidance on aseptic technique to prepare vaccine and consideration given to the location workflow specific to the service type (e.g., the time it takes to reconstitute a vial versus time to administer)
- A designated lead in the preparation area who will take responsibility for determining the number of vials to be thawed for the clinic and stock management towards the end of the clinic
- QG-CS Providers should have a standby booking process integrated for utilising any leftover vaccines at the end of a clinic
- Have the appropriate emergency equipment to treat anaphylaxis in accordance with the Australian Immunisation Handbook (AIH). This also includes the appropriate paper forms for recording treatment given until such time as these can be captured in the QCVMS.

Multiple vaccines available from one location

In the event more than one vaccine type is available at a static clinic (dual vaccine clinic), QG-CS Providers must have detailed plans and processes to reduce confusion and dose mishandling.

At minimum, consideration for the following must occur:

- Clear standard operating procedures and clinical governance standards with good workflow and processes that are clearly separated and defined
- Adequate training, supervision and quality controls with experienced immunisation teams/supervisors
- A dedicated vaccination station specific to each COVID-19 vaccine type or formulation and/or dedicated processes to request vaccines and check vaccines prior to administration
- Clearly separated vaccine preparation areas and use of dedicated containers and/or labelling systems to clearly differentiate between vaccine brands and formulations
- For vaccines that are not pre-filled syringes with manufacturers labelling attached, colour coded labelling systems, for example fluoro yellow labels for the Comirnaty (Pfizer) adult formulation and fluoro orange labels for the Comirnaty (Pfizer) paediatric formulation.

For QG-CS Providers planning to co-administer the influenza vaccine and COVID-19 vaccine, specific consideration will need to be given to ensure clear separation of the vaccines and dedicated processes to ensure the correct vaccine is being administered to the consumer.

5. Consumables and resources

A range of clinical consumables have been identified as critical to the rollout of the COVID-19 vaccination program. The Vaccine Demand and Consumables Dashboard (the Dashboard) provides guidance to HHSs around the volume and type of these consumables to order, to support their vaccine roll-out. The Dashboard calculates the consumables required to support the HHS based on the variables input into the calculator. The underpinning assumptions for the projected use of consumables in the Dashboard reflects the latest advice from the ATAGI, TGA as well as Queensland Health's COVID-19 vaccine Protocols.

It is recommended that HHSs order vaccine consumables in line with their two-week projected throughput for their catchment, to effectively manage stock distribution across the State. Standard ordering processes should be followed, and HHSs should seek to order Commonwealth supplied materials where possible (e.g. low dead space needles).

The Account Management Team within the COVID-19 Supply Chain Surety Division (CSCSD) can support the ordering of clinical consumables. The CSCSD Account Management Team can also assist with the procurement of clinical equipment where there is an identified need for additional assets (e.g. purpose-built vaccine refrigerators).

For further information or support contact the CSCSD account management team via cscsd_amt@health.qld.gov.au.

Non-clinical consumables are sourced at a local level.

6. Workforce and training

Workforce

Workforce establishment and sustainability requires significant planning and process development. QG-CS Providers will need to source, onboard and support both clinical and non-clinical workforce into vaccination services.

On Monday 27 September 2021, the new *Medicines and Poisons Act 2019* and new *Medicines and Poison Regulation 2021* came into effect. This replaced the Drug Therapy Protocol – Communicable Disease and, the COVID-19 Vaccination Code has been replaced by the Emergency Order as the regulatory mechanism supporting the roll-out of the COVID-19 Vaccination Program.

The Emergency Order identifies the workers able to administer and prepare both the COVID-19 and influenza vaccines.

When developing their model, QG-CS Providers must include at minimum, the following:

- Detailed processes outlining how workforce will be sourced and onboarded with unique onboarding requirements for student or graduate workforce clearly identified
- How workforce sustainability for the duration of the vaccination program
- Guidelines specifying staffing ratios that ensure the safe and efficient delivery of COVID-19 vaccinations
- Processes in place that support a culture of quality assurance and risk minimisation, encouraging the escalation of feedback on issues and risks from staff on the ground
- Clear pathways on how rapid dissemination of information to staff will occur.

Procurement options for workforce

A panel of suppliers has been established to offer mass vaccination services to HHSs to support the COVID-19 vaccination rollout. The panel arrangement allows HHSs to select which supplier they would like to engage to meet their mass vaccination requirements. The arrangement also allows HHSs to change suppliers if they are unsatisfied with the performance or value for money offering from a supplier.

All suppliers on the panel have been assessed as having the appropriate capability and capacity to administer mass vaccination services to support safe, efficient and effective vaccination in Queensland. This panel of suppliers can be used to identify suppliers to deliver independent vaccination services, wherein the suppliers provide all labour and services to support the vaccination. However, if the supplier is operating a mass vaccination clinic independently the supplier must be a QG-CS Provider.

The panel of suppliers cannot be used to negotiate the sole engagement of additional temporary clinical or clerical labour hire when the customer is operating the mass vaccination clinic.

