

Western Australia COVID-19 Vaccination Program Implementation Plan

Agreement between the
Australian Government and the
Western Australian 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 Western Australia by



The Honourable Greg Hunt MP
Minister for Health and Aged Care

The Honourable Roger Cook MLA
Minister for Health

[Day] [Month] [Year]

[Day] [Month] [Year]

9/3/21

Western Australia (WA) COVID-19 Vaccination Program Implementation Plan

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Updated 18 January 2021 by the WA Department of Health

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Updated 5 February 2021 by the WA Department of Health

Final update 5 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 State of WA will fulfil its roles and responsibilities under the Policy, and how the Policy will be operationalised in WA.

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 WA Government.

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

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

This Plan should be read in conjunction with:

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

Governance of the Plan

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

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

The State Health Incident Coordination Centre (SHICC) will be responsible for overseeing implementation of this Plan by WA 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 WA Government commit to working collaboratively and expeditiously to amend the Plan by written agreement as information becomes known.

The SHICC of the WA Government will be responsible for making any proposed changes to this Plan and seeking approval of these from the Australian Government.

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

- State Health Incident Coordination Centre (SHICC);
- Public Health including the Chief Health Officer and the Deputy Chief Health Officer (Public Health);
- WA health system (including health service providers and private health providers); and
- Stakeholders in relation to key priority groups as these are refined.

Both the Australian Government and the WA Government commit to collaborating with each other before consulting with shared stakeholders (for example, the Australian Government will collaborate with the WA Government when consulting General Practitioners (GPs) in WA). 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	WA 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); 	<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 WA 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;

<ul style="list-style-type: none"> • 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 WA 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, WA Government). 	<ul style="list-style-type: none"> • implementing clinical governance requirements at vaccination sites; • implementing and reporting on the required cold-chain, waste management and stock security requirements at storage and administration sites; • collaborating with the Australian Government to establish linkages and integration between current and future data systems to enable effective participation and use of relevant systems; and • provision of real time program data and reporting requirements to relevant coordinating bodies (e.g. the TGA).
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Vaccine availability

The Australian Government has secured access to the following vaccines:

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

Supply and use of the vaccines will be subject to their registration by the TGA. Due to the complexities of managing cold chain for the Pfizer-BioNTech vaccine, along with the smaller number of doses available, it will be made available primarily through Health/WA Department of Health; and through limited in-reach settings bound by strict adherence to cold chain management

requirements. It will also be made available, by the Commonwealth, 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 eligible persons 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 WA Government is responsible for identifying and establishing WA Government-managed vaccination sites.

Fixed clinics (including at named WA vaccination hub sites), as well as in-reach models will be the key vaccination service delivery models in WA.

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*.

WA will maintain responsibility for vaccinating residents and staff of its public sector residential aged care facilities in WA.

Table 1: Phase 1 program delivery for WA

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 1a – mid to late February 2021			
Pfizer-BioNTech (hospital sites only)	Perth Children’s Hospital Albany Health Campus Hedland Health Campus Kalgoorlie Health Campus Geraldton Health Campus Broome Health Campus	Quarantine and border workers Frontline health care worker sub-groups for prioritisation	WA Government
Pfizer-BioNTech (hospital sites only)	On-site/in-reach program	Aged care and disability care staff and residents (captured separately in the <i>COVID-19 Vaccination Program Aged Care Implementation Plan</i> and the	Australian Government

		COVID-19 Vaccination Program Disability Implementation Plan)	
Phase 1b – March 2021			
Pfizer-BioNTech (hospital sites only)	Perth Children’s Hospital Albany Health Campus Hedland Health Campus Kalgoorlie Health Campus Geraldton Health Campus Broome Health Campus	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	WA Government
Oxford-AstraZeneca	State run vaccination clinics – locations TBC General practices – locations TBC Victoria Park Respiratory Clinic** High Wycombe Respiratory Clinic Alexander Heights Respiratory Clinic Clarkson Respiratory Clinic Port Kennedy Respiratory Clinic Halls Head Respiratory Clinic Geraldton Respiratory Clinic Albany Respiratory Clinic Kalgoorlie (Bega Garnbirringu) Respiratory Clinic Kalgoorlie (Goldfields) Respiratory Clinic Broome Respiratory Clinic Kununurra Respiratory Clinic Beagle Bay Community Incorporated (KAMS Clinic)** Bega Garnbirringu Health Service Incorporated	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	Role of WA Government TBC Approved GPs Approved GP Respiratory Clinics Approved Aboriginal Community Controlled Health Organisations (ACCHOs) (all providers in collaboration with the Australian Government)

