

Victoria COVID-19 Vaccination Program Implementation Plan

Agreement between the
Australian Government and the
Victorian 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
State of Victoria by**



The Honourable Greg Hunt MP
Minister for Health and Aged Care

The Honourable Martin Foley MP
Minister for Health
Minister for Ambulance Services

[Day] [Month] [Year]

19 February 2021

Victoria COVID-19 Vaccination Program Implementation Plan

First drafted 3 December 2020 by the Australian Government

Updated 23 December 2020 by the Victorian Government

Updated 5 January 2021 by the Australian Government

Updated 11 January 2021 by the Victorian Government

Updated 20 January 2021 by the Australian Government

Updated 4 February 2021 by the Victorian Government

Update 4 February 2021 by the Australian Government

Last update 14 February 2021 by the Victorian 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 Victoria.

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 Victorian 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*.

Victoria notes that Attachment D outlines a range of matters that are important and material to the safe and effective roll-out of the vaccine. The matters outlined in Attachment D reflect Victoria's understand of current arrangements. It is requested that the Commonwealth confirm these matters in writing upon finalisation of the Joint Implementation Plan.

Governance of the Plan

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

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

The COVID-19 Public Health Division of the Victorian Department of Health will be responsible for overseeing implementation of this Plan by Victoria 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 Victorian Government commit to working collaboratively and expeditiously to amend the Plan by written agreement as information becomes known.

The Victorian Department of Health 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 Victorian Department of Health.

In making or agreeing to any changes, the Australian Government and the Victorian Government are committed to consulting with the following stakeholders, where relevant (outlined at [Attachment C](#)).

Both the Australian Government and the Victorian Government commit to collaborating with each other when consulting shared stakeholders. 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	Victorian 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; 	<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 Victorian 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;

<ul style="list-style-type: none"> • 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 Victorian 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, Victorian Government). 	<ul style="list-style-type: none"> • 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 timely program data and reporting requirements to relevant coordinating bodies (e.g. the TGA).
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Vaccine Availability

The Australian Government has secured access to the following vaccines:

- 20 million doses of the **Pfizer-BioNTech** vaccine (provisionally approved by the TGA 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/Victorian 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.

Victorian-government clinics will adhere to the Commonwealth's prioritisation framework. Attachment E outlines Victoria's approach to sub-prioritisation in the event that vaccine supply is limited.

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 Oxford-AstraZeneca (when available) 	<ul style="list-style-type: none"> Quarantine and border workers Frontline health care worker sub-groups for prioritisation Key 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 Victorian Government is responsible for identifying and establishing Victorian 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*.

Victoria will maintain responsibility for vaccinating residents and staff of the public sector residential aged care facilities in the state (PSRACS).

Table 1: Phase 1 program delivery for Victoria

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 1a – Mid to late February 2021			
Pfizer-BioNTech (hospital sites only) Oxford-AstraZeneca (when available – sites below)	Western Health Austin Health Monash Health Barwon Health Goulburn Valley Health Latrobe Health Bendigo Health Ballarat Health Albury-Wodonga Health	Quarantine and border workers Frontline health care worker sub-groups for prioritisation Key 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>)	Victorian Government Australian Government (e.g. for staff and residents of aged and disability care facilities)

Phase 1b – March 2021			
<p>Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)</p>	<p>Pfizer Hubs Western Health Austin Health Monash Health Barwon Health Goulburn Valley Health Latrobe Health Bendigo Health Ballarat Health</p> <p>Victorian State-run AstraZeneca sites <i>Regional – combination Community Health and Health Services – indicative geographical locations</i></p> <ol style="list-style-type: none"> 1. Mildura 2. Swan Hill 3. Horsham 4. Kerang 5. Echuca 6. Portland 7. Warrnambool 8. Colac 9. Apollo Bay 10. Lorne 11. Geelong 12. Ballarat 13. Bendigo 14. Ararat 15. Kyneton 16. Sunbury 17. Melton 18. Bacchus Marsh 	<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>Victorian Government Approved GPs Approved GP Respiratory Clinics Approved Aboriginal Community Controlled Health Organisations (ACCHOs) (all providers in collaboration with the Australian Government)</p>

19. Kilmore
20. Seymour
21. Benalla
22. Wangaratta
23. Shepperton
24. Wodonga
25. Orbost
26. Traralgon
27. Bairnsdale
28. Whittlesea

Metropolitan (minimum 14)

Each local public health unit will identify and establish a minimum of three locations (total of nine), in addition to their Pfizer Hub

In addition, we propose establishment of five community health-led clinics in Werribee, Craigieburn, Ferntree Gully, Richmond and Footscray.

