Standard operating procedure for administration of COVID-19 vaccines in
NSW vaccination clinics

Summary
This Policy Directive outlines the standard operating procedures for COVID-19 vaccination hubs. It has been developed to support the initial hubs that will deliver the COVID-19 Pfizer (Comirnaty) vaccine and COVID-19 AstraZeneca (ChAdOx1-S) vaccine.

Document type
Policy Directive

Document number
PD2021_003

Publication date
18 February 2021

Author branch
Health Protection NSW

Branch contact
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Review date
18 February 2026

Policy manual
Not applicable

File number
H21/21607-3

Status
Active

Functional group
Clinical/Patient Services - Aged Care, Nursing homes
Population Health - Communicable Diseases, Infection Control

Applies to
Ministry of Health, Public Health Units, Local Health Districts, Public Health System Support Division, Public Hospitals

Distributed to
Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, Private Hospitals and Day Procedure Centres

Audience
Clinical and Nursing; Medical

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
STANDARD OPERATING PROCEDURE FOR ADMINISTRATION OF COVID-19 VACCINES IN NSW VACCINATION CLINICS

POLICY STATEMENT

NSW Health organisations with vaccination hubs involved in the roll out of the COVID-19 Pfizer (Comirnaty) vaccine and COVID-19 AstraZeneca (ChAdOx1-S) vaccine must ensure vaccination hubs operate in line with the procedures outlined in this document.

It is anticipated that this Policy Directive will be updated regularly during the COVID-19 vaccine roll out to incorporate: new advice if additional vaccines are approved, feedback and experience in using the COVID-19 vaccines in NSW and elsewhere, and, release of updated guidance from the TGA or ATAGI.

SUMMARY OF POLICY REQUIREMENTS

Staff deployed to work in the vaccine hub must comply with Australian Government training requirements and have completed the Vaccine Storage and Cold Chain Management module in MyHealth Learning prior to deployment.

Clinics are to be designed to minimise the risk of COVID-19 transmission to attendees and staff by complying with current infection control recommendations, particularly around social distancing, the availability of hand sanitiser, and the use of personal protective equipment.

Communal areas are to allow for physical distancing between patients, and, where possible, use floor markings, seating arrangements, signage and queue marshalling to support this.

All clinics must have a medical officer who provides medical oversight of the clinic.

Each hub must have a designated person(s) to take receipt of vaccine and manage vaccine cold chain requirements.

The COVID-19 vaccine is classified as a schedule 4 medicine and as such, staff in vaccination clinics must comply with NSW Health Policy Directive Medication Handling in NSW Public Health Facilities (PD2013_043).

Clerical staff must check all bookings for completeness. Where a booking does not have complete details, this is to be followed up prior to attendance.

Where a person has made a vaccination booking despite having indicated they have a contraindication to vaccination, or they have indicated that they would like to have a discussion with a clinician, this must be escalated to the clinic medical staff for review and the duty clinician is to telephone and counsel the individual.

Screening criteria are to be in line with standard healthcare facility attendance screening for COVID-19. Using these criteria, clients are to be first checked by an assessor for symptoms of COVID-19-like illness and attendance at venues of concern before progressing further into the clinic.
If a client displays symptoms of COVID-19, they must be given a mask and referred for clinical assessment at a health service or COVID-19 clinic.

Registration and consent must be completed prior to vaccination.

Where a person is identified who needs to be monitored for an extended period of time post-vaccination due to past history of vaccination adverse drug reactions or significant history of allergic reactions, they are to be informed and directed to a specific vaccination stream and waiting area.

All vaccine recipients must be observed for a minimum of 15 minutes post-vaccination. The observation area is to be located near the exit to the clinic to facilitate access for ambulance service staff or emergency response teams.

Persons with known significant allergy history, i.e. have been diagnosed with an allergy that has either required hospitalisation or requires the person to always carry an adrenaline (epinephrine) auto-injector, are to be monitored for 30 minutes.

Verbal advice on the second dose due date must be provided prior to the person exiting the clinic, along with clinical advice on what to expect post-vaccination.

In addition to standard first aid supplies, there must be at least two anaphylaxis kits in each vaccination clinic that are easily accessible to all staff. Adverse events following immunisation must be reported to the local public health unit using the case report form.

All incidents must be reported on the NSW Health incident management system, ims+

All staff involved in local vaccination services must be made aware of escalation processes for clinical incidents and enquiries, including reporting suspected side effects to medicines, vaccines or medical device and diagnostic adverse incidents used in coronavirus treatment to the Therapeutic Goods Administration, to ensure safe and effective use.

Accurate monitoring and reporting of vaccine usage and wastage is critical to monitoring vaccine uptake, open vial wastage and ensuring an adequate resupply of vaccine can be dispatched in a timely manner. Districts are to send an inventory of vaccine stock and wastage to the Ministry of Health daily.