There are three other options for engaging additional clinical or clerical workforce, including:

- The Covid-19 Clinical Contingent Workforce SOA (Labour hire) – this arrangement is suitable where the customer has clinical governance and oversees the COVID-19 vaccination service but needs additional workforce who are eligible to administer COVID-19 vaccinations. This panel can also be used for additional staff to undertake COVID-19 testing as well as temporary clinical or clerical labour.
- The nursing and midwifery standing offer arrangement (SOA) – this is an existing SOA within Queensland Health that supports HHSs with identifying and recruiting clinical labour to support a range of services, not just vaccinations. Information about the nursing and midwifery SOA is provided on the Queensland Health intranet or you can email vaccinationservices@health.qld.gov.au for more information about how to access the SOA.
- The State-wide Surge Workforce Pool – this is a surge pool which is managed by the COVID-19 Vaccination Workforce and Education Management Team (WEMT). WEMT manages expressions of interest for a range of workforce groups that are authorised under the Emergency Order to handle, prepare and administer COVID-19 and influenza vaccines. COVID-19 vaccinators and student COVID-19 vaccinators can be rostered to assist HHSs with surge staffing requirements across all shifts.

Please email covidvaccinationworkforce@health.qld.gov.au for more information about the State-wide Surge Workforce Pool and/or vaccinationservices@health.qld.gov.au for more information about the Vaccination Panel or your procurement options for additional workforce.

Non-clinical workforce

Providers may choose to engage LDMG or DDMG to provide assistance and support. A component of that support may include provision of appropriately qualified and trained workforce to support non-clinical activities. To utilise this support, providers are to engage at a local level under the Queensland Disaster Management Arrangements.

Roles may include:

- Queue management
- Traffic management

- Security.

Other non-clinical roles that will require local engagement may include:

- Greetings and concierge
- Storage and imprest management
- First aid
- ICT support
- Communications and media
- Cleaning.

Training

The Emergency Order specifies that COVID-19 vaccination centre workers must have completed all relevant vaccination training modules in accordance with the Queensland COVID-19 Vaccination and Influenza Vaccination Training Matrix (the Training Matrix) and this VRAP.

Under the Emergency Order, COVID-19 vaccine and influenza vaccine administration and handling (including receiving and preparing) may only be conducted by authorised persons who have completed the specified qualification and training requirements. This training includes both the accredited Australian Government COVID-19 vaccination training modules and relevant Queensland Health training modules.

QG-CS Providers are required to have processes to ensure the completion of training and maintain a register of this training.

Further information, training materials and resources including the Declaration Checklist COVID-19 Vaccination training – Evidence of Completion form can be found on the Queensland Health website COVID-19 vaccination information for healthcare workers.

7. Business continuity plan

Each QG-CS Provider must have in place a detailed business continuity plan to ensure the continuation of services where safely possible in the event of operational disruptions.

These disruptions may include but are not limited to:

- Downtime from the QCVMS
- Significant weather events
- Site evacuation
- Medical emergencies
- Significant numbers of furloughed staff
- Other safety incidents (including personal/staff incidents e.g. needlestick or other workplace injury).

QG-CS Providers must have planning in place around the potential impact should community transmission occur. This should detail how locations will link with other locations or services to transfer bookings, vaccine and staffing contingencies should the need for quarantine arise.

Vaccination location requirements

For HHSs following Pathway One, iterative site visits from the Taskforce to assess the suitability of the chosen location will occur.

These visits will involve four components:

1. Review of facility minimum requirements
2. Review of designated areas
3. Review of site plan and venue fit out
4. Analysis of predicted vaccination capacity.

It is expected that all QG-CS Providers, irrelevant of which Pathway being followed adhere to the key principles and vaccination location requirements as detailed in this section and the Australian Government Combined Site Requirements and Declaration (Appendix 2).

Any location housing vaccine overnight is required to have each of the facility requirements detailed below.

1. Review of facility minimum requirements

It is critical that the locations chosen for vaccination services have the minimum requirements detailed in Table 1.

It is acknowledged that mobile, pop-up vaccination locations may not meet all these minimum requirements and it is at the QG-CS Provider's discretion to review the location and deem the suitability.

Table 1. Minimum Requirements for the venue's on-site facilities

Requirement	Details
Building Code Compliance	Venue must adhere to all building code requirements, including building inspections for fire safety and evacuation plan/requirements.
Restricted Access Capabilities	The venue must have the ability to restrict access to the site and areas within the site.
Air Conditioning	Due to Queensland's warmer temperatures, it is vital that the venue has appropriate air-conditioning to ensure continuous environmental control of between +19°C - +25°C. This will allow for the vaccine refrigerators/freezers to work reliably & efficiently and to reduce the potential for persons waiting extended periods to feel unwell either prior to, or after receiving their vaccination.
Toilets/Amenities	There must be adequate public toilets available including those with disability access and possibly, designated toilets for staff.

Requirement	Details
Access for those requiring mobility support	The venue itself and the designated areas within, must be supportive to those persons attending with mobility difficulties. There must be a clear path to the entry with non-slip surfaces that minimises level changes and has handrails, resting places and shade (if a long footpath). • Ideally the venue would have a pick-up/drop-off area.
Internet & Power	There must be internet access either via data ports or Wi-Fi at a minimum available throughout the whole building to support QCVMS. • Power layout or capabilities to handle clinic requirements • Must be close to telecommunication towers to ensure adequate network coverage.
Flooring	Floor coverings which meet Australasian Health Facility Guideline (AusHFG) requirement for smooth, impervious, seamless surface are ideal.
Parking	Adequate parking must be available. Parking capacity must be analysed with respect to the number of persons expected on-site for a minimum of 30 minutes. The maximum number of venue specific bookings may be restricted due to carpark capacity. In addition, there needs to be the: • Ability to designate parking for emergency services • Designated accessible parking for people with mobility concerns • Provide vehicle manoeuvring and servicing areas to support required vehicle movements for transport of goods and waste • Recommended ratio of 1 of every 25 car parks is accessible parking to support those with mobility challenges • Maintain safe pedestrian access to any surrounding public transport and neighbouring buildings • Not adversely impact on-street car parking or parking at adjoining properties.
Reliable water and electricity supply	To ensure adequate handwashing facilities for staff and continued power to the facility. • Specific consideration given to the area dedicated to vaccine storage and preparation
Adequate lighting including afterhours lighting	All sites must have adequate lighting to support the vaccination service especially in areas that are conducting vaccine preparation. All clinics must have in place afterhours

