



Safe. Effective. Free.

## **COVID-19 vaccine roll-out**

# **Expression of Interest for primary care participation in Phase 1b Background information**

This document provides a background to the use of general practices in Australia for the COVID-19 Vaccination Program, details how accredited general practices may express their interest in being a provider under the program, and the minimum requirements to participate.

The Australian Government will facilitate the supply of doses to general practices selected to participate in the roll-out and provide payment per vaccination delivered, as well as providing vaccine-specific training and access to the National Booking System.

The general practice will have responsibility for operations on its own premises, including:

- on-site storage and administration of the vaccine,
- ensuring availability of an adequately skilled workforce; and
- taking all reasonable steps to ensure compliance with the minimum site requirements.

This EOI is solely intended to identify individual general practices capable of participating in Phase 1b of the roll-out to commence from March 2021. An EOI should be completed for each individual practice location.

General practices who do not participate in this phase may still be involved in later phases of the vaccine roll-out. All general practices who meet requirements will have the opportunity to participate in the vaccine roll-out as more vaccines become available.



## **Background**

Providing access to safe and effective COVID-19 vaccines to everyone living in Australia seeking to be vaccinated is a key priority of the <u>Australian COVID-19 Vaccination Policy</u>. General practices are a critical partner in achieving this goal by providing comprehensive immunisation coverage for their local populations.

All <u>accredited</u> general practices are invited to submit an expression of interest (EOI) to participate in Phase 1b of the national roll-out strategy, planned to commence in March 2021.

The focus of this EOI is to identify accredited general practices who are willing and able to deliver the AstraZeneca COVID-19 vaccine, initially to priority populations (outlined below). This includes capacity to vaccinate patients over and above the practice's usual population. General practices will be funded by the Australian Government Department of Health per vaccination delivered. This will be via the Medical Benefits Schedule (MBS) items (details provided below).

General practices selected to participate in the Phase 1b roll-out will be determined by the Australian Government Department of Health, in consultation with states and territories, with assistance from Primary Health Networks. General practices will be selected with consideration to suitability, amenity, ability to reach priority populations, geographical coverage and sustainability. As the vaccine roll-out progresses, all accredited general practices willing and able to administer the vaccinations will be invited to participate in the program.

COVID-19 vaccine roll-out in Commonwealth funded General Practitioner-led Respiratory Clinics (GPRCs) and Aboriginal and Community Controlled Health Services (ACCHS) will be administered through separate processes, and do not need to apply through this EOI.

## Focus populations from Phase 1b

In Phase 1b, approximately 14.8 million doses of the AstraZeneca COVID-19 vaccine will be provided in multiple locations, including general practices, GPRCs, state-run vaccination clinics and ACCHSs.

The Phase 1b priority populations include:

- People aged 70 years and over;
- Aboriginal and Torres Strait Islander adults;
- Critical and high-risk workers including defence, police, fire, emergency services and meat processing;
- Health care workers other than those prioritised in Phase 1a, including (but not limited to)
  hospitals, general practices, pharmacists, allied health, and other healthcare services in the
  community; and
- People at increased risk of severe disease.

More detail on the priority populations can be found within the <u>Australian COVID-19 Vaccine</u> National Roll-out Strategy.

#### Vaccine details

Phase 1b of the vaccine roll out will deliver the AstraZeneca COVID-19 two dose vaccine, which is stored at 2-8 degrees Celsius and packaged in multi-dose vials. A single 5 mL vial contains 10 doses (each dose 0.5 mL). Further details related to the vaccine, including administration, observation periods, timeframe between doses etc. will be available following Therapeutic Goods Administration (TGA) evaluation/registration.

#### Models of care

Working vaccination into routine clinical care will be possible on an ongoing basis. However, in the early stages of the roll-out it will be necessary for participating general practices to have designated 'vaccine clinics' to maximise rapid vaccine uptake and minimise wastage..

