

# Workforce models for large scale vaccination

COVID 19 Vaccination Program June 2021



# New workforce models

Models developed as part of this project were designed to be flexible, adaptable, and to achieve optimisation of workforce contributions in line with clinical expertise and capabilities, and maintaining appropriate standards of clinical care. The workforce models in this report are consistent with and abide by national law for health practitioners and state regulations for the supply of these Schedule 4 prescription-only vaccines. The project team considered in detail and balanced the regulatory environment, patient safety and the potential clinical risks associated with independent practice, and potential reputational risks should an adverse incident occur.

## Definitions

### Authority to administer the COVID-19 vaccination

The [State-wide Protocol for the Supply or Administration of COVID-19 Vaccine](#) provides mandatory policy and procedure on the administration of COVID-19 vaccines and if required, adrenaline (epinephrine) for anaphylaxis.

In NSW, COVID-19 vaccines are intended to be administered by Medical Practitioners, Authorised Nurse/Midwife Immunisers and Nurse Practitioners (with appropriate scope of practice and experience in immunisation). However, in the event of insufficient workforce of Authorised Nurse/Midwife Immunisers available to administer COVID-19 vaccines, this Protocol can be enacted. This allows additional workforces to administer the vaccine, providing they comply with the specified conditions and are deemed competent either through competency received as a result of their professional qualification or by undertaking the *Sydney University COVID-19 Vaccination Administration Training*. All students and select authorised Allied Health Practitioners must complete the online and practical training and be assessed as competent before they are able to administer vaccines.

The State-wide Protocol for the Supply or Administration of COVID-19 Vaccine is able to be enacted through the associated [Authority](#), issued by the Chief Health Officer, for authorised health practitioners and authorised health practitioner students to supply the Schedule 4 substance.

### Informed consent

The [NSW Health Consent to Medical and Healthcare Treatment Manual](#) states that Health Practitioners have a legal obligation to provide patients (or substituted decision makers) with information, including warnings, about any material risks involved with the COVID-19

vaccination. Failure to do so may give rise to legal action for negligence.

Health Practitioners are individuals who practise a health profession (e.g. Medical Practitioners, Nurses, Midwives, Dentists) and who are registered under the Health Practitioner Regulation National Law. It also includes staff that provide a health service but that are not required to be registered under the National Law, for example, speech pathologists and dietitians. A Health Practitioner is authorised by a public health organisation or NSW Ambulance to provide medical and healthcare treatment to a patient. Students are not able to obtain consent.

The State-wide Protocol for the Supply or Administration of COVID-19 Vaccine allows for a Medical Practitioner, Authorised Nurse (or Midwife) Immuniser, Nurse Practitioner (with appropriate scope of practice and experience in immunisation), RN/RM or Authorised Pharmacist to provide information and discuss the benefits and risks of the specific vaccine, gain patient agreement to treatment, and document informed consent.

### Supervision

A Medical Practitioner, Authorised Nurse/Midwife Immuniser or Nurse Practitioner (with appropriate scope of practice and experience in immunisation) must be available on site to provide immediate advice to the vaccine administrators and screeners, to supervise the vaccination program and to address any concerns from the vaccine recipient that are unable to be addressed by the screeners or vaccinators.

In addition, supervision in the vaccination administration area must be provided by an RN or RM (year 2 and above), Authorised Nurse/Midwife Immuniser, Nurse Practitioner, or Medical Practitioner. As per the Protocol, authorised health practitioner students and specified health practitioners must be supervised by direct, line of sight, supervision at all times when undertaking vaccination.

All students, Pharmacy Assistants/Technicians and other workforces responsible for preparing the vaccines must be supervised by a Pharmacist.

### Models

The models developed and agreed upon are outlined below and should be implemented in a considered, and preferably staged approach based on analysis of risk. The intent is not to prescribe any or all of the roles outlined in the models, instead bespoke application of roles can occur provided appropriate qualifications and

classifications applicable for each role, and the protocol and authority are complied with.

The first model is the existing base-model and should be used until workforce supply is indicating or nearing exhaustion. The second and third options will progressively supplement the workforce and move functions to ensure qualified clinicians can perform more complex clinical work, while being supported by less qualified workforces undertaking routine tasks, including vaccination. They can be implemented and operationalised in several different ways to suit the clinic design.

### **1. Authorised Nurse/Midwife Immuniser/Nurse Practitioner and Medical Practitioner led**

This is the most appropriate model for the vaccination hubs and should be utilised wherever possible. The pre-screening and administration of vaccines can be performed by RNs under the oversight of a Medical Practitioner, Authorised Nurse/Midwife Immuniser or Nurse Practitioner (with appropriate scope of practice and experience in immunisation). Assessment of individuals and determination of risk of vaccination is led by Authorised Nurse/Midwife Immunisers, Medical Practitioners and Nurse Practitioners.

Pharmacists supervise Pharmacy Assistants and Technicians in the drawing up and reconstitution process.

