

Part II
Vaccination Procedures
&

Logistics Arrangement
On the Vaccination Day





On the Vaccination Day

- 1. Venue and Staff
- 2. Vaccine delivery (1st dose *vs* 2nd dose)
- 3. Vaccination Procedure
 - a. Check Consent Forms
 - b. Infection Control Practice
 - c. Vaccination Procedure
 - d. Documentation after Vaccination
 - e. Submitting Reports
- 4. Handling of Clinical Waste
- 5. Emergency Management
- 6. Handling of Vaccination Incidents



1. Venue and Staff

HP 衛生防護中心 Centre for Health Protection

Venue

- 1. Clean, safe, privacy, good lighting and ventilation
- 2. Adequate and separate areas for the vaccine recipients



Registration Area



Waiting Area



Vaccination Area



Observation Area



Emergency Treatment Area with mattress





Infection Control Guideline

- Health Advice to Schools for the Prevention of COVID-19
 published on 9 April 2021 for more details:
 https://www.chp.gov.hk/files/pdf/advice_to_school_on_prevention_of_nid_eng.pdf)
- Vaccination Guidance During a Pandemic. June 2021 https://www.cdc.gov/vaccines/pandemic-guidance/index.html





Venue - Infection Control Measures

- The venue for vaccination should be kept well ventilated.
- The venue should be cleaned and disinfected after every sessions with 1 in 99 diluted household bleach, left for 15-30 minutes, and then rinsed with water and wiped dry. For metallic surface, disinfect with 70% alcohol.
- All attending students and staff should wear surgical mask at all times and practice hand hygiene.





Infection Control Measures

- Check students' and parents' body temperature at school entrance (with alcohol handrub available).
- Students should receive vaccination in a staggered manner (arranged in batches) to avoid crowding.
- Maintain social distance of at least 1 meter between students.



1. Venue and Staff



Staff

1. Professional Staff

Sufficient number of qualified / trained healthcare personnel to provide service

2. Supporting Staff

- Sufficient number
- For administrative issues

Primary school

Assist in positioning of recipients during vaccination

Suggested Manpower

Primary School	Child Care Centre
At least 1 doctor / RN / EN to	provide supervision on-site &
at least 1 staff with	h first-aid training

The PPP doctor is <u>highly preferred to be present</u> at the vaccination venue; If not, he/she should be <u>personally and physically reachable</u> in case of emergency.

One injection staff for One class

1 injection nurse with 1 assistant for proper positioning of child

Kindergarten /

2. Vaccine delivery



For 1st dose SIVs:

- Deliver vaccines to Schools directly by DH appointed distributor
 (DH delivery) to both PS & KG/CCC.
- Arrange designated staff to receive the vaccines.

For 2nd dose SIVs:

- PPP doctors can choose either **DH delivery** or **Self delivery**.
- If self-delivery is chosen, proper vaccine storage and maintain cold chain (within 2°C to 8°C) throughout the vaccination activity.





a) Check Consent forms and Health Assessment

- Check vaccination history through eHS(S).
- Screen the signed Consent Forms.
- Gather the List of Students who withhold Seasonal Influenza Vaccination from the teachers.
- Assess recipient's fitness before vaccination.



3. Vaccination procedures a) Check Consent Forms



ent of Health

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b) Infection control practice

- i) Hand Hygiene Use of 70-80% alcohol-based handrub (ABHR)
 - when hands are not visibly soiled.
 - ABHR should be in original packing & not expired.

ii) Hand Hygiene - Use of gloves

- Wearing surgical gloves cannot replace hand hygiene.
- If surgical gloves are used, they should be changed before each vaccination.
- Hand hygiene should also be performed before putting on and after taking off the gloves.





b. Infection control practice

iii) Hand Hygiene Technique

- Rub all hand surfaces (7 steps) including
- 1. Palms
- 2. Back of hands
- 3. Between fingers
- 4. Back of fingers
- 5. Thumbs
- 6. Finger tips
- 7. Wrists



Rub for at least 20 seconds until hands are dry before and after vaccination.



3. Vaccination procedures (for IIV)

b) Infection control practice

iv) Skin Disinfection (for IIV) & After Care

- Use a sterile alcohol pad for skin disinfection before vaccination.
- Wipe the area from the centre of the injection site outwards, without going over the same area.
- Use a new clean gauze / cotton wool ball for post vaccination compression of injection site.