General practices who are selected to administer COVID-19 vaccines in Phase 1b will need to demonstrate their ability to provide a vaccine clinic model of care including;

- Provision of the vaccine to members of the Phase 1b priority population, initially, continuing onto further priority groups sequentially in accordance with Australia's COVID-19 vaccine national roll-out strategy.
- Utilising an appropriately qualified and authorised workforce in accordance with jurisdictional requirements to administer the vaccine.
- Utilising the National Booking System which is being established to provide a single point of entry to people who require vaccination. The interface between the National Booking System and general practice booking software will be finalised in coming weeks.
- Within practical limits, and in consultation with the Commonwealth Department of Health and PHNs, have the willingness and scope to scale-up vaccination workforce and site with potentially short lead times.
- Meeting the preferred site specifications for COVID-19 vaccination clinics, outlined in Attachment A.
- Facilitating support and care in cases of potential adverse events and provide real-time
  reporting of any adverse events to the <u>TGA</u>/relevant state government department in line
  with relevant state or territory requirements.
- Providing clear and accessible information at the general practices for patients before, during, and after vaccination. This includes leveraging Commonwealth Department of Health communications.
- Entering all vaccinations into the Australian Immunisation Register within an appropriate timeframe, ideally within 24 hours of administration.
- Being responsible for all on-premises clinical governance, as per accreditation standards.

Differences in physical infrastructure (including vaccine storage capacity), workforce, patient population and usual service commitments mean there will be substantial variation in vaccine delivery capacity between general practices. Practices will need to account for their local context and develop models of vaccine delivery which are most suitable to their setting; for example, some clinics may choose to utilise currently unused rooms, others may choose to dedicate specific clinical sessions to vaccine delivery with or without expansion of total clinic hours. Models will need to take into account the anticipated increased clinical load. As the AstraZeneca COVID-19 vaccine is still under evaluation by the TGA, many of the specifics of vaccine storage and delivery have not yet been confirmed in the Australian setting, including storage duration, usable window of multi-dose vials and delivery schedules. Each of these influence potential vaccine throughput and risks of product wastage.

General practices approved through this EOI to administer the COVID-19 vaccine in Phase 1b will be triaged based on throughput and readiness to administer the vaccine. Roll-out will be staggered over a number of tranches based on general practice preparedness, vaccine availability, geographical reach/spread and other logistical considerations. As the roll-out progresses and more vaccines become available, all accredited general practices who are willing and able to administer the COVID 19 vaccine will have the opportunity to participate.

## **Funding**

COVID-19 vaccines will be made available for free for everyone living in Australia, including all Australian citizens, permanent residents, and most visa-holders, including those not Medicare eligible.

Funding for GPs to administer vaccines will be provided on a fee for service basis via the MBS. A Practice Incentive Payment (PIP) will apply where an individual receives both doses of the vaccine at the same clinic. Consistent with the Australian Government's commitment that the vaccine will be free, general practices will not be permitted to charge co-payments for vaccine administration.

COVID-19 vaccine specific MBS items will be created and these services must be bulk-billed.

Eighteen new COVID-19 vaccine specific MBS items will be introduced, equivalent to the Level A general attendance items available to GPs and other medical practitioners (OMPs) working in a general practice setting. Bulk billing incentives (double for dose one, single for dose 2) will be incorporated into the value of the items and will not need to be claimed separately. All patients will be eligible for the service, and the items must be bulk-billed in order to attract a Medicare rebate. The service involves the provision of two doses of the vaccine. On completion of the second dose, where both doses have been provided to the patient by the practice, the practice will be eligible for a PIP incentive of \$10 (per patient).

The service will be available in both the business hours (BH) and the after hours (AH) periods.

