

Claire Wood

From: Jillann Farmer
Subject: FW: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

From: Keith McNeil [REDACTED] <[REDACTED]@health.qld.gov.au>
Sent: Wednesday, 10 February 2021 2:25 PM
To: Jillann Farmer [REDACTED] <[REDACTED]@health.qld.gov.au>
Subject: RE: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

Hi Jillann

I have been in touch with the universities, QIMR and the research labs (TRI etc) and asked them to prepare a list of 'at risk' employees whom I would see fitting into the 1a cohort.

Bw

keith

From: Jillann Farmer [REDACTED] <[REDACTED]@health.qld.gov.au>
Sent: Wednesday, 10 February 2021 1:50 PM
To: Alexandra Markwell [REDACTED] <[REDACTED]@health.qld.gov.au>; Sean Rothwell [REDACTED] <[REDACTED]@health.qld.gov.au>; Niall Small [REDACTED] <[REDACTED]@health.qld.gov.au>; Andrew Staib [REDACTED] <[REDACTED]@health.qld.gov.au>; Marc Ziegenfuss [REDACTED] <[REDACTED]@health.qld.gov.au>; Brent Richards [REDACTED] <[REDACTED]@health.qld.gov.au>; Carl de Wet [REDACTED] <[REDACTED]@health.qld.gov.au>; Petra Derrington [REDACTED] <[REDACTED]@health.qld.gov.au>; Jacob OGorman [REDACTED] <[REDACTED]@health.qld.gov.au>; Brydie Edwards [REDACTED] <[REDACTED]@health.qld.gov.au>; Michael Cleary [REDACTED] <[REDACTED]@health.qld.gov.au>; Naomi Runnegar [REDACTED] <[REDACTED]@health.qld.gov.au>; Trent Yarwood [REDACTED] <[REDACTED]@health.qld.gov.au>; Philip Masel [REDACTED] <[REDACTED]@health.qld.gov.au>; Ian Scott [REDACTED] <[REDACTED]@health.qld.gov.au>
Cc: Bav Manoharan [REDACTED] <[REDACTED]@health.qld.gov.au>; Lizbeth Kenny [REDACTED] <[REDACTED]@health.qld.gov.au>; Keith McNeil [REDACTED] <[REDACTED]@health.qld.gov.au>
Subject: RE: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

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Regards

Jillann

From: Alexandra Markwell <[REDACTED]@health.qld.gov.au>
Sent: Wednesday, 10 February 2021 8:23 AM
To: Sean Rothwell [REDACTED] <[REDACTED]@health.qld.gov.au>; Niall Small [REDACTED] <[REDACTED]@health.qld.gov.au>; Andrew Staib [REDACTED] <[REDACTED]@health.qld.gov.au>; Marc Ziegenfuss [REDACTED] <[REDACTED]@health.qld.gov.au>; Brent Richards [REDACTED] <[REDACTED]@health.qld.gov.au>; Carl de Wet [REDACTED] <[REDACTED]@health.qld.gov.au>; Petra Derrington [REDACTED] <[REDACTED]@health.qld.gov.au>; Jacob OGorman [REDACTED] <[REDACTED]@health.qld.gov.au>; Brydie Edwards [REDACTED] <[REDACTED]@health.qld.gov.au>; Michael Cleary [REDACTED] <[REDACTED]@health.qld.gov.au>; Naomi Runnegar [REDACTED] <[REDACTED]@health.qld.gov.au>; Trent Yarwood [REDACTED] <[REDACTED]@health.qld.gov.au>; Philip Masel [REDACTED] <[REDACTED]@health.qld.gov.au>; Ian Scott [REDACTED] <[REDACTED]@health.qld.gov.au>
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Subject: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

Importance: High

Dear all

I've been working with Bav in the vaccine taskforce to try and draft some decision tree questions and a risk matrix to assist with the prioritisation of 1a "frontline" staff vaccination rollout. This is a really complex area as you can imagine, but we have tried to distil into what is hopefully a pragmatic approach. If this approach is useful, we will replicate for 1b rollout (which will be even more complicated as individual factors come into play more). Note we are intentionally agnostic as to the actual vaccine being offered.

We would be very grateful if you could have a look please and sense-check the questions and risk matrix. Note this is meant to be a fairly rough and ready method to broadly stratify very large groups of people. I've indicated below the "hat"/perspective I'm hoping you can provide, but if you identify any groups we have missed please let me know. Please note that Bav is going to liaise directly with QAS/QPS/border forces. There may be bigger sites which use these questions to risk-stratify within their departments (e.g. ICU/ED). At this stage I would ask that you don't distribute more broadly please (but please let me know if you have identified someone who we should reach out to).

