



COVID-19 VACCINE CLINIC TOOLKIT





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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.

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| COORDINATION TEAM | <p>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, including correct timing for second doses, third doses (for eligible patients) and booster doses</p> <p>Collect and review data to assist in identifying high risk patients who may benefit from being offered a COVID-19 vaccine or booster using CAT4 or clinical software – this will help guide you in planning your clinics to prioritise patients at highest risk</p> <p>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 qualified staff are in high demand</p> <p>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 at covid19vaccinationtraining.org.au</p> <p>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 you notify patients?</p> <p>Ensure the clinical team are familiar with reporting of an Adverse Event Following Immunisation (AEFI) to either your local Public Health Unit (PHU) and/or Therapeutic Goods Association (TGA). Refer to Health Pathways for appropriate notifications.</p> <p>Conduct regular team meetings, for example: Monday morning huddle or post clinic huddle for discussions for improvement and recognition of all staff efforts</p> <p>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</p> <p>Develop policies and procedures for COVID-19 Vaccine Clinics; consider what processes may differ between protocols if administering more than one vaccine brand</p> <p>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</p> <p>Ensure clinical staff are familiar with viewing immunisation history in AIR or My Health Record prior to administering any booster doses, as required by Department of Health</p> <p>Ensure clinical staff are confident with the correct process for entering COVID-19 vaccinations directly into the AIR, including vaccines administered overseas</p> <p>Consider the use of an Uninterrupted Power Supply (UPS) to protect your vaccines</p> <p>Ensure all staff in your practice receive Provider Bulletins from PHN and Department of Health</p> |
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Preparing your clinic

PRACTICE TEAM

Please refer to the **Onboarding Pack** emailed to your practice and ongoing **Provider Bulletins**

Ensure your clinical staff are aware of decision making tools available to assist with pre-vaccination counselling. www.health.gov.au/resources/collections/covid-19-vaccination-provider-resources and <https://ncirs.org.au/covid-19-decision-aid>

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

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 COVID-19 vaccines 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

NURSE:

Suitability Assessment attended by GP
Nil contraindications noted and informed consent received
Immunisation history checked on AIR – appropriate interval has been met
Vaccine dose prepared as per guidelines
Patient observed post vaccination 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 - appropriate interval has been met
Vaccine dose prepared as per guidelines
Patient observed post vaccination 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

BOOSTER DOSE:

AIR checked – confirmed appropriate interval since second dose COVID-19 vaccine
Nil contraindications noted and informed consent received
Vaccine dose prepared as per guidelines
Patient observed post vaccination 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



COVID-19 Vaccination: Third doses and Booster doses

Third Doses:

Third doses are for [severely immunocompromised people](#) as an additional dose to their 2 dose primary course. It is for people where 2 doses are not as effective.

The third dose aims to maximise the level of immune response to as close as possible to the general population. Vaccine providers should refer to ATAGI advice for appropriate intervals between second and third doses of vaccination for severely immunocompromised patients

A third dose for severely immunocompromised patients is not classified as a booster

Booster doses:

Booster doses protect against COVID-19 as immunity reduces or as new variants emerge. A booster dose ensures protection from COVID-19 is even stronger and longer lasting.

- ATAGI currently recommends a single booster dose for people **aged 18 years and older** who have completed their primary COVID-19 vaccine course
- Providers should refer to ATAGI advice for appropriate intervals, dosage, and brands of vaccines approved for use as booster doses
- ATAGI advises that people most likely to benefit from a booster dose are those with risk factors for severe COVID-19 and those at increased occupational risk of COVID-19

Providers should refer to ATAGI advice for the latest recommendations for booster doses in severely immunocompromised individuals who have recently received a third dose of a primary COVID-19 vaccine, noting that this advice may change as evidence emerges

PenCS CAT4 Recipe: [COVID-19 Vaccine Booster: Identify priority patients due for a booster shot](#)

COVID-19 Vaccination: Children aged 5 years – 11 years



Approved vaccines for children aged 5-11 years of age are visibly different to adult vaccines from the same manufacturer.

It is mandatory for providers to complete further training before administering COVID-19 vaccines to children. Certificates should be provided to management to be added to staff training logs.

Consider utilising CAT4 or your clinical software to identify children aged 5-11 years and invite them to attend your designated children's clinics.

