

To: Programme Management and Vaccination Division (PMVD)

(E-mail: covid19_vss@dh.gov.hk)

Vaccine Type (Put a “✓” as appropriate)
<input type="checkbox"/> mRNA COVID-19 Vaccines (12 years old or above) Please specify brand and strain: _____
<input type="checkbox"/> Seasonal Influenza Vaccines
<input type="checkbox"/> Pneumococcal Vaccines

Notification for COVID-19 Outreaching Vaccination at Non-clinic Setting
(Also Applicable to Co-administration of SIV and PV)

Notes

1. This notification should be submitted to PMVD **at least 14 days** before the vaccination date. Even if certain details of the activity are yet to be confirmed, this Division should be notified at least 14 days before the proposed vaccination date and the information should be submitted after the details are confirmed. Failure to notify 14 days in advance is a non-compliance with the COVID-19 Vaccination Programme at Non-Clinic Setting Agreement with enrolled doctors under VSS.
2. Please submit a separate notification for each outreach visit. For co-administration of SIV and PV, there is no need to submit a separate Outreach Notification.
3. Upon receipt of the Notification Form, the PMVD will provide a venue code. This code is required for submission of the reimbursement claims and will be printed on the vaccination record provided to the vaccine recipients.
4. Please DO NOT display the logo/ name of any government departments (e.g. Department of Health) on the publicity materials unless receiving the agreement or approval from the government department(s). NO publicity/ promotion material of the enrolled doctor and the medical organisation shall be displayed / distributed during the vaccination activity.
5. The information that you provide on this notification may also be forwarded to other third parties, including other Government bureaux and departments, for the provision of healthcare services, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
6. Staff of the Department of Health (DH) may conduct on-site inspection to ensure the quality of outreach vaccination services and take appropriate actions on any irregularities found.
7. Staff of the Environmental Protection Department (EPD) might conduct surprise on-site inspection to ensure the compliance of the Waste Disposal (Clinical Waste) (General) Regulation (Cap 354O). Enquiry could be made on 3178 9356.
8. When you have any updates to the activity or if you have any enquiries, please email to covid19_vss@dh.gov.hk.
9. Please complete the “Report of Vaccination Activity at Non-Clinic Setting” in Appendix 1 **within 7 days after completion of each vaccination activity.**

General Information

(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)

A. Information of Vaccination Outreach Visit and Activity Organiser

Name of activity organiser (In English) : _____

(In Chinese) : _____

Outreach venue (In English) : _____

Code (by DH): _____

(In Chinese) : _____

Address of outreach venue (In English) : _____

Contact Person and Contact No. : _____

Date and time of injection :							
Estimated number of Vaccine Recipients:							
Duration for one-on-one consultation (if any) :	Hours (round down to the nearest half hour)						
Duration for health talk session (if any) :	Hours (round down to the nearest half hour)						
Total amount of the service fee payable by the activity organiser for the outreach visit (if any) :							
B. Co-administration of Seasonal Influenza Vaccination and/or Pneumococcal Vaccination (if applicable)							
For Seasonal Influenza Vaccination (if applicable)							
Type of Organiser	Estimated Number of Vaccine Recipients						
<input type="checkbox"/> Non Secondary School / Primary School / Kindergarten / Child Care Centre	1st Dose		2nd Dose		Only Dose		
<input type="checkbox"/> Secondary School <input type="checkbox"/> Primary School <input type="checkbox"/> Kindergarten / Child Care Centre	Students of the School		Staff of the School		Others		
	1st Dose	2nd Dose	Only Dose	Only Dose	1st Dose	2nd Dose	Only Dose
For Pneumococcal Vaccination (if applicable)							
Type of Organiser	Estimated Number of Vaccine Recipients						
<input type="checkbox"/> Non Secondary School / Primary School / Kindergarten / Child Care Centre <input type="checkbox"/> Secondary School <input type="checkbox"/> Primary School <input type="checkbox"/> Kindergarten / Child Care Centre	23vPPV		PCV13		PCV15		
For activities to be held in secondary school / primary school / kindergarten / child care centre: This activity is / is not (delete as appropriate) under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme.							
Session :	1 st / 2 nd / 3 rd / 4 th session / Others, please specify: _____						
Service Fees Information : (Not applicable to the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme)	Vaccine Type	Service Fees (For eligible recipients)		Service Fees (For ineligible recipients)			
	Inactivated influenza vaccine (Injectable)	\$		\$			
	Live attenuated influenza vaccine (Nasal Spray)	\$		\$			
	23vPPV	\$		\$			
	PCV13	\$		\$			
PCV15	\$		\$				