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 Brydie/Jake- RSQ/RFDS/lifeflight
 Petra- pathology/live virus handling
 Michael- quarantine workers/interface
 Naomi/Trent/Phil/Ian- COVID ward
 Marc/Brent- ICU
 Carl- respiratory clinics

We would be grateful for any feedback by 9am tomorrow- sincere apologies for the very tight turn-around.

many thanks

Alex

Dr Alex Markwell

Senior Staff Specialist

Emergency and Trauma Centre

Royal Brisbane and Women's Hospital

Chair, Queensland Clinical Senate

[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)

Claire Wood

From: Jillann Farmer
Sent: Thursday, 11 February 2021 9:08 AM
To: Petra Derrington; Naomi Runnegar; Alexandra Markwell; Sean Rothwell; Niall Small; Andrew Staib; Marc Ziegenfuss; Brent Richards; Carl de Wet; Jacob OGorman; Brydie Edwards; Michael Cleary; Trent Yarwood; Philip Masel; Ian Scott
Cc: Bav Manoharan; Lizbeth Kenny; Keith McNeil
Subject: RE: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

Thanks both –

As stated, I have a conflict of interest, but it does seem to me that across the spectrum, there are significant variations in risk even within the laboratory environment.

Diagnostic labs with controlled environment, hoods, closed systems and no aerosols and no cultures represent a different risk environment to virus culture environments. Environments with animal handling and aerosol generation for experimentation are another level.

It's important that we conserve as much vaccine as possible, so a blanket “all lab workers” would not be quite right –

I will bow out now – I need to let the better technical and impartial heads lead this unfettered by my COI.

Regards
 Jillann

From: Petra Derrington [redacted] @health.qld.gov.au>
Sent: Thursday, 11 February 2021 8:43 AM
To: Naomi Runnegar [redacted] @health.qld.gov.au>; Alexandra Markwell [redacted] @health.qld.gov.au>; Jillann Farmer [redacted] @health.qld.gov.au>; Sean Rothwell [redacted] @health.qld.gov.au>; Niall Small [redacted] @health.qld.gov.au>; Andrew Staib [redacted] @health.qld.gov.au>; Marc Ziegenfuss [redacted] @health.qld.gov.au>; Brent Richards [redacted] @health.qld.gov.au>; Carl de Wet [redacted] @health.qld.gov.au>; Jacob OGorman [redacted] @health.qld.gov.au>; Brydie Edwards [redacted] @health.qld.gov.au>; Michael Cleary [redacted] @health.qld.gov.au>; Trent Yarwood [redacted] @health.qld.gov.au>; Philip Masel [redacted] @health.qld.gov.au>; Ian Scott [redacted] @health.qld.gov.au>
Cc: Bav Manoharan [redacted] @health.qld.gov.au>; Lizbeth Kenny [redacted] >; Keith McNeil [redacted] @health.qld.gov.au>
Subject: RE: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

Yes Naomi, you make good points re pathology – my main concern is not about the high risk of pathology workers getting the illness, it is more around the implications on the service of a case in a lab – the whole lab closes and the service stops. We saw this in Cairns. This consequence is important for all niche specialists areas needs to be taken in to account as well as risk of acquisition.

This is some f my feedback to Alex.

Regards

Petra

Dr Petra Derrington

Director and Clinical Microbiologist Gold Coast Group, Chief Pathologist Pathology Queensland

pathology queensland

Pathology Queensland

Health Support Queensland, Queensland Health

p m

a Pathology Administration, Ground Floor, E Block, Gold Coast University Hospital, 1 Hospital Boulevard, Southport, 4215

e @health.qld.gov.au w www.health.qld.gov.au/healthsupport

Integrity

Customers and patients first

Accountability

Respect

Engagement

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

From: Naomi Runnegar @health.qld.gov.au>**Sent:** Wednesday, 10 February 2021 10:07 PM**To:** Alexandra Markwell @health.qld.gov.au>; Jillann Farmer

@health.qld.gov.au>; Sean Rothwell @health.qld.gov.au>; Niall Small

@health.qld.gov.au>; Andrew Staib @health.qld.gov.au>; Marc Ziegenfuss

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@health.qld.gov.au>; Ian Scott @health.qld.gov.au>

Cc: Bav Manoharan @health.qld.gov.au>; Lizbeth Kenny >; Keith McNeil @health.qld.gov.au>**Subject:** Re: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

Dear Alex and all

agree with most of the comments already made

My stratification suggestion:

1. Non-hospital as listed (perhaps QAS 'working in areas with quarantine hotels') + 'staff of COVID wards / ICU / ED in hospitals that care for patients referred from quarantine hotels, or in areas with known community transmission [to future-proof] [agree COVID ward is highest risk per matrix, so if wish to stratify further would move ED / ICU next dot point]
2. staff of COVID wards / ICU / ED in hospitals that do not see patients referred from quarantine hotels, in areas with no known community transmission + QAS in corresponding regions
3. Staff of fever / resp clinics / pathology collectors who collect resp specimens
4. diagnostic / research laboratory workers handling SARS-CoV2 specimens – one could even make an argument for 1b – pls see below

2>3 on basis of high consequences of a hospital outbreak (even though 2=3 on matrix)

(totally agree with not specifying vaccines, but above would also roughly correspond to pfizer hubs / likely first administered vaccines)

I'm a bit unsure re: 'purposeful' exposure - ? could also be mis-interpreted? ... if you don't go with above suggestion, would 'Are you exposed to patients who are more likely to have COVID in your day to day work e.g. ED etc' work for 2? Also for point 5. (again, if not going with above suggestion) 'Are you in a lower risk region' (does this mean geographic region?) – probably redundant as 'region' not mentioned in other points, perhaps just – 'other high-risk frontline hcw e.g. then list.

