







# COVID-19 VACCINE CLINIC TOOLKIT

The PHN has developed this toolkit to assist practices prepare for a smooth roll out of the COVID-19 vaccines. The toolkit describes the shared and separate responsibilities of the practice team and processes to deliver safe and effective COVID-19 vaccines.

# Responsibilities

The practice should identify champions within the practice to develop a coordination team. This team will coordinate the planning and running of the COVID-19 vaccine clinics. You may wish to consider representatives from each specialised role within your practice, example: Practice Manager, Admin/Medical Practice Assistant, Nurse, General Practitioner.

- # Coordinate a communication strategy for all staff The communication strategy will provide timely, transparent, and credible information to inform and educate your practice team and patients about the COVID-19 vaccine. This will build confidence in the regulatory processes for COVID-19 vaccines.
- # Collect and review data to assist in identifying high risk patients who may benefit from being offered a COVID-19 vaccine using CAT4 or clinical software this will help guide you in planning your clinics to prioritise patients at highest risk
- # Identify which clinicians are available to work in the clinics. Collect evidence that all involved staff have completed the mandatory COVID-19 vaccine training, relevant additional modules for the vaccines your practice is administering, and completing regular reviews of updated information
- # Identify number of staff required to participate in the COVID-19 vaccine clinic. If additional workforce is required, recruit as early as possible with recognition that staff may be in high demand
- # Develop a plan for unexpected events or staff member unavailability within the COVID-19 vaccine team. For example, who will cover admin and clinical roles? How will we notify patients?
- # Ensure your details are up to date on the National Health Services Directory
- # Ensure the clinical team are familiar with the Therapeutic Goods Association (TGA) guidelines for reporting of an Adverse Event Following Immunisation (AEFI)
- # Conduct regular team meetings, for example: Monday morning huddle or post clinic huddle for discussions for improvement and recognition of all staff efforts
- # Delegate tasks to both admin and clinical staff involved in the roll out of the COVID-19 vaccines no single person should hold all information or knowledge
- # Develop policies and procedures for COVID-19 Vaccine Clinics; consider what processes may differ between protocols if administering more than one vaccine brand
- # Identify key users of the Australian Immunisation Register within the practice and ensure they are trained and aware of the process to submit immunisation data to AIR from your clinical software
- # Ensure Administration staff know where to refer patients without Medicare for COVID-19 vaccination bookings usually a Commonwealth Vaccination Clinic or Hospital Hub
- # Ensure General Practitioners, Nurses, Practice Managers are registered for PRODA and General Practitioners have provided delegations in HPOS to allow access to the AIR for relevant staff
- # Consider a whole of practice "trial" run to review the flow of your vaccination clinic

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# Preparing your clinic

- # Please refer to the Onboarding Pack emailed to your practice
- # Ensure patient demographic data is complete and updated at each point of patient contact
- # Refer patients to Department of Health website <a href="www.health.gov.au">www.health.gov.au</a>, the COVID-19 Vaccine Eligibility Checker <a href="https://covid-vaccine.healthdirect.gov.au/eligibility">https://covid-vaccine.healthdirect.gov.au/eligibility</a> or the National coronavirus and COVID-19 vaccine helpline <a href="https://www.health.gov.au/contacts/national-coronavirus-and-covid-19-vaccine-helpline">https://www.health.gov.au/contacts/national-coronavirus-and-covid-19-vaccine-helpline</a>
- # Attend a stocktake of consumables to ensure adequate supply
- # Ensure Anaphylaxis kits are present in each room that immunisations are being administered
- # Order COVID-19 vaccines using CVAS YOU DO NOT NEED TO HOLD BACK VACCINE STOCK FOR THE SECOND DOSE.
- # Develop autofill for clinical software. For example:

#### **GP IN-DEPTH PATIENT ASSESSMENT FOR COVID-19 VACCINE:**

In-depth clinical advice provided to patient for greater than 10 minutes
Discussed individual risks and benefits associated with receiving a COVID-19 vaccine
Performed detailed patient history and/or complex examination relevant to individual need
Service bulk-billed in conjunction with vaccine suitability assessment per MBS requirements
Patient consent obtained to perform service and bulk bill.

