

ABF Detention Operations staff - Statistics by facility - COVID-19 Vaccinations					
	s. 22(1)(a)(ii)	<u>Received 1st dose</u>	s. 22(1)(a)(ii)	<u>Received both 1st and 2nd dose</u>	s. 22(1)(a)(ii)
		#	s. 22(1)(a)(ii)	#	s. 22(1)(a)(ii)
s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 22(1)(a)(ii)	
TOTAL		s. 47E(c)		s. 47E(c)	

* One NSW staff member has moved to another work area, total staffing number has reduced since previous reporting.

IHMS Operational staff - Statistics by facility - COVID-19 Vaccinations					
	s. 22(1)(a)(ii)	<u>Received 1st dose</u>	s. 22(1)(a)(ii)	<u>Received both 1st and 2nd dose</u>	s. 22(1)(a)(ii)
		#	s. 22(1)(a)(ii)	#	s. 22(1)(a)(ii)
s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 22(1)(a)(ii)	
TOTAL		s. 47E(c)		s. 47E(c)	

Serco Operational staff - Statistics by facility - COVID-19 Vaccinations			
	s. 22(1)(a)(ii)	Received 1st dose	s. 22(1)(a)(ii) Received both 1st and 2nd dose
		#	s. 22(1)(a)(ii)
s. 22(1)(a)(ii)		s. 22(1)(a)(ii)	s. 22(1)(a)(ii)

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Detainee - Statistics by facility - COVID-19 Vaccinations											
Location	s. 22(1)(a)(ii)			Consenting		s. 22(1)(a)(ii)		Received 1st dose		<u>Received</u> both 1st and 2nd dose	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)	%	s. 22(1)(a)(ii)		s. 47E(d)	%	s. 47E(d)	%
Christmas Island	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
New South Wales	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
Northern Territory	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
South Australia	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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Victoria	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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Queensland	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
Western Australia	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
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	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22(1)(a)(ii)		s. 47E(d)		s. 47E(d)	
	s. 22(1)(a)(ii)			s. 22(1)(a)(ii)		s. 22					

Official: Sensitive

International Health and Medical Services

Communicable Diseases

Policy

IHMS Policy 4.2

Linked to:

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2014-2019 IDHSC

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COMMENCEMENT OF 2014-19 IDHSC CONTRACT								
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Communicable Disease Policy

Effective Communicable Disease Management is a key activity of International Health and Medical Services (IHMS). Preventing, detecting and managing communicable diseases within the immigration detention network is vital to provide appropriate treatment to individuals, to protect other Detainees and Transferees, staff and the public.

IHMS has a comprehensive suite of procedures and guidelines which describe a strategy of prevention, monitoring and response to manage communicable diseases in Australian Immigration Detention Facilities (AIDFs) and Regional Processing Centres (RPCs). These include:

Health Screening: The IHMS Health Screening procedure document, commencing with the Health Induction Assessment, describes a comprehensive set of processes which include questionnaires, nursing and medical assessments and diagnostic screening tests which are designed to detect the presence of communicable diseases in Detainees

and Transferees as they enter an AIDF or RPC.

Vaccinations: The IHMS vaccination procedures outline the process for screening for completed vaccinations and offering catch-up vaccinations in accordance with the Australian vaccination schedule and departmental policy. Persons moving to RPCs are also offered vaccinations suitable for their destination.

Health Promotion: IHMS manages a comprehensive program of educational activities and materials that is tailored for the specific health issues relevant to Detainees and Transferees in AIDFs and RPCs. These activities are outlined in IHMS Policy 3.8 Health Promotion.

Infection Control: IHMS Infection Control Procedures provide detailed instructions and guidelines which include universal precautions including procedures for hand washing and other control measures based on mode of disease spread, management of potentially infectious materials, specific transmission based precautions, medical isolation and infection control monitoring.