On the risk matrix table, I would suggest the left column be "likelihood of acquisition from work role" or similar and just keep on-transmission in the consequence.

I would rate the risk of acquisition for a researcher or pathology laboratory scientist as unlikely (Jillann, hear me out!) – I cannot find any described cases of laboratory-acquired COVID; and/because these wonderful people have excellent processes in place for protecting themselves from laboratory-acquired infections, and are very good at adhering to them!

A pathology collector who is collecting resp specimens (including outside the fever clinic setting e.g. private lab collector contracted to quarantine hotels or RACF) would have a higher risk - agree 'possible' (on a relative scale, not actually 50/50 per key).

Hope that is of use and apologies if I put on the incorrect hat!

All the best,

Naomi

From: Alexandra Markwell [REDACTED] <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>

Date: Wednesday, 10 February 2021 at 2:41 pm

To: Jillann Farmer [REDACTED] <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>, Sean Rothwell

[REDACTED] <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>, Niall Small [REDACTED] <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>, Andrew Staib

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Cc: Bav Manoharan [REDACTED] <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>, Lizbeth Kenny [REDACTED] >,

Keith McNeil [REDACTED] <[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)>

Subject: Re: IN CONFIDENCE- Draft decision tree questions and risk matrix to support 1a prioritization

Thanks all

Just to clarify, all of the describe groups remain in 1a- this is just an attempt to create logical place to start vaccinating and carry on until we get to 1b.

Marc, as per our discussion now, I will emphasise the ICUs for international hotel quarantine catchments, rather than historical COVID cases. and no this isn't a covert bid for COVID hospitals 😊

Re: pathology workers and researchers- I absolutely recognise they are separate groups; I will ensure they are described more clearly.

Re: hot zones in EDs- I understand not all EDs do this and that is fine. It may be useful for bigger sites if there needs to be further risk stratification, but it's fine if that isn't required.

I also understand there is still some confusion about "potential exposure", and alternative wording of "purposeful exposure" has been suggested to differentiate the group of staff who intentionally care for COVID positive patients from other staff who may otherwise be exposed.

Ian- your point about caring for RACF/disability residents in hospital is an interesting one. Given that all health-care workers will be picked up by 1a or 1b I think this risk is reasonably mitigated in that strategy.

The absolute "risk rating" is very rough, and to be honest I think we're going to end up with 2 broad groups- active COVID clinicians/quarantine staff and then everyone else in 1a (although I think we can advocate for health workers to receive the vaccine ahead of airline/maritime pilots).

Thank you all for the very quick turnaround. I will try to capture the feedback and we will then try to create a more user-friendly resource if people think that will be helpful in explaining the rationale for 1a roll-out.

kind regards
Alex

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Sent: Wednesday, 10 February 2021 1:50 PM
To: Alexandra Markwell [REDACTED] <[REDACTED]@health.qld.gov.au>; Sean Rothwell [REDACTED] <[REDACTED]@health.qld.gov.au>; Niall Small [REDACTED] <[REDACTED]@health.qld.gov.au>; Andrew Staib [REDACTED] <[REDACTED]@health.qld.gov.au>; Marc Ziegenfuss [REDACTED] <[REDACTED]@health.qld.gov.au>; Brent Richards [REDACTED] <[REDACTED]@health.qld.gov.au>; Carl de Wet [REDACTED] <[REDACTED]@health.qld.gov.au>; Petra Derrington [REDACTED] <[REDACTED]@health.qld.gov.au>; Jacob OGorman [REDACTED] <[REDACTED]@health.qld.gov.au>; Brydie Edwards [REDACTED] <[REDACTED]@health.qld.gov.au>; Michael Cleary [REDACTED] <[REDACTED]@health.qld.gov.au>; Naomi Runnegar [REDACTED] <[REDACTED]@health.qld.gov.au>; Trent Yarwood [REDACTED] <[REDACTED]@health.qld.gov.au>; Philip Masel [REDACTED] <[REDACTED]@health.qld.gov.au>; Ian Scott [REDACTED] <[REDACTED]@health.qld.gov.au>
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Dr Alex Markwell

Senior Staff Specialist

Emergency and Trauma Centre

Royal Brisbane and Women's Hospital

Chair, Queensland Clinical Senate

[\[REDACTED\]@health.qld.gov.au](mailto:[REDACTED]@health.qld.gov.au)

Claire Wood

From: Jillann Farmer
Sent: Monday, 15 March 2021 2:51 PM
To: Alexandra Markwell
Cc: Marco D'arbe
Subject: RE: URGENT: Vaccine roll out PPE advice

Dear Alex
 Approved, with thanks
 Jillann

From: Alexandra Markwell [REDACTED]@health.qld.gov.au>
Sent: Monday, 15 March 2021 11:26 AM
To: Jillann Farmer [REDACTED]@health.qld.gov.au>
Cc: Marco D'arbe [REDACTED]@health.qld.gov.au>
Subject: URGENT: Vaccine roll out PPE advice
Importance: High

Dear Jillann

Fiona Merkel's team had created a document for modelling purposes which I have adapted (with their permission) for guidance for teams undertaking vaccine rollout. This aligns with the PPE escalation document and was developed with input from Naomi originally.

