



Preparing for vaccination roll out: Members' Guide

Prior to notification of date:

1. Start early to **communicate the plans** for the roll out with your residents, their families/carers and your staff.
2. **Identify a clinical lead** for vaccination at your facility and **review** all the [clinical governance requirements](#)
3. Ensure your team are aware of [how to raise issues](#) or concerns:¹
4. **Share key vaccine information** with staff and residents and your local advocacy organisation who can offer support on the day.
 - [Pfizer Comirnaty vaccine information](#)
 - [Preparing for vaccination](#)
 - [What to expect on vaccination day](#)
 - [After your vaccination](#)
 - [Vaccination consent form](#)
 - [Vaccination decision guide](#)
5. **Manage informed consent**; including **contacting your residents' GPs** to discuss clinical suitability and **substitute decision makers** on issues of consent. You can obtain consent for both doses at the same time, prior to the first dose.

NOTE The rollout will initially be for residents, however, staff may be included if there is excess vaccine at the end of the clinic – prepare for this eventuality with your staff.

NOTE Vaccine Workforce Providers may request a copy of resident consent records (verbal consent can be recorded in resident progress notes). Facilities should provide this if asked but must keep the original onsite to use for the second dose.

National COVID-19 Hotline:

1800 020 080

For general enquiries, including clinical suitability and vaccine information

National Vaccination Operations Centre

1800 318 208

VOC contact should only be made by the RACF on vaccination day if an issue cannot be resolved with the vaccine workforce provider

TIP Vaccine Workforce Providers may want to have all the consent forms gathered up together first. This needs to include the Medicare number and reference number. Without the reference number the vaccination record cannot be successfully uploaded into the Australian Immunisation Register. Check the requirements of the Vaccine Workforce Provider team attending.

TIP It is recognised that for the early roll out sites, there may be delays in obtaining consent from substitute decision makers. Facilities should inform the Vaccine Workforce Provider of these instances, so they can determine what arrangements can be made for residents who may need their vaccine at a later time as a result.

- [Consent guidance material](#)
- [Consent process flowchart](#)

1. NB: The scenario mapping doc refers to a few examples where RACFs should contact the VOC however this should always be last resort and the RACFs should contact the Workforce Provider in the first instance for most of these scenarios. VOC contact should only be made by the RACF on vaccination day (e.g. where the delivery has arrived and the workforce provider hasn't, the workforce provider hasn't arrived – after they have tried contacting the workforce provider) or if a delivery has been made incorrectly

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6. **Prepare for the Vaccination “Clinic”, including space** – including how the pre vaccination, vaccination and observation post vaccination stations will work.
 - [Vaccination day checklist](#)
 - [Site readiness checklist](#)
 7. **Organise the teams for the day** to assist
 8. **Confirm** with the vaccine provider how many staff they will be bringing and their roles.
 9. **Include a registered nurse** to oversee and assist with the vaccination day.

NOTE that you are likely to need to roster additional staff for monitoring, movement of residents through the clinic and even for lifestyle activities on the day.
 10. **Allocate a contact person to be the single point of contact** when the PHN contacts your RACF to undertake an initial site readiness check.
 11. **Manage media.** Consider approaches and planning for media interest at the facility.

After notification of date:

12. The PHN will forward the details of the contact person at the facility to the Vaccine Workforce Provider, who will then make contact to arrange the site readiness check. Each designed RACF contact person should be someone who is regularly on site at the facility and will be present on vaccination day.

NOTE When the Vaccine Workforce Provider contacts your designated contact person, they can clarify their expectations for space, equipment, staffing support, and recording keeping.
13. **Ensure staff know they must not accept delivery of the vaccine** and that this is the responsibility of the Vaccine Workforce Provider. If the vaccines arrive and the Vaccine Workforce Provider is not yet on site, you should immediately contact the Vaccine Workforce Provider and the Vaccine Operations Centre.
 - [Triage process and scenario mapping](#)

Tips from Members who have hosted a vaccination team:

- The Vaccine Workforce Provider will need some time to set up their equipment – take this into account when considering when to move residents through to the nominated ‘vaccine clinic’ area.

Discuss with them their requirements for space and movement of residents from one area to another prior to their arrival and, specifically, when they visit prior to attendance.

- Wristbands or pre-printed labels for resident details allows the vaccine team to easily identify residents. The ability to note the time of vaccination (to manage the throughput of monitoring post vaccination) has proved useful.
 - Consider increasing waste disposal for the visit: the team will come with their own consumables but will need to dispose of for instance, PPE and sharps. Confirm in advance which consumables the team will bring with them.
 - The team will come with vaccine prepared and will need therefore to know in advance how many to prepare for – this will be discussed with facilities prior to the visit as will arrangements for the physical requirements of the visit. The clinical lead will need to be on site. Specifically check if the team will be bringing correct needles and syringes and an anaphylaxis kit
 - The Vaccine Workforce Provider will visit residents in their rooms but may need facility staff to undertake clinical supervision post vaccination if their team is providing supervision in the main clinic area.
 - The importance of a RN coordinating activities throughout the process has been emphasised. Some Members have developed plans and designated roles and responsibilities for this. Our thanks to Bentley’s Aged Care for sharing their [GP pre-vaccination fax form](#) and their [clinic plan](#) Our thanks to genU for sharing their [COVID vaccination monitoring form](#)
 - The Vaccine Workforce Provider will give a contact number should circumstances change urgently for a scheduled visit e.g. if there is a gastro outbreak. Ensure this is available clearly, including out of hours, should this be required.
 - When planning logistics with your Vaccine Workforce Provider, check expectations on who will monitor ambulant residents post vaccination and who will provide resources for post vaccination monitoring (e.g. equipment, adrenaline). Depending on your space and numbers of residents this may affect your workforce plans for the day.
 - Confirm with the Vaccine Workforce Provider what monitoring equipment they will bring and what they expect the facility to provide.
 - Confirm plans for date for attendance for the second dose.
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Don't forget that as part of your LASA membership you can contact us for all your specific needs. Please reach out to us during normal business hours by calling **1300 111 636**.



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