



COVID-19 VACCINATION

Phase 1B General Practice Vaccine Rollout

Update – 16 April, 2021

Indemnity

Talking points

- Indemnity is provided for privately practising health practitioners through a contract of insurance with their preferred indemnity provider. All health professionals are required to have professional indemnity insurance as part of their registration to practice.
- Liabilities associated with the administration of the vaccine would be treated on the same basis as liabilities arising from the administration of any other vaccines under existing indemnity insurance arrangements, subject to any exclusions.
- The Australian Government has programs and initiatives in place. However, in addition, the Government will review arrangements in the event that a higher than expected number of claims associated with the vaccination effort arises or the measures currently in place prove to be inadequate/insufficient.
- The Australian Government has also agreed to certain indemnities with COVID-19 vaccine suppliers. These indemnities are designed to operate if there are problems which flow from the vaccines themselves.
- We appreciate the impact on clinics from the recent ATAGI advice about AstraZeneca. The Australian Government is currently recalibrating the rollout and looking at expanded options for people aged under 50 years.

Rural and remote vaccine rollout

Talking points

- The Australian Government is committed to providing safe and effective COVID-19 vaccines free to everyone living in Australia, [no matter where they live](#).
- The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April 2021.

- The programme will be considered, the impacts assessed and the programme recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.
- The community will be kept up-to-date and information will be provided as decisions are made.
- The Department of Health will be working closely with key stakeholders, such as the National Rural Health Alliance, to ensure communities in regional, rural and remote Australia are informed about the rollout of COVID-19 vaccines.

Delay of consumables

Talking points

- There are likely to be delays to the delivery of consumables to sites within NSW, QLD and ACT. Some deliveries will be made on Friday, 16 April but the majority will arrive on **Monday, 19 April** or **Tuesday, 20 April** during business hours. Our delivery partners have deployed extra resources and are using premium delivery services. This is due to a backlog of orders in metropolitan, regional, rural and remote areas. The deliveries occurring between Friday and Tuesday will resolve the backlog.
- The Department of Health has put in place a temporary contingency to help those short on stock while they await their order. This contingency is in addition to existing orders; there will be no change to existing orders.
- The Department of Health is working on solutions to help avoid this situation in the future, such as looking at delivering consumables for a greater period in advance e.g. a month of supplies. The Department of Health apologises for this delay and any inconvenience this may cause.
- ***If sites are using consumables that they have sourced elsewhere or from their own stock, please remind them that they must be in compliance with relevant guidelines and training provided e.g. needle length.***

Second doses in residential aged care facilities (RACF)

Talking points

- The delivery of vaccinations in residential aged care and disability facilities has prioritised the delivery of vaccines to residents. Residents are the most vulnerable to the impacts of COVID-19.
- To minimise wastage, some vaccines can be administered to RACF workers, GPs and allied health workers who are regular visitors to the facility or other individuals eligible under phase 1a where excess doses are available following vaccination of all consenting residents. Generally people who receive a first dose in this way will receive their second dose when the vaccine team returns to the facility for the second dose visit.
- There are some people who have not been able to be present to receive their second dose at a facility. And more recently, there have been a number of issues with

insufficient doses at various sites due to ordering and delivery issues resulting in some people having missed second doses.

- Primary Health Networks (PHNs) are working with aged care facilities and the vaccine workforce providers to enact local solutions for individuals who received their first Pfizer vaccine in a residential aged care setting to ensure their second dose is received.
- The Department of Health is communicating directly with all residential aged care facilities encouraging them to make known to their local PHN any workers requiring arrangements for a missed second dose.
- Local solutions can include attending another residential aged care facility for a make-up dose, referral to a Pfizer hub in limited circumstances or rededicated in-reach vaccine clinics. Referrals to Pfizer hubs is a coordinated activity, with individuals are referred by the PHN, rather than making direct contact with the hub.
- GPs who received a first Pfizer dose at a RACF who have missed their second dose can contact their [local PHN](#). They will need to identify themselves as having received a first Pfizer dose in residential aged care and needing a make-up dose.
- People can access evidence of their COVID-19 vaccines in their immunisation history record through Medicare Online, myGovt or the Express Plus Medicare app. Vaccination providers can print an IHS on behalf of their patient.