3. Vaccination procedures (for LAIV)

b) Infection control practice

iv) Wear mask & gloves, proper hand hygiene

- LAIV administration is not considered as an aerosolgenerating procedure. (N95 or higher-level respirator is not necessary)
- Vaccination teams should wear surgical mask and gloves when administering the LAIV.
- The gloves should be changed after administration of LAIV to each student.
- Perform hand hygiene after removing the previous gloves, and before wearing the new gloves.
- During nasal spray vaccine administration when mask is temporarily taken off, maintain social distance of at least 1.5 m.
- After the procedure, practice hand hygiene and wear mask as soon as practicable.









c) Vaccination

 Check the recommendation (in drug insert), vaccine dosage, damage, contamination and expiry date.

3 checks:

- 1. When taking out the vaccine from storage
- 2. Before preparing the vaccine
- 3. Before administering the vaccine

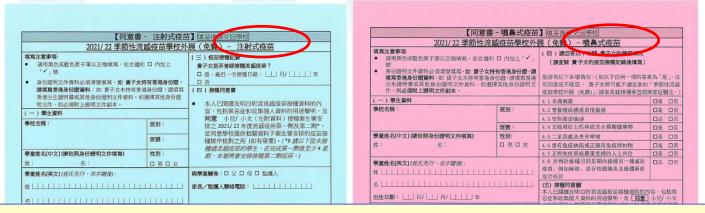
7 rights:

- 1. Recipient
- 2. Vaccine
- 3. Time (e.g. correct age, correct interval, vaccine not expired)
- 4. Dosage
- 5. Route, needle length and technique (refer to drug inserts)
- 6. Injection Site
- 7. Documentation
- Keep the vaccinated students under observation for at least 15 minutes.

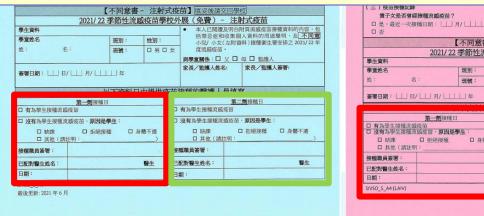


d) Documentation after vaccination

- i) Record the vaccination details on the consent form
 - Provide name and signature of the medical service provider on the Consent Form after vaccination.
 - Fill in all information in relevant column.



Name of enrolled doctor on the consent form should be same as the Doctor in Enrolment Form









d) Documentation after vaccination

ii) Complete the consented student list

學校名稱 疫苗名稱	: xx學校: 1st dose Seasonal Influenza Vaccine			學校編號: 接種日期	28/10/20XX		班別: 1A
Class No. 班號	Name / 姓名	Sex 性別	DOB (DD/MM/YY) 出生日期	Vaccinated in current year? 本年度已	Put a Pafter vaccination 接種後請加P號	May need 2nd dose 有可能要接種第二	emarks 前註
				接種?		劑	日元
1	陳樑 Chan Leung	M	04/01/13	N		Y	
2	陳小明 Chan Siu Ming	F	08/11/13	N		Y	
3	陳大明 Chan Tai Ming	F	09/12/13	N		Y	
4	劉鐘明 Chan Chong Ming	M	04/08/12	N	1	Y	
5	陳明 Chan Ming	M	31/12/13	N		Y	
5	鄭明 Cheng Ming	F	04/06/13	N		Y	
7	張小明 Cheung Siu Ming	F	13/02/13	N		Y	
3	張大明 Cheung Tai Ming	F	27/06/13	N		Y	
)	張鐘明 Cheung Chong Ming	F	15/09/13	N		Y	
10	周鐘明 Chow Chong Ming	M	23/09/12	N		Y	
1	何鐘明 Ho Chong Ming	M	30/07/13	N		Y	
12	洪明 Hong Ming	M	13/09/13	N		Y	

- ALL vaccinated students should be documented on the Consented Student List.
- 2nd dose vaccination for Students under 9 years of age who have never received SIV before.
 - ➤ Arrange at an interval of at least 4 weeks after the first dose.
 - > Provide 2nd dose SIV Student List to school.



d) Documentation after vaccination

iii) Fill in vaccination card, do not use DH6.