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Work Health and Safety: IHMS

Workplace Health and Safety procedural documentation includes safe practices for staff to minimise risks of disease transmission, for example, with regard to spills management and aseptic techniques and link to IHMS infection control procedures.

Communicable Disease Outbreak

Procedure: The IHMS Communicable Disease Outbreak Procedure describes IHMS response to disease outbreaks within AIDFs and RPCs.

Detailed guidance for clinical management of individual cases as well as the appropriate public health responses is provided by a number of IHMS practice guidelines.

These practice guidelines under this procedure cover a wide range of conditions that have been considered to present the highest risks in the detention network, the community and the RPCs.

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International Health and Medical Services Pty Ltd (IHMS)

COVID-19 Vaccination Implementation

Immigration Detention Network

Version – v3.00 (Working draft)

Document owner: International Health and Medical Services ('IHMS')

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1 INTRODUCTION

This document provides advice and describes the minimum requirements for delivery of the COVID-19 vaccination program to the Immigration Detention Network (IDN). This document has been developed in accordance with requirements set out by the Commonwealth Department of Health.

The Department of Home Affairs has been liaising with the Department of Health to obtain access to COVID-19 vaccinations for Detainees within the IDN. The scope includes Held Detention only as individuals in Community Detention will have other arrangements to access vaccinations. This plan will enable rapid vaccination of Detainees and allow the Department to effectively mitigate the risk of a COVID-19 outbreak within the IDN in the current higher risk environment brought about by the emergence of the Delta strain of the virus.

1.1 Principles and recommendations

- Every effort should be made to vaccinate **all** Detainees.
- Ongoing monitoring of potential adverse events remains important to ensure confidence and adherence to safe practice.
- Every effort will be made to detect any Adverse Events Following Immunisation (AEFI).
- IHMS staff will seek any feedback from the stakeholder group regarding the program implementation, feedback and changes as the program develops.
- All staff must have a low threshold for reporting any suspected adverse events in Detainees post vaccination.
- Staff delivering/administration the service will be appropriately credentialled and trained to manage the COVID-19 vaccine roll-out.
- Timely and accurate record keeping is essential.
- Separate vaccination clinics will be held for the administration of the Pfizer and Astra Zeneca vaccine, ensuring that the vaccines will not be delivered to detainees at the same time/period.

1.2 Obtaining consent

There is a legal obligation to obtain valid consent prior to a medical procedure, including administering a vaccine. For consent to be considered legally valid s. 47G(1)(a)

s. 47G(1)(a)

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- Legal guardianship orders may be in place for some individuals. These individuals should be identified and consent processes confirmed for them, as applicable.

Completed consent forms will be available in hard copy on the day of vaccination. A valid consent is to be sighted prior to administration of any vaccines.

1.3 When additional care should be considered

s. 47G(1)(a)

1.4 Management of symptoms post vaccine

- Mild common symptoms (pain at injection site, lethargy, low grade fever, mild muscle aches, headache) – use paracetamol or NSAID (unless contraindicated). These symptoms typically occur 24-48 hours after vaccination and settle within 24 hours.
- Any symptoms with respiratory tract involvement (cough, breathing difficulty, sore throat) are not a post vaccination symptom and should be handled as previous (i.e. clinical evaluation for source of sepsis, consideration of COVID swab and other investigation as appropriate).
- Escalation to the IHMS GP or Ambulance/Emergency Department as appropriate and consistent with any symptoms and signs that are more severe or do not settle within 24 hours.

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2 PLANNING PHASE

2.1 Proposed locations for vaccine delivery

To support the roll out across the network we propose using the Detention Facilities as 'hubs' for delivery and storage of vaccinations.

This model will ensure that storage and security of vaccines is able to be maintained in a controlled environment. Where there are requirements for a vaccine service delivery outside of the hub and within a reasonable travel distance from a hub facility, vaccines will be packed in line with cold chain principles and transported by staff in a vehicle to the location where the clinic needs to be conducted.

s. 47G(1)(a)

IHMS will propose that each site undertakes a multi-stakeholder planning session to review potential numbers of vaccinations per day that can be supported from a health, security, and facility/space perspective.

