

Tasmania COVID-19 Vaccination Program Implementation Plan

**Agreement between the
Australian Government and the
Tasmanian Government**

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

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

The Honourable Greg Hunt MP
Minister for Health and Aged Care

[Day] [Month] [Year]

*Signed for and on behalf of the
State of Tasmania by*



The Honourable Sarah Courtney MP
Minister for Health

[Day] [Month] [Year]

22/2/2021

Tasmania COVID-19 Vaccination Program Implementation Plan

First drafted 3 December 2020 by the Australian Government

Updated 9 December 2020 by the Tasmanian Government

Last updated 5 January 2021 by the Australian Government

Updated 8 January 2021 by the Tasmanian Government

Updated 20 January 2021 by the Australian Government

Updated 28 January 2021 by the Tasmanian Government

Final update 3 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 Tasmania.

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 Tasmanian 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

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

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

The parties will be represented by the Australian Department of Health on behalf of the Australian Government and the Tasmanian Department of Health on behalf of the Tasmanian Government.

The Office of the Deputy Secretary, Community, Mental Health and Wellbeing of the Tasmanian Government will be responsible for overseeing implementation of this Plan by Tasmania 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/ Health CEOs.

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

The Office of the Deputy Secretary, Community, Mental Health and Wellbeing of the Tasmanian Government will be responsible for making any proposed changes to this Plan and seeking approval of these from the Australian Government. This process will be managed by the Secretary of the Tasmanian Department of Health.

In making or agreeing to any changes, the Australian Government and the Tasmanian Government are committed to consulting with stakeholders, where relevant, required and feasible. Stakeholders to be consulted include:

- The Royal Australian College of General Practitioners (RACGP);
- The Australian College of Rural and Remote Medicine (ACRRM);
- Australian Medical Association;
- Australian Nursing and Midwifery Federation;
- Health and Community Services Union;
- Tasmanian Branch of the Pharmaceutical Society of Australia;
- Pharmacy Guild Tasmania;
- Local Government Association of Tasmania;
- Tasmanian Health Service;
- Tasmanian Aboriginal Centre;
- Aged care sector representatives, such as the Aged Care Emergency Operations Centre, Aged and Community Services Tasmania, Leading Age Services Tasmania;
- Aged Care Quality and Safety Commission;
- Department of Education; and
- Communities Tasmania.

Both the Australian Government and the Tasmanian Government commit to collaborating with each other when consulting shared stakeholders (for example, the Australian Government will collaborate with the Tasmanian Government when consulting General Practitioners (GPs) in Tasmania). 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	Tasmanian 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 within each State and Territory, and between these sites and vaccination locations where it determines necessary; • 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 Tasmanian 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 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; • implementing clinical governance requirements at vaccination sites; • implementing and reporting on the required cold-chain, waste management 	<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 Tasmanian 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; • 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 where practical and reporting requirements to relevant coordinating bodies (e.g. the TGA).

<p>and stock security requirements at storage and administration sites;</p> <ul style="list-style-type: none"> • 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, Tasmanian Government). 	
--	--

Vaccine Availability

The Australian Government has secured access to the following vaccines:

- 10 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 Government Department of Health/ Tasmanian 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.

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

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

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 Tasmanian Government is responsible for identifying and establishing Tasmanian 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 Tasmania

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Pfizer-BioNTech (hospital sites only)	Royal Hobart Hospital Launceston General Hospital North West Regional Hospital	Phase 1a – Mid to late February 2021	Tasmanian Government Australian Government (e.g. for staff and residents of aged and disability care facilities)
		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>)	

Phase 1b – March 2021

<p>Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)</p>	<p>Royal Hobart Hospital Launceston General Hospital North West Regional Hospital</p> <p>State run vaccination clinics as need is identified</p> <p>General practices – locations TBC Derwent Park Respiratory Clinic** Launceston Respiratory Clinic St Helens Respiratory Clinic Tasmanian Aboriginal Corporation (TAC)**</p>	<p>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</p>	<p>Tasmanian Government Approved GPs Approved GP Respiratory Clinics Approved Aboriginal Community Controlled Health Organisations (ACCCHOs) (all providers in collaboration with the Australian Government)</p>
<p>* All locations will need to comply with the minimum requirements for vaccination sites set out at Attachment A. **Not all GP Respiratory Clinics or ACCCHOs 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>			

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

Table 2: Phase 2 program delivery for Tasmania

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

	Derwent Park Respiratory Clinic** Launceston Respiratory Clinic St Helens Respiratory Clinic Tasmanian Aboriginal Corporation (TAC)**	Other critical and high risk workers	Approved GP Respiratory Clinics Approved pharmacy settings 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 Derwent Park Respiratory Clinic** Launceston Respiratory Clinic St Helens Respiratory Clinic Tasmanian Aboriginal Corporation (TAC)**	Balance of adult population Catch up for any unvaccinated Australians from previous phases	Tasmanian Government Approved GPs Approved GP Respiratory Clinics Approved pharmacy settings 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 <u>Attachment A</u>.</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>			