- General practices – locations TBC
- Fitzroy Respiratory Clinic**
- Prahran Respiratory Clinic
- Port Melbourne Respiratory Clinic
- Altona North Respiratory Clinic
- Thomastown Respiratory Clinic
- Coolaroo Respiratory Clinic
- Laverton Respiratory Clinic
- Ringwood Respiratory Clinic
- Rowville Respiratory Clinic
- Carrum Downs Respiratory Clinic
- Wallan Respiratory Clinic

	<p> Rosebud Respiratory Clinic Bellarine Respiratory Clinic Geelong Respiratory Clinic Warragul Respiratory Clinic Ballart UFS Respiratory Clinic Wonthaggi Respiratory Clinic Bendigo Respiratory Clinic The Healthcare Centre Foster Respiratory Clinic Shepparton Respiratory Clinic Sale Respiratory Clinic Warrnambool Respiratory Clinic Bairnsdale Respiratory Clinic Central Medical Group – Wodonga Horsham Respiratory Clinic Swan Hill Respiratory Clinic Mildura Respiratory Clinic Aboriginal Community Elders Services Incorporated** Ballarat and District Aboriginal Co- operative Limited – (CDEP) Bendigo and District Aboriginal Co- operative Budja Budja Aboriginal Co-operative Limited Cummeragunja Housing & Development Aboriginal Corp (Viney Morgan AMS) Dandenong & District Aboriginies Co- operative Limited Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc Gippsland & East Gippsland Aboriginal Cooperative Limited </p>		
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	<p>Goolum – Goolum Aboriginal Cooperative Limited</p> <p>Gunditjmara Aboriginal Cooperative Limited (Kirrae Health Services Incorporated)</p> <p>Kirrae Health Services Incorporated</p> <p>Lake Tyers Health & Children’s Services Association Incorporated</p> <p>Lakes Entrance Aboriginal Health Association Inc.</p> <p>Mallee District Aboriginal Services Limited</p> <p>Moogji Aboriginal Council East Gippsland Incorporated</p> <p>Mungabareena Aboriginal Corporation</p> <p>Murray Valley Aboriginal Co-operative</p> <p>Ngwala Willumbong Co-operative Limited (Telkaya Drug and Alcohol Network)</p> <p>Njernda Aboriginal Corporation</p> <p>Ramahyuck District Aboriginal Corporation</p> <p>Rumbalara Aboriginal Co-operative Limited</p> <p>Victorian Aboriginal Health Service Cooperative Limited</p> <p>Wathaurong Aboriginal Cooperative Ltd</p> <p>Winda-Mara Aboriginal Corporation</p>		
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* 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.

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

Table 2: Phase 2 program delivery for Victoria

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 2a – May 2021			
Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)	<p>Pfizer Hubs Western Health Austin Health Monash Health Barwon Health Goulburn Valley Health Latrobe Health Bendigo Health Ballarat Health</p> <p>Victorian State-run AstraZeneca sites <i>Regional – combination Community Health and Health Services – indicative geographic locations only</i></p> <ol style="list-style-type: none"> 1. Mildura 2. Swan Hill 3. Horsham 4. Kerang 5. Echuca 	<p>Adults aged 60-69 years Adults aged 50-59 years Aboriginal and Torres Strait Islander people Other critical and high risk workers</p>	<p>Victorian Government Approved GPs Approved GP Respiratory Clinics Approved pharmacy settings Approved ACCHOs (all providers in collaboration with the Australian Government)</p>