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<th>Approved by</th>
<th>Amendment notes</th>
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<tr>
<td>February-2021</td>
<td>Chief Health Officer and Deputy Secretary,</td>
<td>Initial Document</td>
</tr>
<tr>
<td>(PD2021_003)</td>
<td>Population and Public Health</td>
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ATTACHMENTS

1. Standard operating procedure for administration of COVID-19 vaccines in NSW vaccination clinics
# Standard operating procedure for administration of COVID-19 vaccines in NSW vaccination clinics

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1 BACKGROUND

1.1 About this document
This Policy Directive has been developed to support local health districts (districts) to establish and operate COVID-19 vaccination hubs and vaccination clinics for administration of COVID-19 vaccines.

This Policy Directive has a number of supporting documents which can be found on the NSW Health website. These supporting documents will be updated regularly based on new evidence, changes to national guidance or lessons learnt during the COVID-19 vaccination program roll out. Districts must have processes in place to ensure that procedures and staff remain up to date with changes to supporting documents when they are updated.

1.2 Australia’s COVID-19 vaccination policy
Under the Australian COVID-19 Vaccination Policy, NSW Health is responsible for:

- ensuring an appropriately qualified and trained workforce to support delivery of its jurisdictional implementation plan, in collaboration with relevant peak bodies and training providers;
- authorising, under State and Territory legislation including Poisons and Therapeutic Goods legislation, the selected workforce identified in the Commonwealth and State and Territory implementation plans to possess and administer COVID-19 vaccines;
- identifying specific vaccination sites in accordance with the Policy and in line with the Commonwealth implementation plan that meet or exceed the minimum requirements; and
- ensuring that NSW Health immunisation providers always remain compliant with their safety, ethical, and reporting obligations.

In addition, the Australian, State and Territory governments will work together to ensure that the needs of the following groups are met:

- residential aged care and residential disability settings;
- Aboriginal and Torres Strait Islander peoples;
- culturally and linguistically diverse communities; and
- vulnerable groups.

This will be done in consultation with relevant stakeholders including the Aboriginal and Torres Strait Islander Community Controlled Health Organisations. The Australian, State and Territory governments will also work together to ensure doses of vaccine are distributed to where they are most needed, based on information on need and uptake.
1.3 COVID-19 vaccination program roll-out

Australia’s COVID-19 vaccine national roll-out strategy outlines priority populations for each phase of the COVID-19 vaccination program.

Vaccination hubs in specified NSW Health facilities will receive the vaccine from the Australian Government and, in turn, distribute to clinics on-site or nearby within the Districts as per transport and clinic guidance. NSW Health vaccination clinics will be initially be responsible for vaccinating the priority worker groups for phase 1a, which include quarantine facility workers, international border workers and prioritised health care workers.

From late February/early March 2021 the COVID-19 Pfizer (Comirnaty) vaccine and the COVID-19 AstraZeneca (ChAdOx1-S) vaccine will be distributed to nominated NSW Health facilities (the primary hubs). As more vaccine supply becomes available, these primary hubs will be supplemented by hubs in other metropolitan and regional areas. These may, in turn, provide additional District vaccination clinics using a ‘hub and spoke’ model.

Aged care and disability worker staff and residents are NOT currently the responsibility of the NSW Government, apart from the NSW Health-operated facilities (including NSW Health-operated residential aged care facilities and multi-purpose services). The Australian Government will be responsible for vaccination of most residential aged and disability care residents and staff in phase 1a. The Australian Government will also be leading and managing the distribution of vaccines to general practices and community pharmacies.

Districts will need to collaborate with local health service providers to plan for appropriate models of COVID-19 vaccine delivery that consider the needs of their population in accordance with NSW Health guidelines and the relevant resources in their districts.

As other vaccines become available, additional information and guidance will be provided specific to the management and handling of those vaccines. This guidance includes information relating specifically to the COVID-19 Pfizer (Comirnaty) vaccine and the COVID-19 AstraZeneca (ChAdOx1-S) vaccine.

1.4 The COVID-19 Pfizer (Comirnaty) vaccine

The Therapeutic Goods Administration (TGA) provisionally approved the COVID-19 Pfizer (Comirnaty) vaccine for use in Australia on 25 January 2021. The product information is available from the Therapeutic Goods Administration.

- The active ingredient name is: BNT162b2 [mRNA] COVID-19 VACCINE
- The brand name is COMIRNATY™
The vaccine available to NSW Health will initially be labelled as either Pfizer-BioNTech COVID-19 vaccine OR COMIRNATY™ vaccine. These are the same products with different labels.

1.5 The COVID-19 AstraZeneca (ChAdOx1-S) vaccine

The TGA provisionally approved the COVID-19 AstraZeneca (ChAdOx1-s) vaccine for use in Australia on 16 February 2021. The product information is available from the Therapeutic Goods Administration.

- The active ingredient name is: ChAdOx1-S
- The brand name is COVID-19 Vaccine AstraZeneca

2 COVID-19 VACCINATION CLINIC OPERATIONS

2.1 General principles

A large-scale vaccination clinic is required to support administration of COVID-19 vaccines to large numbers of people. To support a streamlined and efficient clinic process, people who are eligible to be offered the vaccine should be screened, registered and booked to attend the clinic at least 72 hours in advance of their proposed appointment time.