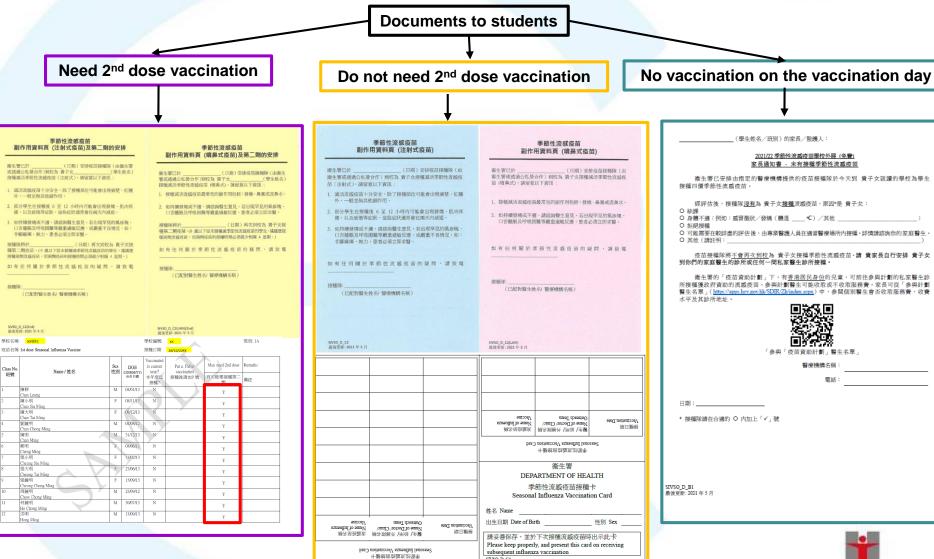
Stamp on the old / new Seasonal Influenza Vaccination (SIV) card



Either Name of matched Medical Organization OR Name of enrolled doctor

UPON COMPLETION OF VACCINATION



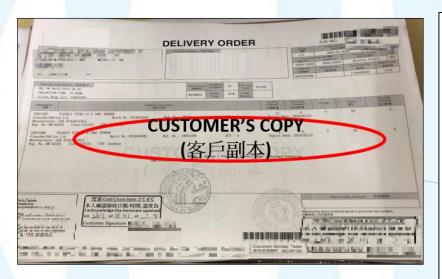


Last updated: May 202



e) Submitting Reports (For DH delivery)

Within 1 day after vaccination: Fax "Vaccine Delivery Note" & "Vaccine Usage Form- DH delivery" to PMVD

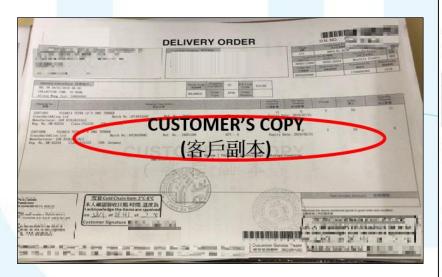


	2021 / 22 季節性流劇 疫苗使	生署 液苗學校外展 (免費) 用記錄 學校	
注意事項:			
 請醫療機構與衞生署指定 醫療機構及物流商均膨保 傳真至:衞生別護中心項 		文集剩餘疫苗及冰箱後一個工	
甲部 聯絡資料 (中文/	英文)		
 醫療機構名稱: 			
2. 負責醫生姓名:		3. 醫生註冊编號:M	
4. 學校名稱:			4
5. 學校編號:		6. 接種日期:	λ'
乙部 收集詳情及疫苗使	用記錄 (收貨發票號碼		
小學	幼稚園及幼兒中心	收集數量	批號
□ 注射式流咸疫	□ 注射式流取後前 □ 查集式流泵接苗	車割裝: 割 「如應用」	
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丙部 簽署及蓋章	-		
由外展隊	戰員填寫	由衛生署指定物	勿流药職員 填寫
簽署:		簽署:	
姓名:		姓名:	
職位:		職位:	
電話:	蓋印	電話:	蓋印
丁部 疫苗使用記錄 (由)	外展隊職員填寫)		
接收 疫苗數量 (a)	巳使用 疫苗數量 (b)	被污染/損壞/已失效 疫苗數量 (c)	剩餘 疫苗數量 (d)* *=(a)-(b)-(c)
十劑裝: 劑	十割裝: 割	十前裝: 前	十創裝: 割
單劑裝:劑	單劑裝: 剤	單劑裝: 劑	單劑裝: 劑
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- e) Submitting Reports (For Self-delivery)
 - Within 1 day after receiving vaccines: Fax "Vaccine Delivery Note" to PMVD
 - Within 1 day after vaccination: Fax "Vaccine Delivery Note" & "Vaccine Usage Form-Self Delivery" to PMVD



