

Northern Territory COVID-19 Vaccination Program Implementation Plan

Agreement between the
Australian Government and the
Northern Territory Government

The Parties have confirmed their commitment to this Implementation Plan as follows:

Signed *for and on behalf of the Commonwealth of Australia by*

Signed *for and on behalf of the Northern Territory by*

The Honourable Greg Hunt MP
Minister for Health and Aged Care

[Day] [Month] [Year]

The Honourable Natasha Fyles MLA
Minister for Health

[Day] [Month] [Year]

WORKING DRAFT

Northern Territory (NT)

COVID-19 Vaccination Program Implementation Plan

First drafted 3 December 2020 by the Australian Government

Updated 9 December 2020 by the NT Government

Updated 5 January 2021 by the Australian Government

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Updated 3 February 2021 by the Australian Government

Updated 5 February 2021 by the NT Government

Updated 9 February 2021 by the Australian Government

Updated 9 February 2021 by the NT Government

Final update 10 February 2021 by the Australian Government

Introduction

Making safe and effective COVID-19 vaccines available to all Australians is a key priority of the Australian, and State and Territory governments.

The rollout of safe and effective COVID-19 vaccines across 2021 will be a complex and challenging undertaking. It will require the close cooperation of all governments.

The [Australian COVID-19 Vaccination Policy](#) (Policy), endorsed by the National Cabinet on 13 November 2020, sets out key principles for the rollout. COVID-19 vaccines will be made available for free to all people living in Australia. Further, it outlines how COVID-19 vaccines will be accessible on a rolling basis, dependent on vaccine delivery schedules and the identification of groups for most urgent vaccination.

This Policy also describes the shared and separate responsibilities of the Australian, and State and Territory governments, as well as other key stakeholders.

This COVID-19 Vaccination Program (Program) Implementation Plan (Plan) outlines how the Policy will be operationalised in the NT.

The objectives of the Commonwealth for the COVID-19 Vaccination Program are:

- A safe and effective phased vaccine rollout starting with those most in need;
- Evidence based information enabling communities to make the right choices about accessing vaccines
- Guidance for workers, employers, customers and industries;
- Keeping COVIDSafe throughout Australia's vaccination program by maintaining safe behaviours and effective quarantine;
- Safely returning Australians, reuniting families, bringing back students, workers and migration;

- Learning from international lessons, harnessing our consular relationships and partnering for a healthier world.

Status of this document

This Plan will be brought forward to the Australian Government for approval and to the National Cabinet for information.

This Plan sets out the agreed roles and responsibilities of the Australian Government and the NT Government.

This Plan will be iterative, to be updated as further information becomes available, including in relation to:

- Which vaccines purchased by the Australian Government have been registered by the Therapeutic Goods Administration (TGA), when, and what populations these vaccines are registered as suitable for (see *Vaccine Availability* section);
- The final delivery schedules for purchased vaccines, including quantities and delivery locations (see *Vaccine Transport, Delivery and Storage* section);
- The distribution and logistics model developed by the Australian Government's procured partners to support delivery to vaccination sites (see *Vaccine Transport, Delivery and Storage* section);
- Details on the methods and requirements around data reporting to support Program-level data consolidation (see *Monitoring Stock, Minimising Wastage and Reporting on Uptake* section); and
- Ongoing information on the rollout of vaccines that may require adjustment to the approach.

This Plan should be read in conjunction with:

- *Australia's COVID-19 Vaccine National Rollout Strategy* (released 7 January 2021);
- the *COVID-19 Vaccination Program Aged Care Implementation Plan*;
- the *COVID-19 Vaccination Program Disability Implementation Plan*;
- the *COVID-19 Vaccination Program Aboriginal and Torres Strait Islander Implementation Plan*; and
- the *COVID-19 Vaccination Program Culturally and Linguistically Diverse Communities Implementation Plan*.

Governance of the Plan

This Plan is jointly owned by the Australian Government and the NT Government.

The parties will be represented by the Australian Department of Health on behalf of the Australian Government and Office of the Chief Health Officer on behalf of the NT Government.

The Office of the Chief Health Officer of the NT Government will be responsible for overseeing implementation of this Plan by the NT and the COVID-19 Vaccination Taskforce Division of the Australian Department of Health will be responsible for overseeing implementation of this Plan by the Australian Government. Implementation will be overseen by the respective Secretaries.

The Australian Government and the NT Government commit to working collaboratively and expeditiously to amend the Plan by written agreement as information becomes known.

The Office of the Chief Health Officer of the NT Government will be responsible for making any proposed changes to this Plan and seeking approval of these from the Australian Government.

In making or agreeing to any changes, the Australian Government and the NT Government are committed to consulting with the following stakeholders, where relevant:

- Aboriginal Medical Services Alliance Northern Territory (AMSNAT);
- Northern Territory Primary Health Network (NTPHN);
- NT Public Health Advisory Group;
- NT Covid-19 Vaccine Project Board; and
- COVID 19 Vaccination Working groups within health services

Both the Australian Government and the NT Government commit to collaborating with each other when consulting shared stakeholders (for example, the Australian Government will collaborate with the NT Government when consulting General Practitioners (GPs) in the NT). This will ensure clear and consistent messaging which is critical to the overall success and integrity of the Program.

Summary of Responsibilities

The Australian Government will be responsible for leading the implementation of the Program.

Clear lines of responsibility are required to ensure that this complex process is well managed, and it is clear who is accountable at each stage of the process.

The following articulates the respective roles and responsibilities of all parties.