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

During Phase 3 of the Program, the Tasmanian 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 Tasmania

Vaccine	Vaccine delivery location/s*	Phase 3 -- September 2021		Identified priority population	Responsible provider
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only) Novavax	TBD	Regional responsibilities and key partners	Balance of adult population < 18 years, if recommended	To be negotiated between the Australian Government and the Tasmanian Government	

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

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

Training

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

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

1. General requirements for any authorised immuniser in Tasmania to be identified and provided by Tasmania, and to include at a minimum the requirements of the [National Immunisation Education Framework for Health Professionals](#).
2. Training on the use of multi-dose vials, infection control, wastage, and adverse event reporting – to be identified by the Australian Government in cooperation with ATAGI and other identified organisations such as Health Education Services Australia and provided by Tasmania.
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, Tasmania 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 Tasmania. [Attachment B](#) outlines those people who are authorised to possess and administer specified vaccines in Tasmania.

Additional Vaccination Location and Workforce Considerations

Projected Workforce Numbers, (including Rural and Remote workforce arrangements)	<ul style="list-style-type: none">• 298 Nurses are Authorised as Immunisers<ul style="list-style-type: none">○ 177 have already expressed an interest in being involved (figures as at 9 December 2020)• 300 Pharmacists are Authorised as Immunisers<ul style="list-style-type: none">○ 89 have already expressed an interest in being involved (figures as at 9 December 2020)• Approximately 7,800 Registered Nurses, including Practice nurses, who are able to vaccinate under supervision of Medical Practitioners, Authorised Immunisers or Nurse Practitioners.<ul style="list-style-type: none">○ Interest is being sought from RNs now.• Approximately 1,000 General Practitioners
---	---

<p>Aboriginal community controlled health sector</p>	<p>The Australian Government and the Tasmanian 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 Tasmanian Government/DoH Tasmania will support vaccination of Aboriginal and Torres Strait Islander people by:</p> <ul style="list-style-type: none"> • Partnering, as required, with ACCHOs who choose to participate in the roll-out to ensure strong clinical governance and information sharing across Tasmania. • Engaging with the Tasmanian Aboriginal Centre (TAC) to ensure equitable access to vaccination for the Tasmanian Aboriginal population. The TAC is an Aboriginal Community Controlled Health Service with offices in Hobart, Launceston and Burnie. Public Health Services has an established relationship with the TAC and has begun discussion about the mass vaccination program.
<p>Clinical Governance</p>	<p>In Tasmania Regulation 82 (c) & (d) of the Poisons Regulations 2018 allows registered nurses, midwives, and pharmacists, who meet the requirements of the <i>Vaccination Competency Standards for Authorised Immunisers in Tasmania (2012)</i> to administer certain vaccines as listed in <i>Schedule 4</i> of the Poisons List.</p> <p>Relevant policy for Authorised Immunisers include the <i>Tasmanian Authorised Immuniser Guidelines</i> and <i>Tasmanian Vaccination Program Guidelines (2019)</i> (As per Attachment B). Note: these policies are under review at the time of writing.</p> <p>The Tasmanian Government has established a Tasmanian Vaccination Emergency Operation Centre led by the Deputy Secretary of Community, Mental Health and Wellbeing.</p>

Vaccine Transport, Delivery and Storage

Receipt and management processes

The Australian Government and Tasmanian 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.

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

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*	Royal Hobart hospital – Wellington Outpatient Pharmacy (RHH)	500 – 800 units	Dosing estimate is based on Fluvax container as metric for doses.
	Launceston General Hospital (LGH)	50 – 200 doses	More fridge capacity can be added with a cost of \$20,000
	North West Regional Hospital (NWRH)	500 doses	The hospital pharmacies are secured and only accessible to hospital pharmacy staff. The fridges are monitored 24 / 7 and are maintained at 2 – 8 degrees, averaging 5 degrees.
-20 degrees Celsius	N/A – no capacity in Tasmania	Nil	No current capacity in Tasmania
-70 degrees Celsius	N/A – no capacity in Tasmania	Nil	The Australian Government will supply additional refrigerated cold storage to Pfizer hubs to support the storage and administration of the Pfizer vaccines, with Pfizer Hubs to be located at the RHH, LGH and NWRH

*Table does not reflect other potential storage capacity (e.g. capacity of councils, GPs, etc. and does not account for concurrent use for other medicines/vaccines

Adherence to storage and handling requirements

Tasmania will ensure all immunisers authorised under the Tasmania’s Public Health Act to provide COVID-19 vaccines have completed the appropriate training in the storage and handling requirements of all COVID-19 vaccines, in accordance with the training requirements set out by the Australian Government.

Tasmania will support compliance with these requirements through its current arrangements, including vaccination handling training, compliance with the National Vaccine Storage Guidelines (‘Strive for 5’), and through expectations articulated in the existing *Vaccination Competency Standards for Authorised Immunisers in Tasmania (2012)*, *Tasmanian Authorised Immuniser Guidelines* and *Tasmanian Vaccination Program Guidelines (2019)*.