	衛を	土署	
	3100	海苗學校外展 (免費)	
	疫苗使	用記錄	
	自行攜帶 (第二劑適用)	
主意事項:	Im 12 that is	211-712/2011	
100	MANUFACTURE STREET AS LOW	署及蓋印作實·於疫苗接種:	COLOR DETACTOR
		衛及蓋47F員・ボ投間接傷 疫苗計劃科(傳真號碼:254	
部 聯絡資料 (中文/	英文)		
 醫療機構名稱: 			
2. 負責醫生姓名:	- 1	3. 醫生註冊編號: M	
4. 學校名稱:			
5. 學校編號:		6. 接種日期:	
	D. F. FUZN-IN-1986. 3	大幅でate TFI分と・	
	已使用	元成疫苗 單劑裝: (如連用) 被污染/損壞/已失效	
5	世	所政役由 京越疫苗 單類裝:	
由醫療機構運送到校的	E使用	元成疫苗 單劑裝: (如連用) 被污染/損壞/已失效	剩餘疫苗數量 (d)*
由醫療機構運送到校的 疫苗數量 (a)	田 <u>哈鼻式</u>	加級位在 京該疫苗 軍劑装: (知識用) 被汚染/損壊/已失效 疫苗數量 (c)	剩餘疫苗數量 (d)* *=(a)-(b)-(c)
由醫療機構運送到校的 疫苗數量 (a) 十階裝: 劑	臣使用 疫苗數量 (b) 十劑裝:	在成位苗 單劑裝: (如原用) 被污染/損壞/已失效 按苗數量 (c)	剩餘疫苗數量 (d)* *=(a)-(b)-(c) +劑裝:類
由醫療機構運送到校的 疫苗數量 (a) 十劑裝: 劑 單劑裝: 劑	臣使用 疫苗數量 (b) 十劑裝:	在成位苗 單劑裝: (如原用) 被污染/損壞/已失效 按苗數量 (c)	剩餘疫苗數量 (d)* *=(a)-(b)-(c) +劑裝:類
由醫療機構運送到校的 疫苗數量 (a) 十劑裝: 劑 單劑裝: 劑 結節 簽署及蓋章 (由外 簽署:	臣使用 疫苗數量 (b) 十劑裝:	在成位苗 單劑裝: (如原用) 被污染/損壞/已失效 按苗數量 (c)	刺餘疫苗數量 (d)* *=(a)-(b)-(c) +劑裝:劑
由醫療機構運送到校的 投苗數量 (a)	臣使用 疫苗數量 (b) 十劑裝:	在底位苗 單劑裝: (如原用) 被污染/損壞/已失效 按苗數量 (c)	刺餘疫苗數量 (d)* *=(a)-(b)-(c) +劑裝:劑





d) Submitting Reports

Fax the following form to PMVD within 1 day after vaccination

by school

- Medical organization should liaise with school staff concerning vaccine usage, and fill in this form on same day after vaccination
- School staff fax this form to PMVD within one day after vaccination

(學生接種紀錄報	告〕
2021/22 季節性流感疫苗學校外展(免費) 學生 2021/22 Seasonal Influenza Vaccination School Student Vaccination Report (On Va	Outreach (Free of Charge)
辦 實校與醫療機構核型資料並於疫苗接種活動後一個工作天內特 數科(傳真熟碼: 2320 8505) Please cheek with medical organization and fax this form to the Program Contra for Health Protection (Fax number: 2320 8505) within one worl activity.	nme Management & Vaccination Division of the king day after completion of each vaccination
學校網號 學校名傳 School Code Name of school 服務提供者碼 負責醫生姓名 Name of responsible	
SPID doctor 暨薩機機名稱 Name of medical :	
organisation 接種日期 Dete of vaccination 接種專文 Vaccination section 第一類 (1st dose)	□ 第三章 (2nd dose)
□ 第一次到校(Ist visit) □ 第二次到校(2nd Whit) 只規用於《學 (Only hyphilary schools) 全校總學生人數 Total no. of trudeath in schools □商経程人數 Total no. of consented studeats	
實際接種人數* Total no. of vaccinated students*	
*按緬當日的實際後緬學生人數(永必等於同意按緬人數)	
*Counting acrual no. of vaccinated students on vaccination day (May be different from	·
由醫療機構職員道寫 Fill in by medical organisation staff	由學校職員填寫 Fill in by school staff
簽署 Signature	签署 Signature
姓名 Name	姓名 Name
職位 Post	験位 Post
電話 Contact No. 整察機構蓋印 Climic Chop	電話 Contact No.
SIVSO_S_C1(KG) 最後更新: 2021 年 5 月	