Australian Government	Northern Territory Government
<ul style="list-style-type: none"> • Selecting and purchasing vaccines; • formally accepting vaccines from suppliers and ensuring that they meet the required standards; • safely transporting vaccine doses to storage and administration sites the Northern Territory (NT), and between these sites and vaccination locations where it determines necessary; • Securing adequate vaccine storage and resourcing to support the storage and 	<p>Under State and Territory legislation, enabling the authorising of all the selected workforce to possess and administer COVID-19 vaccines.</p> <p>Where the vaccination site is the responsibility of the NT Government:</p> <ul style="list-style-type: none"> • ensuring an appropriately qualified and trained workforce to support delivery of this Plan; • ensuring that immunisation providers remain compliant at all times with their safety, ethical, and reporting obligations;

<p>distribution of COVID 19 vaccine within the NT</p> <ul style="list-style-type: none"> • specifying priority populations, drawing from advice from the Australian Technical Advisory Group on Immunisation (ATAGI); • establishing overarching principles for immunisation scheduling; • establishing a single, national booking system for patient access; • specifying minimum training requirements for the immunisation workforce; • specifying types of and minimum requirements for vaccination locations; • establishing expectations on clinical governance requirements; • setting data collection and reporting requirements and adverse event monitoring via the TGA, in collaboration with the NT Government; and • developing and delivering the national communications campaign. <p>Where the vaccination site is also the responsibility of the Australian Government*:</p> <ul style="list-style-type: none"> • ensuring that immunisation providers remain compliant at all times with their safety, ethical, and reporting obligations; • implementing clinical governance requirements at vaccination sites; • implementing and reporting on the required cold-chain, waste management and stock security requirements at storage and administration sites; • establishing linkages and integration between current and future data systems to enable effective participation and use of relevant systems; and • provision of real time program data and reporting requirements to relevant coordinating bodies (e.g. the TGA, NT Government). 	<ul style="list-style-type: none"> • implementing clinical governance requirements at vaccination sites; • implementing and reporting on the required cold-chain, waste management and stock security requirements at storage and administration sites; • collaborating with the Australian Government to establish linkages and integration between current and future data systems to enable effective participation and use of relevant systems; and • provision of real time program data and reporting requirements to relevant coordinating bodies (e.g. the TGA).
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Due to the NT context, and limited Health Service capability in some areas of primary health care, there may be a need for the Northern Territory Government to assist in the vaccination of populations identified as the responsibility of the Australian Government in this plan.

Vaccine Availability

The Australian Government has secured access to the following vaccines:

- 20 million doses of the **Pfizer-BioNTech** vaccine (expected to be indicated for those aged 16 years and older), to be delivered from February 2021 to end 2021;
- 53.8 million doses of the **Oxford-AstraZeneca** vaccine (expected to be indicated for those aged 18 years and older), to be delivered from March 2021 to end 2021; and
- 51 million doses of the **Novavax** vaccine, to be delivered from mid-2021 to early 2022.

Supply and use of the vaccines will be subject to their registration by the TGA. Due to the complexities of managing cold chain for the Pfizer-BioNTech vaccine, along with the smaller number of doses available, it will be made available through vaccination clinics run out of hubs in metropolitan and regional locations specified by the Australian Department of Health/ NT Government Department of Health. It will also be made available to aged and disability care facilities for staff and residents.

Priority Populations

The Australian Government is responsible for specifying priority populations, drawing from advice from ATAGI.

On 7 January 2021, the Government released [Australia's COVID-19 Vaccine National Rollout Strategy \(Strategy\)](#).

The Strategy outlines multiple phases of vaccination rollout to priority populations, as doses become available.

Timelines and Phasing

The following outlines the indicative timelines for the Program in 2021.

In the NT population-wide vaccination for regional and remote communities will occur where possible to ensure culturally safe and efficient delivery particularly for phases 1b and 2a.

Phase	Commencement	Proposed Vaccine	Target Group
Phase 1a	Mid to late February 2021	<ul style="list-style-type: none"> Pfizer-BioNTech 	<ul style="list-style-type: none"> Quarantine and border workers Frontline health care worker sub-groups for prioritisation Aged care and disability care staff and residents*
Phase 1b	March 2021	<ul style="list-style-type: none"> Oxford-AstraZeneca Pfizer-BioNTech 	<ul style="list-style-type: none"> Elderly adults aged 80 years and over Elderly adults aged 70-79 years Other health care workers Aboriginal and Torres Strait Islander people 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
Phase 2a	May 2021	<ul style="list-style-type: none"> Oxford-AstraZeneca Pfizer-BioNTech 	<ul style="list-style-type: none"> Adults aged 60-69 years Adults aged 50-59 years Aboriginal and Torres Strait Islander people Other critical and high risk workers
Phase 2b	July 2021	<ul style="list-style-type: none"> Oxford-AstraZeneca Pfizer-BioNTech 	<ul style="list-style-type: none"> Balance of adult population Catch up for any unvaccinated Australians from previous phases
Phase 3	September 2021	<ul style="list-style-type: none"> Oxford-AstraZeneca Pfizer-BioNTech 	<ul style="list-style-type: none"> Balance of adult population Regional responsibilities and key partners < 18 years, if recommended

*NB1 – Please see the *COVID-19 Vaccination Program Aged Care Implementation Plan* and the *COVID-19 Vaccination Program Disability Implementation Plan*.

** NB2 - The requirement of the Pfizer-BioNTech hospital hubs in the NT will be reviewed at the transition points for each phase

Vaccination Locations, Workforce and Training Requirements

Vaccination Locations

In line with the phased rollout of the Program, any vaccination location must comply with a range of minimum requirements as outlined by the Australian Government ([Attachment A](#)).

The NT Government is responsible for identifying and establishing NT Government-managed vaccination sites.

Phase 1: Priority Populations

Phase 1 of rollout will focus on availability of first vaccine doses to priority populations in line with the details of registration from the TGA. The following provides an overview of the proposed roll out, giving consideration to both the preliminary and supplementary advice on the initial and subsequent allocation of COVID-19 vaccine doses to priority groups by ATAGI.

Please note – aged care and disability care staff and residents have been captured separately in the *COVID-19 Vaccination Program Aged Care Implementation Plan* and the *COVID-19 Vaccination Program Disability Implementation Plan*.