Processes should also be in place to obtain information in relation to potential contraindications, provide information about the specific vaccine, offer an opportunity to request a discussion with a clinician and obtain electronic consent for the course of vaccination which will be checked and confirmed at the time of vaccine administration. These processes may occur prior to, or at the clinic dependent on local arrangements.

A large vaccination clinic must support four operational stages within the clinic: the waiting area, eligibility and screening area, vaccination area, and post-vaccination observation area.

Clinics need to have a one-way flow of clients from vaccine assessment through to the first aid/exit area. Figure 1 describes a model vaccination clinic layout, with suggestions for the flow of patients and positioning of staff.

Clinics must have appropriate infrastructure in place to support the required workflow in a safe manner. This includes access to cleaning equipment, products and consumables. Selected staff will need access to disinfectant wipes to clean down chairs and other equipment between patients.

Significant quantities of waste will be generated including sharps and PPE. Waste receptacles will be needed at the major points of generation (e.g. vaccination chairs, waiting areas etc) and collected by cleaning staff at regular intervals when it will be decanted to a waste holding area that has either lockable skip bins or is not accessible to the public.

Clinics are to be designed to minimise the risk of COVID-19 transmission to attendees and staff by complying with current infection control recommendations, particularly
around social distancing, the availability of hand sanitiser, and the use of personal protective equipment (PPE). Infection prevention and control resources prepared by the Clinical Excellence Commission (CEC) must be followed. This includes PPE usage by staff as well as instructions regarding the use of masks by those attending the clinic.

Clinics are to consider having one or more COVID-19 safety marshals to monitor and encourage appropriate PPE use by staff and appropriate physical distancing between staff and between staff and clients, where practical.

2.1.1 Ensuring accessibility

Reception areas and clinics should be culturally safe and accessible to people with disability and culturally and linguistically diverse (CALD) communities. It is recommended that Districts use the Guideline for COVID-19 screening clinics to ensure important considerations have been addressed.

The NSW Health Multicultural Health Communication Service is a state-wide health service that provides a range of services including multilingual health information and translation services. For translated resources see COVID-19 (Coronavirus) resources. Information sheets for people receiving the COVID-19 vaccines are available in languages other than English in the supporting documents. Australian Government resources are also available in multiple languages. All vaccination clinics will need access to interpreter services e.g. via telehealth. Districts will need to plan for appropriate interpreter services, according to the cultural and linguistic diversity of their local population.

Further information can be obtained from the NSW Health Policy Directive Interpreters – Standard Procedures for Working with Health Care Interpreters (PD2017_044).

Districts are encouraged to:

- complete Aboriginal Health Impact Statements as part of the implementation of this Policy Directive
- use the NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health
- Refer to the NSW Health resource Communicating Positively: A Guide to Appropriate Aboriginal Terminology
- Use NSW Health Aboriginal COVID-19 resources to ensure their clinics are culturally safe for Aboriginal people.

Patients will need also need access to a range of amenities such as toilets and drinking water.

2.2 Staff education and training

Health professionals are also required to undertake the following education modules prior to working in a COVID-19 vaccination hub:

- Australian Government COVID-19 vaccination training program
• MyHealth Learning Vaccine Storage and Cold Chain Management module

2.3 Staff authorised to vaccinate

The requirements for authorised nurse immunisers (registered nurses and registered midwives) to provide immunisation services in NSW Health facilities are outlined in the NSW Health policy directive Authorised Nurse Immunisers (PD2020_050).

Where additional workforce is required to administer the COVID-19 vaccine, the NSW Health Policy Directive State-wide Protocol for the Supply or Administration of COVID-19 Vaccine for registered nurses and registered midwives to provide COVID-19 vaccination in NSW Health facilities can be used and is available here.

2.4 Clinical governance and staffing

The clinical governance structure for the clinic should be documented with clear roles and responsibilities, and escalation pathways identified.

In the initial stages of the program roll-out, all clinics are required to have a medical officer present who can provide medical oversight of the clinic and respond to any adverse events.

The number of staff needed in each vaccination clinic will depend on the total number of clients to be vaccinated, the availability of authorised nurse immunisers and other administrative roles that are required to operate the clinic. It is recommended that Districts maintain a register of authorised nurse immunisers. Authorised immunisers employed by NSW Health can be recorded in VaxLink and Health Roster.

The clinics should be capable to operate 7 days a week if required during the initial roll-out, with hours of operation depending on the vaccine supply. Out of business hours access will likely be required given many priority groups work shift work.

Refer to Job Action Sheets in supporting documents for direction as to the type of skills recommended.

2.5 COVID-19 Pfizer (Comirnaty) vaccine receipt, storage and management

The vaccines will be supplied in multi-dose vials. Districts are required to send an inventory of vaccine stock and wastage to the State Health Emergency Operations Centre (SHEOC) daily. It is planned that this will occur electronically, however if the systems are not in place it will need to be provided to the SHEOC by 2100hrs each day. Accurate reporting of vaccine usage and wastage will be critical to monitoring vaccine uptake, open vial wastage and ensuring an adequate resupply of vaccine can be dispatched in a timely manner.