Requirement	Details
	lighting and all external lighting must be maintained in accordance with relevant Australian Standards.
Generator and/or uninterrupted power supply (UPS)	To ensure continuous power supply to freezers/vaccine refrigerators they must be connected to either a generator or UPS.
Access requirements including restricted access	The venue would need to be accessible to attendees from approximately 5am to 9pm (dependent on the opening hours and modelling for vaccine preparation) and 24 hours to staff. There would be an expectation that access to areas where vaccines were housed was restricted.

2. Review of designated areas

It is a requirement that the physical environment be set-up to ensure:

- adherence to physical distancing
- shelter from weather elements
- appropriate lighting for all work areas – critically, the nominated vaccine preparation area, one-way direction throughout the designated areas and clear signage to support the flow through of consumers.

The designated areas detailed in Table 2. should be assessed to ensure they comply with the criteria provided below.

It is acknowledged that mobile, pop-up vaccination locations may not meet all these minimum requirements. It is at the discretion of the Provider to review the location and deem the suitability.

Table 2. Designated areas that will support the vaccination visit

Area	Requirements
Car park	Adequate parking or access to public transport for both staff and consumers. If parking is limited, there may be a need for staff to park off-site and be transferred to the clinic setting. Clinic bookings might be limited based on parking capacity. • There must be adequate signage to direct both staff and consumers to the vaccination location • Designated parking for emergency vehicles (ambulance, police or fire services).
Front of house	Adequate space for queuing prior to entering the clinic. This should ideally be located away from the roadside or curb. This area will need: • Adequate space to house marquee if not already undercover

Area	Requirements
	• Adequate space to maintain physical distancing, especially if location is accepting walk-ins • Storage capabilities for PPE (if in use) • Easy access from parking areas or public transport • Ability to provide protection from weather elements • Proximity to the entry points for the clinic.
Check-in/Reception	To allow confirmation of booking, identity check, AIR check and check-in to occur. Consider multiple points of entry if possible, into the venue to prevent the appearance of long wait times. This area will need: • Access to general power outlets • Data networks • A separate area for potential overflow.
Pre-Vaccination	Adequate signage to direct persons through to the vaccination area. Physical distancing in this area is vital as there is the potential for delays. Consider the following: • Access to this area must be restricted to only those persons who have completed the eligibility and identity check-in and staff • There must be no direct line of sight from this area into the vaccination area • A secondary overflow area may be required.
Eligibility Assessment	In the event further information is required by either the vaccination team or the person presenting, there must be a private space for consultation. This additional space will: • Have access to general power outlets • Ensure continuous flow of eligible persons into the vaccination area preventing possible lengthy delays • Ideally be close to both the Pre-Vaccination area and the Vaccination area.
Vaccination Area	This area will be where the vaccination stations are housed and should be designed based on the need to keep 4sqm between each vaccination station. To aid in assessment of the expected vaccination capacity of the venue: • There should be signage or numbering on the vaccination stations to assist in directing consumers to the next vaccinator • Ability to easily alter vaccination station to support right-handed vaccinator versus left-handed vaccinator • A designated station/s to support privacy and those requiring mobility support • There should be no direct line of sight to the recovery area to aid in privacy

Area	Requirements
	• Access must be restricted to only those receiving their vaccine and staff.
Vaccine Preparation	There must be a dedicated clean and well-lit area, separate from areas that provide other clinical services at the same time. This is where vaccines from multi-dose vials may be prepared for administration, including labelling. This area requires: • Adequate ventilation • Temperature control between +19°C to +25°C • Access to general power outlets • Proximity to the vaccination area, ideally with dedicated pathway to deliver vaccines • Access restricted to staff only and vaccine continuously monitored for the duration of the vaccination clinic • A dedicated PPE don/doff area.
Post Vaccination Area	This will be the largest area requirement as there is a need to wait 15-30 minutes post vaccination. This area should be: • Close to the vaccination area • Exit via stair access should be avoided • Able to accommodate enough chairs relevant to the number of persons being vaccinated plus approximately 30% additional capacity to account for support persons • Indoors or at minimum undercover.
First Aid	There must be a private space to provide an additional level of care, should a person be unwell following vaccination. This area should be: • Close to the post observation area • Proximity to emergency equipment (if not stored here) • Not accessible to the public • Not have a direct line of sight to the general public • Accessible to QAS.
Staff Break-out	There must be an area for staff working the clinic to take their allocated break. Consider the number of staff that may be rostered and how the break allocation planning affects the potential numbers and booking processes.
Emergency Services	In the event emergency services are required, there needs to be a designated greeting area and allocated parking.
Quarantine Area	There may be a need to include a specific area which has its own entry and exit separate to the mainstream clinic which

Area	Requirements
	persons in contact with a confirmed case could come for vaccination if deemed necessary and/or appropriate. If any Provider is planning to bring a specific group of persons in this category through it is mandatory for this planning to receive approval from the VCC.
Stockroom	Large enough to house the estimated consumables if these are being stored overnight. If these are being transported for a specific vaccination clinic, the consumables will need to be temporarily housed in an area inaccessible to the public. • Ideally there is direct access to a loading dock or bay.
Vaccine freezer/s and refrigerator/s	Able to be secured/locked. Ideally, in proximity to vaccine preparation area and vaccine administration area. If vaccines are being transported via esky or portable fridge, it is expected that they will be housed in a designated area with continuous staff oversight throughout the session.