Table 1: Phase 1 program delivery for the NT

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 1a – Mid to late February 2021			
Pfizer-BioNTech (hospital sites only)	Royal Darwin Hospital Alice Springs Hospital	Quarantine and border workers Frontline health care worker sub-groups for prioritisation Aged care and disability care staff and residents (captured separately in the <i>COVID-19 Vaccination Program Aged Care Implementation Plan</i> and the <i>COVID-19 Vaccination Program Disability Implementation Plan</i>)	NT Government
Pfizer-BioNTech (hospital sites only)	In-reach at care facility Terrace Gardens - Palmerston Juninga - Darwin Regis Aged Care - Darwin	Aged care and disability care staff and residents (captured separately in the <i>COVID-19 Vaccination Program Aged Care Implementation Plan</i> and the <i>COVID-19</i>	Australian Government (e.g. for staff and residents of aged and disability care facilities)

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
	Pearl - Darwin Rocky Ridge - Katherine Katherine Hostel - Katherine Old Timers - Alice Springs Hetti Perkins - Alice Springs Flynn Lodge - Alice Springs	<i>Vaccination Program Disability Implementation Plan</i> Frontline health care worker sub-groups for prioritisation in a regional health care facility	
Pfizer-BioNTech (hospital sites only)	In-reach at care facility and other high risk persons Mutitjulu – ARRCs Yulara Quarantine facility Mutitjulu community	Aged care and disability care staff and residents (captured separately in the <i>COVID-19 Vaccination Program Aged Care Implementation Plan</i> and the <i>COVID-19 Vaccination Program Disability Implementation Plan</i>) Quarantine workers in a remote location facility Frontline health care worker sub-groups for prioritisation in a remote health care facility	Australian Government (e.g. for staff and residents of aged and disability care facilities)
Pfizer-BioNTech (hospital sites only)	In-reach due to care facility Dockers River - ARRCs Tennant Creek - ARRCs Wurrumiyanga - Calvary Community Care Anmatjere/Ti Tree - Central Desert Regional Council Borrooloola - Mabunji Aboriginal Resource Indigenous Corporation Maningrida - Mala'la Aboriginal Resource Indigenous Corporation Kalano (Katherine) - Australian Red Cross Society Wadeye - Thamarrurr Development Corporation Yuendumu - Mampu Maninja-Kurlangu Jarlu Patu Ku Aboriginal Corp	Aged care and disability care staff and residents (captured separately in the <i>COVID-19 Vaccination Program Aged Care Implementation Plan</i> and the <i>COVID-19 Vaccination Program Disability Implementation Plan</i>) Frontline health care worker sub-groups for prioritisation in a remote health care facility	Australian Government (e.g. for staff and residents of aged and disability care facilities)

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider																				
Phase 1b – March 2021																							
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)	Royal Darwin Hospital Alice Springs Hospital State run vaccination clinics – locations TBC General practices – locations TBC Darwin Correctional Centre Alice Springs Correctional Centre Gove Workers Camp	Elderly adults aged 80 years and over Elderly adults aged 70-79 years Other health care workers Aboriginal and Torres Strait Islander people Younger adults with an underlying medical condition, including those with a disability Critical and high risk workers including defence, police, fire, emergency services, meat processing and prison workers	NT Government Approved GPs Approved GP Respiratory Clinics Approved Aboriginal Community Controlled Health Organisations (ACCHOs) (all providers in collaboration with the Australian Government)																				
Oxford-AstraZeneca	Urban Clinics Palmerston Respiratory Clinic** Alice Springs (Congress) Respiratory Clinic Alice Springs Respiratory Clinic Gove: Clinic Katherine Darwin City Darwin Suburbs Tennant Creek	Elderly adults aged 80 years and over Elderly adults aged 70-79 years Other health care workers Aboriginal and Torres Strait Islander people 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	Primary Health Networks (PHNs) Approved ACCHOs (all providers in collaboration with the Australian Government)																				
Oxford-AstraZeneca	<table border="1"> <thead> <tr> <th>COMMUNITY_NAME</th> <th>Provider</th> </tr> </thead> <tbody> <tr><td>ALI CURUNG</td><td>NTG</td></tr> <tr><td>ALPURRURULAM</td><td>NTG</td></tr> <tr><td>AMOONGUNA</td><td>ACCHO</td></tr> <tr><td>AMPILATWATJA</td><td>ACCHO</td></tr> <tr><td>ANGURUGU</td><td>NTG</td></tr> <tr><td>AREYONGA</td><td>ACCHO</td></tr> <tr><td>ATITJERE</td><td>NTG</td></tr> <tr><td>BARUNGA</td><td>ACCHO</td></tr> <tr><td>BELYUEN</td><td>NTG</td></tr> </tbody> </table>	COMMUNITY_NAME	Provider	ALI CURUNG	NTG	ALPURRURULAM	NTG	AMOONGUNA	ACCHO	AMPILATWATJA	ACCHO	ANGURUGU	NTG	AREYONGA	ACCHO	ATITJERE	NTG	BARUNGA	ACCHO	BELYUEN	NTG	Community Wide vaccination	NT Government Approved ACCHOs (all providers in collaboration with the Australian Government)
COMMUNITY_NAME	Provider																						
ALI CURUNG	NTG																						
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BARUNGA	ACCHO																						
BELYUEN	NTG																						

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
	BESWICK ACCHO		The Northern Territory is a large jurisdiction, geographically with a small population and small workforce. The ability to acquire adequate workforce with appropriate cultural safety to work in the vaccination clinics under the supervision of the Australian Government without direct competition to the other vaccine providers and clinical services, will be a significant challenge throughout this vaccine rollout. To address this challenge there is the potential to utilise a shared workforce across the NT that is flexible and scalable to the needs of the vaccine program.
	BINJARI ACCHO		
	BULMAN ACCHO		
	CANTEEN CREEK NTG		
	ENGAWALA NTG		
	FINKE NTG		
	GALIWINKU ACCHO		
	GAPUWIYAK ACCHO		
	GUNBALANYA NTG		
	GUNYANGARA ACCHO		
	HAASTS BLUFF NTG		
	HERMANNSBURG NTG		
	IMANPA NTG		
	JILKMINGGAN ACCHO		
	KALKARINDJI ACCHO		
	KALTUKATJARA NTG		
	KINTORE ACCHO		
	LAJAMANU ACCHO		
	LARAMBA NTG		
	MANINGRIDA NTG		
	MILIKAPITI NTG		
	MILINGIMBI		
	MINJILANG NTG		
	MINYERRI ACCHO		
	MOUNT LIEBIG NTG		
	MUTITJULU ACCHO		
	NAUIYU NTG		
	NGANMARRIYANGA NTG		