The COVID-19 Pfizer (Comirnaty) vaccine has specific storage and handling requirements. Each hub must have a designated person(s) to take receipt of vaccine and manage vaccine cold chain requirements. Each sealed consignment will be delivered in a shipper with a time-temperature sensitive monitor.
Hubs are to carefully consider alternate storage arrangements in the event there is a ultra-low temperature freezer malfunction or electricity supply issue. The ultra-low temperature freezer must be plugged into an essential power source. The amount of vaccine ordered for onsite freezer storage should be minimised to meet operational need such that should the vaccine need to be moved to a refrigerator urgently the vaccines that are thawed can be used in a timely fashion.

Refer to supporting documents for detailed procedures for management of the COVID-19 Pfizer (Comirnaty) vaccine from receipt of vaccine shipper to administration.

The COVID-19 vaccine is classified as a schedule 4 medicine and as such, staff in vaccination clinics must comply with NSW Health Policy Directive *Medication Handling in NSW Public Health Facilities* (PD2013_043).

### 2.6 COVID-19 AstraZeneca (ChAdOx1-S) vaccine receipt, storage and management

The vaccine can be stored in a purpose-built vaccine refrigerator in accordance with National Vaccine Storage Guidelines ‘Strive for 5’ (2ºC to 8ºC) and the NSW Health Policy Directive *Vaccine Storage and Cold Chain Management* (PD2020_028).

Refer to supporting documents for detailed procedures for management of the COVID-19 AstraZeneca (ChAdOx1-S) vaccine from receipt of vaccine shipper to administration.

The COVID-19 vaccine is classified as a schedule 4 medicine and as such, staff in vaccination clinics must comply with NSW Health Policy Directive *Medication Handling in NSW Public Health Facilities* (PD2013_043).

### 2.7 Clinic supplies

NSW Health and the Australian Government have procured a range of consumables for preparation and administration of the vaccine. Pfizer and AstraZeneca recommend the use of low dead volume needle and syringes to maximise the number of doses that can be extracted from each vial. In the absence of low dead volume consumables, a normal graduated 1mL syringe (e.g. tuberculin syringe) and 23-25G needle have also been identified as suitable but use of this equipment is expected to achieve five doses per vial from the COVID-19 Pfizer (Comirnaty) vaccine.

Vaccination clinics will require large quantities of consumables, therefore suitable bulk storage (e.g. for a five-day supply) should be provided in a location within or close to the clinic. Consumables such as syringes and needles, PPE, hand hygiene products and cleaning products should be decanted and stored at the point of work / care as required.

### 2.8 Screening, registration, booking and consent

NSW Health will provide an electronic screening and registration service that supports coordinated booking and provides information to support and record individual consent. Bookings for any given clinic will close 72 hours prior to the appointment time to allow sufficient time to assess and follow up any reported patient contraindications to vaccination.
Clerical staff must check all registrations for completeness. Where a booking does not have complete details, this is to be followed up prior to attendance.

The registration process will include collection of personal information, the group the worker belongs to (e.g. hotel worker, COVID-19 clinic worker), checking of contraindications, information about the vaccine, provide an opportunity to request a discussion with a clinician and a place to provide electronic written consent.

The standard vaccination consent requirements will generally apply for vaccination in a COVID-19 vaccination clinic, including that persons aged 16 years and over assessed as having the capacity to consent to vaccination can provide consent. The COVID-19 AstraZeneca (ChAdOx1-S) vaccine is only licensed for use in people aged 18 years and over.

The person will consent to receiving a course of the COVID-19 Pfizer (Comirnaty) vaccine that includes two doses separated by around 21 days or the COVID-19 AstraZeneca (ChAdOx1-S) vaccine that includes two doses, the second dose should be administered around 12 weeks after dose one. The AstraZeneca vaccine may be administered between 4 and 12 weeks based on a clinical risk assessment.

Informed consent should be obtained in line with the NSW Health Consent Manual (https://www.health.nsw.gov.au/policies/manuals/Publications/consent-manual.pdf) Ideally, consent is to be recorded electronically. Where electronic forms are not available, paper-based forms can be used. A paper-based consent form is available in the supporting documents.

2.9 Clinical guidance for assessing clinic registrations

Refer to supporting documents for COVID-19: Guidance for clinical staff assessing registrations prior to attendance. The clinic lead is responsible for coordinating a review of all patient registrations in advance of each clinic.

Where a person who has registered has indicated they may have a contraindication to vaccination or they would like to have a discussion with a clinician, this must be escalated to the clinic medical staff for review. The duty clinician is to telephone and assess the individual, liaise as relevant with their usual medical provider and determine an appropriate course of action in regards to vaccination. If expert advice is required the clinic medical staff can consult with the NSW Immunisation Specialist Service on 1800 NSWISS (1800 679 477).

