

# Part II

## Vaccination Procedures & Logistics Arrangement On the Vaccination Day



# On the Vaccination Day

1. Venue and Staff
2. Vaccine delivery (1<sup>st</sup> dose vs 2<sup>nd</sup> 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

## Venue

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



**Registration Area**



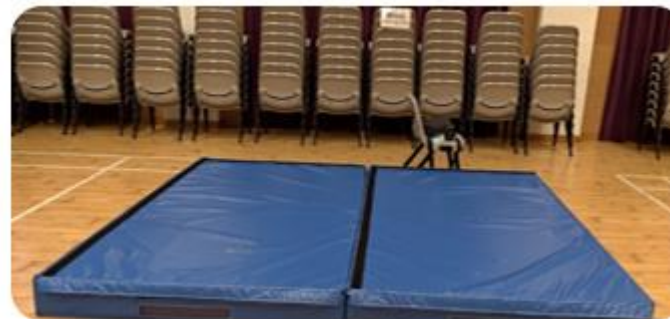
**Waiting Area**



**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](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
- Assist in positioning of recipients during vaccination

## Suggested Manpower

Primary school	Kindergarten / Child Care Centre
<p><b>At least 1 doctor / RN / EN</b> to provide supervision on-site &amp; at least 1 staff with first-aid training</p> <p>The PPP doctor is <b>highly preferred to be present</b> at the vaccination venue; If not, he/she should be <b>personally and physically reachable</b> in case of emergency.</p>	
<b>One</b> injection staff for <b>One</b> class	<b>1 injection nurse</b> with <b>1 assistant</b> for proper positioning of child



## 2. Vaccine delivery

### For 1<sup>st</sup> 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 2<sup>nd</sup> 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.





### 3. Vaccination procedures

#### 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

### 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.



## 3. Vaccination procedures

### 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 aerosol-generating 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.



According to CDC (<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>)



## 3. Vaccination procedures

### 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.**



# 3. Vaccination procedures

## 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.

**【同意書 - 注射式疫苗】** 請交回學校

2021/22 季節性流感疫苗學校外展 (免費) - 注射式疫苗

填寫注意事項:

- 請用黑色或藍色原子筆以正楷填寫, 在合適的  內加上「✓」號
- 身份證明文件資料必須清楚填寫, 如 貴子女持有香港身份證, 請填寫香港身份證資料; 如 貴子女未持有香港身份證, 請填寫香港出生證明書或其他身份證明文件資料, 如選擇其他身份證明文件, 則必須附上證明文件副本。

(一) 學生資料

學校名稱: \_\_\_\_\_ 班別: \_\_\_\_\_  
 班號: \_\_\_\_\_

學生姓名(中文)(請依照身份證明文件填寫) 性別: \_\_\_\_\_  
 姓: \_\_\_\_\_ 名: \_\_\_\_\_  男  女

學生姓名(英文)(姓氏先行, 名字隨後): \_\_\_\_\_

姓: \_\_\_\_\_ 名: \_\_\_\_\_

與學童關係:  父  母  監護人  
 家長/監護人聯絡電話: \_\_\_\_\_

(三) 疫苗接種記錄

貴子女是否曾經接種流感疫苗?  
 是, 最近一次接種日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年  
 否

(四) 接種同意書

• 本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及同意 小兒/ 小女 (左附資料) 接種衛生署安排的 2021/22 年度流感疫苗第一劑及第二劑\*, 並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用 (如有需要)。(\*9 歲以下從未接種過流感疫苗的學生, 在完成第一劑後至少 4 星期, 本署將會安排接種第二劑疫苗。)

**【同意書 - 噴鼻式疫苗】** 請交回學校

2021/22 季節性流感疫苗學校外展 (免費) - 噴鼻式疫苗

填寫注意事項:

- 請用黑色或藍色原子筆以正楷填寫, 在合適的  內加上「✓」號
- 身份證明文件資料必須清楚填寫, 如 貴子女持有香港身份證, 請填寫香港身份證資料; 如 貴子女未持有香港身份證, 請填寫香港出生證明書或其他身份證明文件資料, 如選擇其他身份證明文件, 則必須附上證明文件副本。

(一) 學生資料

學校名稱: \_\_\_\_\_ 班別: \_\_\_\_\_  
 班號: \_\_\_\_\_

學生姓名(中文)(請依照身份證明文件填寫) 性別: \_\_\_\_\_  
 姓: \_\_\_\_\_ 名: \_\_\_\_\_  男  女

學生姓名(英文)(姓氏先行, 名字隨後): \_\_\_\_\_

姓: \_\_\_\_\_ 名: \_\_\_\_\_

與學童關係:  父  母  監護人  
 家長/監護人聯絡電話: \_\_\_\_\_

(四) 接種同意書

本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及同意 小兒/ 小女 (左附資料) 接種衛生署安排的 2021/22 年度流感疫苗第一劑及第二劑\*, 並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用 (如有需要)。(\*9 歲以下從未接種過流感疫苗的學生, 在完成第一劑後至少 4 星期, 本署將會安排接種第二劑疫苗。)

是否有以下各項情況: (如以下任何一項的答案為「是」, 沒有回答或不確定, 貴子女將可能不適合參加「季節性流感疫苗學校外展 (免費)」; 請家長就接種事宜諮詢家庭醫生。)

(二) 接種同意書

本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及同意 小兒/ 小女 (左附資料) 接種衛生署安排的 2021/22 年度流感疫苗第一劑及第二劑\*, 並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用 (如有需要)。(\*9 歲以下從未接種過流感疫苗的學生, 在完成第一劑後至少 4 星期, 本署將會安排接種第二劑疫苗。)