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
	NGUKURR ACCHO		
	NTURIYA NTG		
	NUMBULWAR NTG		
	NYIRRIPI NTG		
	PAPUNYA NTG		
	PEPPIMENARTI NTG		
	PIGEON HOLE		
	PIRLANGIMPI NTG		
	PMARA JUTUNTA		
	RAMINGINING ACCHO		
	ROBINSON RIVER NTG		
	SANTA TERESA ACCHO		
	TITJIKALA ACCHO		
	UMBAKUMBA NTG		
	WADEYE NTG		
	WARRUWI NTG		
	WILLOWRA NTG		
	WURRUMIYANGA NTG		
	WUTUNUGURRA NTG		
	YARRALIN ACCHO		
	YIRRKALA NTG		
	YUELAMU NTG		
	YUENDUMU NTG		
	Adelaide River NTG		
	Batchelor NTG		
	Jabiru NTG		
	Watarrka Health Centre NTG		
	Yulara NTG		

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
	Elliott Clinic NTG		
	Utopia Health Service ACCHO		
	Ngalkanbuy Health Centre ACCHO		
	Laynhapuy Health Centre ACCHO		
	Marthakal Homelands Resource Centre ACCHO		
	Alyangula Health Centre NTG		
	Malmalharra Health Centre ACCHO		
	Pine Creek Health Centre NTG		
	Mataranka Health Centre ACCHO		
	Timber Creek Health Centre ACCHO		

* All locations will need to comply with the minimum requirements for vaccination sites set out at [Attachment A](#).

**Not all GP Respiratory Clinics or ACCHOs may choose to participate. Specific locations will be determined in consultation with GP Respiratory Clinics, Primary Health Networks and the National Aboriginal Community Controlled Health Organisation.

*** The requirement of the Pfizer-BioNTech hospital hubs in the NT will be reviewed at the transition points for each phase

Phase 2: Additional Priority Populations

During Phase 2 of the Program, vaccination delivery will occur in accordance with eligibility requirements and dose allocations set by the Australian Government, and the details of TGA registration with respect to indication.

Phase 2 rollout will include delivery through those settings utilised for Phase 1 implementation. In addition, Phase 2 will include the opportunity for general practices and pharmacy settings who comply with minimum requirements for immunisation service provider sites and operational procedures, minimum equipment requirements to administer COVID-19 vaccines as set out by ATAGI, and State and Territory legislative requirements.

The NT Government will include the following locations in Phase 2 of implementation:

Table 2: Phase 2 program delivery for NT

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 2a – May 2021			
Oxford-AstraZeneca	General practices – locations TBC	Adults aged 60-69 years	NT Government
Pfizer-BioNTech (hospital sites only)	State run vaccination clinics – locations TBC Palmerston Respiratory Clinic**	Adults aged 50-59 years Aboriginal and Torres Strait Islander people	Approved GPs

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
	Alice Springs (Congress) Respiratory Clinic Alice Springs Respiratory Clinic	Other critical and high risk workers	Approved GP Respiratory Clinics Approved pharmacy settings Approved ACCHOs (all providers in collaboration with the Australian Government)
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)	Regional and Remote Clinics- Please see Phase 1b	Community wide vaccination	NT Government Approved ACCHOs (all providers in collaboration with the Australian Government)
Phase 2b – July 2021			
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)	General practices – locations TBC Pharmacy settings – locations TBC State run vaccination clinics – locations TBC Palmerston Respiratory Clinic** Alice Springs (Congress) Respiratory Clinic Alice Springs Respiratory Clinic	Balance of adult population Catch up for any unvaccinated Australians from previous phases	NT Government Approved GPs Approved GP Respiratory Clinics Approved pharmacy settings Approved ACCHOs (all providers in collaboration with the Australian Government)
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)	Regional and Remote Clinics- Please see Phase 1b	Community wide vaccination	NT Government Approved ACCHOs (all providers in collaboration with the Australian Government)
<p>* All locations will need to comply with the minimum requirements for vaccination sites set out at Attachment A.</p> <p>**Not all GP Respiratory Clinics or ACCHOs may choose to participate. Specific locations will be determined in consultation with GP Respiratory Clinics, Primary Health Networks and the National Aboriginal Community Controlled Health Organisation.</p> <p>*** The requirement of the Pfizer-BioNTech hospital hubs in the NT will be reviewed at the transition points for each phase</p>			

Phase 3: Balance of Adult Population, and Regional Responsibilities and Key Partners

During Phase 3 of the Program, the NT Government will consider any specific arrangements that need to be made with respect to other populations not already captured by the first two phases.

Table 3: Phase 3 program delivery for the NT

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 3 – September 2021			
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only) Novavax	TBD	Balance of adult population Regional responsibilities and key partners < 18 years, if recommended	To be negotiated between the Australian Government and the NT Government
* All locations will need to comply with the minimum requirements for vaccination sites set out at Attachment A .			
*** The requirement of the Pfizer-BioNTech hospital hubs in the NT will be reviewed at the transition points for each phase			

Workforce and Training Requirements

Workforce

The Australian Government is responsible for procuring a workforce for delivering the Program in Australian Government-managed vaccination sites/clinics. This includes for its targeted priority population program, including aged and disability care staff and residents.

The NT Government is responsible for identifying and engaging its own workforce at NT Government-managed vaccination sites.

Training

The Australian Government and the NT Government note that a suitability identified and trained workforce is essential for the safe and effective implementation of the Program.