	<p>Bidyadanga Community La Grange Incorporated (KAMS Clinic)</p> <p>Broome Regional Aboriginal Medical Service</p> <p>Carnarvon Medical Service Aboriginal Corporation</p> <p>Derbarl Yerrigan Health Service Aboriginal Corporation</p> <p>Derby Aboriginal Health Service Council Aboriginal Corporation</p> <p>Geraldton Regional Aboriginal Medical Service</p> <p>Kimberley Aboriginal Medical Services Limited</p> <p>Mawarnkarra Health Service</p> <p>Moorditj Koort Aboriginal Corporation</p> <p>Ngaanyatjarra Health Service (Aboriginal Corporation) – admin office in NT all services in WA, WA ACCHS</p> <p>Ngangganawili Aboriginal Community Controlled Health & Medical</p> <p>Nindilingarri Cultural Health Service Incorporated</p> <p>Ord Valley Aboriginal Health Services Aboriginal Corporation (member of KAMS)</p> <p>Paupiyala Tjarutja Aboriginal Corporation (Spinifex Health Service)</p> <p>Puntukurnu Aboriginal Medical Service</p> <p>South-West Aboriginal Medical Service Aboriginal Corporation</p> <p>Wirraka Maya Health Service Aboriginal Corporation</p>		
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Yura Yungi Aboriginal Medical Service

* 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. In-reach clinics will continue as a service delivery model.

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

Table 2: Phase 2 program delivery for WA

Vaccine	Vaccine delivery location/s*	Identified priority population	Responsible provider
Phase 2a – May 2021			
Pfizer-BioNTech (hospital sites only)	Perth Children’s Hospital Albany Health Campus Hedland Health Campus Kalgoorlie Health Campus Geraldton Health Campus Broome Health Campus	Adults aged 60-69 years Adults aged 50-59 years Aboriginal and Torres Strait Islander people Other critical and high risk workers	WA Government
Oxford-AstraZeneca	General practices – locations TBC State run vaccination clinics – locations TBC Pharmacy locations - TBC Victoria Park Respiratory Clinic** High Wycombe Respiratory Clinic Alexander Heights Respiratory Clinic Clarkson Respiratory Clinic Port Kennedy Respiratory Clinic	Adults aged 60-69 years Adults aged 50-59 years Aboriginal and Torres Strait Islander people Other critical and high risk workers	Role of WA Government TBC Approved GPs Approved GP Respiratory Clinics Approved pharmacy settings Approved ACCHOs

	<p>Halls Head Respiratory Clinic Geraldton Respiratory Clinic Albany Respiratory Clinic Kalgoorlie (Bega Garnbirringu) Respiratory Clinic Kalgoorlie (Goldfields) Respiratory Clinic Broome Respiratory Clinic Kununurra Respiratory Clinic Beagle Bay Community Incorporated (KAMS Clinic)** Bega Garnbirringu Health Service Incorporated Bidyadanga Community La Grange Incorporated (KAMS Clinic) Broome Regional Aboriginal Medical Service Carnarvon Medical Service Aboriginal Corporation Derbarl Yerrigan Health Service Aboriginal Corporation Derby Aboriginal Health Service Council Aboriginal Corporation Geraldton Regional Aboriginal Medical Service Kimberley Aboriginal Medical Services Limited Mawarnkarra Health Service Moorditj Koort Aboriginal Corporation Ngaanyatjarra Health Service (Aboriginal Corporation) – admin office in NT all services in WA, WA ACCHS Ngangganawili Aboriginal Community Controlled Health & Medical Nindilingarri Cultural Health Service Incorporated Ord Valley Aboriginal Health Services Aboriginal Corporation (member of KAMS) Paupiyala Tjarutja Aboriginal Corporation (Spinifex Health Service)</p>		<p>(all providers in collaboration with the Australian Government)</p>
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	<p>Puntukurnu Aboriginal Medical Service South-West Aboriginal Medical Service Aboriginal Corporation Wirraka Maya Health Service Aboriginal Corporation Yura Yungi Aboriginal Medical Service</p>		
Phase 2b – July 2021			
Pfizer-BioNTech (hospital sites only)	<p>Perth Children’s Hospital Albany Health Campus Hedland Health Campus Kalgoorlie Health Campus Geraldton Health Campus Broome Health Campus</p>	<p>Balance of adult population Catch up for any unvaccinated eligible persons from previous phases</p>	<p>WA Government</p>
Oxford-AstraZeneca	<p>General practices – locations TBC Pharmacy settings – locations TBC State run vaccination clinics – locations TBC Victoria Park Respiratory Clinic** High Wycombe Respiratory Clinic Alexander Heights Respiratory Clinic Clarkson Respiratory Clinic Port Kennedy Respiratory Clinic Halls Head Respiratory Clinic Geraldton Respiratory Clinic Albany Respiratory Clinic Kalgoorlie (Bega Garnbirringu) Respiratory Clinic Kalgoorlie (Goldfields) Respiratory Clinic Broome Respiratory Clinic Kununurra Respiratory Clinic Beagle Bay Community Incorporated (KAMS Clinic)** Bega Garnbirringu Health Service Incorporated</p>	<p>Balance of adult population Catch up for any unvaccinated eligible persons from previous phases</p>	<p>Role of WA Government TBC Approved GPs Approved GP Respiratory Clinics Approved pharmacy settings Approved ACCHOs (all providers in collaboration with the Australian Government)</p>

