

# Guidance for vaccination care of residents of Victorian Residential Aged Care Facilities (RACF)

## OFFICIAL

*This guidance is intended for use by any clinical staff caring for RACF residents – including, but not limited to nursing staff, general practitioners, and treating specialist*

## Principles and recommendations

- Every effort should be made to vaccinate **all** residents. It is strongly recommended to vaccinate all residents at risk of COVID disease
- All residents of RACFs are eligible – whether permanent, respite or admitted as part of a Transition Care Program (TCP) program
- We recommend a low threshold for reporting any suspected adverse events in residents post vaccination.
- We recommend reporting all suspected AEFI or new clinical deterioration that has occurred within **5 days** of vaccination to SAEFVIC (the Victorian vaccine safety service)
- COVID vaccines have already been administered to tens of millions around the world (in UK, US and EU, Israel etc) and evidence to date shows they are effective and very safe. Ongoing monitoring of potential adverse events remains important to ensure confidence and adherence to safe medication practice
- Every effort should be made to detect any adverse events following immunisation (AEFI)
- Many residents have multiple serious underlying medical issues. A small proportion may be terminally ill and expected to die in a matter of days to one week. It is recommended that for individuals in this group an opinion from their family / carer and primary care doctor as to whether a COVID vaccine should be administered is sought. Where there is significant uncertainty, the default position should be to vaccinate.
- Older, frail residents who have multiple medical issues may develop nonspecific symptoms when unwell such as;
  - falls
  - delirium
  - functional decline
  - loss of appetite/oral intake.
  - Change in behaviour/mood
- A high prevalence of cognitive impairment (not all formally diagnosed as dementia) in RACF residents may mean that symptoms after vaccination may not be self-reported. Staff at facilities will need to actively monitor for any signs of clinical deterioration which may represent an adverse event. Staff will need to seek any feedback from family visitors to the RACF regarding observed changes.

## Additional care should be considered regarding:

### Residents with symptoms of dementia and associated responsive behaviours

- Individuals may need additional support on the day of vaccination (i.e. from familiar staff/carers/family) to ensure the vaccine can be safely administered with minimal disruption to the person.
- Person Centred behaviour management techniques may be needed.
- Increased agitation after vaccination may indicate local injection site pain or other symptoms such as fever related to vaccination, noting fever is usually seen in the 24-48 hours following vaccination.

## Residents on anticoagulation/blood thinning medications

- See ATAGI Guidance – in particular note the need for pressure on the injection site for 2 min to minimise the risk of an injection site haematoma. The resident should have the injection site and surrounding area regularly reviewed over the 36 hours post vaccination and for monitoring for haematoma at injection site
- Staff should be aware of those residents at increased risk of bleeding

## 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
- Where gastrointestinal symptoms (nausea, diarrhoea and vomiting) are experienced attention to adequate fluid intake is important to minimise the risk of acute kidney injury and postural hypotension with resultant falls particularly in the frail elderly or those with a history of falls.
- 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 a resident's GP, a locum medical service, the local health service Residential InReach service or Ambulance/Emergency Department as appropriate and consistent with the residents escalation/goal of care plan for any symptoms and signs that are more severe or do not settle within 24 hours. As always bringing clinical expertise to the resident is desirable whenever possible and appropriate.

## Second dose considerations

If an RACF resident has had a suspected adverse event and there are concerns regarding administration of a 2<sup>nd</sup> dose, please discuss this with the resident's usual general practitioner well prior to the scheduled 2<sup>nd</sup> vaccination visit to the facility.

SAEFVIC is also happy to be contacted to provide advice regarding 2<sup>nd</sup> dose administration at 1300 882 924, noting there is some direct protection from COVID19 following the 1st dose of COVID19 vaccines

## Reporting Adverse Events Following Immunisation (AEFI)

### Serious or unexpected AEFI

- All medically attended AEFI to be reported to SAEFVIC via online reporting at [www.saeftvic.org.au](http://www.saeftvic.org.au) or by using the QR code.
  - Medically attended events are defined as a visit to general practitioner, emergency department, or hospital admission
  - If the adverse event is serious, IMMEDIATE notification is also required – see red box (below)
- Any event felt to be significant following immunisation, regardless of whether you think the symptoms were related to the vaccine or not
- Any expected symptoms that have not gone away after a few days
- Any side effects following an immunisation which requires assessment by a doctor or nurse



- Suspected shoulder injury related to vaccine administration (SIRVA)
- Any immunisation administration errors

Serious or unexpected AEFI require urgent direct notification in addition to routine reporting via CVMS or online [SAEFVIC form](#).

## Serious adverse events requiring urgent reporting

AEFI that result in:

- Transfer to hospital care
- CPR
- Defibrillator use
- Life-threatening incidents
- Death

Vaccine administration errors

**1. Manage the AEFI by usual clinical pathways**

**2. Immediately notify via phone:**

→ Business hours (Mon – Fri, 9AM – 5PM)

Call SAEFVIC **1300 882 924** (Option 1)

→ Out of Hours

Call Victorian Vaccine Control Centre (VVCC)

**1800 675 398** (Options 3-1-2)

**3. Submit an AEFI report online to [SAEFVIC](#)**