In NT Government-managed sites, the NT Government will ensure that its immunisation workforce identified for this Program, including clerical staff where appropriate, has undertaken the relevant training, including:

1. General requirements for any authorised immuniser, which are equivalent to the current requirements for authorised immunisers in the NT, to be identified and provided by the NT
 - Pharmacists https://nt.gov.au/_data/assets/pdf_file/0003/882327/s30.pdf
 - Nurses https://nt.gov.au/_data/assets/pdf_file/0006/424914/s25.pdf
 - AHPs https://nt.gov.au/_data/assets/pdf_file/0010/694531/g21.pdf
2. Training on the use of multi-dose vials, infection control, wastage, and adverse event reporting – to be identified, developed and made available by the Australian Government in cooperation with ATAGI and other identified organisations such as Health Education Services Australia, and provided to the NT.
3. Specific training on each vaccine, including cold storage and handling requirements, as identified and provided by the Australian Government in cooperation with vaccine developers and manufacturers.
4. Training on reporting requirements for the Program, including clerical staff where appropriate, as identified and provided by the Australian Government.

Authorisation

Under its legislative requirements, The NT will be responsible for ensuring that all of the immunisation workforce for COVID-19 vaccinations are appropriately authorised to possess and administer specific COVID-19 vaccines in the NT. Attachment B outlines those people who are authorised to possess and administer specified vaccines in the NT.

Additional Vaccination Location and Workforce Considerations

Projected Workforce Numbers, (including Rural and Remote workforce arrangements)	NT Health has commenced a review of current staffing who have completed vaccine credentialing within the last 3 years and are in the process of developing a database to store this information with the intention of capacity of surge workforce. Current work is progressing to determine what this number or staffing means in relation to ability to vaccinate priority groups, and determine location of current staffing. The NT has circulated information to staff encouraging them to complete vaccination training. The following health professionals are
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	<p>authorised to administer vaccinations in the NT providing they meet the education criteria set by the CHO:</p> <ul style="list-style-type: none"> • Aboriginal Health Practitioners • General Practitioners • Nurses and Midwives • Pharmacists <p>The Northern Territory has estimated the workforce needed to deliver 2 doses of a COVID vaccine to the population as outlined in the National COVID19 Vaccine Roadmap to be 125 vaccinators with 125 support staff. This is inclusive of all health services, including the ACCHO sector and all populations over the 4-6 month period.</p> <p>This workforce for will be divided into a Top End and Central Australian Team. Each team will have a leadership team of a 0.5FTE Medical officer, 1 FTE senior nurse manager (N6) and a pharmacist team (1FTE P3 and 1FTE t2). These teams will manage the operational running of the vaccine program such as setting up and running the clinics. Work has commenced to identify the ability of the NT to fulfil this workforce, and the workforce required to vaccinate the population in line with the National Rollout. This assessment is occurring in collaboration with the ACCHO and PHN sectors with the expectation that the Commonwealth can support the gap identified.</p> <p>The workforce is expected to function in 2 separate forms. One in urban areas inclusive of Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs, and Gove. The other will cover the remote areas out of the urban hubs.</p> <p>This workforce will need to be supported centralised logistics and coordination staff imbedded in the Territory Emergency Response Framework, which will most likely be 2 persons in both Darwin and Alice Springs Emergency Operation Centre (EOC) command centres.</p>
<p>Aboriginal community controlled health sector</p>	<p>The Australian Government and the NT Government will work closely together and with the Aboriginal community controlled health sector to support immunisation of Aboriginal and Torres Strait Islander people in metropolitan, regional, rural and remote settings.</p> <p>Noting that funding may be provided by the Australian Government to the National Aboriginal Community Controlled Health Organisation (NACCHO) to coordinate with relevant ACCHOs while maintaining a degree of national consistency and coordination, the NT Government/NT Health will support vaccination of Aboriginal and Torres Strait Islander people by:</p> <ul style="list-style-type: none"> • supporting the ACCHO services to lead the vaccination campaigns in their communities; • engaging stakeholders inclusive of AMSANT and the NT primary health network. <p>The Australian Government will support the collaboration with AMSANT, NACCHO and the NT Government to:</p>

	<ul style="list-style-type: none"> • identify need and provide resources for two COVID-19 vaccination coordinator positions one for the Top End and Central Australia to engage, and lead vaccination programs with remote communities being serviced by ACCHOs, and support other services providing vaccines to Aboriginal people. This work is critical to ensuring appropriate messaging and community engagement; • encourage deep engagement with Aboriginal communities and ACCHOs to ensure the communication and information needs of Aboriginal and Torres Strait Islander people are met for any national campaigns; • review the appropriateness of any ICT systems implemented for ordering vaccines, documenting administration to the AIR and monitoring and managing adverse events in the NT.
Clinical Governance	<p>The NT will utilise existing governance regarding authorisation to possess and administer vaccinations. This will be outlined in relevant and updated legislative instruments and protocols.</p> <p>Currently vaccination providers are responsible for maintaining professional development and accreditation in the delivery of immunisation services and ensuring health services meet vaccination services requirements through the relevant National accreditation processes.</p> <p>All vaccine related adverse events are a notifiable in the NT and reported through to the Public Health units. This process will be used to events associated with the COVID-19 vaccines. Active surveillance is planned to be developed through the AusVaxSafety system linking to the Australian Government.</p>

Vaccine Transport, Delivery and Storage

The Australian Government and the NT Government note significant detail relating to vaccine logistics including transport, delivery, storage and ordering roles and responsibilities is still under development. This section outlines the intended approach and further detail will be included when it becomes known.

Receipt and management processes

All locations will need to comply with all Australian Government-specified minimum requirements for immunisation service provider sites for the administration of COVID-19 vaccines, including those identified by ATAGI, which will ensure the safety, security and integrity of the vaccines with respect to cold chain management and storage at all times.

For those Pfizer vaccination hubs identified in the first phase of the Program, a separate checklist provided by the Australian Government will need to be completed and complied with ahead of ordering and receipt of doses to ensure the integrity and cold chain of the vaccines is maintained.

Jurisdictional cold chain storage capacity

There is currently no cold chain storage capacity in the Northern Territory that is surplus to current requirements. Australian Government assistance will source or provide resources for the acquisition

of addition storage as required for all COVID-19 vaccines throughout the rollout, this will be operationally supported by the NT Emergency Operations Centre as required. The Northern Territory Government anticipates that there will be a need for the establishment of regional cold storage and cold chain management hubs for the vaccines that require 2-8C temperatures.