2.2 Vaccination clinic scheduling

A schedule will be developed for vaccine delivery for each site. This schedule will need to be flexible over the length of time vaccinations are to be delivered to align with local priorities i.e. security considerations and will be adjusted to manage any risks that emerge during the program. The following considerations will be considered when developing the schedule for each detention facility:

- Specific health/welfare requirements of the detainees in that facility
- Staff availability to attend in the required number
- Interpreter availability
- The location and space that is available for the clinic to be conducted
- Facility influenza vaccination planning
- COVID-19 clusters / lockdowns
- Delivery lead times and schedule i.e. no regional sites to be scheduled for weekend/Monday deliveries.

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IHMS will review the schedule on a bi-weekly basis with the Department and will be adjusted as required based on the agreed requirements from all providers. To maintain the flow of the program we will make best efforts to keep to the proposed schedule, we do expect changes due to things outside our control. Any updates to the schedule will be provided to the Department for approval.

2.3 Initial roll out schedule

It is anticipated that consents will commence being recorded week commencing 26 July 2021.

Vaccine clinics will be scheduled progressively across the network from the week commencing 02 August 2021. The number of Detainees vaccinated per site will vary according to number of individuals that consent to vaccination. The locations for clinics will vary across the program and is currently being reviewed at a site level and will be communicated via a separate and ongoing updated spreadsheet. The vaccine delivery schedule will be updated in line with consents obtained, operational requirements and Department of Home Affairs endorsement.

2.4 Communications

Successful scheduling of a facility will require multiple communication steps and a communications checklist will be followed to ensure that all requirements are being managed prior to arrival. Initial communications with Detainees, the Department, FDSP and other interested parties will focus on the following:

- Detainee health promotion, vaccination awareness
- Communication of the nominated vaccination date for the facility
- Locations for the vaccine administration
- Detainee numbers and consents completed/obtained
- Special considerations for specific Detainees or populations, including use of educational materials in languages other than English where required
- Site readiness inspection and checklist completion
- Any other key considerations for the facility.

A formal communications plan will be developed during the project planning phase.

s. 47G(1)(a)

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Position	Requirement	Details
s. 47G(1)(a)		

Position	Requirement	Details
	s. 47G(1)(a)	

2.6 Workforce induction and education

We will deliver a blended learning approach to provide staff with a flexible, holistic learning experience that consists of multiple learning modalities (such as eLearning, virtual classroom training) paired with on-the-job coaching and the ability to 'self-service' learning in the flow of work. This program is delivered in three phases:

Phase	Learning components	
Prepare	s. 47G(1)(a)	
Engage		
Support		

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Phase	Learning components
	s. 47G(1)(a)

2.6.1 COVID-19 Vaccine training

The following modules must be completed by all staff at least 48 hours prior to commencement of a vaccination clinic. All training content is delivered through an e-learning platform at no cost. To access COVID-19 Vaccination training, visit covid19vaccinationtraining.org.au

Module	Name	Requirement
Module 1	COVID-19 an introduction	All staff
Module 2	Handling and storage	All staff
Module 3	Communication and purpose	All staff
Module 4	s. 47G(1)(a)	Registered health professionals only
Module 5	s. 47G(1)(a)	Registered health professionals only
Module 6	s. 47G(1)(a)	Registered health professionals only
Additional module 1	s. 47G(1)(a)	Registered health professionals only
Additional module 2	s. 47G(1)(a)	Registered health professionals only

3 GOVERNANCE

3.1 Governance framework


IHMS will provide a comprehensive end-to-end program delivery solution, in line with all the requirements. The governance framework provides:

- **Standardisation** to allow scalability through both consistency and reliability of service, experience, and activities.
- **Efficiency and effectiveness** to align with the expected growth of the program during the contract period. Repeatable processes will be implemented that will enable efficient recruitment and speed to deployment.
- **Flexibility and ability** to respond to changing and emerging needs of the Commonwealth and services (supported by clear processes/policy) in allowing flexing up and down.