#### **GP/NURSE PRACTITIONER WITH NURSE ADMINISTERING:**

Patient presents for COVID-19 vaccine. Suitability Assessment attended Nil contraindications noted. Eligibility to receive a COVID-19 vaccine verified Discussed risks and benefits of vaccine and common side effects Informed consent gained

Nurse to draw up and administer vaccine as per guidelines

Nurse to document vaccine details and oversee Australian Immunisation Register upload Service bulk billed per MBS requirements with patient consent

First dose: Patient aware of 2 dose schedule, encouraged to make next appt prior to leaving today Second dose: Patient aware of how to access their immunisation history statement

#### **NURSE:**

Suitability Assessment attended by GP. Nil contraindications noted and informed consent received Immunisation history checked on AIR – nil record of any other immunisation in past 7 days Vaccine dose drawn up as per guidelines

Patient observed post vaccine for appropriate time

Post vaccine advice provided and patient aware to seek medical advice if any concerns At time of leaving surgery, nil concerns noted

#### GP/ AUTHORISED NURSE IMMUNISER ASSESSING AND IMMUNISING:

Suitability Assessment attended. Nil contraindications noted and informed consent received Immunisation history checked on AIR – nil record of any other immunisation in past 7 days Vaccine dose drawn up as per guidelines

Patient observed post vaccine for appropriate time

Post vaccine advice provided and patient aware to seek medical advice if any concerns At time of leaving surgery, nil concerns noted

First dose: Patient aware of 2 dose schedule, encouraged to make next appt prior to leaving today Second dose: Patient aware of how to access their immunisation history statement

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# **Appointment Workflow**

# RACTICE MANAGER

#### Checklist on arrival for vaccine clinic -

- Attend COVID-19 screening checklist
- Ask patient for their three (3) identifiers; name, address, date of birth
- Ensure all patient demographics are up to date including current phone numbers and Medicare card numbers
- Verify patient eligibility to receive the COVID-19 vaccine
- Give patient COVID-19 vaccine information sheet or consent form to read whilst waiting advise patient to hold on to this form and give to GP or nurse
- Check that patient consents to SMS reminders and this is recorded in software
- Advise patient of expected wait time and plan for workflow

# Clinical model - Mixed vaccine delivery

The Department of Health provides guidance for managing more than one COVID-19 vaccine brand in your clinic. <a href="https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-covid-19-vaccine-delivery">https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-covid-19-vaccine-delivery</a> vaccination-providers/covid-19-vaccine-advice-for-vaccine-providers#clinical-model-mixed-vaccine-delivery

In the below example, a practice with an Authorised Nurse Immuniser and General Practitioner are offering more than one vaccine brand with clinics offered at different times of day. Dose numbers are indicated. Patients requiring in depth discussion regarding COVID-19 vaccination are booked with the GP prior to their vaccine administration appointment with the Nurse.

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Susan Brown	1 Terrance Costello - COVID Kathleen Costello - COVID
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Benjamin Winter	Samuel Pink - COVID Dose 1 2 John Painter - COVID Dose
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Wendy Little - Cervical screening	②Casey Jones - COVID Dose 2 ①Deirdre Pearce - COVID Do
Andrew Davidson - COVID-In Depth Assess	Louisa Smith - COVID Dose 1 Percy Smith - COVID Dose
Annette Davidson - COVID-In Depth Assess	②Emmalyn Grant - COVID Dose ②Luka Grant - COVID Dose 2
Allan Terrence - COVID-In Depth Assess	Andrew Davidson - COVID Annette Davidson - COVID
Dolly Drench - COVID-In Depth Assess	②Richard Bond - COVID Dose 2 ②Margaret Bond - COVID Do
Cindy Lender - Telehealth Consult	Dolly Drench - COVID Dose 1 Allan Terrence - COVID Dos
Martha Hughes - COVID-In Depth Assess	Mark Smith - COVID Dose 1  Bradley Low - COVID Dose
William Lucas - Care Plan	Martha Hughes - COVID Dose  Kane McDougall - COVID D
	Kendall Stevenson - COVID Graeme Stevenson - COVID
John Gordon - Care Plan	② Catch Up time
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#### Clinic Workflow

#### Prior to patient consult -

- Ensure cold chain is being maintained as per Strive for 5 guidelines, between 2°C 8°C
- Prepare drawing up area according to infection control standards
- Using aseptic technique, the vaccine dose should be drawn up from the vial and recommend checked by 2 staff members - DO NOT shake the vial and NEVER pool excess vaccine from multiple vials
- Vaccine vials must be stored in original packaging in fridge to protect from light
- The vaccine vial should be inspected visually prior to administration and discarded if particulate matter or differences in the described appearance are observed
- Follow product information regarding pre-drawing of vaccine doses and appropriate storage time and conditions
- Monitor vaccine fridge temperature in between preparing vaccine batches
- Maintain consumable stock levels