Vaccine temperature requirements	Type of storage site (e.g. warehouse, intermediary site, hospitals, vaccination location)	Storage capacity (number of doses)	Additional information (e.g. funding, access, security etc.)
Refrigeration	<p>Royal Darwin Hospital Pharmacy – Walk in refrigerator</p> <p>Palmerston Regional Hospital Pharmacy – 9 vaccine fridges</p> <p>Alice Springs Hospital Pharmacy – walk in refrigerator</p> <p>Gove District Hospital Pharmacy – 2 vaccine fridges</p> <p>Katherine District Hospital Pharmacy – 3 vaccine fridges</p> <p>210 remote primary health care centres – have a vaccine refrigerator, with the size determined by the size of the community.</p> <p>Direct distribution to these sites would be best, timed to coincide with vaccine administration.</p>	<p>Limited. A review of vaccine storage capacity across the NT has identified a critical lack of infrastructure.</p> <p>The current storage and distribution system is at capacity and has no ability to take on large scale distribution of another vaccine at this time.</p> <p>Each area may be able to hold partial quantities for their immediate administration.</p>	<p>There is no capacity to use the current vaccine distribution process for the COVID 19 vaccine. Alternative cold storage capacity and distribution centres will need to be established by the Commonwealth in Darwin and Alice to utilise a hub and spoke model. Or the vaccine could be delivered direct to the administration sites depending on transit times and distribution plans</p> <p>Delivery in the NT is by road or plane dependent on weather and often takes 2 travel days from Darwin or Alice Springs- need for a centralised logistics position at both Darwin and Alice Springs linked to the Emergency Response Command Centres to ensure the stock arrives at the same time as the staff</p> <p>COVID 19 vaccine rollout is happening at the same time as influenza vaccine rollout which means the cold storage within clinics and remote health centres will be at capacity. There is also the risk of power outages and fridge malfunction. Therefore recommend the Australian Government provides the vaccination sites with adequate cold storage. This can be done in the manner of portable devices with travelling clinics.</p>
-20 degrees Celsius	Freezers are available at Alice Springs, Katherine and Royal Darwin Hospital pharmacy, however they are very small	Nil	New capacity will need to be developed
-70 degrees Celsius	One Freezer located in both Alice Springs and Royal Darwin Hospitals	Nil	The Australian Government will supply additional refrigerated cold storage to Pfizer hubs to support the storage and administration of the Pfizer vaccines.

Adherence to storage and handling requirements

The Australian Government is responsible for compliance with cold chain requirements (and investigating potential breaches), to the point of delivery at a vaccination hub. The NT will ensure all its providers have completed the provided training on the storage and handling requirements of all COVID-19 vaccines, set out by the Australian Government.

The NT Government will support the Australian Government to maintain compliance with these requirements which ensure the safety, security and integrity of the vaccine with respect to cold chain management and storage at all times.

The NT will ensure its providers selected are aware of their reporting requirements with respect to storage and handling. Immunisation providers are required to report all cold chain breaches to the Australian Government using the Australian Government national tracking and tracing system, once available. Immunisation providers will be provided with a single point of contact (i.e. a 1800 phone number) to report any storage and handling issues to the Vaccine Operations Centre. Reporting requirements will also be outlined in training modules for immunisation providers.

The Australian Government, through the Vaccine Operations Centre, is responsible for providing the NT's public health unit with timely access to reporting regarding both cold chain breaches and wastage which has occurred through the supply chain to delivery at the point of vaccination. The Vaccine Operations Centre will also facilitate the investigation and recommended response to reported, or identified, cold chain and wastage breaches as outlined in the Incident Response Plan (to be provided).

Monitoring Stock, Minimising Wastage and Reporting on Uptake

The Australian Government and the NT Government note that COVID-19 vaccines are in limited supply globally. The Australian Government will be supported by the NT to ensure that its immunisation providers utilise the Australian Government national tracking and tracing system when it is available to support the tracking and tracing of doses and minimise wastage. This will be done through the inclusion of such a requirement in all of the Australian Government Implementation plans and checklists. This will be supported by the Australian Government through timely advice on number, type and location of vaccines to be delivered. Support will also be provided by the appropriate allocation of vaccination appointments through the National Booking System.

National Booking System for COVID-19 Vaccination Program

The Australian Government will establish a nationally consistent booking system to facilitate participation in the Program. The NT will collaborate with the Australian Government to enable providers to utilise this system as appropriate and when it is available. The NT will ensure that all its identified vaccination locations participate and utilise this system for facilitating access to vaccination appointments. The Australian Government will ensure this requirement is communicated and met for all of the ACCHO and GP lead vaccination locations.

The NT will have access to jurisdictional data and visibility of the booking system. Data will be shared in a transparent way with NT Health to support local supervision and problem solving throughout the vaccination program. The NT will provide appropriate information as requested by the Australian Government to support the timeliness and accuracy of the information within the National Booking system.

Tracking and tracing systems

The NT will participate in the Australian Government-established single, national tracking and tracing system for COVID-19 vaccines, provided it is functional at the time of the vaccine rollout and details of the system are provided in time to incorporate in planning, to ensure the as close to as real time as possible monitoring of all COVID-19 vaccines.

The Northern Territory Government will be utilising the national system as a standalone, therefore will not be able to guarantee the accuracy and frequency of the data if this system is not available.

Distribution plans will be developed in collaboration with the Australian Government to ensure that the vaccines will be directly supplied to the nominated clinics and at an appropriate time to support timely use of vaccines. The NT Emergency Operation Centres will assist the Australian Government in coordinating between the communities and the Australian Government logistics team to ensure vaccines are delivered directly from the Australian Government warehouses to the vaccination clinics to reduce cold chain breaches and transportation challenges.