	<p>Bidyadanga Community La Grange Incorporated (KAMS Clinic)</p> <p>Broome Regional Aboriginal Medical Service</p> <p>Carnarvon Medical Service Aboriginal Corporation</p> <p>Derbarl Yerrigan Health Service Aboriginal Corporation</p> <p>Derby Aboriginal Health Service Council Aboriginal Corporation</p> <p>Geraldton Regional Aboriginal Medical Service</p> <p>Kimberley Aboriginal Medical Services Limited</p> <p>Mawarnkarra Health Service</p> <p>Moorditj Koort Aboriginal Corporation</p> <p>Ngaanyatjarra Health Service (Aboriginal Corporation) – admin office in NT all services in WA, WA ACCHS</p> <p>Ngangganawili Aboriginal Community Controlled Health & Medical</p> <p>Nindilingarri Cultural Health Service Incorporated</p> <p>Ord Valley Aboriginal Health Services Aboriginal Corporation (member of KAMS)</p> <p>Paupiyala Tjarutja Aboriginal Corporation (Spinifex Health Service)</p> <p>Puntuturnu Aboriginal Medical Service</p> <p>South-West Aboriginal Medical Service Aboriginal Corporation</p> <p>Wirraka Maya Health Service Aboriginal Corporation</p> <p>Yura Yungi Aboriginal Medical Service</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 3: Balance of Adult Population, and Regional Responsibilities and Key Partners

During Phase 3 of the Program, the WA 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 WA

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 WA Government and the Australian 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 residents.

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

Training

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

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

1. General requirements for any authorised immuniser in WA to be identified and provided by WA.
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 to WA.
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 to clerical staff where appropriate, as identified and provided by the Australian Government.

Authorisation

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

Additional Vaccination Location and Workforce Considerations

TABLE 1

<p>Projected Workforce Numbers, (including Rural and Remote workforce arrangements)</p>	<p>It is proposed that the immunisation workforce will include the current immunisation trained workforce, as outlined in Attachment B, as well as an expanded immunisation workforce. The expanded workforce will undertake more limited and specific training developed for the purposes of this program.</p> <p>In WA there approximately 53,000 Australian Health Practitioner Regulation Agency (AHPRA) registered medical professionals, including:</p> <ul style="list-style-type: none"> • 44,300 registered nurses, midwives, nurse practitioners • 3,500 registered pharmacists • 2,300 registered dentists, and • 160 Aboriginal health practitioners • 12,000 registered medical practitioners <p>There are 5,640 nurses who have successfully completed an immunisation course in WA.</p>
<p>Aboriginal community controlled health sector</p>	<p>The Australian Government and the WA 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 WA Government/WA Health will support vaccination of Aboriginal and Torres Strait Islander people by using existing models for delivery of vaccinations to Aboriginal and Torres Strait Islander people, with supplementary workforce and program resources provided as required, and by partnering, as required, with ACCHOs who choose to participate in the roll-out to ensure strong clinical governance and information sharing across WA.</p> <p>In regional and remote areas, program delivery will be led by the Western Australian Country Health Service, which works in partnership with the Aboriginal Health Council of WA and ACCHOs to deliver services. In the Perth metropolitan area this will delivered through existing and supplementary services, in partnership with the Aboriginal Health Council of WA and ACCHOs.</p>
<p>Clinical Governance</p>	<p>The responsibility for clinical governance will rest with the organisation providing the immunisation service, which could include government and non-government organisations.</p>

Vaccine Transport, Delivery and Storage

The Australian Government and WA 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	TBC	TBC	
-70 degrees Celsius	NIL	NIL	The Australian Government will supply additional refrigerated cold storage to Pfizer hubs to support the storage and administration of the Pfizer vaccines.

