

Coronavirus (COVID-19) update

Victorian Immunisation Services

Last updated: 11 August 2020

The following recommendations have been produced by the Department of Health and Human Services to all health services providing immunisation services to their community. Immunisation is essential to promoting optimal public health and in the prevention of disease.

The current threat of coronavirus (COVID-19) to public health is unprecedented.

It is critical that all immunisation services continue to operate during this emergency. Services should implement alternate service delivery models which ensure the occupational health and safety of all staff and clients and enable compliance with transmission reduction measures recommended by DHHS.

General advice

The advice presented in this document is subject to further updates. As such, all services are encouraged to:

- Keep up to date with current coronavirus (COVID-19) advice and information for health providers on the Department of Health and Human Services' website: <https://www.dhhs.vic.gov.au/coronavirus>
- Refer to the guidelines for health services and professionals, including transmission reduction and physical/physical distancing measures: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>
- [Further advice can be found in the COVID-19 infection control guidelines](#)

Alternative models of service delivery

DHHS recommends key actions for immunisation providers to move to an alternative service delivery model. The aim of these changes is to:

- Contribute to the reduction in transmission of coronavirus (COVID-19) infection for families, workers and the community by reducing face to face contact wherever possible.
- Ensure continued delivery of immunisation services through adapting face to face immunisation services to ensure appropriate physical distancing and compliance with transmission reduction measures.
- Ensure maintenance of essential core practices of quality immunisation service, including:
 - Maintenance of cold chain, even with modifications of service delivery.
 - Timely recording of all vaccinations on the Australian Immunisation Register, to allow uptake of vaccination to be monitored during the COVID-19 pandemic.
 - Management, reporting and accurate recording of adverse events following immunisation.

Scope

All health services and/or community settings involved in the provision of immunisation services such as Local Government community-based immunisation services and secondary school-based programs; other community-based settings; general practice and pharmacy immunisation services.

Key Actions

- Exclude staff, clients or parent/guardians with symptoms of respiratory infection from immunisation sessions
- Ensure compliance with physical distancing measures and personal protective equipment for staff and clients.
- Provide adequate disinfection - ensure either hand sanitisers or detergent and paper towels for hand washing with running water are available between clients.

- Undertake the pre-immunisation assessment and planning catch-up schedules remotely including via skype, telehealth, email and telephone or clients wait in their vehicle prior to their appointment for immunisation. Pre-immunisation information can be reviewed during this time.

Signage

It is recommended that signage be displayed at the entrances of all community sessions which ensures clients are aware of infection control measures and changes to service delivery. Such signage should include the following:

- Due to the ongoing coronavirus (COVID-19) pandemic, the service is taking measures to protect the community. It is vital that instructions are followed.
- People must not attend for immunisation if they or their child
 - a) have symptoms of a respiratory infection (such as fever, or a sore throat, or a runny nose, or shortness of breath or a cough) or
 - b) are a suspected or confirmed case of coronavirus (COVID-19) or
 - c) are a close contact of a confirmed case of coronavirus (COVID-19)
- Only one parent/guardian should accompany a child for immunisation.
- The accompanying parent/guardian and the child should wash hands or use hand sanitiser provided at the entrance to the reception or waiting area.
- It is now a requirement to wear face coverings in all parts of Victoria. People aged 12 years and older should wear a face covering. [Find out further advice about face coverings.](#)

All signage and messaging should be translated into other key community languages.

Physical distancing

To ensure compliance with physical distancing measures, it is recommended that systems are implemented to regulate the number of clients entering the venue.

- Move community-based immunisation services to larger spaced community venues where possible.
- Limit the vaccine process to one adult with the child being vaccinated
- Cease the use of communal waiting areas prior to immunisation and instead require clients to wait in their vehicle if practicable until called into the venue for immunisation.
- Maintain the order and flow of clients into the administration area maintaining physical distancing specifications.
- Arrange client seating so that there is at least 1.5 metres between clients, and no more than one person per four square meters. Sit clients 1.5 metres from administration staff on check in and 1.5 metres from other clients at the nurse's table.
- If unexpectedly, numerous clients arrive and there is not enough seating, a staff member should be available to monitor queueing by redirecting people to their vehicle to wait.
- Vaccines should not be administered to people sitting in vehicles unless the vaccine can be administered safely such as with easy access to the deltoid muscle and by correct injection angle (Please see the Administration of a vaccine - correct technique below for more information).
- If the carpark is monitored by staff, clients may wait in their vehicle post vaccination and must be advised to not drive for the first fifteen minutes after vaccination in the event of an immediate adverse event following vaccination. Please see the Australian Technical Advisory Group on Immunisation statement on the duration of observation after vaccination in the context of minimising risk of exposure to COVID-19 at health care facilities below for more information.
- Allocate a waiting area/s for the minimum 15-minute observation period that allows for physical distancing of at least 1.5m, and no more than one person per four square meters. Please see the Australian Technical Advisory Group on Immunisation statement below for more information.
- Detailed and specific information on physical distancing is [available on the department's web site.](#)

Australian Technical Advisory Group on Immunisation Clinical advice – Statement on the duration of observation after vaccination in the context of minimising risk of exposure to COVID-19 at health care facilities

The Australian Immunisation Handbook currently recommends that individuals who receive a vaccination should remain under observation for at least 15 minutes for possible immediate adverse events and to receive rapid medical care if needed. Immediate adverse events are rare and may include anaphylaxis (0.65–1.53 per million vaccine doses) and vasovagal syncope (fainting). Most syncopal episodes occur early (>50% within 5 minutes, and 80% by 15 minutes); these can be rendered less likely by taking simple measures in syncope-prone individuals.