The NT has reviewed current systems and has identified that significant work and resourcing will be required to ensure they meet Commonwealth requirements. The NT is currently investigating the option of using the system developed by the Commonwealth to directly record all COVID-19 vaccinations. The Commonwealth confirms that the system being developed will be completed in time for February 2021 and will take into consideration the following:

- off-line capability for use in remote area with no internet access
- capability to use system in areas of limited Wi-Fi access
- enhanced search function for clients with multiple names and limited ability to confirm Medicare numbers and other identifiers that are available on-line.

The NT expects that it will be wholly relying on the national booking system and the Australian Immunisation Register to track and record vaccination, with a simultaneous upload to current immunisation systems. Without the functionality of these systems the NT will not be able guarantee the recording of the COVID 19 vaccine with the Commonwealth requirements.

The NT will also require timely and transparent access to reporting and data from the Commonwealth booking system, tracking and tracing system and the Australian Immunisation register.

Wastage mitigation strategies

Across 2021, COVID-19 vaccines will be a scarce resource and of significant value to individuals and public health. Across 2021, all COVID-19 vaccines around the world are expected to be supplied in multi-dose vials – not the common practice for most vaccines. This combination means that the risk of wastage is high, and the cost of any wastage is higher.

The Australian Government will require all immunisation providers to scrupulously minimise wastage and to report on any wastage or spoilage.

The NT will support the minimisation of wastage and spoilage by overseeing vaccine ordering, usage and deliveries to designated State-run COVID-19 vaccination sites.

The NT Government will support the minimisation of wastage and spoilage by supporting the Commonwealth to direct the flow of vaccines to sites and assist with the coordination of vaccine delivery.

The Australian Government will support the NT Government to provide a distribution and vaccination model that minimises the risk of wastage, particularly in remote locations.

Stock level management and reporting

The Australian Government will contract a data consolidation service provider to act as a central repository for data tracking and tracing doses through the Program.

The NT, will utilise the Australian Government data and logistics systems to ensure that close to real-time data is provided to the Australian Government through the COVID 19 Vaccination Taskforce. This process is dependent on the availability and usability of the systems provided by the Australian Government.

The Australian Government will provide the NT Government with close to real-time supply data and full visibility of the NT vaccine distribution system to support the coordination of vaccine delivery and service provision.

Mechanisms to facilitate proof of COVID-19 vaccination

The NT will ensure that all its COVID-19 Vaccination Program providers that are the responsibility of the NT Government will enter any COVID-19 vaccinations administered at any location in to the AIR.

Further, the NT understands that all those who are administered a COVID-19 vaccine through the COVID-19 Vaccination Program providers that are the responsibility of the NT Government will be able to access proof of this vaccination at a minimum through:

- My Health Record;
- Immunisation History Statement (accessed through the Medicare app or online); and
- Certificate printed in hard copy at the time of vaccination.

Coordinating of safety monitoring and surveillance of adverse events

The Australian Government and the NT Government consider it a priority that appropriate safety signalling and adverse event monitoring and scenario planning is in place.

The NT notes that the Australian Government will be working to further strengthen the capabilities of the current national, active safety surveillance system known as AusVaxSafety.

The Northern Territory Government also will make use of the following existing jurisdictional systems:

- Coronial investigations where the person has received a vaccination in the relevant period;
- Reporting systems to the Public Health Units; and
- Public Health Unit and Primary Care providers reporting to the TGA.

The NT Government will make the following changes to these systems for the purpose of this Program:

- Supporting the enhanced TGA reporting functions in collaboration with the Commonwealth; and
- Reviewing and working to implement the national active surveillance systems such as AusVaxSafety.

The NT also notes Australian Government cooperation to ensure that any privately-sourced providers (e.g. distribution, data, and immunisation providers) are aware of their obligations to provide timely information to support safety monitoring and response activities.

Communication

Coordinated communication across and within jurisdictions is critical to ensuring consistency of messaging on a vaccine rollout. Regular meetings with all counterparts using existing mechanisms to plan and coordinate communication efforts will be held to adapt and respond to issues as they arise.

This will ensure consistent, timely, transparent and credible information to inform and educate the Australian public about the rollout of a COVID-19 vaccine. It will help reinforce and amplify Australian Government messaging to build confidence in the regulatory processes for COVID-19 vaccines and treatments, keep Australian's up to date on progress of candidates and ensure implementation plans for a national vaccination program are clearly communicated to support high uptake. The Australian Government will work with stakeholders, as outline in the *COVID-19 Vaccination Program Aged Care Implementation Plan*; the *COVID-19 Vaccination Program Disability Implementation Plan*; the *COVID-19 Vaccination Program Aboriginal and Torres Strait Islander Implementation Plan*; and the *COVID-19 Vaccination Program Culturally and Linguistically Diverse Communities Implementation Plan*. This consultative process will be used by the Australian Government to develop clinic level and public facing materials such as posters and factsheets to support the public to access the COVID 19 vaccinations and information.

The strategic communication approach for the development and deployment of public information for a COVID-19 vaccination program by the Australian Government is outlined in a national communication strategy. This strategy is supported by communication action plans for special audiences.

Media regarding the Australian Government activities related to delivery and rollout of a COVID-19 vaccine will be coordinated by the Australian Government who will work closely across all governments, including the NT Public Information Group within the Office of the Chief Minister. All media released from the NT Government will be approved through the CE of NT Health and will follow the media release process for COVID-19 communications.

The Australian Government and State and Territory governments will share information, via existing channels, about:

- Selecting and purchasing vaccines.
- Regulatory approval of safe and effective vaccines by the TGA.
- Vaccine deployment times as they become approved.
- Communication needs to support logistics associated with the rollout.
- Prioritising at-risk population groups for immunisation, as advised by ATAGI.
- Specifying the types of locations vaccination should take place.

In addition to making use of Australian Government-developed communications material and information sources, the Northern Territory Government intends to provide support to the Australian Government to ensure they are able to effectively engage with required stakeholders within the NT as requested.

Additional information

Additional resources

The following documents and resources have been developed by ATAGI to assist all jurisdictions with the implementation of the COVID-19 vaccination program.