Vaccination clinics for children in this age group require time for providers to build rapport with children and for parents to ask questions and receive adequate information to provide informed consent. When scheduling appointments, plan for family groups with multiple children in this age bracket.

Allocate designated days and times for COVID vaccine clinics for children. Ensure adequate staffing is available. Recognise that parents may be more nervous when booking and presenting for their children's vaccinations.

Consider ways to make clinics for children in this age group relaxed and inviting, for example playing child friendly music, balloons, utilising the COVID-19 badges and bandaids, allowing children to use their devices for distraction, positioning of children and their accompanying adult for comfort.

Booster doses are not yet recommended for this cohort (those under the age of 18 years).



Clinic Workflow

VACCINE PROVIDERS

Prior to patient consult –

- Ensure cold chain is being maintained as per Strive for 5 guidelines, between 2°C – 8°C
- Vaccine vials must be stored in original packaging in fridge to protect from light
- Prepare drawing up area according to infection control standards
- Using aseptic technique, the vaccine dose should be drawn up from the vial per manufacturer instructions and recommended to be checked by 2 staff members
- Pre-drawn vaccinations should be individually labelled per COVID-19 vaccine training
- Follow product information regarding pre-drawing of vaccine doses and appropriate storage time and conditions
- Monitor vaccine fridge temperature in between preparing vaccine batches

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

- Ask patient for their three (3) identifiers; name, address, date of birth
- Ensure patient has given informed consent and this has been documented
- 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 minimum interval between vaccines per ATAGI advice
- 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
- Provide patient with post COVID-19 vaccine information and discuss indications for seeking prompt medical assistance if any concerns of adverse side effects
- Provide patient with information on how they can access their COVID-19 Digital Certificate, including how to request an international certificate for patients planning overseas travel
- 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

A note on recording vaccine doses given overseas into AIR:

If an Australian recognised COVID vaccine was administered overseas and the patient requests this information be entered into the Australian Immunisation Register (AIR), the patient should present to the vaccine provider in person with appropriate identification and official records of vaccinations administered overseas – translated into English if applicable. If a batch number is not available on the official record of vaccination, providers should enter **notrecorded** (one word, no spaces) as the Batch Number as below:

Episode Details

| | |
|------------------|----------------|
| Vaccine/Brand * | Batch Number * |
| Pfizer Comirnaty | notrecorded |
| Antigens | COVID-19 |

Advice for people travelling overseas from Australia

Services Australia provides instructions for patients who have received COVID-19 vaccinations in Australia requiring an [International Vaccination Certificate](#)



Post clinic workflow

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| PRACTICE MANAGER / ADMIN / NURSE | <ul style="list-style-type: none">• 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 <p>To ensure vaccine stock is appropriately managed and accurate reporting, sites are required to report stock levels in CVAS:</p> <ul style="list-style-type: none">• Daily for delivery acceptance• Weekly for stock management• As required for dose wastage (5 or more vials) <p>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</p> <p>Any Adverse Events Following Immunisation (AEFI) should be reported to your local Public Health Unit and/or direct to TGA using AEFI reporting form National AEFI reporting form</p> |
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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.



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
- Checks immunisation history on AIR and records eligibility to receive 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 documents informed patient consent
- Directs patient to waiting area for Nurse



- **Nurse** calls patient in, checks 3 identifiers
- Checks immunisation history on AIR to confirm eligibility to receive vaccine
- Confirms allergy status, awareness of common side effects, need for any further doses
- 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 and updates
- 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 any required follow up appointments
- 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 or TGA ASAP
- **Vaccine stock management form** completed weekly and submitted to VOC



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 provide consent form to patient 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
- Checks immunisation history on AIR and records eligibility to receive vaccine
- 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
- Ensures patient is aware they must remain in the practice for post vaccine observation
- Gains and documents informed patient consent
- Administers vaccine as per COVID-19 vaccine training and updates
- 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 any required follow up appointments
- 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 or TGA ASAP
- **Vaccine stock management form** completed weekly and submitted to VOC



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 provide consent form to patient 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
- Checks immunisation history on AIR and records eligibility to receive vaccine
- Discuss risks and benefits of the vaccine relevant to the individual circumstances of patient
- Answers any questions, explains common side effects of the vaccine
- Ensures patient is aware they must remain in the practice for post vaccine observation
- Gains and documents informed patient consent
- Administers vaccine as per COVID-19 vaccine training and updates
- 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 any required follow up appointments
- 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 or TGA ASAP
- **Vaccine stock management form** completed weekly and submitted to VOC