Practitioner	Item	Components	Amount
GP	Dose 1, MMM 1 (BH)	Level A (item 3) equivalent, bulk-billing incentive (10990) x2	\$30.75
	Dose 1, MMM 2-7 (BH)	Level A (item 3) equivalent, bulk-billing incentive (item 10991) x2	\$37.35
	Dose 2, MMM 1 (BH)	Level A (item 3) equivalent, bulk-billing incentive (item 10990) x1	\$24.25
	Dose 2, MMM 2-7 (BH)	Level A (item 3) equivalent, bulk-billing incentive (item 10991) x1	\$27.55
	Dose 1, MMM 1 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (10990) x2	\$42.90
	Dose 1, MMM 2-7 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (item 10991) x2	\$49.50
	Dose 2, MMM 1 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (item 10990) x1	\$36.40

Practitioner	Item	Components	Amount
	Dose 2, MMM 2-7 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (item 10991) x1	\$39.70
OMP	Dose 1, MMM 1 (BH)	Level A (item 52) equivalent, bulk-billing incentive (10990) x2	\$24.00
	Dose 1, MMM 2-7 (BH)	Level A (item 179) equivalent, bulk-billing incentive (item 10991) x2	\$33.80
	Dose 2, MMM 1 (BH)	Level A (item 52) equivalent, bulk-billing incentive (item 10990) x1	\$17.50
	Dose 2, MMM 2-7 (BH)	Level A (item 179) equivalent, bulk-billing incentive (item 10991) x1	\$24.00
	Dose 1, MMM 1 (AH)	Level A (item 5200) equivalent, bulk-billing incentive (10990) x2	\$34.00
	Dose 1, MMM 2-7 (AH)	Level A (item 5200)* equivalent, bulk-billing incentive (item 10991) x2	\$40.60
	Dose 1, MMM 2-7 (AH)	Level A (item 733)* equivalent, bulk-billing incentive (item 10991) x2	\$43.50
	Dose 2, MMM 1 (AH)	Level A (item 5200) equivalent, bulk-billing incentive (item 10990) x1	\$27.50
	Dose 2, MMM 2-7 (AH)	Level A (item 5200)* equivalent, bulk-billing incentive (item 10991) x1	\$30.80
	Dose 2, MMM 2-7 (AH)	Level A (item 733)* equivalent, bulk-billing incentive (item 10991) x1	\$33.70

<sup>\*</sup>Note: Due to the Government's commitment in 2018 to not interfere in the operation of standard after hours items, two sets of afterhours items are available to OMPs whose service location is in a MMM 2-7 location. These sets of services have different fee structures, and OMPs are permitted to choose the specific items they use to bill for afterhours services.

Patients who are not eligible for Medicare will be encouraged to attend a GPRC or state or territory vaccination clinic to receive their vaccine.

## **Training requirements**

Training requirements for people administering vaccines are being developed in line with guidance from vaccine manufacturers, jurisdictional legislation and reporting requirements for COVID-19 vaccines. All providers administering a COVID-19 vaccine will need to have undertaken routine immunisation training specific to their health profession, as well as COVID-19 vaccine specific training which the Commonwealth Department of Health will make available. This training will be available online and is planned to be available by the end of January 2021. Every person administering vaccines must have evidence that they have appropriate qualifications in line with jurisdictional requirements and have completed the COVID-19 specific training.

## **Physical infrastructure**

See <u>Attachment A</u> for site specifications. These specifications are consistent with current accreditation standards where possible, with additional COVID-19 specific requirements.

## What the Australian Government will provide

Participating general practices, will receive vaccine stock and access to a National Booking System.

Assistance with provision of personal protective equipment (PPE) where indicated, vaccination related consumables (including needles, syringes, alcohol wipes, labels etc) will be considered on a case by case basis.

Information for patients about the COVID-19 vaccination, including to support the informed consent process, potential adverse events following vaccination, and the need to return for a second vaccine dose.

## **Role of the Primary Health Networks**

Primary Health Networks will assist in the coordination, planning and delivery of the vaccine rollout, including playing a key liaison and support role with general practices. This will include collating and prioritising applications for consideration by the Department of Health according to preparedness (as nominated by the practice), providing information on local context and needs that will help to improve geographic coverage, and liaising with local and jurisdictional health authorities to minimise duplication of services.