#### Procedure – clinician to complete BEFORE administering COVID-19 vaccine

- Ask patient for their three (3) identifiers; name, address, date of birth
- Ensure patient had given informed consent and this has been recorded
- Discuss risks and benefits of the COVID-19 vaccine with the patient
- Ensure allergies and medical history are updated
- Check immunisation history via Australian Immunisation Register to ensure patient has not received any other vaccine in the past 7 days
- Ensure MBS record keeping requirements are met and informed financial consent is obtained

#### Procedure – clinician to complete AFTER administering COVID-19 vaccine

- COVID-19 vaccine recorded in clinical software ready for transmission to the Australian Immunisation Register
- Add reminder to patient record for dose 2 COVID-19 vaccine
- Provide patient with post COVID-19 vaccine information and discuss indications for seeking prompt medical assistance if any concerns of adverse side effects
- Consider having a system to ensure patient and staff are aware of wait times, for example: patient given a brightly coloured piece of paper highlighting the vaccine time or sticky label with vaccine time given
- Escort patient to post vaccine waiting area and advise patient of time required to remain at practice for observation
- Clean area prior to bringing next patient in

# Post COVID-19 vaccination –

- Ensure patient has completed their post vaccine wait time
- Ensure patient has rebooked their COVID-19 dose 2 appointment

# **WACCINE PROVIDERS**







#### Post clinic workflow

# PRACTICE MANAGER / ADMIN , NURSE

- Ensure appropriate billings have been processed to Medicare under the supervising General Practitioner
- Complete Capacity Tracker vaccine module to ensure currency of status
- Transmit the vaccination from the clinical software to the Australian Immunisation Register within two (2) working days
- Refer to your **Onboarding Pack** to ensure all tasks have been completed
- $\Box$  To ensure vaccine stock is appropriately managed and accurate reporting, sites are required to report stock levels in CVAS.
  - Daily for delivery acceptance
  - Weekly for stock management
  - As required for dose wastage (5 or more vials)
- □ Any cold chain breach of immunisation fridge must be reported to your local Public Health Unit as per usual protocol: NSW Health cold chain breach reporting form. If COVID-19 vaccines are affected by a cold chain breach, sites also need to contact the Vaccine Operations Centre (VOC) COVID19VaccineOperationsCentre@health.gov.au as soon as possible
- ☐ Any Adverse Events Following Immunisation (AEFI) should also be reported to your local Public Health Unit using AEFI reporting form as per usual protocol National AEFI reporting form

# Record keeping requirements

In order to substantiate a Medicare service, a patient record should be completed at the time a service is provided, or as soon as practicable afterwards. The record needs to:

- clearly identify the name of the patient;
- contain a separate entry for each attendance by the patient and the date(s) the service was provided;
- record the patient's informed consent to receive the vaccine;
- provide clinical information adequate to explain the service;
- be sufficiently comprehensible that another GP, relying on the record, can effectively undertake the patient's ongoing care as it relates to COVID-19 vaccinations;
- reflect the required minimum time was spent in personal attendance with the GP and required history, examination and management were undertaken where required in the MBS item descriptor;
- record patient consent for the service to be bulk billed to Medicare

# Disclaimer

The COVID-19 Vaccine Clinic Toolkit provided is a general guide only. It is ultimately the responsibility of the practice to consider if any of the resources herein are relevant/ appropriate/ fit for purpose for your practice and adjust/ include or exclude accordingly.

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# Sample vaccine clinic workflow - GP and Nurse

Prior to commencing clinic, ensure cold chain has been maintained per Strive for 5 standards, appropriate infection control measures are in place and all required consumables are available.

- Administration staff greet patient on arrival.
- Confirm patient reports feeling well and complete general COVID screening questions.
- Demographic and Medicare details are checked/updated or file created for new patient.
- Admin provide the patient with COVID-19 vaccine information/consent form to read whilst waiting for GP.
- Directs patient to pre-vaccine waiting area.



- GP calls patient in, checks 3 identifiers.
- Confirms and/or updates allergy status in clinical software.
- Attends any clinically relevant checks related to vaccine suitability assessment.
- Sights and records eligibility to receive a COVID-19 vaccine
- Discusses risks and benefits of the vaccine relevant to the individual circumstances of patient.
- Answers patient questions, explains common side effects of the vaccine.
- Gains and records informed patient consent.
- Directs patient to waiting area for Nurse.



- **Nurse** calls patient in, checks 3 identifiers.
- Checks immunisation history on AIR to confirm no other vaccines administered in past 14 days
- Confirms allergy status, awareness of common side effects, need for 2 doses of same vaccine.
- Confirms patient consent.
- Ensures patient is aware they must remain in the practice for post vaccine observation.
- Administers vaccine as per COVID-19 vaccine training.
- Enters immunisation details into clinical software.
- Provides patient with sticker/paper stating minimum time patient must remain in observation.
- Directs patient to post vaccine observation area.



