1. COVID-19 Vaccine – General Questions

1.1. Is my weekly allocation only for the first week or can I plan my bookings ahead based on that allocation?

The allocation of doses provided with your on-boarding letter is set as an ongoing supply for the first 12 weeks of the program. As long as your practice continues to deliver your weekly allocation consistently that allocation will not decrease, but it may increase when more doses become available and allocations are reviewed.

Practices are welcome and encouraged to plan bookings in advance and make appointments available across the entire 12 week period.

1.2. My clinic is getting a lot of questions from the public about the vaccine. Where can I get information to answer these questions?

The Department of Health website has information available: https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines.

In addition the COVID-19 vaccine helpline should be able to help answer any questions your patients have. Please ask your patients to contact the helpline on 1800 020 080 or by email at covidvaccineenquiries@health.gov.au.

1.3. Can I begin vaccination of 1b eligible patients as soon as I receive their vaccine?

No. Practices will be on-boarded to the vaccination program week-by-week, and practices should not commence administration of vaccines prior to their designated start-date.

1.4. Can I transport the vaccine stock between my clinics?

No. Allocations are practice specific and should not be shared. Practices are not to transport stock as it poses a risk to the potency of the vaccine through a potential cold-chain breach.

1.5. Can I pre-draw a whole vial into syringes prior to commencing a session? How soon after drawing do I have to administer the vaccine?

It is acceptable to carry a dose just withdrawn from a multi-dose vial in a syringe with a capped administration needle from the preparation area to the vaccine administration area at room temperature (<30°C) within in a clinic. Withdrawal and administration of vaccines should be undertaken at separate areas within a clinic, out of direct view of the patient, although a physical partition between the areas is not required (e.g. can be within the same treatment room).

Where doses will not be administered immediately one after another (e.g. in many general practices) each dose should be withdrawn and then administered to a recipient before another dose is withdrawn from the vial for the next recipient later when required.

Where doses will be administered immediately one after another (e.g. in dedicated immunisation clinics, including within general practice), it is acceptable to withdraw multiple doses consecutively from one vial in the preparation area, with each filled syringe (with a capped administration needle) appropriately labelled and stored at the appropriate temperature and protected from light, before each dose is carried across to the administration area for use as soon as practical for each recipient. In this setting, it is acceptable to pre-draw multiple doses from one vial and use within one hour if stored at room temperature, or within six hours if stored at 2-8°C. This is to ensure vaccine efficacy and safety. If any doses remain in the vial, refrigerate the multi-dose vial between +2°C and +8°C immediately after completion of vaccine draw-up.

For home visits, there are two options:

- Where possible, the vial should be transported and doses drawn up at the site of administration, OR
- If appropriate storage (protection from light and appropriate cold chain) and prompt delivery (within an hour) can be achieved, pre-drawn doses may be transported for a home visit. If these conditions cannot be accomplished, the vial should be transported and doses drawn up on site.

It is important to ensure that for each vial or dose that the total maximum in-use storage duration at the recommended temperature does not exceed what is specified in the Product Information.

1.6. How do I vaccinate eligible patients who cannot attend the practice in person?

The current COVID-19 vaccines are in a multi-dose vial. The use of multi-dose vials may preclude or make it challenging for vaccines to be administered when conducting home visits and practices are encouraged to vaccinate all patients within the practice itself to ensure cold-chain and shelf-life is maintained.

It is recognised that there may be instances in which patients are unable to leave their homes. As such, there may be some instances in which arrangements could be made at a local level whereby all doses within a multi-dose vial could be effectively used; however, this would require careful planning at the practice level and would be the exception, not the rule.

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It is important to ensure that for each vial or dose that the total maximum in-use storage duration at the recommended temperature does not exceed what is specified in the Product Information.

1.7. Can I vaccinate my own staff prior to the public administration of vaccine?

Practice staff, including non-clinical staff are eligible for the COVID-19 vaccination under 1B and it is understood that many practices are planning to vaccinate their own staff as early as possible.

Factors that practices should consider when determining when to vaccinate staff include minimising wastage (e.g. using unused doses at the end of a session to vaccinate staff), and staggering doses to minimise staff disruption should staff experience reactions of any type (including local reactions such as injection site tenderness or systemic reactions such as headaches) that impact on their ability to work in the day(s) following vaccination.

Vaccinating all your staff in one day is not recommended.

1.8. Will dosage allocation be reviewed or increased in the future?

Stock control measures have been put in place with tiered caps on allocation based on vaccine supply, estimated throughput and priority population distribution and reach.