- **Compliance with regulatory standards** and mandatory requirements related to cold chain, reporting, quality and safety.
- **Prioritisation of services** in line with safe access recommendations, vaccine availability and collaboration with stakeholders.
- **Leadership and accountability** through an experienced management team (clinical and operational) and technology that will support the service delivery model.

IHMS has a clearly defined policy and strategy for governance. The IHMS national program strategy for governance includes:


s. 47G(1)(a)



3.1.1 Project Leadership

This accountability is affected at the highest level of the IHMS organisational structure with our senior contract leadership positions:

s. 47G(1)(a)




All project positions will report into IHMS' regional management structure, in order to provide effective contract and relationship management, which will ensure service delivery is accountable and consistent across all services.

3.2 Clinical governance

The structures and processes to support clinical governance in IHMS are embedded at all levels of our service delivery. The primary purpose of clinical governance is to ensure the safety and continuous quality of our clinical services.

s. 47G(1)(a)



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s. 47G(1)(a)

IHMS COVID-19 vaccination administration staff are expected to participate in the above elements.

3.2.1 Customer feedback

Customer feedback forms will be available at all locations. Feedback will be collected by the HSM daily and collated for review and discussion in the team meeting. Feedback and complaints will be managed via the onsite complaints management process and significant issues will be escalated to senior management and the Department.

3.2.2 Hazard and incident reports

The recording and evaluation of incidents, hazards and near misses is a significant part of organised quality management (which applies to both clinical and non-clinical situations). The information collected can be a significant indicator of inadequate risk mitigation processes. Incident reports also serve to identify, escalate and manage previously unknown risks.

It is important that incidents are reported in a non-threatening environment to prevent the withholding of information that is of value to our business. All incidents are investigated and escalated. All clinical incidents will be escalated to s. 47G(1)(a).

4 INFECTION PREVENTION AND CONTROL

IHMS is committed to the protection of individuals from preventable disease transmission. IHMS will implement measures to minimise infection and the spread of disease to staff, patients, and visitors to all vaccination sites and locations.

To minimise the risk of communicable disease transmission, infection control processes implemented encompass the following key concepts:

- **Standard Precautions** shall be implemented as the first line approach to infection control, regardless of the known or perceived state of infection.
- **Transmission-based Precautions** shall be implemented in addition to standard precautions, when the state of infection is known or suspected to be transmissible by contact, droplet, oral/faecal or airborne routes.
- **Occupational Health and Safety** measures shall be implemented to ensure the protection of the healthcare worker against infection, as a result of occupational exposure.
- **Disease Surveillance** processes and management procedures shall be utilised as a means to monitor, measure and reduce the threat of disease outbreak.

4.1 Hand hygiene

Hand washing is the single most effective means of preventing the transmission of infections to vaccine recipients from the hands of health care workers. Hand washing is also effective in protecting health care workers from acquiring infections from consumers and spreading infections between staff.

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The risk of transmission of infections in the health setting is reduced by performing the 'Five Moments for Hand Hygiene' and by ensuring the compliance of health care workers in utilising personal protective equipment for standard and transmission-based precautions.