- Observation is attended by suitably qualified staff member in the post vaccine waiting area.
- Once patient has completed the required waiting time, patient presents to Admin to book appointment for dose 2 (if not done already).
- Patient is confirmed ok to leave practice by a clinical staff member.



- MBS billing processed as advised by GP at end of clinic/ end of day
- Australian Immunisation Register upload from clinical software at end of clinic/ end of day
- Adverse Events following immunisation reported to Public Health Unit ASAP
- Vaccine stock management form completed weekly and submitted to VOC

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# Sample vaccine clinic workflow - General Practitioner

Prior to commencing clinic, ensure cold chain has been maintained per Strive for 5 standards, appropriate infection control measures are in place and all required consumables are available.

- Administration staff greet patient on arrival.
- Confirm patient reports feeling well and complete general COVID screening questions.
- Demographic and Medicare details are checked/updated or file created for new patient.
- Admin hand patient the COVID-19 vaccine information or consent form to read whilst waiting for GP
- Directs patient to pre-vaccine waiting area.



- GP calls patient in, checks 3 identifiers.
- Confirms and/or updates allergy status in clinical software.
- Attends any clinically relevant checks related to vaccine suitability assessment.
- Sights and records eligibility to receive vaccine in current phase of COVID-19 vaccine rollout.
- Discuss risks and benefits of the vaccine relevant to the individual circumstances of the patient.
- Answers any questions, explains common side effects of the vaccine.
- Checks immunisation history on AIR to confirm no other vaccines administered in past 14 days
- Ensures patient is aware they must remain in the practice for post vaccine observation.
- · Gains and records informed patient consent.
- Administers vaccine as per COVID-19 vaccine training.
- Enters immunisation details into clinical software.
- Provides patient with sticker/paper stating minimum time patient must remain in observation.
- Directs patient to post vaccine observation area.



- **Observation** is attended by suitably qualified staff member in the post vaccine waiting area.
- Once patient has completed the required waiting time, patient presents to Admin to book appointment for dose 2 (if not done already).
- Patient is confirmed ok to leave practice by GP.



- MBS billing processed as advised by GP at end of clinic/ end of day
- Australian Immunisation Register upload from clinical software at end of clinic/ end of day
- Adverse Events Following immunisation reported to Public Health Unit ASAP
- Vaccine stock management form completed weekly and submitted to VOC

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# Sample vaccine clinic workflow - Authorised Nurse Immuniser

Prior to commencing clinic, ensure cold chain has been maintained per Strive for 5 standards, appropriate infection control measures are in place and all required consumables are available.

- Administration staff greet patient on arrival.
- Confirm patient reports feeling well and complete general COVID screening questions.
- Demographic and Medicare details are checked/updated or file created for new patient.
- Admin hand patient COVID-19 vaccine information or consent form to read whilst waiting for Nurse.
- Directs patient to pre-vaccine waiting area.



- Authorised Nurse Immuniser calls patient in, checks 3 identifiers.
- Confirms and/or updates allergy status in clinical software.
- Attends any clinically relevant checks related to vaccine suitability assessment.
- Refers to supervising GP with any queries regarding patient suitability for vaccine.
- Sights and records eligibility to receive vaccine in current phase of COVID-19 vaccine rollout.
- Discuss risks and benefits of the vaccine relevant to the individual circumstances of patient.
- Answers any questions, explains common side effects of the vaccine.
- Checks Australian Immunisation Register (AIR) history to confirm no other vaccines administered in past 14 days per Therapeutic Goods Association (TGA) guidelines.
- Ensures patient is aware they must remain in the practice for post vaccine observation.
- Gains and records informed patient consent.
- Administers vaccine as per COVID-19 vaccine training.
- Refers to supervising GP if any concerns noted post vaccine administration.
- Enters immunisation details into clinical software.
- Provides patient with sticker/paper stating minimum time patient must remain in observation.
- Directs patient to post vaccine observation area.



- Observation is attended by suitably qualified staff member in the post vaccine waiting area.
- Once patient has completed the required waiting time, patient presents to Admin to book appointment for dose 2 (if not done already).
- Patient is confirmed ok to leave practice by a clinical staff member.