2.10 Clinical guidance for assessing precautions and contraindications

Refer to supporting documents for guidance for clinical staff assessing patients who have conditions which are precautions and contraindications to each COVID-19 vaccines. The patient information sheets for people receiving the vaccine can also be found in supporting documents.
2.11 Vaccination clinic operational areas and flow

2.11.1 Stage 1: Waiting area

An appropriate sized waiting area should be identified taking into account expected throughput in settings of low or no transmission. Outdoor areas could be considered in settings where there is community transmission.

All security personnel (see Appendix 1 and Appendix 2) must have a means to communicate to all clinic staff. In addition:

- Waiting areas must be protected from sun and rain. Provision for hot weather and inclement weather are to be considered if outdoor waiting areas are required.
- QR check in must be available.
- Allocated appointments or sessions should be used to manage arrivals to the clinic.
- Queue “walkers” may be necessary to ensure only those eligible and registered for immunisation are waiting in line.
- Clients must be encouraged to follow COVID-19 prevention advice.

2.11.2 Stage 2: Eligibility and screening area

A COVID-19 screening procedure will be performed outside the entrance to the clinic in the same way as for all NSW health care facilities. This process includes a symptom check, temperature check and an exposure assessment. If a client displays symptoms of COVID-19, they should be given a mask and referred for clinical assessment at a health service or COVID-19 clinic.

All clients are to be pre-booked and must have been provided with the information sheet prior to attending the clinic to receive the vaccination. Consent is to be obtained or checked verbally on presentation to the clinic. Eligibility is to be verified by checking relevant documents such as the person’s workplace ID. Those who are eligible to be vaccinated will proceed through the remaining stages. Where a master list is available, details are to be checked against this list. Where the client is not eligible for attendance at a NSW Health site but are eligible for the vaccine they can be referred to an alternative location and use the National Booking Service when available.

A visual identification process that the person has been assessed as appropriate to be vaccinated is required e.g. wristband or sticker.

Clients will attend one station where verification of registration, education, pre-vaccination assessment, consent to vaccination and enrolment into the active vaccine safety surveillance program will be reviewed. Administration staff are required to check the electronic registration form and consent form are completed prior to proceeding for vaccination.

Where a person is identified who needs to be monitored for an extended period of time post-vaccination due to past history of vaccination adverse drug reactions or significant history of allergic reactions (see Australian Technical Advisory Group on Immunisation...
guidance), they are to be informed and directed to a specific vaccination stream and waiting area.

2.11.3 Stage 3: Vaccination only area
In this stage, designated staff will draw up the vaccine from the multi-dose vials and dispense the individually labelled vaccine to the vaccine administration staff in the vaccination area. This process should be designed to support maximum efficiency of vaccine administration.

The drawing up and dispensing area may be closely located but separate from the rest of the vaccination area. If in the same area as vaccination administration, the drawing up area should be a quiet area, free from distraction. If located in a separate area, it should be located close enough to the vaccination area to ensure smooth clinic flow and good communication between the vaccination area and the dispensing area, to minimise vaccine wastage and the time between drawing up and administration of the vaccine.

Good lighting is required to support precise drawing up of the vaccine. People who are drawing up the vaccine should work in pairs and check each step of the process with each other. Only enough vaccine should be drawn up to meet the requirements of those attending the clinic within the next few hours.

Vaccination clinics are likely to require more than one team of people diluting and/or drawing up vaccine. Each drawing up team may need frequent rotation between tasks, and/or regular breaks between sessions. Vaccinators should also be given regular scheduled breaks.

Once the vaccine is drawn up and appropriately labelled it needs to be carefully moved to the vaccination administration area. In the vaccination administration area each vaccinator must check that the person has the appropriate band/sticker and appropriately record the administration of the vaccine.

All vaccines must be administered in accordance with relevant legislation and under guidance from the [Australian Immunisation Handbook](https://www.immunise.gov.au).

2.11.4 Stage 4: Post-vaccination observation area and exit
All vaccine recipients must be observed for a minimum of 15 minutes post-vaccination. This is to ensure that people have access to appropriate care if they experience syncope, a significant immediate allergic reaction or other adverse event following vaccination.

The observation area should be located near the clinic exit to facilitate access for ambulance service staff or emergency response teams. It needs to:

- be large enough to accommodate all vaccine recipients for the time specified in the [national guidance](https://www.immunise.gov.au).
- include a screened off area for the management of medical episodes and an area where those that need to lie down for a short time may do so.
- be staffed with an appropriate first aid officer (see Appendix 2)
• have emergency anaphylaxis kits readily available to manage any immediate adverse events following immunisation – the digital Australian Immunisation Handbook provides guidance on how to manage common events.

Depending on the site chosen for the vaccination centre, staff may not have access to systems such as emergency call buttons. Each clinic is to have clear instructions as to how to call for emergency assistance and an ambulance where required.