## Selection criteria, processes and outcomes

The Commonwealth Department of Health will receive and review all EOIs according to the following criteria:

- Capability: Accredited general practices who can provide safe vaccination services according to the specifications in <u>Attachment A</u> and willingness to undertake COVID-19 vaccination specific training.
- 2. **Capacity and volume**: Ability to administer, track, record, store, maintain and manage vaccination services with equitable access to all eligible people on a large scale, as per the site specifications outlined in Attachment A.
- 3. **Lead Time**: Ability to accelerate administration of vaccination services to meet nominated timeframes.
- 4. **Population coverage and access**: Additional consideration will be placed on practices servicing populations in low-access geographic areas or with specific access needs.

## Requests for clarification

Potential applicants can seek clarification on this EOI by sending an email to <a href="mailto:primarycareCOVIDvaccine@health.gov.au">primarycareCOVIDvaccine@health.gov.au</a>. Questions and responses will be shared with all potential applicants if relevant/appropriate. This background documentation outlines all the information currently available. Whilst we appreciate that the more information you can receive on logistics (delivery cycles, vaccine vial volumes, the national booking system etc) will inform your EOI, we are unlikely to be able to provide further detail at this stage. We will continue to provide information as it becomes available.

## **Lodgement of EOI**

Responses to this EOI should be submitted via the online EOI response form. The EOI portal will:

- Open at 09:00am AEDT on 23 January 2021; and
- Close at 11:59pm AWST on 1 February 2021.

The EOI response form will need to be completed in a single sitting (i.e. it cannot be saved and completed at a later date). The EOI questions have been provided at <u>Attachment B</u> for your response planning.

Respondents will receive confirmation of EOI submission and will be notified of the outcome of their application as soon as possible.

#### **Timeline**

Date	Milestone
22 January 2021	Release of EOI documentation
23 January 2021, 09:00am AEDT	EOI portal opens
27 January 2021	Last day for clarification requests
1 February 2021, 11:59pm AWST	Closing date and time for responses via EOI portal
ASAP	Respondents notified of outcome

## Attachment A: Site requirements for COVID-19 vaccination clinics

The following site readiness requirements for COVID-19 vaccination clinics have been developed by the Australian Government in consultation with expert advice from the Australian Technical Advisory Group on Immunisation (ATAGI) and standards outlined in the Australian Immunisation Handbook. Identified sites must confirm compliance with the minimum requirements outlined below prior to delivery of vaccine doses.

1.0 Ph	ysical environment	Yes / No	Comments
1.1	Access to toilets for patients and staff	Yes / No	
1.2	Have adequate space for patients waiting to be vaccinated that observes physical distancing requirements, and is sheltered from weather elements. (So long as this meets these requirements this does not need to be separate from the usual waiting room)	Yes / No	
1.3	Have a private and sound-proof 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 and administration of vaccine)	Yes / No	
1.4	Have a dedicated 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	Yes / No	
1.5	Have a dedicated, clean, well-lit space for administration of the vaccine to patients, including a desk and chairs for patients, parents/carers and vaccinator(s).	Yes / No	
1.6	Have adequate space for patients to wait and be observed post-vaccination that observes physical distancing requirements (note this may be the same as the waiting area) and is in accordance with jurisdictional requirements and guidance	Yes / No	
1.7	Have safe 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.).	Yes / No	