- MBS billing processed as advised by supervising GP at end of clinic/ end of day
- Australian Immunisation Register upload from clinical software at end of clinic/ end of day
- Adverse Events following immunisation reported to Public Health Unit ASAP
- Vaccine stock management form completed weekly and submitted to VOC

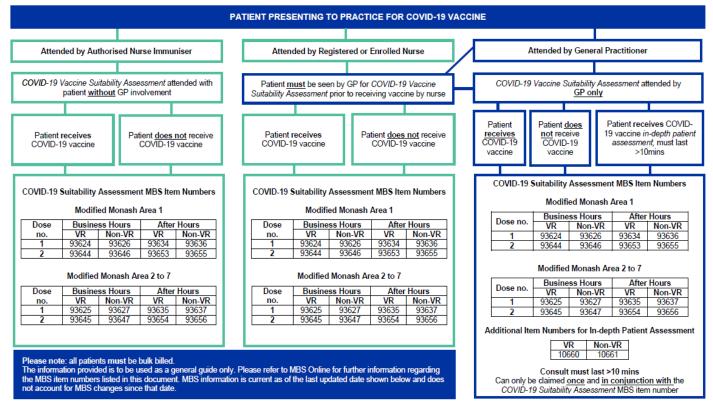
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# MBS COVID-19 Vaccine Suitability Assessment Flowchart



Last updated 1 July 2021 V3

This flowchart has been designed to assist you with the MBS billing items related to the COVID-19 vaccines. Please refer to <a href="MBS online">MBS online</a> for a comprehensive description of the relevant MBS item numbers. If you wish to receive a copy of this document, please contact your Primary Care Improvement Officer.

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# Where to direct queries regarding COVID-19 Vaccination

#### **Australian Government Vaccine Operations Centre (VOC)**

For queries relating to:

- CVAS login, site codes, updating users/email contact
- Vaccine and consumables ordering and deliveries
- Vaccine wastage (5+ vials) and cold chain breach affecting COVID-19 vaccines

Contact the Vaccine Operations Centre (VOC) by phone: 1800 318 208

or email: covid19vaccineoperationscentre@health.gov.au

#### **PHN COVID-19 Response**

For queries relating to:

- Changing practice contact details published on the Eligibility Checker/Vaccine Clinic Finder
- Delaying commencement of vaccine rollout or withdraw from program
- Requests to increase AstraZeneca allocation (for review/approval by Department of Health)
- Expressing your interest to join the COVID-19 vaccine rollout

Contact the PHN COVID-19 response team by emailing <a href="mailto:vaccine@thephn.com.au">vaccine@thephn.com.au</a>

#### **PHN Primary Care Improvement Officers (PCIO)**

For queries relating to:

- Planning and reviewing workflows
- Capacity Tracker
- Fact sheets, resources and flow charts
- Quality Improvement activities relating to COVID-19 vaccination

Contact your Primary Care Improvement Officer by phoning 1800 859 028

#### **Public Health Units**

For queries relating to:

- Cold Chain Breach or Strive for 5 (3rd ed)
- Questions regarding all other vaccines

Phone: 1300 066 055 - this will direct to your local Public Health Unit in NSW

Website: <a href="https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx">www.health.nsw.gov.au/Infectious/Pages/phus.aspx</a>

# **NSW Immunisation Specialist Service (NSWISS)**

For queries relating to:

 Clinical advice and support for GP's and Nurses assessing patients with complex medical needs who request COVID-19 vaccination

Phone: 1800 NSWISS (1800 679 477) Website: https://www.ncirs.org.au/nswiss

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## References and useful contacts

Australian Immunisation Register for Health Professionals - Services Australia

Anaphylaxis response kit preparation

ATAGI clinical guidance on COVID-19 Vaccine in Australia in 2021

Australian Immunisation Handbook

COVID-19 vaccine campaign materials

COVID-19 vaccine eligibility checker

COVID-19 vaccine national rollout phases

HealthPathways Central Coast: COVID-19 Vaccination

HealthPathways Hunter New England: COVID-19 Vaccination

**MBS Online** 

National Health Services Directory

National centre for immunisation research and surveillance (NCIRS) COVID-19 vaccination program

National centre for immunisation research and surveillance (NCIRS) COVID-19 vaccine summary for Health Professionals

PHN COVID-19 vaccine coordination <a href="mailto:vaccine@thephn.com.au">vaccine@thephn.com.au</a>

**PRODA Registration** 

PRODA Training - Services Australia

Public Health Unit - Central Coast

Public Health Unit - Hunter New England

Strive-for-5 3rd edition

TGA Australian Product Information - COVID-19 Vaccine Comirnaty (Pfizer)

TGA - COVID-19 Vaccine Astra Zeneca (ChAdOx1-S)

TGA regulation of COVID-19 vaccine advertising

Vaccine Operations Centre (VOC) COVID19VaccineOperationsCentre@health.gov.au