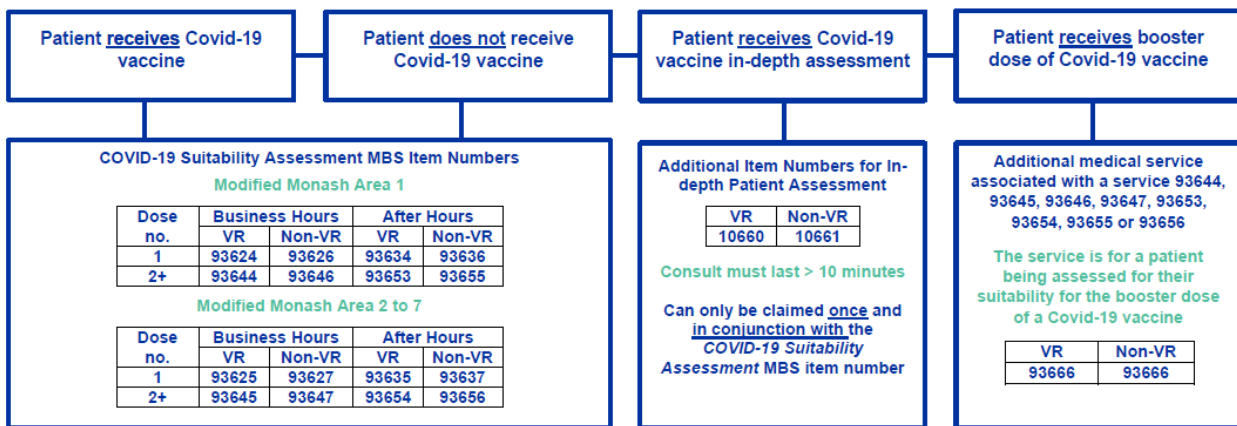


MBS COVID-19 Vaccine Suitability Assessment Flowchart



General Practitioner MBS Support Services for Covid-19 Vaccine

Covid-19 Vaccine Suitability Assessment



Please note: all patients must be bulk billed.
 The information provided is to be used as a general guide only. Please refer to MBS Online for further information regarding the MBS item numbers listed in this document. MBS information is current as of the last updated date shown below and does not account for MBS changes since that date.

This flowchart has been designed to assist you with the MBS billing items related to the COVID-19 vaccines. Please refer to [MBS online](#) for a comprehensive description of the relevant MBS item numbers.

COVID-19 vaccines administered in a residential care facility or patient's home:

MBS Item 90005

A flag fall service to which item 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655 or 93656 applies. For the first patient attended during one attendance by a general practitioner or by a medical practitioner (other than a general practitioner) at:

- a. one residential aged care facility, or at consulting rooms situated within such a complex, on one occasion; or
- b. one residential disability setting facility, or at consulting rooms situated within such a complex, on one occasion; or
- c. a person's place of residence (other than a residential aged care facility) on one occasion.



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 change vaccine 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 vaccine@thephn.com.au

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: www.health.nsw.gov.au/Infectious/Pages/phus.aspx

Therapeutic Goods Administration (TGA)

For reporting of Adverse Events following Immunisation (AEFI):

- In adults aged 18 years and over where Hospital admission was not required

Website: www.tga.gov.au/form/national-adverse-events-following-immunisation-ae-fi-reporting-form#aefi-form

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: www.ncirs.org.au/nswiss



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](#)

[ATAGI statement on the Omicron variant and timing of COVID-19 booster vaccination](#)

[Australian Immunisation Handbook](#)

[COVID-19 vaccine campaign materials](#)

[COVID-19 vaccine clinic finder](#)

[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 vaccine@thephn.com.au

[PRODA Registration](#)

[PRODA Training - Services Australia](#)

[Public Health Unit - Central Coast](#)

[Public Health Unit - Hunter New England](#)

[Strive-for-5 3rd edition](#)

[TGA – COVID-19 Vaccine Vaxevria \(Astra Zeneca\)](#)

[TGA – COVID-19 Vaccine Spikevax \(Moderna\)](#)

[TGA Australian Product Information –COVID-19 Vaccine Comirnaty \(Pfizer\)](#)

[TGA regulation of COVID-19 vaccine advertising](#)

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