Persons with known significant allergy history (i.e. have been diagnosed with an allergy that has either required hospitalisation or requires the person to always carry an adrenaline (epinephrine) auto-injector such as an EpiPen® will need to be monitored for 30 minutes.

Advice should be provided in relation to the appointment for the second dose should be provided prior to the person exiting the clinic, along with clinical advice on what to expect post-vaccination and a record of vaccine administration. The electronic booking system will support the second dose being booked either at the same time as the first dose or after administration of the first dose. If the system is not available, written advice may be provided to the individual.
Figure 1. COVID-19 vaccination clinic flow

Stage 1: Waiting areas
Symptomatic clients referred to PAC

Screening and assessment area

Eligible clients

Stage 2: Eligibility and screening areas

Client waiting area
Verification of registration and education
Pre-vaccination assessment and consent
Vaccine administration recording
Communication and interpreters

Helpdesk
One stop vaccination station for special needs clients

Eligible clients

Stage 3: Vaccination only area

People with a history of vaccination adverse drug reactions or significant allergy history

Authorised Vaccinator
Vaccine runners

People with no history of allergies

Authorised Vaccinator
Vaccine runners

Stage 4: Post-vaccination observation area and exit

Observation area for vaccines
People with a history of vaccination adverse drug reactions or significant allergy history

People with no history of allergies

Clinic exit

Security Staff

Site exit

Figure 1 shows the COVID-19 vaccination clinic flow described in section 2.10.
2.12 Safe clinic practice principles

The following advice may also be helpful where vaccinating on-site:

- Use clear signage to direct patients to the appropriate site/space on arrival.
- Ensure alcohol gel/handwashing facilities are readily available for patients and staff, including at site entrances.
- Where possible, configure sites to support linear patient flows and have separate entrances and exits. This will be particularly helpful for enabling higher flow rates.
- Communal areas are to allow for physical distancing between patients; consider the use of floor markings, seating arrangements, signage and queue marshalling to support this. This is to apply for patients at all stages of the operating model.
- Ensure private spaces are available when discussing sensitive health information.
- Ensure there is sufficient fridge capacity for storage of thawed vaccines, that the area is secure and there is a designated area suitable for vaccine preparation.
- Ensure there is sufficient secure storage space for the vaccine consumables and waste generated by the vaccination service.
- Infection prevention and control resources prepared by the Clinical Excellence Commission (CEC) must be followed.
- It is recommended that a range of assessments are undertaken to ensure the environment is suitable. These include a safety and security assessment, fire safety assessment and infection prevention and control assessment.
- Ensure vaccine is adequately secured and access to the area is limited. Security arrangements should be reviewed regularly to ensure adequate arrangements are in place.

2.13 Clinic implementation

Appendix 2 outlines the roles to assist in the operation of vaccination clinics. However, consideration will be given by Districts to the numbers, types of staff and team structure required depending on the local workforce capacity, demand at clinics and resources available such as in rural areas. Alternative models of care employing alternate team structures may need to be implemented to manage workforce capacity.

Districts should plan to include staff with appropriate skills to assess and vaccinate people with special needs (e.g. people with speech or hearing difficulties). Districts should have guidance/security staff in place at exit points from each stage of the vaccination clinic to ensure smooth flow of clients through the clinic.

The COVID-19 Pfizer (Comirnaty) and COVID-19 AstraZeneca (ChAd0x1-S) vaccines need particular care in drawing up to ensure infection control practices are maintained and wastage minimised. Staff who have particular skills and training in drawing up medications from multi-dose vials should be identified to undertake this role. Drawing up
staff should work in pairs and rotate regularly to avoid fatigue. Vaccinators must also be rotated regularly to avoid fatigue.

A patient standby list must be available to ensure that reconstituted vaccine left over at the end of the clinic can be used. Consideration should be given to screening these people in advance.

2.14 Reporting vaccine administration

All doses of COVID-19 vaccines administered must be recorded and reported to the Australian Immunisation Register. This will be facilitated through VaxLink or the eMR.

2.15 Management of adverse events following immunisation

Adverse events following immunisation (AEFIs) are any untoward medical occurrence that follows immunisation. There may not be a causal relationship between the AEFI and the administration of the vaccine.

In addition to standard first aid supplies, there must be at least two anaphylaxis kits in each vaccination clinic that are easily accessible to all staff. More information on the kit contents is provided in the digital Australian Immunisation Handbook.

An anaphylaxis lanyard card has been developed and is available to order from the Better Health Centre (see supporting documents) and must be worn by the clinical staff during vaccination clinics.

The national AusVaxSafety active surveillance system should be used to monitor COVID-19 vaccine safety and to detect possible safety signals in real-time. Advice about registering patients for the AusVaxSafety program will be distributed to Districts and information for patients/clients will be included in the registration process.

Adverse events following immunisation that meet the threshold for reporting must be reported to the local public health unit using the case report form (see supporting documents).

2.16 Incident management

All incidents must be reported on the NSW Health incident management system, ims+. All staff involved in local vaccination services must be made aware of escalation processes for clinical incidents and enquiries, including reporting adverse events following immunisation to ensure safe and effective use. Follow the reporting pathway outlined in the COVID-19 vaccine: Enhanced surveillance and adverse events reporting available here.