	<ol style="list-style-type: none"> 6. Portland 7. Warrnambool 8. Colac 9. Apollo Bay 10. Lorne 11. Geelong 12. Ballarat 13. Bendigo 14. Ararat 15. Kyneton 16. Sunbury 17. Melton 18. Bacchus Marsh 19. Kilmore 20. Seymour 21. Benalla 22. Wangaratta 23. Shepperton 24. Wodonga 25. Orbost 26. Traralgon 27. Bairnsdale 28. Whittlesea <p><u>Metropolitan (minimum 14)</u> Each local public health unit will identify and establish a minimum of three locations (total of nine), in addition to their Pfizer Hub In addition, we propose establishment of five community health-led clinics in Werribee, Craigieburn, Ferntree Gully, Richmond and Footscray.</p> <p>General practices – locations TBC</p>		
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	<p>Fitzroy Respiratory Clinic** Prahran Respiratory Clinic Port Melbourne Respiratory Clinic Altona North Respiratory Clinic Thomastown Respiratory Clinic Coolaroo Respiratory Clinic Laverton Respiratory Clinic Ringwood Respiratory Clinic Rowville Respiratory Clinic Carrum Downs Respiratory Clinic Wallan Respiratory Clinic Rosebud Respiratory Clinic Bellarine Respiratory Clinic Geelong Respiratory Clinic Warragul Respiratory Clinic Ballart UFS Respiratory Clinic Wonthaggi Respiratory Clinic Bendigo Respiratory Clinic The Healthcare Centre Foster Respiratory Clinic Shepparton Respiratory Clinic Sale Respiratory Clinic Warrnambool Respiratory Clinic Bairnsdale Respiratory Clinic Central Medical Group – Wodonga Horsham Respiratory Clinic Swan Hill Respiratory Clinic Mildura Respiratory Clinic Aboriginal Community Elders Services Incorporated** Ballarat and District Aboriginal Co-operative Limited – (CDEP) Bendigo and District Aboriginal Co-operative</p>		
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	<p> Budja Budja Aboriginal Co-operative Limited Cummeragunja Housing & Development Aboriginal Corp (Viney Morgan AMS) Dandenong & District Aboriginies Co-operative Limited Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc Gippsland & East Gippsland Aboriginal Cooperative Limited Goolum – Goolum Aboriginal Cooperative Limited Gunditjmara Aboriginal Cooperative Limited (Kirrae Health Services Incorporated) Kirrae Health Services Incorporated Lake Tyers Health & Children’s Services Association Incorporated Lakes Entrance Aboriginal Health Association Inc. Mallee District Aboriginal Services Limited Moogji Aboriginal Council East Gippsland Incorporated Mungabareena Aboriginal Corporation Murray Valley Aboriginal Co-operative Ngwala Willumbong Co-operative Limited (Telkaya Drug and Alcohol Network) Njernda Aboriginal Corporation Ramahyuck District Aboriginal Corporation Rumbalara Aboriginal Co-operative Limited Victorian Aboriginal Health Service Cooperative Limited Wathaurong Aboriginal Cooperative Ltd Winda-Mara Aboriginal Corporation </p>		
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Phase 2b – July 2021				
AstraZeneca Oxford-AstraZeneca Pfizer-BioNTech (hospital sites only)	<p style="text-align: center;">Pfizer Hubs</p> Western Health Austin Health Monash Health Barwon Health Goulburn Valley Health Latrobe Health Bendigo Health Ballarat Health <p style="text-align: center;">Victorian State-run AstraZeneca sites <i>Regional – combination Community Health and Health Services</i></p> <ol style="list-style-type: none"> 1. Mildura 2. Swan Hill 3. Horsham 4. Kerang 5. Echuca 6. Portland 7. Warrnambool 8. Colac 9. Apollo Bay 10. Lorne 11. Geelong 12. Ballarat 13. Bendigo 14. Ararat 15. Kyneton 16. Sunbury 17. Melton 18. Bacchus Marsh 	<p style="text-align: center;">Balance of adult population Catch up for any unvaccinated Australians from previous phases</p>	<p style="text-align: center;">Victorian Government Approved GPs Approved GP Respiratory Clinics Approved pharmacy settings Approved ACCHOs (all providers in collaboration with the Australian Government))</p>	

	<p>19. Kilmore 20. Seymore 21. Benalla 22. Wangaratta 23. Shepperton 24. Wodonga 25. Orbost 26. Traralgon 27. Bairnsdale 28. Whittlesea</p> <p><u>Metropolitan (minimum 14)</u> Each local public health unit will identify and establish a minimum of three locations (total of nine), in addition to their Pfizer Hub In addition, we propose establishment of five community health-led clinics in Werribee, Craigieburn, Ferntree Gully, Richmond and Footscray.</p> <p>General practices – locations TBC Pharmacy settings – locations TBC Fitzroy Respiratory Clinic** Prahran Respiratory Clinic Port Melbourne Respiratory Clinic Altona North Respiratory Clinic Thomastown Respiratory Clinic Coolaroo Respiratory Clinic Laverton Respiratory Clinic Ringwood Respiratory Clinic Rowville Respiratory Clinic Carrum Downs Respiratory Clinic Wallan Respiratory Clinic Rosebud Respiratory Clinic Bellarine Respiratory Clinic</p>		
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	<p>Geelong Respiratory Clinic Warragul Respiratory Clinic Ballart UFS Respiratory Clinic Wonthaggi Respiratory Clinic Bendigo Respiratory Clinic The Healthcare Centre Foster Respiratory Clinic Shepparton Respiratory Clinic Sale Respiratory Clinic Warrnambool Respiratory Clinic Bairnsdale Respiratory Clinic Central Medical Group – Wodonga Horsham Respiratory Clinic Swan Hill Respiratory Clinic Mildura Respiratory Clinic Aboriginal Community Elders Services Incorporated** Ballarat and District Aboriginal Co-operative Limited – (CDEP) Bendigo and District Aboriginal Co-operative Budja Budja Aboriginal Co-operative Limited Cummeragunja Housing & Development Aboriginal Corp (Viney Morgan AMS) Dandenong & District Aboriginies Co-operative Limited Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc Gippsland & East Gippsland Aboriginal Cooperative Limited Goolum – Goolum Aboriginal Cooperative Limited Gunditjmara Aboriginal Cooperative Limited (Kirrae Health Services Incorporated)</p>		
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	<p style="text-align: center;"> Kirrae Health Services Incorporated Lake Tyers Health & Children’s Services Association Incorporated Lakes Entrance Aboriginal Health Association Inc. Mallee District Aboriginal Services Limited Moogji Aboriginal Council East Gippsland Incorporated Mungabareena Aboriginal Corporation Murray Valley Aboriginal Co-operative Ngwala Willumbong Co-operative Limited (Telkaya Drug and Alcohol Network) Njernda Aboriginal Corporation Ramahyuck District Aboriginal Corporation Rumbalara Aboriginal Co-operative Limited Victorian Aboriginal Health Service Cooperative Limited Wathaurong Aboriginal Cooperative Ltd Winda-Mara Aboriginal Corporation </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 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 Victorian 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 Victoria