Allocation during the first few weeks will be set while more than 4,000 practices are on-boarded and receive their first allocations over four weeks.

The maximum allocation provided to each site will be reviewed as vaccine availability expands, and data on usage patterns and demand across the system becomes available.

As long as your practice continues to deliver your weekly allocation consistently that allocation will not decrease, but it may increase when more doses become available.

1.9. Do we need to reserve stock for second doses or will doses be guaranteed by Department?

No. **Clinics do not need to reserve the second dose for patients**. Practices should use all of their weekly allocations and manage bookings accordingly. People should be encouraged to book their second dose at the time they have their first dose.

1.10. Can practices prioritise their own patients?

There are approximately six million Australians who are eligible for vaccination in Phase 1b and many will seek to make appointments immediately.

Some people will benefit from vaccination sooner than others – even though they fall into Phase 1b – and general practices are best placed to determine their priority order for vaccination so those most at need within the group are vaccinated first.

Practices are free to manage the bookings they take, including booking patients based on vaccine availability, local priority populations and your practice capacity, as

well as reaching out to their own patients who fit into phase 1b. These are decisions practices can make according to their own situations and capacity as they see fit.

On the ground, practices will no doubt, operationally prioritise their own eligible patients. This is both supported and encouraged. However, if and when they have capacity, they should accept bookings from other eligible individuals.

1.11. Can I stockpile my vaccine allocation?

No. Priority populations should be vaccinated as quickly as possible, so practices are encouraged to use their full allocation each week (where possible).

The vaccine ordering and reporting systems have full visibility of the stock flow for each practice. Practices will need to demonstrate usage of their current stock before placing their next vaccine order.

2. COVID-19 Vaccine – Eligibility

2.1. What proof is needed to confirm a patient is eligible for the Phase 1b vaccination?

Anyone within the Phase 1a and Phase 1b priority population can make an appointment to be vaccinated at your practice.

The table below provides an example of ways a 1b eligible individual can prove their eligibility, and practices should make a simple record of the proof provided.

Healthcare Workers	Proof of occupation (ID card, letter from employer) or Phase 1B Declaration Form
Critical and high risk workers	Proof of occupation (ID card, letter from employer) or Phase 1B Declaration Form
People over 70 years	All standard forms of identification (drivers licence, passport) will be accepted
Aboriginal and Torres Strait Islanders over 55 years	Self-identification as an Aboriginal and/or Torres Strait Islander Person (remember to ask the question)
People over 18 years with an underlying medical condition, including disability	Medical records (for example, a clinic record, MyHealth Record, printout of chronic disease plan); a referral from a GP or treating specialist.
Carers and disability workers	Carers documentation or proof of occupation (ID card or letter from employer/centre-based support provider).

Practices do not need to obtain proof for the second vaccination, however you will need to obtain consent both times.

If a patient does not have proof of their underlying medical condition, they may complete a Phase 1b declaration form. This form will be available from the Department's website.

Practices should only book patients who meet the eligibility for each phase (or the preceding phase of the roll-out). Once Phase 1b commences, this means **both Phase 1a and Phase 1b priority populations will be eligible.**

2.2. What should a practice do if a patient books who is not eligible?

If a patient attends your practice and is assessed to not be eligible to receive the vaccine in Phase 1b, they should not be vaccinated.

If the vaccine suitability assessment has been completed, the appropriate MBS item can be claimed. This is irrespective of the outcome of the assessment. Where the patient returns at a later date, another vaccine suitability assessment service will need to be undertaken to determine if the patient is now eligible for a COVID-19 vaccine.

2.3. Who are considered "other healthcare workers" as per the 1b eligibility?

Other healthcare workers are defined as:

- Individuals working in health care including doctors, nurses and midwives, allied health professionals, dental practitioners, students on placement
- All public and private hospital staff
- Healthcare workers in private practice
- Community pharmacy staff
- All workers providing in-home and community disability and aged care, including centre-based care
- Workers who regularly engage in person with those receiving aged care or those with a disability in phase 1a or 1b, including aged care assessment workforce, those conducting regulatory activities and advocacy services
- Onsite administrative staff, Cleaners, kitchen staff and other ancillary staff in healthcare settings

2.4. What if a person is eligible but does not have a Medicare card? Where can patients who are non-Medicare card holders get vaccinated?

The COVID-19 vaccination will be free for all people living in Australia. Individuals without a Medicare card can be vaccinated as long as they meet the current eligibility criteria, and can receive the vaccine from a GP led Respiratory Clinic or a state/territory vaccination clinic.