4.1.1 Clinical hand wash

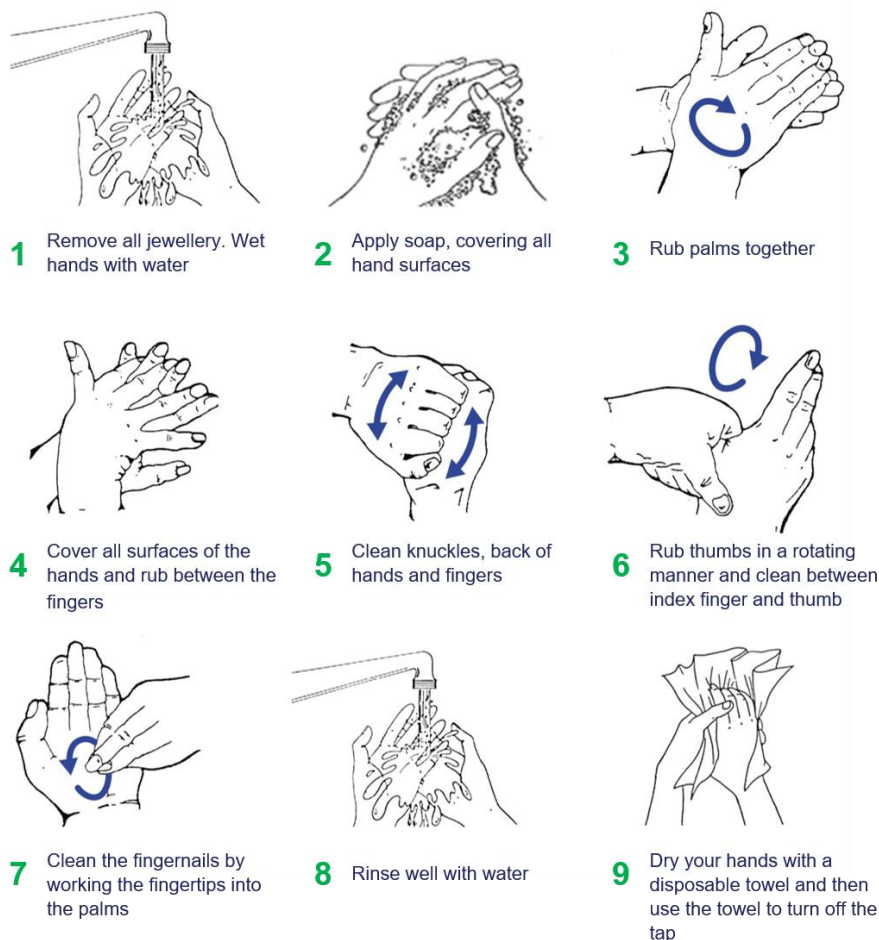
A clinical hand wash must be performed:

- before/after clinical procedures that involve open skin or touching mucous membranes
- between separate procedures on the same person
- if a person is being managed in isolation, or in situations of infectious disease outbreak
- non-surgical procedures such as wound dressings, IV cannulation
- after handling contaminated any contaminated instruments
- after routine use of gloves.

4.1.2 Social hand wash

Social hand wash must be performed:

- before and after social-type contact with vaccine recipients
- after visiting the toilet
- after using a keyboard in a clinical area and before providing care to a vaccine recipient
- after covering a cough or sneeze with hands
- before and after the consumption of any food



4.1.3 Alcoholic hand rub

Alcohol-based antiseptic hand rub may be performed:

- in lieu of clinical hand wash, but only if hands are free of visible soil
- immediately after gloves are removed, but only if hands are free of visible soil
- when handling contaminated items, but only if hands are free of visible soil
- after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.



4.2 Management of spills

s. 47G(1)(a)


4.2.1 General guidelines

s. 47G(1)(a)

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4.2.2 Initial response

s. 47G(1)(a)




4.2.4 Personal Protective Equipment (PPE)

Appropriate PPE should be put on prior to the cleaning of the spill and must include gloves.