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

Training

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

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

1. All immunisers must undertake 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 Victoria.
2. All immunisers must undertake 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.
3. Training on reporting requirements for the Program, including clerical and ancillary support staff where appropriate, as identified and provided by the Australian Government.
4. Medical and Nurse Practitioners may then administer COVID-19 vaccines independently as part of their regular scope of practice.
5. Authorised Nurse and Pharmacist immunisers in Victoria will be authorised to administer COVID-19 vaccines independently when they have completed the above requirements, in addition to an accredited course under the [National Immunisation Education Framework for Health Professionals](#).
6. Workforces who will be administering COVID-19 vaccinations under public health emergency orders, will be required to undertake training as per points (1), (2) and (3) and may administer COVID-19 vaccinations under supervision.

Authorisation

Under its legislative requirements, Victoria 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 Victoria. [Attachment B](#) outlines those people who are authorised to possess and administer specified vaccines in Victoria.

ADDITIONAL VACCINATION LOCATION AND WORKFORCE CONSIDERATIONS

Projected Workforce Numbers, (including Rural and Remote	Currently, authorised personnel (under Victorian legislation) deployed for the purpose of the vaccination programs include Medical Practitioners, Nurse Immunisers, and Pharmacist immunisers.
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<p>workforce arrangements)</p>	<p>Additional workforces including registered nurses and enrolled nurses (with approval medication certification), paramedics, Aboriginal Health Practitioners and nursing/paramedic/medical students may be authorised under public health emergency orders to administer vaccines, working under supervision, and within their authorised scope of practice.</p> <p>Further authorisation of pharmacists and pharmacy technicians is being investigated to enable these professions to support vaccine clinic management.</p>
<p>Aboriginal community controlled health sector</p>	<p>The Australian Government and the Victorian 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 Victorian Government/DHHS Victoria 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 Victoria. • Planning and coordinating with Aboriginal, local, regional and federal partners; • Delivering immunisation in such a way that responsibilities are shared so roles must be understood and clarified upfront with the respective Aboriginal communities and health services; • Engaging community leadership in the planning process in a culturally aware manner, noting leaders hold a very respected role in their community and understand it well; • Collaborating in communication with community members, to ensure messages are modified to respect culture with respect to language, traditional medicine, interpretation of illness and holistic approaches to health issues; • Engaging a specialist Aboriginal working group to liaise with hospitals, nursing stations, health centres, home care agencies, first responders, laboratory services, medical transportation services, and broader community programs; • Supporting remote sites to appropriately plan to maintain a minimum of four weeks supply (as best practice) of clinic supplies including PPE and hand hygiene products; • Assessing and implementing strategies to support remote communications which include satellite phones,

	<p>videoconferencing, telemedicine/telehealth, internet, cell phones, podcasts and vodcasts; and</p> <ul style="list-style-type: none"> • Jointly assessing and agreeing sites needs for COVID-19 immunisation clinics for suitability and arrangements made with the community members responsible for the sites.
<p>Clinical Governance</p>	<p>In line with the phased roll out of the Program, any vaccination location must comply with a range of minimum requirements as outlined by the Australian Government.</p> <p>Vaccination locations will be accredited as sites according to the minimum requirements provided by the Australian Government.</p> <p>Vaccination locations will be run by a registered healthcare provider and will comply with the relevant accreditation and clinical governance standards for that provider (e.g. hospital, general practice, GP Respiratory Clinic, pharmacy setting, community health, ACCHO).</p> <p>Vaccination locations must be able to adhere to COVID-safe and infection prevention and control requirements as set out by the Victorian Government at any time.</p> <p>There will be sufficient numbers of vaccine sites accredited in a timely manner to ensure delivery of vaccines at a per week volume.</p> <p>There will be sufficient variation in sites to enable equitable access to vaccinations for all Victorians (for example, specific cultural groups, Aboriginal and Torres Strait Islander people, and people with disabilities).</p>

Vaccine Transport, Delivery and Storage

The Australian Government and Victorian 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

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	Warehouse Hospitals	2 million + doses (warehouse and health services)	Secure vaccine warehouse Health services
-70 degrees Celsius	Hospitals Number pending	Pending	Victoria currently has no (-70 degrees Celsius) vaccine storage capacity at state level. The Australian Government will supply additional refrigerated cold storage to Pfizer hubs to support the storage and administration of the Pfizer vaccines. A number of health services have -70 degree storage facilities. Number/volume pending

Adherence to storage and handling requirements

Victoria will ensure all its providers 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.