4. Handling of clinical waste

- Discard the used syringes and uncapped needles directly into sharps box.
- Place the sharps box on a flat, firm surface and at an optimal position near the injection staff.
- Dispose sharps box when the disposable sharps reach the warning line (70-80%) for maximum volume.
- Seal up sharps box afterwards for proper disposal.
 (Please refer to guidelines of the Environmental Protection Department)
- Complete the Clinical Waste Temporary Storage Handover Note
 (Appendix 7.19 of 2021/22 PPP Doctors' Guide), if temporary storage at schools is required.

5. Emergency management



a) Staff

- Arrange qualified personnel with emergency management qualifications on-site such as **Basic Life Support**.
- Keep training up-to-date and under regular review.
- The PPP doctor is highly preferred to be present at the vaccination venue; he/she should be personally and physically reachable in case of emergency.

b) Equipment

- Protocol for emergency management
- Emergency kit equipment should include, but not limited to:
 - Bag-Valve-Mask (age-appropriate size)
 - BP monitor (age-appropriate cuffs)
 - Registered Adrenaline auto injector/ Adrenaline (1:1000 dilution)
 - Syringes and needles suitable for IMI adrenaline administration
 (at least three 1 ml syringe with three 25-32mm needles)
- Keep sufficient stock

c) Area

Designate an area for emergency treatment (with mattress)



Monitoring and Management of Adverse Events Following Vaccination

(Appendix F of 2021/22 Vaccination Subsidy Scheme (VSS) Doctors' Guide)



6. Handling of Vaccination incidents

- Record the child's condition and manage immediately.
- Explain to the teacher and parents timely.
- Notify PMVD ASAP at 2125 2128.
- Submit the Clinical Incident Notification Form (Appendix 7.22)
 to PMVD via email within the same day.
- Submit the Clinical Incident Investigation Report (Appendix 7.23)
 to PMVD via email within 7 days.



6. Handling of Vaccination incidents

Sample of the Clinical Incident Notification Form

		0	RESTRICTED)		
To: PMVD, CHP		From:		(Name of Medic	al Organization)
Fax: 2984 9608				(Name of Enrol	
Email: sivop@dh.	gov.hk	Tel:			
		Date:			
			Case	Number (assigned by PMVD):
Notification Form f	or Suspected Cli	nical Incident			
(To be completed by					
Points to Note				or circumstances (i.e. with any	
(for Medical oper			that caused injury to e or provision of clini	client or posed risk of harm to	client in the cour
		-	e or provision of cum d be notified by PPP v		
				sible (by phone to the PMVD at	2125 2128) And
			en Clinical Incident N		
				he PMVD by email (sivop@dh.	ov.hk) as soon as
	7	possible and within th	ne same day of the inci	ident.	
		A follow up full inves	tigation report by the	enrolled doctor of the PPP vacci	nation team should
	:	submitted to the PMV	D by email within 1	week upon discovery of (suspec	ed) incident.
Name of School: _ Date of incident (ld/mm/yyyy):		Tin	ne (24 hr format):	
Place of occurren	:e:		In the School		
			Others, please specif	y:	
Stage of care when	1		Pre-vaccination		
incident occur			During vaccination		
			Post-vaccination		
	e recipient(s) a	ffected:			
	clients affected	<u> </u>			
Demographics of			1 4 4 4 4	Consequence	Name and
Demographics of Person (1, G	ender Age		Level of injury as		
Demographics of Person (1, G	ender Age M/F)	Type of harm/ injury	per initial	(e.g. referred to AED/ other	batch of
Demographics of Person (1, G			per initial assessment by	specialties/ repeat or	vaccine
Demographics of Person (1, G			per initial assessment by medical team	specialties/ repeat or additional procedure and	
Demographics of Person (1, G			per initial assessment by medical team (M, 1, 2, 3)	specialties/ repeat or	vaccine
Demographics of Person (1, G			per initial assessment by medical team	specialties/ repeat or additional procedure and	vaccine
Demographics of Person (1, G			per initial assessment by medical team (M, 1, 2, 3)	specialties/ repeat or additional procedure and	vaccine
Demographics of Person (1, G			per initial assessment by medical team (M, 1, 2, 3)	specialties/ repeat or additional procedure and	vaccine