3. Review of site plan & venue fit-out

HHSs following Pathway One will need to develop and submit a site plan and fit-out requirements. This planning must be in accordance with the venue's COVID Safe management plan and must visually identify the designated areas and the client flow through the venue.

If a chosen venue does not have an approved COVID Safe management plan, the QG-CS Provider will need to develop and submit this. Table 3 details specific considerations for the venue fit out.

Table 3. Considerations for venue fit-out

Requirement	Details
Signage	Signage is in place that directs consumers to the vaccination clinic/centre and throughout the process. This may include: • Physical distancing floor stickers • Way finding signage from the car park • Signage through-out the areas within the venue including check-in, vaccination area, post observation area and check-out • Signage to divert regular community attendees (if applicable).
Venue fit-out	Based on the floorplan, both the internal and external fit-out requirements can be established. Ensure any furniture in use can be wiped down and cleaned. Special consideration should be given to:

Requirement	Details
	• Ergonomics - sites are encouraged to select furniture that supports staff • Adequate spacing allocated to each of the areas and roles • Adequate external planning and fit-out to support crowd control and wet weather plans
Equipment	All equipment required for the vaccination clinic needs to be in place, including all clinical and non-clinical consumables.
ICT Devices & set-up	All ICT devices and equipment must be fitted, commissioned, and tested and comply with local and State requirements. Providers will need to complete and submit the QCVMS go/no-go checklist (Appendix 10). • Network feasibility study to determine whether existing infrastructure can be leveraged to provide direct connection • If needed, 4G routers with possible antenna to boost signal • Ensure 4G router load balancing in place • Where high volume of traffic, consider Telstra data priority application on 4G network to cater for citizen browsing, especially whilst in post observation area.
Cold Chain Monitoring	Each vaccine freezer and purpose-built refrigerator must be connected to continuous monitoring and have at minimum 48 hours of in-range recorded data. • Additional ventilation requirements may be necessary depending on the size and air-flow of the space • Purpose-built vaccine fridges and any portable vaccine transfer devices must not be kept against an external facing wall • Continuous temperature control between +19°C and +25°C must be available
Readily accessible emergency equipment	Readily available emergency equipment is required ideally near the vaccination area and / or the post observation area.

4. Analysis of predicted vaccination capacity

HHSs following Pathway One must provide updated vaccination capacity once the venue fit-out is complete with all the required equipment as it's possible the predicted vaccination capacity may have been affected. QG-CS Providers must ensure that the planned capacity aligns with vaccine supply allocation.

Consider the following:

- What is the number of eligible persons?

- What is the maximum number of vaccination stations?
- How many vaccinations can one vaccinator give in one hour?
- How many hours of vaccination will occur per day?
- How many days a week will the clinic operate?
- What is the maximum number of vaccines that can be given over one week?
- How many weeks will the clinic need to operate to vaccinate eligible persons?

Go-live simulations

For HHSs following Pathway One, the final gate of assurance will be an independent simulation-based assessment facilitated by a specialised translational simulation service in collaboration with the Taskforce's Vaccination Location team. This simulation assessment is required for the first location that a HHS intends to 'go-live' with.

Once this is successfully completed and the HHS has received confirmation from the Vaccination Location Lead, the HHS will need to submit the Request for Approval to become a QG-CS Provider (Appendix 12) through to the VCC.

For this simulation assessment to occur, HHSs must have their location set-up as it would be for their day one of go-live and the workforce planned for this location must be involved in the simulation. The assessment is designed to review the integration of the proposed modelling within the prepared vaccination site.

Translational simulation system testing, and optimisation provides Queensland Health with a robust, evidence-based assurance process for the COVID-19 Vaccination roll-out. This enables both the HHS and the Queensland Government to have the level of confidence required to ensure the service is prepared to commence vaccinating safely and effectively.

Each simulation will be led by a member of the Vaccination Location team or any person approved by the Taskforce. All participants will be comprehensively briefed on the activity by the Vaccination Location Lead and the independent simulation team. Go-Live simulation is a critical element to ensure all participants understand and are comfortable with the scenarios, and that the simulations closely represent a real-world environment.

A series of pre-determined anticipated processes will be simulated and observed by key stakeholders and experienced personnel and then debriefed. Upon completion, the Vaccination Location Lead and the independent simulation team will provide a formal report with identified process improvement recommendations based on impact/severity rating.

The severity rating includes 4 categories:

- Nil problems identified
- Minor hindrance
- Serious problem
- Task failure.

It is designed to help identify concerns or process failures to ensure process and workflow efficiencies. In the event a serious problem or task failure occurs, the issue must be addressed prior to a HHS receiving QG-CS Provider status and go-live approval.

For services following Pathways Two and Three, Four and Five, it is recommended they conduct simulation assessments at a local level.