1.8	Adequate handwashing facilities for staff, and antimicrobial hand sanitisers available.	Yes / No	
1.9	Have visual reminders and cues in place to reduce the risk of errors.	Yes / No	
1.10	Have a process in place to safely dispose of unused vaccines, in accordance with TGA and other regulatory requirements.	Yes / No	
1.11	Have adequate sharps disposal bins, appropriate for the volume of patients, and securely placed and spaced to mitigate the risk of needle stick injuries.	Yes / No	
1.12	Appropriate security provisions to ensure no unauthorised access to vaccine doses	Yes / No	
1.13	Have ready access to appropriate emergency equipment, including adrenaline, oxygen and defibrillator	Yes / No	
2.0 Ph	nysical location	Yes / No	Comments
2.1	Proximity to sufficient car parking either onsite or within a short distance from the practice	Yes / No	
	ı		
2.2	Proximity to public transport (where relevant, but not mandatory)	Yes / No	
2.2	Proximity to public transport (where relevant,	Yes / No Yes / No	
2.3	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services		Comments
2.3	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services (including ambulance)	Yes / No	Comments
2.3 3.0 Int	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services (including ambulance)  frastructure	Yes / No	Comments
2.3 3.0 Int	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services (including ambulance)  frastructure  Reliable water and electricity supply  Access to telephone, computer networks,	Yes / No Yes / No Yes / No Yes / No	Comments
2.3  3.0 Inf  3.1  3.2  3.3	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services (including ambulance)  frastructure  Reliable water and electricity supply  Access to telephone, computer networks, internet and computer hardware as required  Ability to maintain room temperatures between	Yes / No Yes / No Yes / No Yes / No	Comments
2.3  3.0 Inf  3.1  3.2  3.3	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services (including ambulance)  frastructure  Reliable water and electricity supply  Access to telephone, computer networks, internet and computer hardware as required  Ability to maintain room temperatures between 19 – 25 degrees	Yes / No	Comments
2.3 3.0 Inf 3.1 3.2 3.3	Proximity to public transport (where relevant, but not mandatory)  Accessible by other patient transport services (including ambulance)  frastructure  Reliable water and electricity supply  Access to telephone, computer networks, internet and computer hardware as required  Ability to maintain room temperatures between 19 – 25 degrees  orkforce requirements	Yes / No	Comments

4.1.2	Authorised immunisation provider (e.g. medical officer or fully trained immunisation registered nurse/nurse practitioner to assess patients and authorise other appropriately trained clinical staff (vaccinator) to administer the vaccine)	Yes / No	
4.1.3	Concierge or team leader (to direct clinic flow)	Yes / No	
4.1.4	Clerical staff	Yes / No	
4.1.5	First aid staff, additional to vaccinating staff as per jurisdictional requirements	Yes / No	
4.1.6	Staff to manage staff/patient/stock safety (if/when required)	Yes / No	
4.1.7	Medical officer (may be the same as the authorised immunisation provider)	Yes / No	
vaccii and/o requir specii	owledge that everyone administering nes must have appropriate training requalifications in line with jurisdictional ements, and have received adequate fic training in COVID-19 vaccination, ling regarding the use of multi-dose vials	Yes / No	
	documented procedure for managing ecording training of staff handling vaccine	Yes / No	
0 Cold cha	in management	Yes / No	Comments
refrige 1 usual	adequate number and capacity of erators to store vaccines (in addition to vaccine stock), with refrigerators to be ained and monitored at 2 – 8 degrees us	Yes / No	
conta	appropriate refrigerators and opaque iners to store vaccine syringes that have	Yes / No	
∠ appro prote	prepared for administration under priate temperature conditions and cted from light from the time they are red till the time they are administered		

5.4	Sites must be able to adhere to the Strive for 5 guidelines <sup>1</sup> and will need to have or be able to develop policies for cold chain management including:		
	5.4.1	Able to monitor the temperatures of the refrigerator(s) where vaccines are stored	Yes / No
	5.4.2	Have an appropriate policy and protocol in place to respond to temperature breaches, including relocating vials to another refrigerator (or freezer, where relevant) and responding at times where clinic may not have any staff present.	Yes / No
		More guidance regarding cold chain management will be provided by the Commonwealth.	