Victoria will support compliance with these requirements by ensuring all its locations comply with all requirements which ensure the safety, security and integrity of the vaccine with respect to cold chain management and storage at all times. Victoria's CVMS system will ensure there is appropriate digital cold chain management capability, including the reporting of cold-chain through any nationally integrated system. Victorian accredited sites be audited for compliance on both planned and ad-hoc schedules.

Victoria will ensure its providers 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 Victoria's public health unit with timely access to reporting regarding both cold change breaches and wastage. 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 Victorian Government note that COVID-19 vaccines are in limited supply globally. Supported by the Australian Government, Victoria will 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 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.

National booking system for COVID-19 Vaccination Program

Victoria understands the Australian Government will establish a nationally consistent booking system to facilitate participation in the Program. Victoria will collaborate with the Australian Government to enable providers to utilise this system as appropriate and when it is available. Victoria will ensure that all its accredited vaccination locations participate and utilise this system for facilitating access to vaccination appointments.

Victoria's COVID Vaccine Management System (CVMS) will enable a single integration point for all bookings in Victoria and will enable any Australian Government booking partner to integrate once for all clinics utilising the system rather than across all health service platforms.

Victoria is committed to ensuring the booking system elements of the CVMS can integrate with a single national system.

Tracking and tracing systems

Victoria will participate in the Australian Government established single, national tracking and tracing system for COVID-19 vaccines to ensure the close to as real time as possible monitoring of all COVID-19 vaccines.

In addition, Victoria will work collaboratively with the Australian Government to ensure that the existing state systems can link with the national system.

Victoria will also ensure that its accredited providers are able to comply with the tracking and tracing of doses and minimising of wastage through the Victorian CVMS. This system will enable all providers in Victoria to participate fully in an integrated track and trace system.

Victoria will enable its accredited providers to participate in the single, national tracking and tracing system by ensuring that there is a single consistent system for the Australian Government data partner to integrate with, which includes all of the required data fields through the Victorian CVMS.

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.

Victoria will support the minimisation of wastage and spoilage by:

- Ensuring all its accredited providers in Victoria understand and are competent in managing the storage and handling requirements and wastage targets of all COVID-19 vaccine requirements set out by the Australian Government.
- Ensuring its accredited providers are aware of and are able to comply with their reporting requirements with respect to storage and handling through use of the CVMS.

Stock level management and reporting

Victoria 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.

Victoria, through the COVID-19 Public Health Division of DHHS will ensure that close to real-time data is provided to the Australian Government.

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

Mechanisms to facilitate proof of COVID-19 vaccination

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

Further, Victoria understands that all those who are administered a COVID-19 vaccine through the COVID-19 Vaccination Program providers that are the responsibility of the Victorian 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)
- Certificate printed in hard copy at the time of vaccination.

Victoria's CVMS will have complete AIR upload functionality including offline mode in the event of no internet connectivity.

Coordinating of safety monitoring and surveillance of adverse events

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

Victoria notes that the Australian Government will strengthen the capabilities of the current national, active safety surveillance system known as AusVaxSafety.

Victoria will be responsible, through the state-wide roll out of the Victorian CVMS, for ensuring near total population coverage of active safety surveillance post vaccine administration.

Victoria will be responsible for the clinical management and follow up of serious adverse events following immunisation.

Victoria will be responsible for strengthening current passive surveillance and reporting systems.

Victoria will be responsible for ensuring timely reporting, through agreed channels to the TGA and other Australian Government nominated agencies of any required data fields for safety surveillance.

Victoria will share any other surveillance data collected which may assist the TGA or other Australian Government agencies to respond to adverse events following immunisation.

Victoria 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.

Victoria is incorporating active post-vaccine surveillance capability in to the CVMS to maximise post event data availability and will ensure the CVMS is integrated with and has consistent data fields to all AusVaxSafety requirements, and an ability to rapidly add or change data fields required across the state.

Victoria will strengthen the current SAEVIC safety surveillance system through:

- Expanding clinical advice capacity for clinicians managing adverse events;
- Expanding follow up capacity for the investigation and collation of data regarding adverse events, in order to facilitate detailed and timely reporting to national bodies of significant or medically attended adverse events;
- Broad and regular information provision to providers regarding the processes in place for reporting and managing adverse events post immunisation;
- Daily analysis of active surveillance reporting to facilitate clinical management and follow up if required, and ensure detailed reporting for significant events which may not have been reported via the passive surveillance system.

Victoria will make use of coronial investigations where the person has received a vaccination in the relevant period.

Victoria is investigating the potential use of local data linkage and syndromic surveillance to further support safety surveillance monitoring.

Victoria is expanding the capacity and reach of publicly funded allergy clinics to provide specialist support and management of patients who have suffered a significant adverse event post immunisation.

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.

Consistent with Australian Government-developed communications material and information sources, Victoria will develop material and comprehensive engagement strategies for priority people, places and workplaces where there is highest risk of exposure to COVID-19.