Can you please review and if happy we will pdf and publish on website. We should also consider if it should be incorporated into the large combined document or remain a stand-alone resource.

Marco- this was only triggered by the vaccine stand up meeting this morning so has fallen outside our usual PPE/CRG cycle, although you would have seen an earlier version of this previously. If Jillann is happy we can distribute to the working group out of session for info.

Thanks for your earliest approval Jillann- hoping to get up the website today if possible.

Thanks
 Alex

Dr Alex Markwell
 Senior Staff Specialist
 Emergency and Trauma Centre
 Royal Brisbane and Women's Hospital
 Chair, Queensland Clinical Senate
 [REDACTED]
 [REDACTED]@health.qld.gov.au

Queensland COVID-19 vaccine rollout

Vaccine PPE advice



Queensland
Government

Vaccine PPE advice – low, moderate and high risk settings

DOH RTI 1869

Background

The PPE advice for the COVID-19 vaccine rollout have been identified through:

- review of clinical guidelines to identify the types of PPE required for different levels of risk for community transmission of COVID-19; and
- engagement with clinical stakeholders to identify where PPE usage in practice may diverge from clinical guidelines.

Review of clinical guidelines

The PPE requirements for the COVID-19 vaccine rollout have been identified through the review of clinical guidelines, including:

- [Pandemic Response Guidance: Personal protective equipment in healthcare delivery](#) (source: Queensland Health);
- [Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings](#) (source: Queensland Health);
- [Australian Immunisation Handbook](#) (source: Australian Government, Department of Health); and
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#) (Source: Australian Government, National Health and Medical Research Council).

As at February 2021, it is recommended that standard precautions be applied to the vaccination program in accordance with the ongoing assessment of risk of community transmission of COVID-19 and the Queensland Health Pandemic response guidance.

The Queensland Health Pandemic response guidance details PPE escalation according to the risk of unexpected COVID-19 infections. The guidance details three levels::

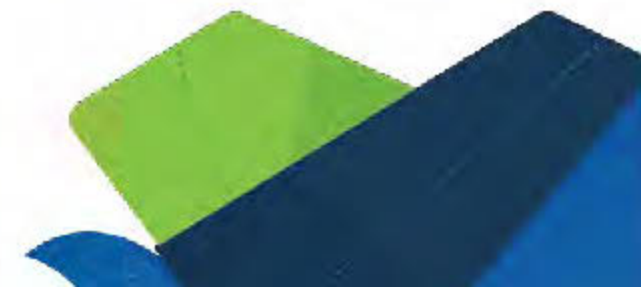
- low risk - no or few cases only in quarantine or small numbers of linked cases;
- moderate risk – as determined by CHO, no or few cases or cases only in quarantine or small numbers of linked cases; and
- high risk –as determined by CHO, a series of unlinked cases; high numbers of locally acquired cases; cases with high numbers of local contacts.

For each of these three levels of risk, Queensland Health has indicated the PPE requirements for healthcare delivery in HHS facilities. These requirements have been summarised in **Table 1** and applied to the COVID-19 vaccine rollout.

Consultation with clinical stakeholders

Consultation with clinical stakeholders has been undertaken to identify any differences between the PPE requirements in the clinical guidelines compared with the expected usage of PPE for the COVID-19 vaccine rollout. This consultation process has enabled the guidelines to be built upon to reflect actual or planned use of PPE in practice.

The expected usage of PPE in practice for the COVID-19 vaccine rollout has been detailed in **Table 1**.



Vaccine PPE advice – low, moderate and high risk settings

DOH RTI 1869

Assumptions :

- vaccine will be diluted and drawn up by a different person to the person administering the dose (where applicable); and
- the vaccine will be administered to non-COVID-19 recipients.

Table 1: PPE for COVID-19 vaccine rollout – guideline requirements.