A list of available GP led Respiratory Clinics and state run vaccination clinics will be found on the COVID-19 National Vaccination Information and Location Service.

3. COVID-19 Vaccine –Clinical Considerations

3.1. Should patients with a history of anaphylaxis or multiple allergies be sent to a hospital to be vaccinated?

No, however, it is recommended that additional precautions for individuals with a history of anaphylaxis to any antigen (including food, insect stings, medicines), and those who have been prescribed an adrenaline auto injector (e.g. Epipen). Those individuals should be observed for 30mins following administration of a COVID-19 vaccine dose as per the advice from the Australian Technical Advisory Group on Immunisation (ATAGI): https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021

3.2. Do GPs need to conduct all vaccine assessments or can this be completed by a nurse?

Practices can build their own clinical model to deliver the vaccine.

The current MBS assessment items require the patient to receive a face-to-face attendance from the GP or suitably qualified health professional.

The supervising GP must be present at the location and while they can delegate any part of the assessment or vaccine administration to a suitably qualified health professional, they must take full responsibility for the assessment.

3.3. Do patients have to be constantly observed for 15 minutes or can patients wait within the waiting room for 15 minutes?

Patients can be observed within a practice's waiting room or other safe observation area for however long their observation period is.

3.4. Do practice staff undertaking the observation need First Aid certifications or is CPR enough?

People require a period of observation following COVID-19 vaccination by someone who can summon help if required. There are no additional staff capability requirements above the usual general practice accreditation requirements.

3.5. Please clarify the 'live' status of the AstraZeneca vaccine and its relevance to the immunocompromised people?

The AstraZeneca COVID-19 vaccine does not contain any live SARS-CoV-2 virus and it cannot give you COVID-19.

The AstraZeneca COVID-19 vaccine uses a modified adenovirus carrier that brings the SARS-CoV-2 spike protein into your cells. This vaccine does not behave like a 'live vaccine'. The adenovirus carrier has been modified so that it cannot replicate or spread to other cells, and it cannot cause infection. It is safe in people who are immunocompromised.

The Australian Government strongly recommends people who are immunocompromised receive the COVID-19 vaccination.

For further information see:
https://www.health.gov.au/sites/default/files/documents/2021/03/covid-19-vaccination-information-on-covid-19-astrazeneca-vaccine.pdf

3.6. What is the level of adverse reaction that is to be reported? Do we have to report every sore arm or mild headache?

To ensure robust data for monitoring vaccine safety, the TGA is encouraging health professionals to report all potential adverse events following COVID-19 vaccination, especially if these are unexpected or serious.

In most states and territories there is also a legislative requirement to report adverse events following immunisation.

For more information on how and what to report see:
https://www.tga.gov.au/reporting-suspected-side-effects-associated-covid-19-vaccine

3.7. What are the minimum number of days between administration of AstraZeneca vaccine and other vaccines?

The Australian Technical Advisory Group on Immunisation (ATAGI) has advised that co-administration of COVID-19 vaccine with other vaccines is not routinely recommended.

A minimum 14-day interval is advised between administration of a COVID-19 vaccine and any other vaccine, including the influenza vaccine.

3.8. How do I schedule influenza and COVID-19 vaccinations for my patients?

This year both influenza and COVID-19 vaccines will be available to protect people in Australia from these potentially serious diseases. It will be important that both vaccinations are planned to ensure the best possible protection against COVID-19 and influenza.

In 2021, NIP influenza vaccines will be available from April, subject to local vaccine supply arrangements. This timing is consistent with previous years and expert advice on optimal timing of influenza vaccination to ensure the best possible protection ahead of the peak influenza season (which usually occurs from June to September in most parts of Australia).

When scheduling influenza and COVID-19 vaccinations, the following principles should be considered:

- People in earlier phases for COVID-19 vaccination should ensure they receive the COVID-19 vaccine as soon as it is available to them, and then receive their influenza vaccine.
- People in later phases for COVID-19 vaccination should receive their influenza vaccine as soon as it is available, and then receive their COVID-19 vaccine when it becomes available to them.

It is the responsibility of the practice to ensure appropriate spacing between COVID and influenza vaccinations.

Clinical advice is changing rapidly. All vaccination providers should keep up to date with the latest ATAGI advice available at health.gov.au.

Note: under the *Australian Immunisation Register Act 2015*, it is now mandatory to report influenza vaccinations administered to the AIR.