Ongoing quality assurance

Once a vaccine provider attains QG-CS status, there will be ongoing assurance activities that may occur throughout the duration of service. The extent of these activities will be determined as the Program transitions however, they will primarily be in the form of site visits to operational vaccination locations.

In the event of an incident affecting patient safety, the Taskforce can support the QG-CS Provider work through a review of processes and assist where needed to link the provider with relevant stakeholders to provide guidance and recommendations.

Appendix 1 – Table of Readiness and assurance documents

READINESS AND ASSURANCE DOCUMENTS REQUIRED	PATHWAY ONE For Queensland HHSs to become a QG-CS Provider.	PATHWAY TWO For Providers being engaged by a HHS become a QG-CS Provider.	PATHWAY THREE For vaccine service providers approved by Queensland Health and engaged by Queensland Government become a QG-CS Provider	PATHWAY FOUR For a QG-CS Provider to establish a subsequent vaccination location including a van or similar	PATHWAY FIVE For a QG-CS Provider implementing significant Program transitions
Gate 1: Submission, review and gap analysis of service plan	✔				
Gate 2: Iterative site visit/s	✔				
Gate 3: Go-live simulation activities	✔				
New Provider Enrolment Form	✔	✔	✔		
Clinic Planner	✔	✔		✔	✔
Vaccine Management Protocol	✔	✔	✔	✔	✔
AIR Provider ID	✔	✔	✔		
Australian Government Declaration	✔	✔	✔		
Self-assurance checklist		✔ *		✔ *	✔ *
Vaccination location accessibility checklist	✔	✔ **	✔ **	✔ **	✔ **
QCVMS Go/No Go Checklist	✔	✔ ***	✔ ***		
Large Community Vaccination Location Approval Checklist	✔ ****	✔ ****	✔ ****	✔ ****	
Request for QG-CS Provider Status	✔	✔	✔		

* The self-assurance checklist has been provided to support QG-CS Providers and not need to be submitted for each subsequent site.
** The Location accessibility checklist is only required for clinics open to public bookings in the QCVMS system.
*** This is not required if a Provider has an QCVMS exemption from the VCC and are using their routine vaccination data entry software.
**** Required only if a location is a community-based venue with hire or leasing cost associated.

Appendix 2 – Australian Government Combined Vaccine Site Requirements and Declaration Form V6

The most update to date version of this document will be provided by the VCC.

Appendix 3 - COVID-19 Onboarding and assurance manual

The most update to date version of the onboarding and assurance manual can be found here on the Queensland Health website.

Appendix 4 – Pathway Three: For vaccine service providers approved by Queensland Health and engaged with Queensland Government

The most update to date version of the can be found here on the Queensland Health website.

Appendix 5 – Self-assurance checklist

Date of completion:	[insert]
Person conducting assurance:	[insert]
Location name:	[insert]
Date of submission:	[insert]
Self-assurance checklist	

Requirement	Comments
Governance	
☐ Development of governance structure	
☐ Nominated lead details provided to VCC	
Vaccination location	
☐ Location meets minimum VRAP location requirements	
☐ Location meets all Building Code Regulations	
☐ Fire evacuation plan, identification of Fire Warders and site induction for staff either by site management or Provider	
☐ QLD QR Code for Venue Check-In	
☐ COVID Safe management plan	
☐ Relevant planning permission or exemption	
☐ Liaison with LDMG or DDMG	
☐ Internal fit-out complete including signage and furniture	
☐ External fit-out complete including way finding support, crowd control barriers and shelter from elements	
☐ ICT networking and devices set-up including internet access/Wi-Fi/4G network	
☐ Adequate insurances in place including personnel	
☐ Access control information received e.g. keys or swipe cards (where applicable)	
☐ Local comms plan	
☐ Vaccination capacity calculated	

Requirement	Comments
Clinic Management	
☐ Clinical consumables ordered and on-site	
☐ Non-clinical consumables ordered and on-site	
☐ Submitted QCVMS Go/No-Go	
☐ All equipment required to receive or transport the vaccine ordered and on-site	
☐ Adequate booking processes including stand-by processes	
☐ Adequate staff with PRODA access and training	
☐ Site induction checklists (where applicable)	
☐ Documented role cards	
☐ Detailed processes regarding dual vaccination locations that align with VRAP expectations (if applicable)	
☐ Private areas for vaccination	
☐ Readily available AEFI processes	
☐ Documented processes for staff/consumer safety	
☐ Dedicated ergonomics consideration	
☐ Regular cleaning schedule and processes	
☐ Waste removal processes including sharps	
☐ Adequate storage available for consumables	
☐ Adequate means of communication amongst team and to external parties	
☐ Adequate medical oversight including staff training in ALS	
☐ Readily available emergency equipment including adrenaline	
☐ Documented process for medical support and oversight	
☐ Set-up complete for Vaxtracker QR Code	
☐ Location specific simulation assessment of consumer flow, vaccination technique and anaphylaxis	