Groups	Low risk (e.g. no or few cases; cases only in quarantine; small numbers of linked cases, as determined by the Chief Health Officer (CHO))	Moderate risk (e.g. no or few cases; cases only in quarantine; small numbers of linked cases, as determined by CHO)	High risk (e.g. high numbers of unlinked cases; sustained community transmission, as determined by CHO)
Vaccine recipients	Guidelines <ul style="list-style-type: none"> • No PPE 	Guidelines <ul style="list-style-type: none"> • Surgical Mask (Level 1) 	Guidelines <ul style="list-style-type: none"> • Surgical Mask (Level 1)
Vaccine preparers (e.g. staff preparing doses who will not have not direct contact with vaccine recipients)	Guidelines <ul style="list-style-type: none"> • Aseptic techniques and procedures 	Guidelines <ul style="list-style-type: none"> • Surgical Mask (Level 2) 	Guidelines <ul style="list-style-type: none"> • Surgical Mask (Level 2)
Vaccine administrators (e.g. doctors or nurses who will have direct contact with vaccine recipients)	Guidelines <ul style="list-style-type: none"> • Aseptic techniques and procedures 	Guidelines <ul style="list-style-type: none"> • <i>Optional:</i> Exam Gloves – Nitrile • Surgical Mask (Level 2) • Protective Eyewear 	Guidelines <ul style="list-style-type: none"> • <i>Optional:</i> Exam Gloves – Nitrile • Surgical Mask (Level 2) • Protective Eyewear
Other staff specific to vaccination process (e.g. admin staff and operational staff who will not have direct contact with vaccine recipients)	Guidelines <ul style="list-style-type: none"> • No PPE 	Guidelines <ul style="list-style-type: none"> • Surgical Mask (Level 2) 	Guidelines <ul style="list-style-type: none"> • Surgical Mask (Level 2)

CEQCorro

From: DDGCEQ
Sent: Monday, 15 February 2021 4:28 PM
To: Marco D'arbe; Zoe Bishop-Kinlyside
Subject: FW: Qld COVID Vaccination Program - weekly status report
Attachments: 20210212 QLD CVAX Taskforce Weekly Status Report.pdf

Hi Marco and Zoe,

Forwarding for your information.

Please note I have not circulated further.

Please advise if there is any further action from me.

Thanks Jules



Julia Roberts

Senior Executive Support Officer

To Dr Jillann Farmer

Deputy Director-General

Clinical Excellence Queensland | Queensland Health

Monday – Thursday and alternating Fridays

P Via [MS Teams](#) (Preferred) or
E [@health.qld.gov.au](mailto:Julia.Roberts@health.qld.gov.au)
W health.qld.gov.au
A Level 14, 33 Charlotte Street, Brisbane Qld 4000

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Wash your hands regularly to stop the spread of germs



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

From: qldclinicalsenate@health.qld.gov.au
Sent: Monday, 15 February 2021 3:08 PM
To: almarkwell@health.qld.gov.au; Alexandra Markwell@health.qld.gov.au; Annette Scott@health.qld.gov.au; Anthony Brown@health.qld.gov.au; Caitlin O'Halloran@health.qld.gov.au; Carl de Wet@health.qld.gov.au; David Rimmer@health.qld.gov.au; DOS_DON_ASO@health.qld.gov.au; Ian Johnson@health.qld.gov.au; Ivan Rapchuk@health.qld.gov.au; Jillann Farmer@health.qld.gov.au; Kristy Henson@health.qld.gov.au; Lizbeth Kenny@health.qld.gov.au; Melleesa Cowie@health.qld.gov.au; Rachel Olorenshaw@health.qld.gov.au; Rebecca Griffin@health.qld.gov.au; Robert Franz@health.qld.gov.au; Roslyn Wharton-Boland@health.qld.gov.au; Sean Birgan@health.qld.gov.au; Shelley Nowlan@health.qld.gov.au
Subject: Qld COVID Vaccination Program - weekly status report

Dear QCS Executive

Alex has asked that I share the attached vaccination program update with you for noting. Please do not distribute further.

Regards
Ian

Ian Johnson

A/Manager, Queensland Clinical Senate Secretariat

Phone: 07 [REDACTED]

Phone: [REDACTED]

Address: 15 Butterfield Street, Herston QLD 4007

Email: [REDACTED]@health.qld.gov.au

Senate Website: <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate>

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Queensland Health

Healthcare Improvement Unit, Clinical Excellence Queensland



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Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.

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QLD COVID-19 Vaccination Program Taskforce Weekly Status Report

Update as at 12 February 2021



Contents

Program summary

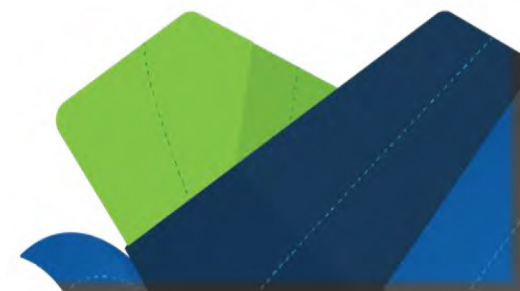
for the week ending 12 February 2021

3

Key messages / decisions

for the week ending 12 February 2021

5



Program summary

Queensland Health are on track to commence vaccination of Phase 1 cohorts as supply is made available by the Commonwealth.