Priority people include:

- Culturally and linguistically diverse (CALD) communities, particularly newly arrived migrants;
- Aboriginal Victorians;
- People with existing health issues;
- Younger and older Victorians;
- People with disability;
- Residents of aged care facilities;
- Older populations;
- Unpaid carers of any above.

Priority places include:

- Local government areas that have historically had the highest and most complex COVID-19 cases in Victoria;
- Border towns (for as long as there are positive cases in other parts of Australia);
- High density housing.

Priority workplaces include:

- Tertiary and primary health care;
- LGA immunisers;
- Corrections facilities;
- Ports of entry (airports, ports);
- Quarantine facilities;
- Workplaces that have historically experienced outbreaks including aged care, schools, meat processing, supermarket distribution, hospitality, health services and hospitals.

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

	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.

	<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.

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

Jurisdiction	Details on regulation and legislation	Source
VIC	<p>Health professionals are authorised to administer vaccines under the Drugs, Poisons and Controlled Substances Act 1981 and the Drugs, Poisons and Controlled Substances Regulations 2017.</p> <p>Health professionals currently authorised to administer vaccinations:</p> <ul style="list-style-type: none"> • General practitioners • Nurse practitioners and nurse immunisers • Pharmacists (influenza, dTpa, MMR, MenACWY; authorised to administer NIP-funded vaccines and state-funded doses of dTpa and MMR) <p>Nurse immunisers are registered nurses who have completed an approved program of study, and can be approved by the Secretary under regulation 8(1) and regulation 161 of the Drugs, Poisons and Controlled Substances Regulations 2017.</p> <p>Pharmacists must complete a recognised 'Immuniser program of study' and receive Secretary Approval to administer vaccines, under the Drugs, Poisons and Controlled Substances Regulations 2017.</p>	<p>VIC Health, Immunisers in Victoria Drugs, Poisons and Controlled Substances Regulations 2017</p>

Key Stakeholder Groups

Key Stakeholders
GOVERNMENT
Australian Government & State - Departments & Advisory
Australian Government Dept of Health
Jurisdictional health departments
Australian Health Protection Principal Committee AHPPC (Chief Health Officers)
Jurisdictional Immunisation Committee (JIC)
Communicable Disease Network Australia (CDNA)
Australian Technical Advisory Group on Immunisation (ATAGI)
Australian Practitioner Regulation Health Agency
Cabinet
Ministers
Premier
Parliament
MPs – with an interest
Whole of Government
Department of Justice and Community Safety (DJCS) <ul style="list-style-type: none"> Justice Health
Department of Jobs, Precincts and Regions (DJPR)
Department of Education and Training (DET)
Local Govt Victoria
Department of Premier and Cabinet
Local Government
Victorian Local Government Immunisation Network (VLGIN)
Local Government Victoria (LGV)
All 79 LGAs (especially those that have historically had the highest and most complex COVID – 19 cases in Victoria)
HEALTH AND MEDICAL SECTOR
Medical – Tertiary, Primary & Community
Pharmacy - Tertiary and Primary
Nursing - Tertiary and Primary
Immunisation
Allied Health
Pharmaceutical
Vaccine manufacturers
HEALTH PROMOTION AGENCIES
MENTAL WELLBEING SECTOR
Mental Health
Wellbeing
Gender Equity Victoria
DISABILITY AND AGED CARE SECTOR

<i>Disability</i>
<i>Aged Care</i>
SOCIAL AND COMMUNITY SERVICES
<i>Family and Childrens Services</i>
<i>Housing</i>
PEOPLE & PLACES
<i>Residents in Residential Disability</i>
<i>Permanent Residential in Respite Care</i>
<i>Older Australians</i>
<i>People with Pre-Existing Medical Conditions</i>
<i>Detention Facilities, Residents and Staff</i>
<i>Correctional Facilities Residents and Staff</i>
<i>Public Housing Residents (high density, vulnerable cohorts)</i>
<i>Border Towns</i>
<i>Faith-based Communities</i>
<i>Unpaid carers of vulnerable people</i>
<i>Culturally and Linguistically Diverse Communities (CALD)</i>
<i>Aboriginal and Torres Strait Islander Communities</i>
INDUSTRY
<i>General</i>
<i>Australian Services Union (ASU) - Vic Branch</i>
<i>Worksafe</i>
<i>Health Workers Union (HWU)</i>
<i>Victorian Allied Health Professionals Association (VAHPA)</i>
<i>United Workers Union</i>
<i>Disability Care Workers</i>
<i>Aged Care Workers</i>
<i>Quarantine Workers</i>
<i>Meat and Poultry Processing Workers</i>
<i>Sea and Airport Workers</i>
<i>Food Distribution Workers</i>
<i>Hospitality</i>
<i>Freight</i>
<i>Public Transport</i>
<i>Healthcare Enabling Service Workers</i>
<i>Australian Defence Force</i>
<i>CFA and MFA</i>
<i>Police</i>
<i>Postal and courier workers</i>
<i>Research and Development</i>
EDUCATION SECTOR
<i>Public Schools</i>
<i>Independent Schools</i>