Requirement	Comments
Dual vaccination	
☐ Clear standard operating procedures and clinical governance with workflow and processes that are clearly separated.	
☐ Adequate training, supervision and quality controls in the hubs with experienced vaccination teams/supervisors.	
☐ Clear processes for maintaining operating hours in QCVMS.	
☐ A dedicated vaccination station specific to each vaccine e.g. 4 stations delivering Comirnaty (Pfizer) adult formulation and 1 delivering Comirnaty (Pfizer) paediatric formulation.	
☐ Separate preparation areas.	
☐ Colour coded labelling systems to clearly differentiate the vaccines: • Yellow labelling for Comirnaty (Pfizer) adult formulation • Orange labelling for Comirnaty (Pfizer) paediatric formulation	
Vaccine Management	
☐ Updated VMP to include any new asset, cold chain breach procedures and afterhours vaccine management	
☐ Documented procedures for the; receipting, preparation, and transport of vaccine	
☐ Practical workshops for staff preparing vaccine	
☐ Adequate security for vaccines both on-site and in transit	
Workforce & Training	
☐ All staff completed relevant training in accordance with Queensland COVID-19 Vaccination and Influenza Vaccination Training Matrix	
☐ Detailed onboarding processes for new staff including QCVMS access	
☐ Documented staff ratios and oversight plans for new graduate or student workforce	

Appendix 6 – Paediatric clinical assurance guide for 5 to 11 year cohort

The most recent up to date Paediatric clinical assurance guide can be found here.

Appendix 7 - COVID-19 Site License Agreement Template

The latest copy of the COVID site license agreement can be found here.

Appendix 8 – Large Community Vaccination Location Approval Checklist

Community Vaccination Location & Size: *(address & SQM)*	
Site ownership: *(e.g. commercial or Government)*	
Population served: *(i.e. planned catchment)*	
Throughput: *(expected & full capacity)*	
Lease term: *(include commencement of operations)*	
Lease cost: *($)*	
Fit-out cost: *($)*	

Requirement (HHS to complete)	Comments (if required)
The site:	
☐ Would meet reasonable public expectations of a State operated facility (e.g. condition, surrounding uses)	
☐ Is convenient to the planned population catchment	
☐ Meets reasonable accessibility expectations (e.g. wheelchair access)	
☐ Has appropriate utilities and infrastructure (e.g. electricity, lighting)	
☐ Has adequate public transport links & or parking	
☐ Was selected after due consideration of other potential options (please include details of other sites considered & rationale for selection of proposed site)	
☐ Represents value for money	
☐ Is supported by the District Disaster Management group	

Chief Executive Approval

I confirm the above requirements have been met and accept responsibility for this Large Community Vaccination Location

Name.....

Signature.....

Date.....

State Director COVID-19 Vaccination Taskforce and Assistant DDG ENDORSED / NOT ENDORSED

Name.....

Signature.....

Date.....

Appendix 9 – Vaccination location accessibility checklist

	Accessibility Requirement	Yes	No	Mandatory
1	Is the location wheelchair accessible? E.g. is there a ramp, clear paths, elevator, automatic doors, space to move and turn around etc.	☐	☐	✓
2	Are the bathrooms accessible?	☐	☐	✓
3	Is there access to interpreters, including the required technology?	☐	☐	✓
4	Are accessible resources provided? E.g. easy-read consent forms, vaccination information, braille, translated material, etc.	☐	☐	✓
5	Is there sufficient space in the waiting and vaccination areas to accommodate carers, assistance animals, people with mobility aids, etc. while still maintaining social distancing?	☐	☐	✓
6	Will you accept people with disability for “walk-in” appointments?	☐	☐	
7	Is there the capacity for longer appointments for people with disability?	☐	☐	
8	Is there support available for people with a disability that have sensory challenges or a low tolerance for vaccination? E.g. a quiet waiting space, comfort items, distraction devices, topical anesthetics, etc.	☐	☐	
9	Is a staff member identified for each shift to provide assistance to people with additional support needs when they present for their vaccination?	☐	☐	
10	Are seats available in the waiting area for people that are unable to stand for extended periods of time?	☐	☐	
11	Is there enough space in the waiting and vaccination rooms for carers, including support animals, accompanying people with disabilities who need on-site assistance, while permitting social distancing?	☐	☐	
12	Is the vaccine location accessible by public transport?	☐	☐	
13	Is there a designated drop off area?	☐	☐	

Appendix 10 – QCVMS Go/No-Go Checklist

Queensland COVID-19 Vaccination Management Solution (QCVMS) Implementation

Digital Go-Live Readiness Checklist

[insert] HHS – [insert facility name]

Activity	Owner	Completed	Date	Comments
Two Weeks Pre Go Live				
Physical (location, devices, network) Readiness				
1. Determine clinic location/s. Data inputted into the 'Venue' sheet of the HHS Register workbook	HHS/DPT			
2. Determine device requirements – input into the 'Devices' tab in the HHS Register workbook	HHS/DPT			
3. Network connectivity, infrastructure and device impact assessment and plan agreed 3.1. Number of devices agreed 3.2. Infrastructure and connectivity plan and approach agreed 3.3. Roles and responsibilities agreed 3.4. Execution of plan commenced	HHS/DPT			
Business Delivery Readiness				
4. Location Contacts advised – input into workbook: Contacts' tab in the *HHS Register*	HHS			
5. Location contacts onboarded with detailed business readiness checklist requirements agreed and understood	PPM/HHS			
6. Train-the-Trainer (TtT) nominations – input into	HHS			