Adherence to storage and handling requirements

The Australian Government is responsible for compliance with cold chain requirements (and investigating potential breaches), to the point of delivery at a vaccination hub. WA 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.

WA vaccination hubs will only receive and store vaccine quantities for administration to the priority groups WA is responsible for. The Australian Government will coordinate storage, handling and management of all other doses for groups it is responsible for offsite to WA vaccination hub locations.

WA will manage adherence to storage and handling requirements within vaccine hubs, and develop protocols for each vaccine used in the program to ensure all providers understand the storage and handling requirements of all COVID-19 vaccines, in accordance with the training requirements set out by the Australian Government (when received).

WA will ensure its providers selected are aware of their reporting requirements with respect to storage and handling. Immunisation providers are required to report all cold chain breaches to the Australian Government using the Australian Government national tracking and tracing system, once available. Immunisation providers will be provided with a single point of contact (i.e. a 1800 phone

number) to report any storage and handling issues to the Vaccine Operations Centre. Reporting requirements will also be outlined in training modules for immunisation providers.

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

Monitoring Stock, Minimising Wastage and Reporting on Uptake

The Australian Government and the WA Government note that COVID-19 vaccines are in limited supply globally. Supported by the Australian Government, WA 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 Australian Government through timely advice on number, type and location of vaccines to be delivered. Support will also be provided by the appropriate allocation of vaccination appointments through the National Booking System.

National Booking System for COVID-19 Vaccination Program

WA understands the Australian Government will establish a nationally consistent booking system to facilitate participation in the Program. WA will collaborate with the Australian Government to enable use of this system as appropriate and when it is available.

Tracking and tracing systems

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

WA has a data system that is suitable for capturing real time consent, administration, and management data for vaccinations delivered to the general population. The WA data capture systems meets the following requirements:

- Inventory management
- Vaccine ordering
- Booking management
- Consent management
- Session management
- Adverse event management
- Reporting and dashboards

Whilst WA is anticipating that the above data system will be ready before COVID-19 vaccination commences, there is a possibility this may not be feasible. In that instance, WA will use existing systems to record COVID-19 vaccine administration, which may include paper-based consent forms and manual entry into the Australian Immunisation Register (AIR).

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.

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

WA will support the minimisation of wastage and spoilage by requiring immunisation providers to record all instances of wastage in the online IT solution and report all vaccines administered to the AIR.

Stock level management and reporting

WA 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.

WA, through the COVID-19 Vaccination Program Team, will ensure that close to real-time data is provided to the Australian Government.

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

Mechanisms to facilitate proof of COVID-19 vaccination

WA will ensure that all its COVID-19 Vaccination Program providers that are the responsibility of the WA Government record any COVID-19 vaccinations administered at any location, and this data will be inputted in to the AIR.

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

- My Health Record;
- Immunisation History Statement (accessed through the Medicare app or online); and
- Certificate provided following vaccination.

Coordinating of safety monitoring and surveillance of adverse events

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

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

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

- Coronial investigations where the person has received a vaccination in the relevant period;
- WA Vaccine Safety Surveillance System (WAVSS), including (but not limited to) clinical follow up of adverse events of note;
- SmartVax follow up of vaccinations administered to priority populations recorded using the proposed WA data capture system; and
- Utilising the WA Vaccine Safety Advisory Committee (WAVSAC) to help guide vaccine safety monitoring in WA.

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

- Enhanced vaccine safety monitoring using data linkage. WA is progressing the linkage of vaccination administration and safety data with existing WA Health data collections (e.g. ED presentations and Hospital Morbidity Data Collection) to assist with the detection of serious adverse events following vaccination with a COVID-19 vaccine.
- Additional communications with ED and other key clinical staff regarding the importance of reporting adverse events following immunisation.
- Additional resources have been allocated for vaccine safety monitoring in WA, including:
 - Increasing WAVSS clinical and administrative staffing levels,
 - establishing adult clinics for the follow up of adverse events requiring clinical assessment,
 - ensuring equitable access for clinical adverse event follow up in regional areas of WA, and –establishing an after-hours roster for vaccine safety enquiries.

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

Communication

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

This will ensure consistent, timely, transparent and credible information to inform and educate the Australian public about the rollout of a COVID-19 vaccine. It will help reinforce and amplify Australian Government messaging to build confidence in the regulatory processes for COVID-19 vaccines and treatments, keep Australian's up to date on progress of candidates and ensure implementation plans for a national vaccination program are clearly communicated to support high uptake.