2.17 Staff support and management

Districts continue to be responsible for the workplace health and safety of their staff during the operation of vaccination clinics. Special consideration should be given to supporting staff who may experience unusual stress while working in the vaccination clinic. Staff should also be provided access to a range of amenities such as a staff room, toilets and a secure area to store personal belongings.
Both the COVID-19 Pfizer (Comirnaty) and the COVID-19 AstraZeneca (ChAdOx1-S) vaccines have been reported to commonly cause some mild-moderate side effects (such as injection site pain, headache, tiredness, joint and muscle pain, chills and fever) in the week after administration. Districts must carefully manage the scheduling of NSW Health workforce vaccination within work groups to minimise the level of staff absence due to side effects after each dose of the vaccine.

See supporting documents for direction on managing health care workers who have recently received a COVID-19 vaccination and have developed symptoms of COVID-19.

3 MONITORING AND EVALUATION

3.1 Monitoring vaccine distribution, delivery and uptake

Daily reports will be compiled through registration and check in data at clinics. Where possible, this will be automatically generated through NSW Health electronic information systems. Where this is not available, reporting through the District executive daily will be required.

4 RELEVANT PUBLICATIONS

4.1 NSW Health documents

<table>
<thead>
<tr>
<th>VACCINATION-RELATED POLICY DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD2020_050</td>
</tr>
<tr>
<td>GL2018_008</td>
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<tr>
<td>PD2020_028</td>
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</table>

<table>
<thead>
<tr>
<th>OTHER RELATED POLICY DOCUMENTS</th>
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</thead>
<tbody>
<tr>
<td>PD2017_044</td>
</tr>
<tr>
<td>PD2005_406</td>
</tr>
<tr>
<td>PD2013_043</td>
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<tr>
<td>PD2016_016</td>
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<td>PD2017_034</td>
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<table>
<thead>
<tr>
<th>NSW HEALTH RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Screening at NSW Healthcare Facilities</td>
</tr>
</tbody>
</table>
4.2 National guidance

<table>
<thead>
<tr>
<th>VACCINATION RELATED</th>
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</thead>
<tbody>
<tr>
<td>National Vaccine Storage Guidelines</td>
</tr>
<tr>
<td>Australian Immunisation Handbook</td>
</tr>
<tr>
<td>National COVID-19 Vaccine Roll-Out Strategy</td>
</tr>
<tr>
<td>Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)</td>
</tr>
<tr>
<td>Australian Health Management Plan for Pandemic Influenza (AHMPP)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>OTHER RESOURCES</th>
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</thead>
<tbody>
<tr>
<td>NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health</td>
</tr>
</tbody>
</table>
## 5 APPENDICES

### Appendix 1: Implementation checklist and compliance self-assessment

<table>
<thead>
<tr>
<th>STAGE</th>
<th>LOCATION</th>
<th>STAFF (examples)</th>
<th>SUMMARY OF RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-registration</td>
<td></td>
<td>Clerical</td>
<td>• Checking and managing clinic patient lists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical/Nursing</td>
<td>• Ensuring persons with potential contraindications to vaccination are contacted and appropriate advice provided</td>
</tr>
<tr>
<td>1</td>
<td>Waiting areas</td>
<td>Security/Guidance Staff</td>
<td>• Responsible for ensuring important information is announced as individuals arrive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Crowd management, enforcing physical distancing and vaccination centre security</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Turning away those not booked in for a particular clinic and providing information on booking procedures</td>
</tr>
<tr>
<td>2</td>
<td>Eligibility screening area/Information provision, review and consent</td>
<td>Stage 2 Manager</td>
<td>• Responsible for Stage 1 resources and staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessor</td>
<td>Assess and prioritise clients for vaccination:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Clients with COVID-19 like symptoms must be referred for clinical assessment at the nearest health service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Arrange interpreters for clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Check registration and consent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Security/Guidance Staff</td>
<td>• Guide eligible clients to Stage 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Crowd management and vaccination centre security</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registration: Clerical/administration staff</td>
<td>• Manage helpdesk and answer non-clinical client queries</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide pre-vaccination check list and information sheet and check completed consent forms from clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Collect administrative data as appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Enrol patients into the active vaccine safety surveillance program (further advice to be provided)</td>
</tr>
</tbody>
</table>
## Standard operating procedure for administration of COVID-19 vaccines in NSW vaccination clinics