Activity	Owner	Completed	Date	Comments
workbook: 'Trainer' tab in the *HHS Register*				
7. Supply chain nominations for one hour dedicated session on supply chain workflow: input into workbook: 'Trainer' tab in the *HHS Register*				
One Week Pre-Go Live				
Physical (location, devices, network) Readiness				
8. Network connectivity infrastructure and device plan complete	DPT			
Business delivery readiness				
Data				
9. Organisations Data Set completed – input into workbook: Organisations Dynamics Data Template	HHS			
10. Citizen Data Set completed – input into workbook: Citizen Dynamics Data Template	HHS			
11. Data cleansing and validation commenced	eHQ/HHS			
12. Staff Users and Roles completed – input into workbook: 'MS-Access to VAX App' tab in the HHS Register	HHS			
13. Staff Users and Roles sent to technical delivery lead for provisioning into QCVMS	PPM/TDL			
14. Super Users nominated – input into workbook: 'HHS Champions Super Users' including supply chain, AIR and AEFI tab in the *HHS Register*	HHS			
15. User Acceptance Testing (UAT) / Production Validation Testing (PVT) participants – input into workbook: 'UAT/PVT Participants' tab in the *HHS Register*	HHS			*UAT completed 28/01/21. For Locations that didn't participate in UAT option to conduct PVT activity.*

Activity	Owner	Completed	Date	Comments
Training				
16. Site Contacts and TtT nominations provided access to Training Materials and FAQ document on Teams Channel	eHQ			
17. TtT invitation sent to nominated participants	eHQ			
18. System access granted for TtT participants	eHQ			
19. TtT Session completed	PWC/HHS			
20. Dedicated Supply Chain Training undertaken				*Any workflow issues on Supply Chain should be directed by PM to Daniel McKavanagh*
21. AIR and AEFI process explained and affected end users communicated to				
22. Known issues and workarounds explained and communicated locally				
23. Support processes explained and communicated locally				
24. Supply Chain Training	PCW HHS			
25. End User training commenced				
26. On-site support arranged including travel				
Three Days Pre-Go Live				
Technical delivery readiness				
27. Devices – delivered, configured (including tagging, testing and charging)	DPT			
28. Devices asset numbers to have the app installed – input into 'Devices' tab in the *HHS Register* workbook	DPT/PPM			
29. Asset numbers provided to technical delivery lead and DPT for app deployment	DPT/PPM			

Activity	Owner	Completed	Date	Comments
30. Devices ready - apps deployed and devices tested	TDL/PPM/DPT			
Business delivery readiness				
Data validation and upload				
31. Data cleansing and validation complete				
32. Organisation and Clinic creation in QCVMS	eHQ / HHS			*eHQ Business Analyst to assist site*
33. Citizen Data Set uploaded to QCVMS	eHQ			
34. Staff Users Access provisioned, tested and confirmed	PPM/TDL/HHS			
Two Days Pre Go Live				
35. End users training completed				
36. HHS Assurance completed				
37. Known issues and workarounds explained and communicated locally – reiterated				
38. Support processes explained and communicated locally – reiterated				
39. AIR and AEFI process explained and affected end users communicated to – reiterated				
40. One Day Pre Go Live				
41. Formal Go / No Go Decision	HHS/eHQ			
42. Approved Go / No Go Decision with completed artefacts tabled at EMC	PD			

Activity	Owner	Completed	Date	Comments
Transition to QCVMS (only for Plan B sites)				
Business Delivery Readiness				
43. Migration Approach selected by Site	eHQ/HHS			
44. Data migration requirement identified	eHQ/HHS			
45. Resources assigned for any manual data migration activity				*If required*
Further steps/information to follow				
46. UAT / PVT participants provided access and activities communicated	eHQ			
47. UAT completed	eHQ			*UAT completed 28/02/21.*
48. Clinic Simulation, PVT or other suitable preparatory activity completed	HHS			*Optional*
49. Microsoft application is deployed and ready in Production	eHQ			
50. Reporting Extracts tested and process confirmed	eHQ			
51. Staff User access confirmed	HHS			
52. Appointments confirmed and sent to Phase 1A patients	HHS/eHQ			
53. Support Centre operational and ready to support go-live	eHQ			*Support Centre Go Live 04/03/21*
54. Support information communicated to sites				
55. Understanding of current system functionality, future intended functionality and defect acceptance	eHQ/HHS			

•

56. AEFI process (both in the clinic and post)	**eHQ/HHS**		
57. AIR error management process	**eHQ/HHS**		
58. GO/NO GO Decision Meeting	eHQ/HHS		*Site ready. Assurance pass. Checklist complete.*
59. 6.11 Go Decision provided in writing	HHS		

Document sign off

Approval

The following HHS representative has **approved** the content of this document

Name	x		
Position	X (HHS Lead/clinic lead)		
Signature		Date	

The following eHQ representative has **approved** the content of this document

Name	Caryn Garbutt		
Position	Program Director		
Signature		Date	

Endorsement

The following officer has **endorsed** this artefact

Name	x		
Position	X (DPT lead)		
Signature		Date	

The following officer has **endorsed** this artefact

•

Name	Benjamin Thatcher		
Position	Principal Project Manager		
Signature		Date	

Appendix 11 – QCVMS exemption template request

QCVMS Exemption Request

The following document has been developed to support services intending to operate as Queensland Government-controlled COVID-19 vaccine service (QG-CS) Providers request an exemption through the Vaccine Command Centre (VCC) in accordance with the requirements detailed in the Vaccination Readiness Assurance Plan (VRAP).