### **2. Supplementation with qualified and competent Allied Health Practitioners, Pharmacists, Paramedics, Dentists and student groups**

It is anticipated that supply will become more challenging and that additional workforces will be required to ensure the skills of Authorised Nurse/Midwife Immunisers, RN/RMs, Nurse Practitioners and Medical Practitioners are used in the most appropriate and efficient way.

This model assumes that the pre-screening and assessment is separated from the vaccination role as students are not able to obtain informed consent. There are several possible ways to operationalise this model, including:

- Pre-screening prior to vaccination at a separate station or point of interface by appropriately qualified staff. The patients then move to the vaccination area where the student vaccinators administer the vaccine (under clinical supervision).
- Pre-screening is conducted by the authorised health practitioner student vaccinator under the supervision of the Team Leader Vaccination Area at point of vaccination after which the student vaccinator

administers the vaccine. In this case, the tasks within the Vaccination Screening Officer and the Team Leader Vaccination Area job action cards can be combined. However, it must be noted that students cannot receive consent from patients to proceed with vaccination. Therefore, clinical supervision must be present to check screening and for the patient to indicate consent to proceed.

Additional clinical practitioners authorised to conduct pre-screening under this model include Dentists, Podiatrists, Radiation Therapists, Radiographers, Dietitians, Speech Pathologists, Physiotherapists and Occupational Therapists. Any required assessment of relevant medical history raised and vaccination suitability must be performed by Authorised Nurse/Midwife Immunisers, Nurse Practitioners and/or Medical Practitioners.

The vaccinator role can be performed by authorised health practitioners or authorised health practitioner students with appropriate knowledge and competency of intramuscular injections. In addition to other NSW Health and Commonwealth mandatory training, students and health practitioners without prior competency will be required to undertake and complete two *Sydney University COVID-19 Vaccination Administration Training* modules and a practical component. They additionally need to be assessed and deemed competent when on-boarded by the LHD.

In addition to the base-model roles, the vaccinator role can be undertaken by Aboriginal Health Practitioners, Pharmacists, Dentists, Paramedics, Podiatrists, Radiation Therapist, Radiographer, Speech Pathologist, Physiotherapist, Occupational Therapist and Oral Health Therapists.

It also includes clinical students in Dental, Nursing, Midwifery, Medicine, Paramedicine, Pharmacy and eligible Allied Health qualifications. Additional requirements for these students are outlined in the Legal Instrument and Protocol. Line of sight supervision will be required for these workforces undertaking vaccination.

The drawing up and reconstitution of vaccines can be performed by the student cohort mentioned above under supervision, as well as Health Science students. Practical *COVID-19 Vaccine Preparation Training* must be undertaken by the cohorts and they must be assessed as competent to perform the task.

Further details on the roles are outlined below.

### **3. Further supplementation using students in penultimate years of study**

In the event the above models are not sufficiently addressing workforce demand, further supplementation

may occur by drawing from and training clinical students from other years of study or other professions.

### **Supervision**

As per the Protocol and in accordance with local LHD protocols, direct, line of sight, supervision is required at all times for students carrying out vaccination tasks. When establishing line of sight supervision, guidance can be obtained from SHEOC.

## **Vaccination roles and responsibilities**

Roles have been developed as a guide for health agencies. The roles suggest tasks which may be considered as separate roles or combined if appropriate. Task separation is essential when introducing students to the vaccination setting to ensure that clinical decision making, including obtaining consent, is only carried out by registered qualified health practitioners that are authorised and competent to make such decisions.

### **Pre-screening duties**

Screen individuals for relevant medical and allergy history prior to vaccination by checking that the responses to the screening questions provided by patients are complete. Provide relevant information to individuals in order to support informed consent for vaccination (e.g. information sheet on relevant COVID-19 vaccine), identify any health concerns (including precautions and contraindications to vaccination). Escalate identified health concerns to the responsible Authorised Nurse/Midwife Immunisers, Nurse Practitioners and/or Medical Practitioners. Where no health concerns are identified, obtain consent for vaccination in accordance with the vaccine administration protocol.

### **Assessment duties**

Assess individuals with relevant health concerns identified by screening officers for their suitability for COVID-19 vaccination, according to an escalation pathway. Address and assess health concerns and queries, discuss risks and benefits, and support the process of providing informed consent for vaccination for patients with relevant health concerns. Obtain consent for vaccination. Support screening officers to identify patients with relevant health concerns where required.

### **Vaccine administration duties**

Administer the COVID-19 vaccine according to procedures to screened and consenting individuals, according to vaccine administration protocol.

### **Observation duties**

Monitor patients post-vaccination in the observation area. Identify deterioration and escalate appropriately. Release well patients after defined observation period.

## **Vaccine preparation and drawing up**

Assist in all aspects of vaccination cold chain, production, inventory control and ancillary medication management at the vaccination centre. Provide technical support to the Pharmacy section and work alongside Pharmacists, Nurses and other health staff. Support the preparation and drawing up process to minimise vaccine wastage.

For further detail on the types of health workforce and associated tasks they can undertake, please see the workforce Job Action Cards.