			(RESTRI	CTED)				
									\neg
Summary	of the incident:	(including	what happened.	how it ha	ppened.	and what actions	were taken etc.)		
•							Í		
Any prope	rty damage?			Yes, det	ails:				
				No					
II. Re	porter's Infort	nation							
					Post	: Please tick the ap	propriate box be	low:	
Name (in F	ull) : Mr / Ms/	Dr				Doctor			
						Nurse			
Phone:						Other healthcare	professionals, pl	ease specify:	
Email:									
	ganisation/ ser								
	rolled doctor:							_	
Date:			(dd/mm/yy	yy)	Tim	e (24 hr format):			
					—			_	
	n of level of Inj								_
Level of			fined as follows						.
Injury						nor injury, which		-	•
	_		-			nonitoring (includ		-	
			quired for the c		addition	nal investigation (or referrat to oth	er specialty	
			•			l investigation or			
	1		guired for the c		idition:	ii investigation of	referrat to othe	r specialty	
	1		•		mltad i	n death or arrest		usaitatian an	
			jury was resulted ion was resulted			n death or arrest	or requiring res	uschation or	
	permanent i	oss of funct	ion was resulted	or expec	teu.				_



6. Handling of Vaccination incidents



Sample of the Clinical Incident Investigation Report

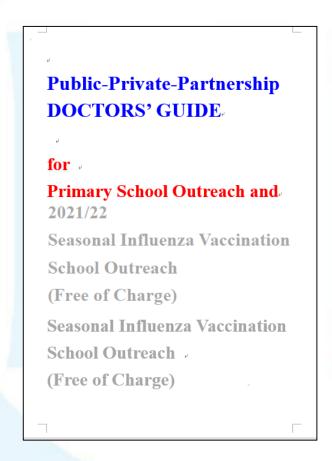
			(1	RESTRICTED)		
To: PMVD, C Fax: 2984 96 Email: sivop@	08		Name: Tel:		(Name of Medi	
	Cli	nical Incid	ent Investigation l		Number (assigned by PMVD)	:
	(To	be comple	eted by the enrolle	d doctor of the PPP	vaccination team)	
Points to Note		Report sh	ould be made withi	in 1 week upon discov	very of the incident	
Name of Scho	Facts ol involved					
Date of incide		:(ענגע):			nr format):	
Place of occur	rence:			School s, please specify:		
Stage of care	when		☐ Pre-va	secination		
incident occur	r		☐ Durin	g vaccination		
				raccination		
Number of va			cted:			
Demographic Person (1.	s of clients : Gender		T 01 /			Name and
2, 3)	(M/F)	Age	Type of harm/ injury	Level of injury as per initial	Consequence (e.g. referred to AED/ other	batch of
2, 2,	(3.22)		anjan y	assessment by	specialties/ repeat or	vaccine
				medical team	additional procedure and	involved
				(M, 1, 2, 3)	investigation, etc.)	
				(See Annex II)		
Summary of t	he incident	: (includin	g what happened.	how it happened)		

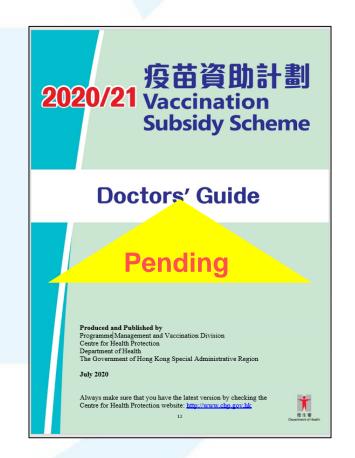
SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE) CLINICAL INCIDENT INVESTIGATION REPORT
(RESTRICTED)
Actions taken for this incident:
Remedial measures to prevent future similar occurrences:
Other recommendations and comments:
Reporter's Information
Name (in Full) : Dr
Phone:
Email:
Date:
Date:





Please read and follow both guides when providing outreach vaccination activities Check the latest version at CHP website http://www.chp.gov.hk







End of Part II