<i>Catholic Schools</i>
<i>Vocational Training</i>
<i>Universities</i>
CALD

Attachment D – Victorian Points for Noting

Issue	Victorian
Priority Populations	<p>Victoria notes that the phases are linked to each population, not to the vaccine they will receive. Both the Victorian and Australian Governments commit to ensuring that a significant proportion of the priority populations in each phase will have an opportunity to access vaccine prior to vaccines being made available to cohorts in the next phase.</p> <p>Attachment E (<i>after this table</i>) provides further detail on the principles of prioritisation that all Victorian Government-managed vaccination sites will adhere to.</p>
Vaccination Locations, Workforce and Training Requirements	<p>The Victorian Government will provide the Australian Government with details of all Victorian Government-managed vaccination sites to enable ordering, delivery and reporting requirements to be completed.</p> <p>The Australian Government will provide the Victorian Government with the details of all Australian Government-managed vaccination sites to enable safety and adverse event management and to ensure seamless management of the concurrent COVID-19, influenza and national immunisation program vaccination programs across 2021.</p>
Training	<p>1. All immunisers must undertake training on the use of multi-dose vials, infection control, wastage, and adverse event reporting. Training modules for this purpose have been created by both the Victorian or Australian Governments, and immunisers may choose to undertake either.</p> <p>5. Workforces who will be administering vaccine under public health emergency orders, will be required to undertake the Victorian COVID-19 Vaccination Procedures Package, which includes further practical competencies in addition to training as per points (1) and (2) and may administer COVID-19 vaccinations under as per the emergency authorisation</p>
Authorisation - Clinical Governance	<p>In the event that any clinical practice is reported that may require notification to AHPRA or other regulatory bodies, the Victorian Government will manage this activity for all Victorian Government-managed clinics, and the Australian Government will manage for all remaining services.</p>
Ordering and delivery processes	<p>The Australian government will be responsible for providing all vaccine providers with the vaccine and consumable ordering requirements and processes in a timely manner. The Australian government will be responsible for ensuring vaccines and consumables are delivered within the specified timelines to minimise disruption to planned vaccination clinics, and will ensure vaccine providers are notified of any anticipated delays in delivery to facilitate service planning or contingency planning. The Australian Government will be responsible for delivering vaccines within the required cold-chain protocols and managing any cold-chain breaches which occur prior to delivery of vaccine.</p>

Issue	Victorian
Adherence to storage and handling requirements	<p>The Australian Government will provide storage, handling (including infection prevention requirements) and cold-chain protocols for each COVID-19 vaccine to vaccination providers to enable adherence.</p> <p>The Australian Government is responsible for managing all cold-chain breach reports for COVID-19 vaccines. This includes timely analysis and assessment of the breach, and rapid provision of advice to the clinical service to minimise disruption of vaccination services. The Australian Government is responsible for providing replacement vaccine to vaccination providers when a cold-chain breach necessitates the disposal of vaccination.</p> <p>In the event that a cold-chain breach or infection prevention breach is identified necessitating revaccination or a patient notification and lookback activity, the Victorian Government will be responsible for supportive Victorian Government-managed clinics and the Australian Government will be responsible for supporting all other clinics to undertake this activity.</p>
Stock level management and reporting	<p>The Australian Government will undertake to ensure that vaccine provided has adequate labelling to enable track and trace to occur at the vial level as soon as practicable. The Victorian Government preference is that this labelling is consistent with international GS1 standards.</p>
AIR	<p>Rapid assessment of vaccination status is a critical requirement for contact tracing in the event of community cases or outbreaks of COVID-19. The Australian Government will provide daily AIR line lists or reports to the Victorian Government with the following data fields:</p> <ul style="list-style-type: none"> - Full name - Date of birth - Address - Gender - ATSI status - Country of birth (if available) - Medicare number - Vaccine type, dose number - Vaccine provider type - Vaccine provider address <p>The Victorian Government will ensure that all records received are used solely for the purpose of contact tracing and vaccine service delivery planning and provision, and that all identifiable records will be maintained with the requisite levels of privacy protections and security standards.</p>
Coordinating of safety monitoring and surveillance of adverse events	<p>The Australian Government will ensure that there is appropriate epidemiological coverage of vaccine recipient cohorts to enable rapid signal detections through the active safety surveillance system. The Australian Government will support General Practice, Pharmacy, ACCHOs and privately</p>