The 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, WA Health has developed the '*COVID-19 Vaccination Program Communications and Engagement Plan*'. In particular, WA Health will develop material for the priority groups, culturally and linguistically diverse (CALD) groups, Aboriginal community, Immunisation service providers, and industry sectors of the community not eligible for vaccine in the first phase to provide communities awareness of the COVID-19 vaccination program and its aims.

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 specified vaccines

Jurisdiction	Details on regulations and legislation	Source
WA	<p>The following providers are authorised to administer vaccinations without a medical practitioner’s prescription, only under Structured Administration and Supply Arrangements (SASA), issued under the <i>Medicines and Poisons Regulations 2016</i> (WA):</p> <ul style="list-style-type: none"> • Registered nurses • Registered midwives (pertussis and influenza only) • Registered pharmacists (influenza, dTpa, MMR and MenACWY; not authorised to administer NIP-funded vaccines) <p>The SASAs prescribe the specific criteria and training requirements for the administration of certain vaccines by these health professionals.</p> <p>Additionally, Aboriginal health workers can be certified to administer vaccines under medical supervision. This can currently be achieved through a SASA at the individual Aboriginal Health Service level and is contingent on the service taking on that authority.</p> <p>WA Health provides immunisation education to health professionals within the State.</p> <p>Registered nurses are required to complete the <i>Understanding vaccines and the national immunisation program</i>, developed by South Australia Health, or have recognised prior learning. Nurses with immunisation certification are required to undertake an annual update, developed by the WA Communicable Disease Control Directorate to maintain their certification (this update is also available to other immunisation providers).</p> <p>Midwives are required to complete the training program <i>Understanding vaccines for Midwives – Vaccination requirements during pregnancy and early childhood</i>, developed by South Australia Health.</p> <p>Pharmacists may administer a limited number of vaccines supported by two SASAs; one for the influenza vaccine and one for MMR, dTpa and MenACWY vaccines. Pharmacists must complete an approved course of immunisation training and adhere to guidelines issued by the Pharmaceutical Society of Australia</p> <p>An immunisation course specifically for Aboriginal health workers in WA is available for those interested in administering and promoting immunisation. Upon completion, Aboriginal</p>	<p>WA Department of Health, Administering vaccines.</p> <p>WA Department of Health, Immunisation education.</p> <p>WA Department of Health, Immunisation clinical competency assessment.</p>

	<p>health workers are certified to administer vaccines under medical supervision.</p> <p>A training course has been developed to support providers who wish to undertake a refresher in influenza vaccination only.</p> <p>An optional immunisation clinical competency assessment is available for individuals who would like to identify their level of competency in their immunisation practice.</p>	
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Attachment A: Outstanding issues on WA Implementation Plan.

Reference	Issue
Program query - roles	Clarity regarding responsibility for population cohorts in Phase 1B and beyond, as well as clear definitions of these cohorts is required. We have provided more granular breakdown of national descriptors but this requires formal affirmation and confirmation by the Commonwealth.
Program query – Dose allocation	Details regarding supply chain of vaccine distribution remain unclear. A clear schedule of volumes and timelines is required.
Program query - Communications	The Commonwealth Government’s communication strategy has not been shared to enable a complementary WA program to progress.
Program query - ICT	Clarity is required on delivery dates and integration components for the National end to end ICT system to support the rollout.
Program query - Logistics	There is limited information regarding the Commonwealth’s provision of logistics and delivery of supplies, equipment or consumables which is critical to the program delivery from next week.
Page 7 (Table unnumbered)	The state will distribute vaccine based on availability, practical logistic considerations with the underlying assumption that both vaccines provide the minimum enhanced level of protection desired
Page 8 (Table 1 - pages 8-11)	Clarity regarding responsibility and greater definition of population cohorts continues to be needed as discussions evolve. Significant planning is underway to maximize the opportunity to reach population cohorts
Page 8, 9, 11 (Table 1)	The State Government interprets and accepts the named hubs as the sites to which the vaccines are delivered. Vaccination using the vaccines will occur in a more extensive number of sites and facilities with appropriate cold chain management. The State government firmly believes that an extensive and well-established network of general practitioners involved in current vaccination program is needed to support a timely delivery of the program
Page 8	WA has not received final copies of the supplementary implementation plans for Aged Care, Disability, Culturally and Linguistically Diverse or Aboriginal and Torres Strait Islander groups.

Page 17 (Table 6)	The total number of AHPRA registered health professionals should be approximately 62 260.
Page 20	Certificate provided will be digital and not in hard-copy.