Facial protection should be utilised if there is a risk of splashing from the spill or spillage of the cleaning agents used.
For extensive spills a disposable apron may be required.

s. 47G(1)(a)




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s. 47G(1)(a)

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4.3.1 Background

s. 47G(1)(a)

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4.3.2 General guidelines

s. 47G(1)(a)

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s. 47G(1)(a)

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s. 47G(1)(a)

4.5 Management of Clinical Waste

s. 47G(1)(a)

4.5.1 General guidelines

- All waste must be segregated into waste receptacles at point of origin of the waste.
- All staff must apply standard precautions and don appropriate PPE when handling clinical waste.
- All staff must perform hand hygiene once all PPE has been removed.
- waste receptacles must not be overfilled

s. 47G(1)(a)

4.5.3 Handling of waste

s. 47G(1)(a)

4.5.4 Post segregation

s. 47G(1)(a)


4.5.5 Waste removal

s. 47G(1)(a)

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4.6 Environmental Cleaning

s. 47G(1)(a)




When preparing cleaning solutions and/or performing cleaning procedures staff must ensure appropriate personal protective equipment (PPE) has been selected and donned. Where possible use disposable equipment to

s. 47G(1)(a)

4.6.2 Cleaning equipment/solutions

General principles:

s. 47G(1)(a)



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Cleaning principles:

- s. 47G(1)(a)
- If the covering becomes damaged it must be replaced if possible. If replacement is not possible then the item (for example, pillow) must be disposed of.

s. 47G(1)(a)

4.6.4 Environmental surfaces

Must be cleaned on a regular basis and kept visibly clean at all times, as follows:

- Surfaces and fittings must be cleaned when visibly soiled and immediately after spillage.
- Clean and disinfect high-touch surfaces (doorknobs, bed rails and light switches) on a more frequent schedule than minimal-touch surfaces.
- Clean frequently touched surfaces with detergent solution at least daily and when visibly soiled and after every known contamination.
- Detergent impregnated wipes can be used to clean single pieces of equipment (such as dressing trolley) and small surfaces areas.
- s. 47G(1)(a)
- Following a spill the area needs a wet vac.
- Walls, blinds, and window curtains in care areas must be cleaned when they are visibly dusty or soiled.

4.6.5 s. 47G(1)(a)

s. 47G(1)(a)

4.7 Personal protective equipment

As per the s. 47G(1)(a)

PPE may be required for other reasons unrelated to the preparation and administration of the vaccine such as infection prevention and control.

In areas with no or low community transmission of COVID-19, standard infection prevention and control measures should be observed, and PPE is not required. In areas with community transmission the use of PPE is required.

PPE includes:

- s. 47G(1)
- Disposable gloves (latex free where possible), which must be changed after interaction with each person
- Surgical masks
- s. 47G(1)(a)

Please note: Vaccine recipients with acute respiratory symptoms, particularly if consistent with COVID-19 infection symptoms should be advised not to attend the vaccination appointment until their symptoms have resolved and/or they have a negative COVID-19 test.

4.7.1 PPE requirements

Item	Contact	Droplet	Airborne
s. 47G(1)(a)			
Surgical mask	When in close contact s. 47G(1)(a)	s. 47G(1)(a)	
P2/N95 respirator	s. 47G(1)(a)		

4.7.2 Storage and maintenance of PPE

- All PPE s. 47G(1)(a)
- PPE must be stored s. 47G(1)(a)
- PPE is to be stored s. 47G(1)(a)
- PPE s. 47G(1)(a)