Issue	Victorian
	<p>contracted providers to participate in the AusVaxSafety program.</p> <p>Victoria will be responsible, through the state-wide roll out of the Victorian CVMS, for ensuring near total population coverage of active safety surveillance post vaccine administration for vaccinations undertaken in Victorian Government-managed clinics.</p> <p>Victoria will be responsible for the clinical management and follow up of serious adverse events following immunisation which are reported via passive surveillance mechanisms. Victoria will provide specialist clinical support to all vaccine providers in Victoria on vaccine safety and adverse events following immunisation. Information regarding how to access this support will be available via the Victorian Department of Health website and will be provided to the Australian Government. The Australian Government will ensure that all clinics receiving vaccine are made aware of the clinical support pathways available to them.</p> <p>The Australian Government will be responsible for providing a 24-hour hotline for to support patients and their carers to seek advice if they are experiencing an adverse event following immunisation. The Australian Government will ensure the following.</p> <ul style="list-style-type: none"> - Victorian patients are referred to the appropriate clinical providers if medical attendance is required - Events deemed to require medical attendance are reported (with consent) to SAEFVIC for follow up to ensure that the patient has received the appropriate clinical management.
Communication	Informing the community when each priority group is eligible to commence receiving vaccinations

Attachment E: Prioritisation and allocation in Victorian Government-managed clinics

The Victorian government-managed clinics will adhere to the Commonwealth’s prioritisation framework. Where further prioritisation is required due to limited product availability, Victoria will apply the following principles to guide Victorian government-managed clinics in their communications to priority cohorts and booking processes:

- Priority cohorts in Victoria are identified according to risk using local and international epidemiology and evidence
- Vaccine is made available and accessible to priority cohorts in a consistent and equitable manner.

The Victorian Government will work with the Commonwealth to make every effort to communicate effectively with the community about prioritisation, and to ensure that priority cohorts understand: their priority status and the different ways they can access vaccination; and, every effort is made to ensure their trust and confidence in the vaccine and the vaccination process.

Phase 1a sub-prioritisation

The Victorian government is working with Hubs to prioritise 1a cohorts in the early weeks of the program in accordance with the order presented in Table 1 below. Public sector residential aged care staff and residents will be vaccinated from the first week of the program, and continuously through the phase 1 period. This is guidance only, and Hubs will manage access in line with operational requirements, as well the sub-prioritisation framework.

TABLE 1: VICTORIA’S SUB-PRIORITISATION OF 1A WHILE ACCESS TO VACCINES IS LIMITED.

Sub-cohort	Description	Estimated number of Victorians
Highest risk of mortality	Public residential aged care staff and residents (commence immediately, progress throughout)	10,200
High risk border facing workers	Hotel quarantine and high-risk border-facing workers (primarily ‘Red Zone’ workers at Melbourne Airport)	7,500
	Border facing hospital workers (e.g. Alfred, Women’s and RCH ED, ICU and S/COVID wards)	3,600
Workers at risk of prolonged and/or direct exposure to an undiagnosed case	Hospital workers likely to come into prolonged direct contact with a suspected COVID-19 case	37,100
	Health workers likely to come into brief or indirect contact with a suspected COVID case, including testing and vaccination staff and GP respiratory clinics	13,500
Workers at risk of brief or indirect contact with an undiagnosed case	Alfred Hospital (hotel quarantine receiving) – moderate exposure risk staff	7,400
	Paramedics engaged in emergency care	4,500
Moderate risk border-facing workers	Non-Red Zone workers at air and seaports with international arrivals	2,000
Total		85,800

Phase 1b

The Victorian Government-managed clinics will have sufficient capacity to vaccinate the following cohorts in Phase 1b. If sub-prioritisation is necessary it will be undertaken in line with the principle outlined above.

DELETE	DELETE	Estimated number of Victorians
Other healthcare workers	Victorian public health service workers not vaccinated in phase 1a	TBC
Critical and high-risk workers	Police, fire, emergency services and government employed critical workers	Number pending clarification of included industries

Victorian Government-managed clinics will be focussed on vaccinating these populations in the initial phases of 1a.

Victoria will provide additional capacity to priority communities who have been historically under-served by the traditional private-practice model of general practice, through a network of vaccination clinic across the metropolitan and regional areas. These clinics will focus on culturally and linguistically diverse and socio-economically disadvantaged communities.

When sufficient data are available to determine geographic spread of General Practice, Pharmacy and ACCHO clinics across the state, Victoria may commission further clinic capacity through health services or other partnerships to create further vaccination sites for the other cohorts in Phase 1b, such as people over 70 years and younger adults with an underlying medical condition.

Victorian Government-managed clinics may, if capacity and supply allow, assist to provide capacity to vaccinate non-government agency high risk and critical workforces in phase 1a (for example meat processing workers)

Phase 2a

Victorian Government-managed clinics in phase 2a will prioritise high risk and critical government agency workers (for example government education staff) and will ensure appropriate capacity to vaccinate these workforces when they have been identified.

Victorian Government-managed clinics will continue to prioritise equitable access for under-served populations throughout phase 2a.

Victorian Government-managed clinics may, if capacity and supply allow, assist to provide capacity to vaccinate non-government agency high risk and critical workforces in phase 2a (for example food distribution workers)

Phase 2b and beyond

The role of Victorian Government-managed clinics will beyond phase 2a will be determined as information becomes available regarding system capacity during the initial phases.