<table>
<thead>
<tr>
<th>STAGE</th>
<th>LOCATION</th>
<th>STAFF (examples)</th>
<th>SUMMARY OF RESPONSIBILITIES</th>
</tr>
</thead>
</table>
|       |          | Security/Guidance Staff | • Guide eligible clients to Stage 3  
                        |          |  | • Crowd management, enforcing physical distancing and security for all resources and staff |
|       |          | Educator | Provide additional information for clients with questions and ensure higher risk clients are directed to appropriate stream.  
                        |          |  | • Escalates any concerns to clinic MO prior to patient proceeding to vaccination area. |
| 3     | Vaccination only area | Stage 3 Manager | • Oversees overall clinic operation |
|       |          | Runner | • Supply vaccine and administration equipment to vaccinators |
|       |          | Drawing-up staff | • Dilute and draw up individual vaccine doses, apply user applied label |
|       |          | Cold chain monitors | • Coaches and supports drawing up staff and vaccinators regarding maintenance of cold chain |
|       |          | Vaccinators | • Administer vaccine and record vaccine administration details |
| 4     | Observation area and exit | First aid staff | • Monitor for AEFIs  
                        |          |  | • Administer first aid only as required post-vaccination  
                        |          |  | • Seek help from nominated medical/nursing staff at clinic in the event of a medical episode |
|       |          | Clerical staff | • Registration for second dose  
                        |          |  | • Additional consent for longer term monitoring, if required  
                        |          |  | • Discharge/exit pack distribution |
|       |          | Security/guidance staff | • Crowd management, enforce physical distancing and vaccination centre security  
                        |          |  | • Guide clients to exit |
### Appendix 2: Recommended vaccination clinic team roles

<table>
<thead>
<tr>
<th>MEMBER/S</th>
<th>ROLES</th>
<th>SUGGESTED SOURCE OF STAFF:</th>
</tr>
</thead>
</table>
| Clinic Manager                | • Oversee the daily operations of the clinic  
• Designated cold chain delegate  
• Support non-clinical roles as required  
• Monitors patient flow and alerts pre-cleared staff if vaccine needs to be used in a location | • Senior Registered Nurse  
• Medical Officer  
• Other senior clinician/health administrator                                                                 |
| Security/ Guidance staff      | • Provide directions and maintain order and physical distancing in queue outside clinic and throughout the clinic  
• Check only those registered for attendance are waiting, redirect those who are not registered  
• Contact police in the event of a protest | • Hospital security personnel  
• Contracted security personnel  
• First Aid volunteer                                                                                               |
| Assessor¹                    | • Assess each client for COVID-19 symptoms and direct ill clients to the nearest health service or COVID-19 clinic.                                                                                       | • Staff currently trained for screening at health care facilities                                               |
| Suitably experienced clinical staff member | • Conduct pre-vaccination assessment  
• Answer basic clinical and consent enquiries                                                                                                                                                        |
| Pharmacist                    | • Supervision of safe management of vaccines  
• Management of vaccine inventory  
• Management of cold chain  
• Management of vaccine reconstitution and drawing up and labelling procedures | • Pharmacist                                                                                                  |

¹ Assessors: Staff currently trained for COVID-19 symptoms and direct ill clients to the nearest health service or COVID-19 clinic.

² Authorised nurse immuniser  
Registered nurse/midwife  
Medical student *  
Nursing student *  
Pharmacist *  
Medication-endorsed enrolled nurse *  
Authorised Pharmacists⁺  
Medical practitioner’
# Standard operating procedure for administration of COVID-19 vaccines in NSW vaccination clinics

## MEMBER/S | ROLES | SUGGESTED SOURCE OF STAFF:
--- | --- | ---
**Pharmacy technician** | • Drawing up appropriate doses of vaccine under supervision of a pharmacist | • Pharmacy technician who has prior training in aseptic technique at that LHD

**Critical Care Advanced Trainee or Specialist** | • Manage any significant adverse events post immunisation  
• Become upskilled in understanding the vaccines, their characteristics, contraindications and relative contraindications  
• Manage after care of patients vaccinated | • Advanced trainees in ICU or ED  
• Specialists in critical care or emergency medicine  
• Other specialist registrars or clinicians who are confident in management of anaphylaxis and syncope/ vasovagal episodes

**Authorised immuniser** | • Vaccinate clients  
• Complete digital Record of Vaccination form | • Authorised nurse immuniser/pharmacist  
• Medical practitioner*  
• Medical student *  
• Nursing student *  
• Medication-endorsed enrolled nurse *  
• Authorised pharmacists±

**Clerical staff** | • Check registration details correct  
• Record vaccine details on electronic registration form and the Australian Immunisation Register  
• Provide advice card to report adverse events  
• Ensure follow up appointment scheduled when required | • Hospital clerical staff  
• General practice clerical staff  
• CHC clerical staff  
• Trained volunteer

**First Aid Staff** | • Post-vaccination assessment and care of unwell clients | • First Aid staff  
• Medical student  
• Nursing student  
• St Johns Ambulance staff

* After appropriate vaccination training  
± A standard screening protocol will be provided to support non-clinical staff performing this role.  
# Pharmacy vaccination standards will be amended to include vaccination clinic locations  
^ The Australian COVID-19 Vaccination Policy recommends: “given that these are new vaccines, locations that have medical practitioners on-site are preferable for the first three to six months of the roll-out of any COVID-19 vaccine in case of adverse events”. 

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*PD2021_003*  
**Issue date:** February-2021  
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