In the current context of increasing risk of community-transmitted COVID-19 disease, the risk of exposure to potentially infected patients in medical practices/immunisation clinics may be increased. If this risk cannot be completely controlled in the clinic setting, the benefit of minimising the post-vaccination observation period to reduce COVID-19 exposure risk may outweigh the small risk of reduced detection of immediate rare post-vaccination adverse events at the clinic.

Therefore, in the context of the ongoing COVID-19 pandemic, ATAGI advises that:

- a) where an immunisation clinic (including waiting area, treatment rooms, etc) is separate or allows adequate social distancing from others (staff or other patients), the standard 15-minute observation period should be observed, and this remains the optimal protocol.
- b) where adequate social distancing at the clinic is not possible, a post-vaccination observation period of at least **5 minutes** (typically the time taken to apply pressure to and cover the injection site, for the vaccinee to re-dress and for vaccination record documentation) may be sufficient, **if the vaccinee meets the following criteria:**
 - 1) no history of severe allergic reactions or immediate post-vaccination reactions, such as syncope
 - 2) assessment at around 5 minutes after vaccination shows no evidence of any immediate adverse reactions
 - 3) a parent/carer (for children) or another responsible adult is capable of supervising for the first 15 minutes post vaccination
 - 4) it is possible for the vaccinee to sit or lay down safely if they feel unwell
 - 5) the vaccinee does not drive or operate machinery for the first 15 minutes after vaccination
 - 6) the vaccinee (or the parent/carer/responsible adult) is aware of when and how to seek post-vaccination advice, and have ready access to assistance and emergency services, if required.

Read the ATAGI statement at: <https://www.health.gov.au/resources/publications/atagi-clinical-statement-on-vaccination-observation-time>

Hygiene

- Ensure either hand sanitisers or detergent and paper towels for hand washing with running water are available between clients.
- Use alcohol-based disinfectant for cleaning surfaces regularly.
- Disinfectant product must be available at both the administration and clinical area.
- Schedule appointments with sufficient time in between to allow for cleaning and disinfecting of any surfaces (e.g. benches, chair, door handle).
- Detailed information can be found in the [COVID-19 infection Prevention and Control guideline](#).

Records and checklists

- Minimise physical contact with client record documents and consider use of stickers to be inserted into baby books to record immunisations.
- Use a single page pre-immunisation checklist for each client rather than a laminated version.

Communal toys

- Remove all communal toys

Communication

- Immunisation services should ensure that immunisation webpages, telephone messages and venue signage is update regularly with coronavirus (COVID-19) information to ensure clients are aware of the expectations and changes to the service.

Cancellation of community immunisation

- Ensure signage is displayed prominently at the venue if services are cancelled.
- Provide a website or phone contact for the next available vaccination session.
- Use SMS and physical media to notify clients of any changes to service provision.

Vaccine preparation

Do not needle or prepare large quantities of vaccine in case of low attendance.

Personal Protective Equipment (PPE)

- People with symptoms suggestive of coronavirus should not attend immunisation services. The emphasis should be on hand and respiratory hygiene and physical distancing measures. PPE additional to that normally used as part of your routine immunisation service is not necessary.
- The latest guidance on the use of personal protective equipment PPE for health workers is [available on the department's website](#).
- All staff must wear a level 1 or type 1 surgical mask (at a minimum) while at work. This includes non-public facing staff. Staff who are directly involved in treating patients must also wear eye protection.
- A workplace may have additional requirements for occupational health and safety for staff and for patients depending on local circumstances and the levels of COVID-19 community transmission.

Indications and guidance on PPE can be found with guidelines for health services and professionals located on the department's [coronavirus \(COVID-19\) website](#) and the [COVID-19 infection control guidelines](#)

Administration of a vaccine - correct technique

Preparing the site for injection

- The skin at the injection site should be visibly clean prior to administering a vaccine, it is not necessary to swab the skin unless it is visibly dirty. If dirty - clean with a single use alcohol swab and allow to dry completely.
- Avoid sites with active/infected eczema. If there is no alternate site suitable, consider cleaning the site with a single use alcohol swab and allowing the site to dry completely before injecting.

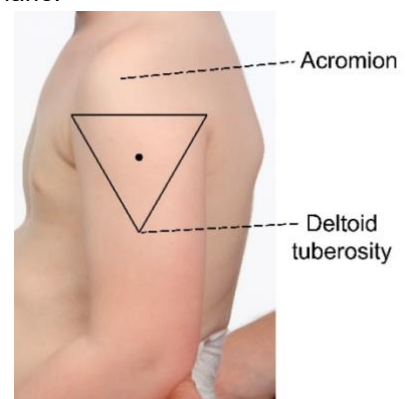
Recommended injection site for an adult

- The recommended injection site is the deltoid (upper arm).
- The influenza vaccine is administered via intramuscular injection, 90° to skin plane.
- The site for injection is halfway between the acromion and the deltoid tuberosity, in the middle of the deltoid muscle (triangle)

Note: Shoulder injury related to vaccine administration (SIRVA) is a rare complication of incorrect vaccine administration, when a vaccine is given into the shoulder joint (too high) causing an immune-mediated inflammatory reaction within the shoulder joint.

Download the Infographic - Avoiding shoulder injury related to vaccine administration: <https://immunisationhandbook.health.gov.au/resources/publications/avoiding-shoulder-injury-related-to-vaccine-administration>

Source: Melbourne Vaccine Education Centre, Administration of injected vaccines – correct technique <https://mvec.mcri.edu.au/immunisation-references/administration-of-injected-vaccines-correct-technique/>



Further information and resources

For additional resources including translated materials and access to updated information about coronavirus (COVID-19), please go to <https://www.dhhs.vic.gov.au/coronavirus>

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