Vaccine Transport to Venue for Seasonal Influenza Vaccination : (Put a “✓” as appropriate)	<input type="checkbox"/> By Vaccine supplier <input type="checkbox"/> By enrolled doctor / medical organisation: in tested cold box(es), with proper ice packs, insulating materials, etc. and continuous temperature monitoring using data logger / maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____
C. Information of Enrolled Doctor and the Medical Organisation	
Name of doctor:	SPID: _____
Medical organisation:	_____
Contact person :	_____
Contact number :	_____

D. Management of the Vaccination Activity		
Number of on-site staff provided on the day of vaccination : *At least one doctor in charge and one registered nurse with emergency training such as Basic Life Support should be present throughout the vaccination activity	Qualification of on-site staff	Number
	Doctor*	
	Registered Nurse*	
	Enrolled Nurse	
	Other Supporting Staff	
	Total	
Vaccine storage equipment: (Put a “✓” as appropriate)	<input type="checkbox"/> Vaccine supplier will transport the vaccines to the venue direct <input type="checkbox"/> Purpose-built vaccine refrigerator (PBVR) <input type="checkbox"/> Others, please specify: _____	
Monitoring of vaccine temperature: (Put a “✓” as appropriate)	(i) Regular checking and manual recording of temperature <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Device used for continuously temperature monitoring of the PBVR <input type="checkbox"/> Data logger (in-built or stand-alone) <input type="checkbox"/> Maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____	
Clinical waste arrangement: (Put a “✓” as appropriate)	Upon completion of the vaccination activity, the clinical waste: <input type="checkbox"/> Will be collected by licensed collector onsite immediately <input type="checkbox"/> Will be delivered directly to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue and delivered directly to Tsing Yi CWTC by healthcare professional afterwards <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue until collection by Licensed Clinical Waste Collector	

(Official Stamp)

Signature of Enrolled Doctor

Authorized Signature
For and on behalf of Medical Organisation

Name in Block Letters

Name in Block Letters (Authorized Signatory)

Date: _____

(Official Stamp)

For Government Bureau/ Department
arrange/ sponsor this outreaching activity

Authorized Signature
For and on behalf of the Activity Organiser

Name in Block Letters (Authorized Signatory)

Date: _____

Report of Vaccination Activity at Non-Clinic Setting

Please email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email Address: covid19_vss@dh.gov.hk) **within 7 days after completion of each vaccination activity.**

A. Information of outreach vaccination visit and activity organiser	
Name of Enrolled doctor	
Service Provider ID	
Name of medical organisation	
Name of Organiser	
Date of vaccination	
Outreach venue (In English)	
Outreach venue Code (by DH)	
B. Number of Persons Vaccinated	
Estimated total no. of persons before vaccination day	
Total no. of persons vaccinated*	COVID-19 vaccine (Please specify the strain & brand): _____ Inactivated influenza vaccine (Injectable) - IIV: _____ Live attenuated influenza vaccine (Nasal Spray) - LAIV: _____ 23-valent pneumococcal polysaccharide vaccine - 23vPPV: _____ 13-valent pneumococcal conjugate vaccine - PCV13: _____ 15-valent pneumococcal conjugate vaccine - PCV15: _____ Others (please specify): _____

*Counting actual no. of vaccinated people on vaccination day (May be different than the no. of persons reported before vaccination day)

Fill in by **Organiser**

Fill in by **Doctor**

Fill in by **Medical Organisation**

(Official Stamp)

Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Date _____	Date _____	Date _____
Contact No. _____	Contact No. _____	Contact No. _____