Update	Description
Summary	<ul style="list-style-type: none"> The QH Vaccination Program is continuing detailed planning to ensure that the six Pfizer hubs are ready by their Phase 1a launch dates. The launch of the Pfizer hubs will be phased across 3 weeks, with Gold Coast University Hospital to be the first hub to launch in the week commencing 22 February 2021. Regular meetings are being held with HHSs to discuss operational, financial and workforce support and planning for Phase 1b onwards. The main principles to planning are 1) to ensure that the people most at risk or exposed to COVID-19 are invited to be vaccinated first and 2) vaccines are not to be wasted (i.e. surplus vaccines at the end of the day to be used to vaccinate priority or non-priority patients). A funding submission has been developed to ensure sufficient funding to guarantee roll-out progression until bi-lateral discussions are resolved. A meeting with the Pfizer logistics team on 10 February 2021, estimated delivery of vaccines into Australia on 22 February 2021; the Pfizer logistics team indicated that this date was an estimate only, but that they were working to commit to this date. Assuming delivery is on schedule, the earliest date of the first vaccination in QLD is likely to be 24 February 2021. As such, planning will be proceed on that basis.
Highlights from last week	<ul style="list-style-type: none"> Ethical framework – targeted consultation has been undertaken to inform a draft for wider consultation. The targeted consultation occurred with Dr Alex Markwell, Melissa Fox, Health Consumers QLD and Conner Brophy, QUT ethicist. It is anticipated that the framework will be finalised next week. The framework provides high level principles to guide prioritisation of vaccine doses and will be supported by a series of other key documents and protocols developed to assist in the implementation of Phase 1a of the roll-out. Phase 1a list – the list of recipients to receive invitations for Phase 1a has been finalised. Recipients are those classified as “quarantine facility workers” as defined in the <i>COVID-19 Testing Quarantine Facility Workers Direction (No 3)</i> and include workers who deliver health services, personal services, security services, all front and back of house hotel and cleaning services, and passenger transport service, as well as and healthcare workers providing direct clinical care to COVID-19 positive individuals. Once these individuals have been vaccinated, vaccination should be offered to: <ul style="list-style-type: none"> Healthcare workers in: <ul style="list-style-type: none"> COVID-19 / Infectious Disease Wards Emergency Departments Intensive Care Units Fever and respiratory clinics Queensland Ambulance Service frontline responders Public and private (international) aeromedical retrieval teams Air and sea border security staff including relevant AFP and QPS staff Australian residents working in international aircrews Pathology staff, medical researchers and scientists working with SARS-CoV-2 Marine pilots Queensland Implementation Plan – the COVID-19 Vaccination Program Implementation Plan (Plan) outlines how the Australian COVID-19 Vaccination Policy will be operationalised in Queensland. The Policy describes the shared and separate responsibilities of the Australian, and State and Territory governments, as well as other key stakeholders. This has been finalised and provided to the Minister for signing.

Program summary (continued)

Queensland Health are on track to commence vaccination of Phase 1 cohorts as supply is made available by the Commonwealth.

Update	Description
Highlights from last week (continued)	<ul style="list-style-type: none"> • Vaccination capacity & capability – approximately 30 providers with capability and capacity to deliver COVID-19 vaccination services have been short listed from the Expression of Interest process. Direct negotiations will be undertaken to establish contracts to deliver vaccinations at the end of March. HHSs can draw on these providers as needed. • Code – the Code, which supports the recent amendment to the <i>Health Drug and Poisons Regulations 1996</i> was circulated to HHS leads on Wednesday 10 February 2021 for feedback this week. The Program is in the process of finalising feedback with the aim to have the document completed early next week. • Preparedness of Fridge / Freezers for Pfizer Hubs – the taskforce worked through procurement and liaison with suppliers to finalise the requirement and details for the readiness of the sites for the planned roll-out. <ul style="list-style-type: none"> <u>Federal Government status</u> – confirmation that portable freezers being organised through Commonwealth will be available by early March 2021. <u>State Government status</u> – delivery of Pfizer freezer to Gold Coast University Hospital expected by Wednesday 17 February 2021. • Pfizer vaccination protocol – circulated to HHSs for their feedback, after which it can be finalised. • Vaccination Command Centre – preparation well underway and on track for launch Monday 15 February 2021. Finalising vaccination location assurance plan ready for the Gold Coast University Hospital Pfizer Hub. The taskforce visited Cairns Pfizer Hub on Friday 12 February. Planning is on track and the Cairns site will be ready for commencement in the week commencing 1 March. • Independent Assessment of Readiness – An independent assessment will be conducted for all Pfizer hubs prior to their relevant go-live dates, in accordance with the Queensland COVID-19 Vaccination Readiness Assurance Plan. An assessment of the Gold Coast University Hospital Pfizer Hub will take place next week. • Sharing cross-jurisdictions and lessons learnt – met with Victoria Health Department representatives to share rollout plans and strategy for invitations to eligible recipients. Met with Israel's Ministry of Health to understand lessons learned. • Financials – meeting with Pfizer HHSs to review their current planning and preliminary cost assumptions for Phase 1a and 1b. Initial work has commenced to review and build detailed draft budgets for workstreams. The current funding request for program costs to June 2021 is scheduled to be considered by CBRC in late February 2021.
Priorities for this week	<ul style="list-style-type: none"> • Preparation of Gold Coast hub for Day 1 – simulation testing of MS solution will be conducted. Independent Assurance Plan to be conducted. Taskforce to send a team to review and identify any potential gaps during the test and for when go live date. • Fridges and freezers – continue planning for the coordination and ordering of freezers for the AstraZeneca hubs. • Phase 1a prioritisation – invitations to phase 1a eligible workers to be finalised. • Failure Mode Analysis – need has been identified and will be a focus for next week.