Tasmania will ensure its providers are aware of their reporting requirements with respect to storage and handling. Immunisation providers will report all cold chain breaches to the Australian Government. Immunisation providers will be provided with a single point of contact (i.e. an 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 Tasmania’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 Tasmanian Government note that COVID-19 vaccines are in limited supply globally. Tasmania will ensure that it supports the tracking and tracing of doses and minimises wastage.

National booking system for COVID-19 Vaccination Program

Tasmania understands the Australian Government will establish a nationally consistent booking system to facilitate participation in the Program and will provide training in use of this system to all vaccination sites. Supported by the Australian Government, Tasmania will ensure that all its identified vaccination locations 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 supported by the Australia 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.

Tracking and tracing systems

Tasmania will participate in the Australian Government established single, national tracking and tracing system for COVID-19 vaccines.

In addition, Tasmania will work collaboratively with the Australian Government to ensure that the existing state systems can link with the national system. Tasmania is currently developing a jurisdictional specific vaccine data solution...

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.

Though not an exclusive Tasmanian Government responsibility, Tasmania will support the minimisation of wastage and spoilage by working with providers to ensure implementation of a set of minimum standards that outline processes to minimise wastage and spoilage, as per Attachment A. Such standards include booking systems that ensure clinics are appropriately scheduled to minimise wastage, support to ensure appropriate ordering of vaccine, and optimising cold chain management. Authorised immunisers and programs are governed by the *Vaccination Competency Standards for Authorised Immunisers in Tasmania (2012)* and *Tasmanian Vaccination Program Guidelines (2019)*.

Stock level management and reporting

Tasmania understands that 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.

Tasmania, through Immunisation section, Communicable Diseases Prevention Unit, Public Health Services, Department of Health, will ensure that close to real-time data is provided to the Australian Government.

The Australian Government will provide the Tasmanian Government with close to real-time supply data.

Mechanisms to facilitate proof of COVID-19 vaccination

Tasmania will ensure that all its COVID-19 Vaccination Program providers that are the responsibility of the Tasmanian Government will enter any COVID-19 vaccinations administered at any location in to the Australian Immunisation Register (AIR).

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

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

Coordinating of safety monitoring and surveillance of adverse events

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

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

Tasmania also will make use of the following existing jurisdictional systems:

- Coronial investigations where the person has received a vaccination in the relevant period
- Currently, Tasmanian vaccine providers report AEFIs directly to the Therapeutic Goods Administration (TGA).

Tasmania will make the following changes to these systems for the purpose of this Program:

- Tasmania is actively exploring adoption and implementation of a new AEFI surveillance system. In anticipation of this, an AEFI working group has been established by Public Health Services. The membership of this working group includes members with relevant clinical and public health expertise from Public Health Services, the Tasmanian Health Service and Primary Care.

Tasmania also notes that the Australian Government will ensure that any privately-sourced providers (distribution, data, immunisation etc.) 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 roll out. 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 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.

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, Tasmania intends to develop a jurisdictional-specific communications plan. In particular, the Tasmanian Government Department of Health will develop material for General Practitioners, hospital staff, high risk groups and vulnerable individuals that supports the Commonwealth material and is relevant to jurisdictional requirements.

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).

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

	<p>Minimum requirements</p>
<p>Set up of the physical environment</p>	<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.
<p>Cold chain management</p>	<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.

	<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.
<p>Immunisation record keeping and reporting to the Australian Immunisation Register (AIR)</p>	<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.
<p>Management of the clinic</p>	<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.

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

Jurisdiction	Details on regulation and legislation	Source
TAS	<p>The following providers may be authorised to administer certain vaccines (listed in Schedule 4 of the Poisons List), provided they are the approved vaccines (varies by health speciality):</p> <ul style="list-style-type: none"> • Nurses • Midwives • Pharmacists (influenza, dTpa and MMR; not authorised to administer NIP-funded vaccines, but can administer state-funded MMR to people born in 1966 and onwards) <p>To be authorised, providers must complete an approved training program and apply to the Director of Public Health for approval to administer vaccinations independently, according to their health speciality. After initial approval, providers are required to apply for annual authorisation, and must undertake a self-assessment of competency (using the competency standards, below), undertake a number of hours of CPD training (8 hours for nurse immunisers and 6 hours for pharmacist immunisers), and CPR update. Authority to practice lapses if they fail to submit their application documents by the designated date.</p> <p>Providers must practice in accordance with the competency standards as set out in the Tasmanian Department of Health (DoH) <i>Vaccination Competency Standards for Authorised Immunisers in Tasmania</i>.</p> <p>In addition to Tasmania's authorised immuniser workforce, nurses may also provide vaccines in Tasmania under the supervision of Medical Practitioners or Authorised Immunisers.</p>	<p>Tasmanian DoH <i>Vaccination Competency Standards for Authorised Immunisers in Tasmania (2012)</i></p> <p>Tasmanian Authorised Immuniser Guidelines</p> <p><i>Tasmanian Vaccination Program Guidelines (2019)</i></p>