6.0 Te	echnology and Record Keeping	Yes /No	Comments
6.1	Access to patient management system and Australian Immunisation Register via Provider Digital Access (PRODA)	Yes / No	
6.2	There will be a requirement for connectivity to support integration with a National booking system. More information will be circulated regarding integration to current practice management systems.	Yes / No	
6.3	Ability to meet mandatory requirements regarding reporting of all vaccine administration into AIR within an appropriate timeframe, ideally within 24 hours	Yes / No	
	Have a process of obtaining and recording informed consent.	Yes / No	
6.5	Further information regarding consent relating to COVID-19 vaccination will be provided by the Commonwealth.		

6.6	Be ab	le to develop policies and procedures for:		
	6.6.1	Identifying individual vaccine recipients, checking to confirm any record of previous receipt of any COVID-19 vaccine doses (including date and brand of product received), and recording immunisation encounters (electronic records are preferable)	Yes / No	
	6.6.2	Labelling syringes when they are drawn up from multi-dose vials, including date and time of preparation and of expiry	Yes / No	
	6.6.3	Recording and reporting of vaccines used and stock on hand and those discarded, including reasons for discarding, and vaccine wastage	Yes / No	
6.7	events	to monitor, manage and report adverse s following immunisation, including sylaxis	Yes / No	
7.0 W	/aste di	sposal	Yes / No	Comments
7.1	sharp accord OGTF	ies to dispose of all waste, including s and unused vaccine appropriately in dance with standard precautions (TGA, R (if appropriate) and other regulatory ements for vaccines)	Yes / No	
8.0 P	ersonal	protective and other equipment	Yes / No	Comments
	Appro Austra	, 	Yes / No Yes / No	Comments
8.1	Appro Austra jurisdi Adequ e.g. si	protective and other equipment priate PPE, as per requirements in the alian Immunisation Handbook and	Yes / No	Comments
8.1	Appro Austra jurisdi Adequ e.g. si diagno	protective and other equipment priate PPE, as per requirements in the alian Immunisation Handbook and ctional requirements uate supplies of other medical equipment tethoscopes, examination tables,	Yes / No	Comments
8.1 8.2 8.3	Appro Austra jurisdi Adequ e.g. si diagno Labels	protective and other equipment priate PPE, as per requirements in the alian Immunisation Handbook and ctional requirements  uate supplies of other medical equipment tethoscopes, examination tables, ostic testing equipment	Yes / No Yes / No	Comments
8.1 8.2 8.3 8.4	Appro Austra jurisdi Adequ e.g. si diagno Labels Antim station	protective and other equipment priate PPE, as per requirements in the alian Immunisation Handbook and ctional requirements uate supplies of other medical equipment tethoscopes, examination tables, ostic testing equipment as for syringes (if filling in advance) icrobial /disinfectant wipes to clean	Yes / No Yes / No	Comments
8.1 8.2 8.3 8.4 8.5 9.0 A	Appro Austra jurisdi Adequ e.g. si diagno Labels Antim station	protective and other equipment  priate PPE, as per requirements in the alian Immunisation Handbook and ctional requirements  uate supplies of other medical equipment tethoscopes, examination tables, ostic testing equipment as for syringes (if filling in advance) icrobial /disinfectant wipes to clean his between patients.  ation equipment for administration site	Yes / No Yes / No Yes / No Yes / No	Comments