- Checklist of minimum requirements for immunisation service provider sites and operational procedures where COVID-19 vaccines will be administered (Edition 1).
- Checklist of minimum equipment requirements to administer COVID-19 vaccines (Edition 1).
- List of Remote Vaccination sites– NT Health and ACCHO providers

WORKING DRAFT

Minimum requirements for immunisation service provider sites for the administration of COVID-19 vaccines, including those identified by ATAGI

	Minimum requirements
Set up of the physical environment	<ul style="list-style-type: none"> • Have adequate space for patients waiting to be vaccinated that is not congested, observes physical distancing requirements, and is sheltered from weather elements. • Have a private space for consultation with patients and vaccinator (including obtaining informed consent, answering patient questions and assessment of any conditions that may preclude vaccination or require further assessment) • Have a dedicated, clean, well-lit space for administration of the vaccine to patients, including a desk and chairs for patients, carers and vaccinator(s). • Have space for patients to wait and be observed post-vaccination, separate from the area for administering the vaccine. • Have safe, risk free and directed access in clinical areas to allow movement of staff between areas while minimising the risk of workplace incidents (e.g. moving doses from preparation area to patient administration area, accessing refrigerators or cool boxes, etc.). • Have a dedicated clean and well-lit area, separate from areas that provide other clinical services at the same time, where vaccines from multi-dose vials may be drawn up, labelled, and prepared for administration. • Adequate handwashing facilities for staff, and antimicrobial hand sanitisers available. • Have antimicrobial /disinfectant wipes to clean stations between patients. • Have visual reminders and cues in place to reduce the risk of errors. • Have a process in place to safely dispose of unused vaccines, in accordance with TGA and other regulatory requirements. • Have adequate sharps disposal bins, appropriate for the volume of patients, and securely placed and spaced to mitigate the risk of needle stick injuries. • Have ready access to appropriate emergency equipment, including adrenaline, oxygen and defibrillator.
Cold chain management	<ul style="list-style-type: none"> • Have adequate number and capacity of refrigerators, and freezers if relevant (-70°C and/or -20°C, as required for the specific vaccine), to store vaccines for the vaccine to be used. The Australian Government will provide adequate storage supply to meet the storage capacity requirements. • Able to monitor the temperatures of the refrigerator(s) and freezer(s) where vaccines are stored, including appropriate equipment and systems to monitor ultra-low temperatures according to national vaccine storage guidelines and additional guidelines for storage at -70°C. The Australian Government will provide adequate monitoring equipment and education on how to perform these tasks.

	<ul style="list-style-type: none"> • Have an appropriate policy and protocol in place for receiving each vaccine delivery, responding to temperature breaches, including relocating vials to another refrigerator/freezer and responding at times where clinic may not have any staff present. • Have appropriate refrigerators and opaque containers to store vaccine syringes that have been prepared for administration under appropriate temperature conditions and protected from light from the time they are prepared till the time they are administered.
Immunisation record keeping and reporting to the Australian Immunisation Register (AIR)	<ul style="list-style-type: none"> • Have a clear procedure for identifying individual vaccine recipients, checking to confirm any record of previous receipt of any COVID-19 vaccine doses (including date and brand product received), and recording immunisation encounters (electronic records are preferable). • Have a process of labelling syringes when they are drawn up from multi-dose vials, including date and time of preparation and of expiry. • Have access to the AIR via Provider Digital Access (PRODA). • Have a process to manage vaccination data and report immunisation records to the AIR. • Have a process to record vaccines used and those discarded, including reasons for discarding. • Have a process of obtaining informed consent.
Management of the clinic	<ul style="list-style-type: none"> • Standardised screening process to exclude patients who display symptoms of COVID-19 disease, and refer for appropriate assessment for COVID-19 or other conditions (as per guidance provided in the ATAGI Guiding Principles for Maintaining Immunisation Services During the COVID-19 Pandemic). • Standardised screening process for contraindications, receipt of previous doses of COVID-19 vaccines and/or receipt of other vaccines (observing any interval requirements). • Clear record of patients vaccinated (to inform ordering of vaccines). • Clear assignment of duties and responsibilities of all staff and clear plan of workflow, particularly regarding drawing up from a multi-dose vial and administering individual vaccine doses drawn from a particular vial for each clinic session. • Knowledgeable about procedures and able to report adverse event following immunisation to the appropriate health authorities. • Incident management in place, with staff knowledgeable about procedures and able to report any clinical incident (e.g. injury in workplace) to the appropriate health authorities. • Has process in place to manage injuries to workforce (e.g. needle stick injury). • Process in place to prevent and manage violence or aggression in the workplace. • Has appropriate access to emergency services as outline in Strive for 5 guidelines.

Jurisdictional regulations which authorise service providers (additional to medical practitioners) to administer vaccinations

Jurisdiction	Details on regulation and legislation	Source
NT	<p>The following providers who meet the requirements under qualifications to supply or administer or possess vaccinations (listed under Schedule 4) can administer vaccinations without the order of a medical practitioner:</p> <ul style="list-style-type: none"> • Nurses • Midwives • Aboriginal and Torres Strait Islander health practitioners • Pharmacists (influenza, dTpa and MMR and COVID 19; not authorised to administer NIP-funded vaccines) <p>Medical officers do not need additional legislative instruments to administer vaccines.</p> <p>Nurses, midwives and Aboriginal and Torres Strait Islander health practitioners must complete a relevant course on immunisation services (as relevant to their profession) and a refresher course or the NT up-skill course at least once every 3 years after completing the relevant course.</p> <p>Pharmacists must complete an accredited training program that meets the standards set up the Australia Pharmacy Council's standards, or if trained prior to 2017 they must complete a course in the delivery and administration of injections and immunisations, and the Pharmacy Guild of Australia's course in conducting immunisation services in a community pharmacy.</p>	<p>Information on immunisation providers in NT.</p> <p>Prescribed qualifications for nurses and midwives to supply, administer or possess vaccines.</p> <p>Prescribed qualifications for pharmacist to supply and administer Schedule 4 vaccines.</p> <p>Prescribed qualifications for Aboriginal and Torres Strait Islander Health Practitioners to supply, administer or possess vaccines.</p>