Key messages & decisions

Key messages / decisions for the week ending 12 February 2021

Key messages

Key messages to the public:

- The Australian Government has identified and prioritised groups of people to receive the COVID-19 vaccine. The first people in Queensland to receive the vaccination are those who are at higher risk of getting COVID-19 or of severe illness if they contract the virus. If you are required to be tested frequently because of your daily work, then you will be in the highest priority groups within Phase 1a.
- People in Phase 1a will be notified by Queensland Health in the near future about when and where you can receive your vaccine.
- The Australian Government has advised that further details on Phase 1b eligibility will be provided soon.
- This vaccine effort is the greatest in global history and we only need to look overseas, to see a very different reality.
- We want to assure all Queenslanders, that everyone will have their time to receive the vaccine.
- When it comes to the COVID-19 vaccines, no testing phases has been skipped. Instead, some phases have been combined, or run at the same time as each other. Having these 'overlapping' time frames has helped test COVID-19 vaccines quickly and so they can become available, to save lives earlier.

Key decisions

- The **highest priority for vaccination within Phase 1a are those who are required to undergo frequent tests for COVID-19**, as part of their daily work routine. For example, quarantine facility workers and healthcare workers are considered at highest risk and are tested on routine basis.
- Queensland Government will announce a **soft launch of Phase 1a** with the allocation of four trays of the Pfizer vaccine to Gold Coast University Hospital in the week commencing 22 February 2021, followed by the allocation of trays to other hubs as detailed below:
 - Week 1 commencing 22 February: GCUH (4 trays)
 - Week 2 commencing 1 March: RBWH (3 trays) and Cairns (1 tray)
 - Week 3 commencing 8 March: PAH (2 trays), Townsville (1 tray) and RBWH (1 tray)
 - Week 4 commencing 15 March: (8 trays) allocated across the 6 Pfizer hubs based on demand from the highest risk workers
- The QH Vaccination Program is continuing detailed planning to ensure that the six Pfizer hubs will be ready for roll out. An assurance process to support an informed decision regarding vaccination readiness of agreed Pfizer Hubs ahead of planned go-live timeframes ("**Independent Assessment of Readiness**") has been developed. Mater's OptiSim has been engaged, an independent contractor, to undertake readiness assessments. The approach is only to be taken if the HHSs considered it helpful for their planning and preparedness activities.
- Regular meetings are being held with HHSs to discuss operational, financial and workforce support and planning for Phase 1b onwards.
- The main principles to planning are 1) to ensure that the people most at risk or exposed to COVID are invited to be vaccinated first and 2) vaccines are not to be wasted (i.e. surplus vaccines at the end of the day to be used to vaccinate priority or non-priority patients).
- A funding submission has been developed to ensure sufficient funding to guarantee roll-out progression until bi-lateral discussions are resolved.
- A meeting with the Pfizer logistics team on 10 February 2021, confirmed delivery of vaccines into Australia will be on 22 February 2021, which they are unable to guarantee but are working on committing to. Assuming delivery is on schedule, the earliest date of the first vaccination in QLD is likely to be 24 February 2021. As such, planning will proceed on that basis.

From: Jillann Farmer <[REDACTED]@health.qld.gov.au>
Sent: Wednesday, 14 April 2021 3:41 PM
To: CEQCorro [REDACTED]@health.qld.gov.au>
Cc: Alexandra Markwell [REDACTED]@health.qld.gov.au>
Subject: C-FILE-52627-004 RE: FOR CLEARANCE: RTI 1869 - Request for documents - responses due 15/4/2021

Hi

I have one text message from Alex Markwell, in which she advised me that a 3 week date for the CHO directive on vaccination of staff would not work, because not all 1a staff had received the Pfizer vaccine.

Exact wording:

"Not all 1a staff have had Pfizer so 3 week date on directive won't work".

My response:

"put it in the chat" – referring to the CSLF meeting that we were in at the time.

Alex's advice was subsequently put in the chat of the meeting.