9.2	Have the appropriate accreditation required for the relevant clinic or practice, as advised by the Commonwealth (noting that accreditation will inform funding arrangements)	Yes / No	
9.3	Willingness to comply with compulsory training	Yes / No	
9.4	All immunisers to be authorised under the relevant state or territory's Public Health Act or related legislation to provide vaccines	Yes / No	
10.0 A	Accessibility and cultural safety	Yes / No	Comments
10.1	Will have or develop policies and procedures for ensuring services are culturally safe for Aboriginal and Torres Strait Islander peoples	Yes / No	
	Will need to have arrangements for identification of and assistance for those with additional or specific needs, including:	Yes / No	
40.0	<ul> <li>Ensuring culturally appropriate policies and procedures for multicultural communities</li> </ul>		
10.2	<ul> <li>Qualified interpreters available when needed such as through the Australian Government Translating and Interpreting Service (TIS)</li> </ul>		
	<ul> <li>Translations to languages other than English</li> </ul>		
10.3	Will need to have arrangements to provide accessibility to those with Disability (including intellectual disability and those with other mobility issues)	Yes / No	
11.0 N	lanagement of the clinic	Yes / No	Comments
11.1	Standardised screening process to exclude patients who display symptoms of COVID-19, and refer for appropriate assessment for COVID-19 or other conditions (as per guidance provided in the <u>ATAGI Guiding Principles for Maintaining Immunisation</u>	Yes / No	

11.2	Standardised screening process for contraindications, receipt of previous doses of COVID-19 vaccines and/or receipt of other vaccines (observing any interval requirements).	Yes / No	
11.3	Clear assignment of duties and responsibilities of all staff and clear plan of workflow, particularly regarding drawing up from a multidose vial and administering individual vaccine doses drawn from a particular vial for each clinic session.	Yes / No	
11.4	Incident management in place, with staff knowledgeable about relevant procedures and able to report any clinical incident (e.g. injury in workplace) to the appropriate authorities.	Yes / No	
11.5	Has process in place to manage injuries to workforce (e.g. needle stick injury).	Yes / No	
11.6	Process in place to prevent and manage violence or aggression in the clinic.	Yes / No	
			1
requir Comn	Vaccine administration equipment rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine	Yes / No	Comments
requir Comn consu	rements for each patient vaccination - the monwealth will provide majority of	Yes / No	Comments
requir Comn consu	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine	Yes / No Yes / No	Comments
requir Comn consu	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine to securely store items listed below:		Comments
requir Comn consu Ability	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge	Yes / No	Comments
Ability 12.1 12.2	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)  Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or	Yes / No Yes / No	Comments
Ability 12.1 12.2	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine  to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)  Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or obese person	Yes / No Yes / No Yes / No	Comments
Ability 12.1 12.2 12.3	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine  to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)  Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or obese person  Alcohol wipe (for vials)	Yes / No Yes / No Yes / No Yes / No	Comments
requir <i>Comm consu</i> Ability 12.1 12.2 12.3 12.4 12.5	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)  Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or obese person  Alcohol wipe (for vials)  Cotton wool ball	Yes / No	Comments
requir Commo Consultation Ability 12.1 12.2 12.3 12.4 12.5 12.6	rements for each patient vaccination - the monwealth will provide majority of umables required for the vaccine  to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)  Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or obese person  Alcohol wipe (for vials)  Cotton wool ball  Hypoallergenic tape or latex free band aid	Yes / No	Comments
requir Common Consum Ability 12.1 12.2 12.3 12.4 12.5 12.6 12.7	rements for each patient vaccination - the monwealth will provide majority of smables required for the vaccine  to securely store items listed below:  Sterile 2mL or 3mL syringes (latex free)  Sterile drawing up needle (19 or 21 gauge recommended to reduce risk of coring)  Sterile administration needle (22-25 gauge), 25mm for adults, 38mm for very large or obese person  Alcohol wipe (for vials)  Cotton wool ball  Hypoallergenic tape or latex free band aid  Dish for drawn up vaccine (kidney dish)	Yes / No	Comments

12.10	Saline (as required)	Yes / No
12.11	Adrenaline 1:1000	Yes / No
12.12	1mL 'single use only' syringes, with 23 gauge needle	Yes / No
12.13	Paediatric and adult size Guedel airways	Yes / No

## **Attachment B: online EOI response form**

#### **Respondent Information**

Please provide all of the following details in the table format below.