5 PREPAREDNESS

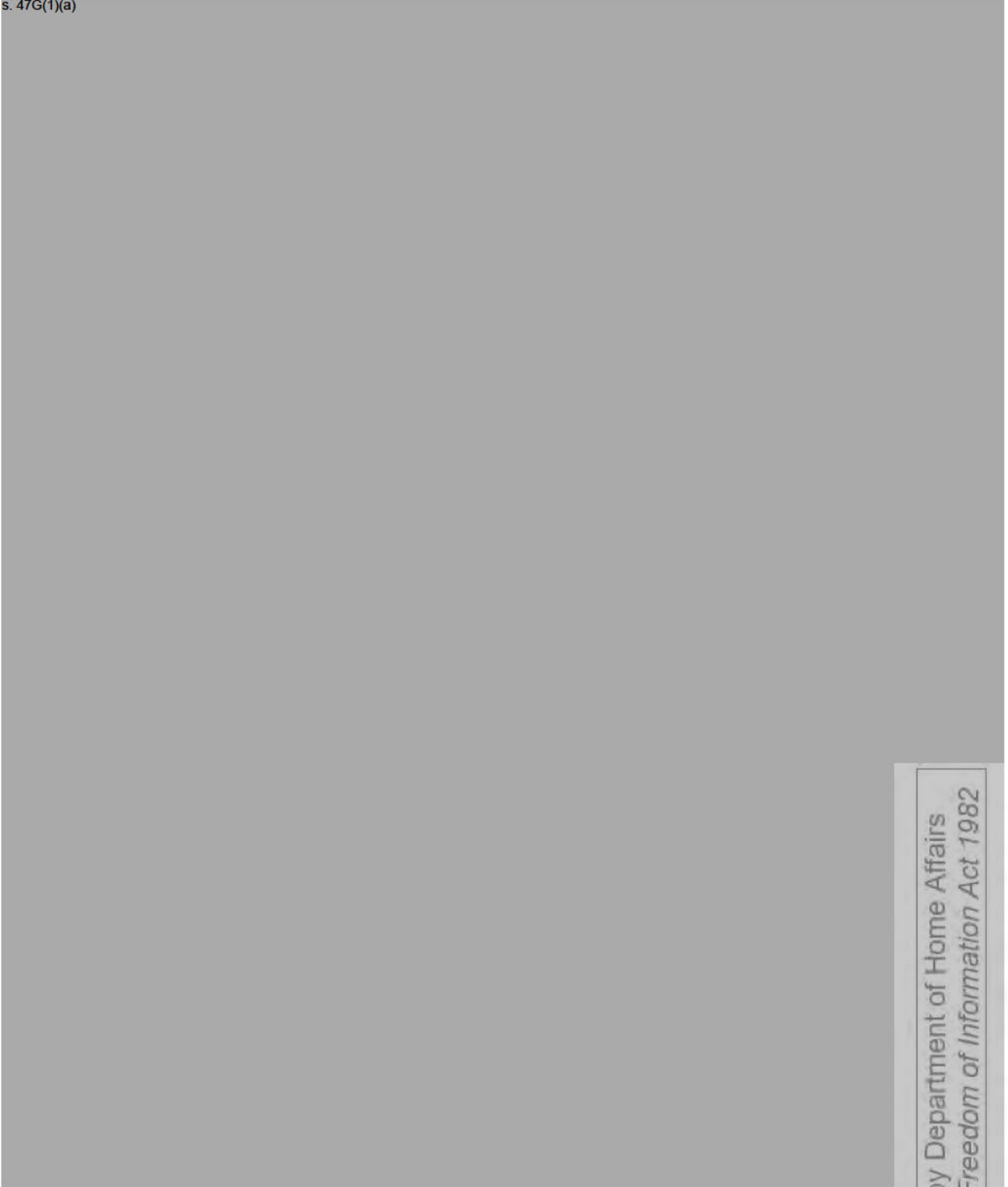
5.1 Planning overview

The following steps will be completed to prepare for the implementation of services. Engagement with all relevant stakeholders will occur throughout the planning processes.