4. COVID-19 Vaccine - Communications

4.1. Are there patient resources available to hand out after receiving the COVID-19 vaccination?

A 'Provider Kit for General Practices' has been developed, which includes a number of communication materials, including patient fact sheets. This pack will be provided to all practices via your PHN.

The pack will also be available on the Department's website.

4.2. What can practices do if the media contacts them?

It is up to the discretion of each practice if they chose to engage with the media.

5. COVID-19 – Online Systems

5.1. How will patients book an appointment at my practice?

After completing the Eligibility Checker, eligible individuals will be prompted to find their nearest vaccination site within the Vaccine Clinic Finder.

The Vaccine Clinic Finder (found within the COVID-19 Vaccine Information and Location Service) will have information on all vaccination sites as they become available and will have details on how to make an appointment.

5.2. My practice details are wrong in the Vaccine Clinic Finder – how do I update them?

PHNs are assisting the Department to update the Vaccine Clinic Finder. Please contact your local PHN to provide the updated details. The PHN will feed these changes back for urgent revision.

If you wish to have patients book appointments through your online booking system, you need to create specific online vaccine bookings directly with your booking vendor. Healthdirect is working with vendors directly to update booking links within the Vaccine Clinic Finder as soon as they are available. If your clinic has not set up dedicated appointments, the booking links will not work.

5.3. When will my practice go onto the online booking system?

Practices are being listed into the Vaccine Clinic Finder in line with their planned commencement date. Practices will be listed with sufficient lead time for eligible patients to make a booking prior to their commencement.

5.4. How often should GPs report vaccine administrations into AIR?

COVID-19 vaccinations should be reported to the AIR within 24 hours wherever it is reasonably practical to do so. Real-time or end-of-day reporting are equally appropriate, as determined at the discretion of the practice.

5.5. Will I be penalised if I don't upload into AIR?

New laws to make AIR reporting mandatory commenced on 20 February 2021 to allow Government to track and trace every COVID-19 vaccine administered in Australia and purse a civil penalty for vaccination providers that do not report.

The Department of Health and Services Australia will provide education and support in the first instance to assist providers who are not meeting the new reporting requirements.

Civil penalties are a last resort for instances where the failure to report is deliberate and ongoing, even after ongoing education and support has been provided.

5.6. Do I have to check AIR before giving my patient a vaccine?

Practices should take reasonable steps to satisfy themselves that a person is eligible to receive the vaccine. This could include checking in AIR for any previous vaccinations.

5.7. Is a barcode scanner essential? Can the barcode be uploaded on the phone to your software, for example?

Barcode scanners are not essential.

AIR requires the batch number of each vaccination to be uploaded into the AIR. This is short enough to enter by hand (8 digits). This is mandatory.

Some clinical software will be able to automatically upload serial numbers into the AIR. If you have a barcode scanner, and your clinical software has this enabled, you can opt to scan the barcode (that includes the GTIN, batch number, expiry date and serial number if it exists) for upload to the AIR. This is optional.

6. COVID-19 Vaccine – Training

6.1. What do practices do with the COVID-19 training certificates? Are they required to be submitted somewhere?

All vaccine administrators must complete the training and provide a copy of their certificate to their employer as proof of completion prior to administering COVID-19 vaccines.

Each general practice site is required to maintain a record of completion for all vaccine administrators.

6.2. As a GP, if my nurses do the training and will be immunising, do I need to complete the training as I will only be overseeing vaccinations?

All health professionals involved in the administration of COVID-19 vaccines are required to complete the COVID-19 Vaccination Training Program.

6.3. Are there written resources available to print after completion of Australian College of Nursing (ACN) training?

The training cannot be printed (to ensure that practices are referring to the most up to date content). All content can be reviewed by going into the relevant module and navigating to the section the section of interest as needed.

6.4. When will the vaccination modules be modified for GPs and include up-to-date information in relation to the AstraZeneca vaccine?

The COVID-19 Vaccination Training Program was updated on 16 February 2021 to include an additional module on the AstraZeneca vaccine.

The training modules are being regularly updated to include the latest advice from the Australian Technical Advisory Group on Immunisation to ensure they fit for purpose for all stages of the vaccine rollout.

6.5. Will training be recognised for Continuous Professional Development (CPD)?

The training is accredited by Health Education Services Australia (HESA). The Australian College of Nursing (ACN) has convened a Course Expert Advisory Group, comprising of key peak body representatives and professional colleges, to assist in the development, review and finalisation of the training modules.

ACN is working with the relevant professional colleges and organisations to accredit the training as a CPD activity for their members. Health professionals should check with their relevant professional organisation for further information.