Jillann

Dr Jillann Farmer MB, BS (Hons) FRACGP, GC Appl, MHA, FRACMA
Deputy Director-General
Clinical Excellence Queensland
Department of Health

Phone: 07 [REDACTED]
Address: Level 14, 33 Charlotte Street, Brisbane Qld 4000
Email: [REDACTED]@health.qld.gov.au

Claire Wood

From: Jillann Farmer
Sent: Thursday, 25 February 2021 1:03 PM
To: Craig Brown; CEQCorro
Cc: Lizbeth Kenny; Alexandra Markwell; Katie May
Subject: Re: DRAFT - vaccine clinical comms plan 210225

From: Jillann Farmer <[REDACTED]@health.qld.gov.au>
Sent: Thursday, February 25, 2021 1:02:07 PM
To: Craig Brown [REDACTED]@health.qld.gov.au>; CEQCorro [REDACTED]@health.qld.gov.au>
Cc: Lizbeth Kenny [REDACTED]>; Alexandra Markwell [REDACTED]@health.qld.gov.au>; Katie May [REDACTED]@health.qld.gov.au>
Subject: Re: DRAFT - vaccine clinical comms plan 210225

Dear Craig

approved. copying the coro team in for footprint.

thanks
 Jillann

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From: Craig Brown [REDACTED]@health.qld.gov.au>
Sent: Thursday, February 25, 2021 11:50:34 AM
To: Jillann Farmer [REDACTED]r@health.qld.gov.au>
Cc: Lizbeth Kenny <[REDACTED]>; Alexandra Markwell [REDACTED]@health.qld.gov.au>; Katie May [REDACTED]@health.qld.gov.au>
Subject: DRAFT - vaccine clinical comms plan 210225

Hi Jillann,

Attached is CEQ's vaccine clinical comms plan for your input/endorsement.

Katie and I have been heads down implementing the plan in recent weeks, but neglected to progress formal sign off from you and then Keith. We also intended to send the plan via the Vaccination CAG which was mooted, but failed to eventuate. Katie's plan includes feedback from Alex and myself and was also circulated to CEQ's clinical leads a few weeks back.

We've had some positive outcomes from the plan in recent weeks including:

- 2 virtual vaccine information sessions for clinicians (one on Monday and one three weeks ago) – almost 11,000 attendees across the two sessions and more than 200 questions asked of our expert panel
- a [vaccination webpage](#) for Queensland clinicians containing the latest rollout information, videos of the sessions above and an ever-growing bank of FAQs (25k visitors to date, 5-min stay on page)
- a [vaccination training webpage](#) for workers in QGov controlled vaccination centres (in conjunction with Deb and Liza-Jane)
- our frontline advice emails to 15k clinicians are sent M, W, F and have an average open rate above 60%
- other collateral including a pregnancy/breastfeeding fact for clinical staff, a series of vaccine champion and education videos ([Naomi Runnegar](#) is our fave to date).

Please let us know your thoughts/questions before we progress to Keith for final endorsement.

cheers

Craig

RTI RELEASE

COVID-19 vaccines in Queensland

Clinical communications strategy

Note: The rollout of the COVID-19 vaccine/s in Queensland is a rapidly evolving situation. To avoid confusion and the spread of misinformation, please do not print or distribute this document without prior permission from its authors (contactable via FrontlineCOVIDAdvice@health.qld.gov.au). This is not endorsed Government policy.

RTI RELEASE

Background

Australia has entered into four separate agreements for the supply of COVID-19 vaccines, should they be proven safe and effective. Currently, the two vaccines delivered and used first in Australia are the Pfizer/BioNTech (Pfizer) vaccine and The University of Oxford/AstraZeneca (AstraZeneca/AZ) vaccine. For the purposes of this document, they will be referred to as 'the vaccines'.

Under the Australian Government's Vaccination Policy, healthcare professionals (including some administration and support staff) will be among the first to receive a vaccine in Phases 1a and 1b. Currently, it is not mandatory for staff to have the vaccination.

Phase 1a

- Priority frontline health care workers, staff who work in:
 - direct clinical care to COVID-19 positive individuals
 - COVID-19/Infectious Disease Wards
 - Emergency Departments
 - Intensive Care Units
 - Queensland Ambulance Service frontline responders
 - Fever and Respiratory Clinics
 - public and private (international) aeromedical retrieval teams
 - pathology staff, medical researchers and scientists working with SARS-CoV-2
- Priority quarantine and border workers
- residential aged care and disability care staff
- residential aged care and disability care residents

Phase 1b

- Elderly adults aged 70 years and over
- Other healthcare workers
- Aboriginal and Torres Strait Islander people over 55 years of age
- Younger adults with an [underlying medical condition](#), including those with a disability
- Critical and high-risk workers including defence, police, fire emergency services and meat processing.

Communication goals

In partnership with key vaccine stakeholders and representatives, Clinical Excellence Queensland (CEQ) and the Queensland Clinical Senate (QCS) intend to:

- Assist in communicating Queensland's plans for the rollout of the vaccines for healthcare workers in a timely manner (*when/how/where* will I receive my vaccination?).
- Disseminate evidence-based information to prevent / counter misinformation and encourage confidence in the vaccines (*why* should I have the vaccination?)

Additionally, we intend to support the broader goals of the Queensland Health Department which is to