In the event of a successful QCVMS exemption request, services must utilise the relevant Queensland Health Downtime Consent Form specific to each consumer's age (Vaccine protocols and management templates | Queensland Health) and the associated Queensland Health COVID-19 vaccination information – Parent/legal guardian information on Pfizer Comirnaty® and/or COVID-19 vaccination – patient resources available through the Australian Government Department of Health. These Downtime Consent Forms detail; consumer details; pre-screening questions; consent and information relating to vaccine administration.

Please complete the questions detailed in *Table 1* on how your service will meet the data and reporting requirements without utilising Queensland's COVID-19 Vaccine Management Solution (QCVMS).

Table 1.

QCVMS is a dedicated end-to-end solution, mandated for all Queensland Government-controlled COVID-19 vaccination service (QG-CS) Providers to utilise this software. 1. **Please provide a rationale as to why your services are requesting an exemption.**	*Response:*
QCVMS incorporates a booking system whereby, services can create clinics and consumers can create a profile to book independently into these clinics via a website link. 2. **How will consumers book into your COVID-19 vaccination services or will these be via walk-in only?**	*Response:*
All clinics created in QCVMS as public clinics are available for consumers to book via the QCVMS portal.	*Response:*

•

3. How will consumers know your services are operational and find information on the opening days and hours?	
QCVMS incorporates and manages delivery of custom messages to citizens such as booking confirmations and reminders. QCVMS also has the ability to send customised targeted messages to specific cohorts as required. These messages are tailored and updated as required to align to changing policy, legislation and the like. **4. How will your service communicate booking confirmations, changes and reminders and rapidly disseminate changing messaging to ensure citizens always have the correct and most up-to-date information as possible?**	*Response:*
Mandatory reporting of vaccination to the Australian Immunisation Register (AIR) for COVID-19 vaccines commenced 20 February 2021. This requires services to report within 24 hours, and no more than 10 working days after the vaccination. QCMVS has bi-directional integration with AIR, whereby any vaccinations recorded into QCVMS are automatically reported. **5. How will your service upload the required information into AIR within the mandatory timeframes?**	*Response:*
A standing service offered for all users of QCVMS is data remediation. There are a variety of data remediation dashboards for services and regular in-bulk data remediation activities undertaken by Queensland Health's central team to remediate common and identified data issues. Support is also provided for citizen requested AIR remediation and identification of potentially suspicious activities which supports services in investigating and resolving fraudulent activity.	*Response:*

•

6. **How will your service remediate identified data issues to ensure accuracy and integrity of information including remediation of citizen records in a timely manner?** 7. **How will your service manage the identification of and remediation of potentially fraudulent activity?**	
Services are required to maintain clinical records such as vaccination consent forms in accordance with Queensland Health's *Retention and disposal of clinical records*. QCVMS is a web-based client with cloud-based servers which maintain records in a secure environment with the appropriate retention and disposal policies attached. 8. **How will your service ensure compliance with Queensland Health's *Retention and disposal of clinical records* relating to the COVID-19 vaccination?**	*Response:*
As a QG-CS Provider and in accordance with the Public Health Act, all Adverse Events Following Immunisation (AEFI) and/or Vaccine Administration Errors (VAEs) must be reported to COVID_AEFI@health.qld.gov.au. With regards to QCMVS, AEFI can be captured directly in the application and relevant integration for the automatic reporting of AEFIs to the COVID AEFI team. For VAEs there is a dedicated form available here. 9. **How will your service undertake timely reporting of both AEFIs and VAEs?**	*Response:*
From 9 March 2022, the QCMVS will have an integrated function which sends correspondence to COVID-19 consumers post-vaccination to conduct timely post-vaccination surveillance (PVS) and	*Response:*

•

monitoring which contributes to PVS within Australia. 10. **How will your services support consumers either with a similar initiative or via subsequent reporting pathways such as self-reporting AEFIs.**	

•

QCVMS exemption request

Documented and submitted by

The following representative has developed and submitted this QCVMS exemption request for consideration:

Name			
Position			
Organisation			
Signature		Date	

Reviewed by

The following representative from the VCC can confirm that the requirements have been met:

Name	Glen Morrison		
Position	Senior Director, Vaccine Command Centre, Queensland Health		
Signature		Date	

QCMVS exemption approval

An exemption from QCVMS has been approved by:

Name	Bronwyn Nardi		
Position	State Director, COVID-19 Vaccination Taskforce, Queensland Health		
Signature		Date	

Appendix 12 – Approval for QG-CS Provider status template

I, [INSERT NAME], as [POSITION TITLE] of the [INSERT COMPANY] have authority to request and hereby request on behalf of [INSERT COMPANY], to be recognised as a Queensland Government-controlled COVID-19 vaccination service (QG-CS) Provider and to provide COVID-19 vaccination services under the *Emergency Order: Public Health Emergency – Pandemic Response to Coronavirus Disease (COVID-19*).

I declare that [INSERT COMPANY], has undergone the relevant assurance process and can confirm that [INSERT COMPANY] will practice in accordance with the Vaccination Readiness Assurance Plan (VRAP) and will adhere to the conditions applying to Queensland Government-controlled COVID-19 vaccination service providers.

I understand and consent that as [POSITION TITLE] of the [INSERT COMPANY], my name and contact details will be published on Queensland Health's website as a COVID-19 QG-QS Provider.

I therefore seek your approval to become a QG-CS Provider.

_____

Signature Date:
Name:
Position:

To be completed by the State Director of the COVID-19 Vaccination Taskforce

Approved Not Approved

_____

Signature Date:

Bronwyn Nardi
State Director COVID-19 Vaccination Taskforce
Queensland Health