Name of legal entity: [insert]
ACN: [insert]

Trading/Business name: [insert]

ABN (if applicable): [insert]

Contact person: [insert]

Contact person position title: [insert]

Registered address or address [insert]

of principal place of business:

E-mail address: [insert]

Telephone number: [insert]

Notice Representative: [insert]

Notice E-mail address: [insert]

Number of full-time equivalent [insert]

General Practitioners:

#### Declaration

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1. Do you confirm that you are a duly authorised representative of the named legal entity and acknowledge that this premises meets the preferred site specifications for COVID-19 vaccination general practices outlined in this Expression of Interest..

Do you also acknowledge that the data from this expression of interest will be held by the Department of Health and the Primary Health Network for the purpose of informing the COVID-19 vaccination program roll-out. It may be provided to 3rd parties (such as vaccine delivery partners) as relevant. Your data will not be used beyond this purpose without your knowledge.

#### Responses to evaluation criteria

#### **Demographics**

- Name of practice
- Practice address
- PHN catchment

#### Eligibility

- Please provide the year of your last practice accreditation
- Please provide the expiry date associated with your last practice accreditation [select date]

#### Current services

- Please briefly describe your practice, including geographic catchment, population groups served and practice size (200 words)
- Does your practice serve the following community groups?
  - o Aboriginal and Torres Strait Islander people,
  - LGBTQI+ communities
  - o Culturally and linguistically diverse communities
  - Disability providers
  - Aged care providers

#### Capability

- Please describe any practice experience in vaccine delivery
  - NIP integrated into routine clinical services only
  - Influenza clinic Influenza clinic: Where specific clinics for administration of influenza vaccine have been conducted, does NOT include where influenza vaccine has been administered within usual appointments
  - Other mass vaccination clinics please describe (free text)
- Do you meet all the requirements outlined within the site requirements at Attachment A? (tick boxes)
  - Physical environment (Items 1.1 to 1.13)
  - Physical location (Items 2.1 to 2.3)
  - o Infrastructure (Items 3.1 to 3.3)
  - Workforce requirements (Items 4.1 to 4.3)
  - Cold chain management (items 5.1 to 5.4)
  - Technology and record keeping (items 6.1 to 6.7)
  - Waste disposal (Item 7.1)
  - o Personal protective and other equipment (Items 8.1 to 8.5)
  - Accreditation and regulatory requirements (Items 9.1 to 9.4)
  - Accessibility and cultural safety (Items 10.1 to 10.3)
  - Management of the clinic (Items 11.1 to 11.6)
  - Vaccine administration equipment (Items 12.1 to 12.13)

If you currently do not meet one or more of the site requirements (and have not ticked the box), please provide further detail, along with you plans to meet the requirements in the future [free text]

#### Capacity

- Please describe current opening hours (free text) + number of hours per week (number) Eg.
   Monday: 9am-5pm, Tuesday: 9am-5pm, Wednesday: Closed, Thursday: 9am-5pm, Friday:
   Closed, Saturday: Closed, Sunday: Closed
- Do you propose to extend opening hours to accommodate vaccine delivery?
- If you do propose to extend opening hours to accommodate vaccine delivery, please provide further detail on the extended hours [free text]
- Number of current staff currently eligible to deliver vaccines (number)
- Please describe any plans to boost this workforce (either through recruitment or accreditation of existing staff) (free text)
- Please describe the proposed service delivery model you anticipate using to deliver the COVID-19 vaccine (free text)
- How many COVID-19 vaccines do you anticipate being able to deliver weekly? (number)
- Would you be able to commence providing vaccinations in early March? (Y/N)
- If no, when could you commence? (free text)
- If yes, how long would you be able to continue to provide mass vaccination services? (<2 months, 2 4 months, 4 6 months, ongoing)</li>

#### Other

Please describe any other factors you think should be considered for your application. This
may include Phase 1b priority populations served by your practice or focused services for
specific populations served by your practice, including Aboriginal and Torres Strait Islander
people, culturally and linguistically diverse communities, LGBTQI+ communities, disability or
aged care providers (200 word limit)