Step #	Description	Responsible	Timeframes	Related documents
1	<p>s. 47G(1)(a)</p> <p>Engage with s. 47G(1)(a)</p> <p>Engage with s. 47G(1)(a)</p>	s. 47G(1)(a)		
2	<p>HSMs to assess site readiness</p> <p>s. 47G(1)(a)</p>	s. 47G(1)(a)		
3	<p>Prepare indicative schedule for rollout</p> <p>Following review, consultation and high-level planning with s. 47G(1)(a)</p>	s. 47G(1)(a)		
4	<p>Department of Home Affairs to approve indicative timings provided for 1st and 2nd doses.</p>	s. 47G(1)(a)		

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s. 47G(1)(a)

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Step #	Description	Responsible	Timeframes	Related documents
8	<p>Receive and accept schedule</p> <ul style="list-style-type: none"> The Commonwealth Department of Health and will approve the schedule from each Detention Facility and a detailed review will be undertaken to identify key gaps and issues. This review will focus on completeness, including: <ul style="list-style-type: none"> s. 47G(1)(a) <p>> Date of delivery</p> <ul style="list-style-type: none"> This step also includes a <ul style="list-style-type: none"> s. 47G(1)(a) 	s. 47G(1)(a)		

5.2 Site readiness

A site readiness inspection and checklist will be completed prior to the delivery of vaccinations at any identified site.

This declaration is intended to provide the Australian Government with important information regarding the capacity of potential vaccination sites to receive, store, handle and administer the vaccine. IHMS will complete the site readiness inspection and checklist and sign the declaration on the last page and return to COVID19VacTFRAC1A@Health.gov.au with the supporting completed implementation plan template.

Site readiness checklists will also be sent to the regional Superintendent, DCMA, HIDO and the Clinical team, as appropriate.

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5.3 Consent and clinical suitability

5.3.1 Process for obtaining consent

IHMS site team are responsible for determining s. 47G(1)(a)

s. 47G(1)(a)

IHMS will ensure that each detainee is offered s. 47G(1)(a)

s. 47G(1)(a)

IHMS propose that s. 47G(1)(a)

s. 47G(1)(a)

IHMS will maintain s. 47G(1)(a)

s. 47G(1)(a)

5.4 Ordering of vaccine

Orders for Vaccines s. 47G(1)(a)

s. 47G(1)(a)

Step #	Description	Responsible	Timeframes	Related documents
1	Collate and update vaccine and consumables orders for upcoming s. 47G(1)(a) <ul style="list-style-type: none"> The scheduling team will s. 47G(1)(a) Schedules must include: s. 47G(1)(a) 	s. 47G(1)(a)	s. 47G(1)(a)	s. 47G(1)(a)

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Step #	Description	Responsible	Timeframes	Related documents
2	Confirm / reconcile vaccine and consumables order <ul style="list-style-type: none"> The Ordering team will s. 47G(1)(a) s. 47G(1)(a) s. 47G(1)(a) 	s. 47G(1)(a)		s. 47G(1)(a)
3	Place vaccine and consumables order <ul style="list-style-type: none"> The order team will s. 47G(1)(a) s. 47G(1)(a) 	s. 47G(1)(a)		s. 47G(1)(a)
4	Confirm order <ul style="list-style-type: none"> s. 47G(1)(a) 	s. 47G(1)(a)		s. 47G(1)(a)

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Step #	Description	Responsible	Timeframes	Related documents
5	Confirm consumables and liaise s. 47G(1)(a) <ul style="list-style-type: none"> This must occur s. 47G(1)(a) Confirmation of s. 47G(1)(a) 	s. 47G(1)(a)		
6	Pick and pack vaccine orders <ul style="list-style-type: none"> Logistics Provider to undertake internal processes to pack orders as required. 	Logistic provider		
7	s. 47G(1)(a)			
8				

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Step #	Description	Responsible	Timeframes	Related documents
9	s. 47G(1)(a)			
10	Contact IHMS s. 47G(1)(a) s. 47G(1)(a)	s. 47G(1)(a)		
11	Deliver s. 47G(1)(a) s. 47G(1)(a) s. 47G(1)(a)	s. 47G(1)(a)		

5.5 Ancillary consumables

s. 47G(1)(a)

The following key principles will guide the ordering and distribution of kits:

- Kits will contain s. 47G(1)(a)
- Ancillary supply will be s. 47G(1)(a)

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s. 47G(1)(a)



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