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

**【不同意書 - 注射式疫苗】** 請交回學校

2021/22 季節性流感疫苗學校外展 (免費) - 注射式疫苗

學生資料

學生姓名 姓: \_\_\_\_\_ 名: \_\_\_\_\_ 班別: \_\_\_\_\_ 性別: \_\_\_\_\_  
 男  女

與學童關係:  父  母  監護人  
 家長/監護人姓名: \_\_\_\_\_ 家長/監護人簽署: \_\_\_\_\_

簽署日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年

(三) 疫苗接種記錄

貴子女是否曾經接種流感疫苗?  
 是, 最近一次接種日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年  
 否

(四) 接種同意書

本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及不同意 小兒/ 小女 (左附資料) 接種衛生署安排的 2021/22 年度流感疫苗。

與學童關係:  父  母  監護人  
 家長/監護人姓名: \_\_\_\_\_ 家長/監護人簽署: \_\_\_\_\_

簽署日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年

第一劑接種日

有為學生接種流感疫苗  
 沒有為學生接種流感疫苗, 原因是學生:  
 缺課  拒絕接種  身體不適  
 其他 (請註明: \_\_\_\_\_)

接種職員簽署: \_\_\_\_\_  
 已配對醫生姓名: \_\_\_\_\_ 醫生  
 日期: \_\_\_\_\_

第二劑接種日

有為學生接種流感疫苗  
 沒有為學生接種流感疫苗, 原因是學生:  
 缺課  拒絕接種  身體不適  
 其他 (請註明: \_\_\_\_\_)

接種職員簽署: \_\_\_\_\_  
 已配對醫生姓名: \_\_\_\_\_ 醫生  
 日期: \_\_\_\_\_

**【不同意書 - 噴鼻式疫苗】** 請交回學校

2021/22 季節性流感疫苗學校外展 (免費) - 噴鼻式疫苗

學生資料

學生姓名 姓: \_\_\_\_\_ 名: \_\_\_\_\_ 班別: \_\_\_\_\_ 性別: \_\_\_\_\_  
 男  女

與學童關係:  父  母  監護人  
 家長/監護人姓名: \_\_\_\_\_ 家長/監護人簽署: \_\_\_\_\_

簽署日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年

(三) 疫苗接種記錄

貴子女是否曾經接種流感疫苗?  
 是, 最近一次接種日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年  
 否

(四) 接種同意書

本人已閱讀及明白附頁流感疫苗接種資料的內容, 包括禁忌症和收集個人資料的用途聲明, 及不同意 小兒/ 小女 (左附資料) 接種衛生署安排的 2021/22 年度流感疫苗。

與學童關係:  父  母  監護人  
 家長/監護人姓名: \_\_\_\_\_ 家長/監護人簽署: \_\_\_\_\_

簽署日期: \_\_\_\_月/\_\_\_\_日/\_\_\_\_年

第一劑接種日

有為學生接種流感疫苗  
 沒有為學生接種流感疫苗, 原因是學生:  
 缺課  拒絕接種  身體不適  
 其他 (請註明: \_\_\_\_\_)

接種職員簽署: \_\_\_\_\_  
 已配對醫生姓名: \_\_\_\_\_ 醫生  
 日期: \_\_\_\_\_

第二劑接種日

有為學生接種流感疫苗  
 沒有為學生接種流感疫苗, 原因是學生:  
 缺課  拒絕接種  身體不適  
 其他 (請註明: \_\_\_\_\_)

接種職員簽署: \_\_\_\_\_  
 已配對醫生姓名: \_\_\_\_\_ 醫生  
 日期: \_\_\_\_\_





# 3. Vaccination procedures

## d) Documentation after vaccination

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

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

Seasonal Influenza Vaccination Card

姓名 Name: Chan Tai Ming  
 出生日期 Date of Birth: \_\_\_\_\_  
 性別 Sex: \_\_\_\_\_

接種日期 Vaccination Date	醫生/診所/外展隊名稱 Name of Doctor/ Clinic/ Outreach Team	流感疫苗名稱 Name of Influenza Vaccine
15/11/2021	Dr. Chan Siu Ming	Fluarix Tetra

請妥善保存，並於下次接種流感疫苗時出示此卡  
 Please keep properly, and present this card on receiving  
 subsequent influenza vaccination

✓ ✓ Issue new SIV card

DEPARTMENT OF HEALTH  
 THE GOVERNMENT OF THE HONG KONG  
 SPECIAL ADMINISTRATIVE REGION  
 香港特別行政區政府衛生署  
 IMMUNISATION RECORD  
 免疫接種記錄

Name 姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_  
 Place of Birth 出生地點:  Hong Kong 香港  Mainland China 中國內地  
 Others (Please specify) 其他地區 (請註明) \_\_\_\_\_

TYPE OF VACCINE 疫苗種類	DATE 日期	PLACE 地點	REMARKS 附註
HEPATITIS B IMMUNOGLOBULIN 乙型肝炎免疫球蛋白	DISCATED / NOT DISCATED 廢棄 / 未廢棄		
HEPATITIS B VACCINE 乙型肝炎疫苗	FIRST DOSE 第一次 SECOND DOSE 第二次 THIRD DOSE 第三次		
DTaP-IPV VACCINE 白喉、破傷風、百日咳及脊髓灰質炎疫苗	FIRST DOSE 第一次 SECOND DOSE 第二次		
MMRV VACCINE (Measles, Mumps, Rubella & Varicella) 麻疹、流行性腮腺炎、德國麻疹及水痘疫苗	FIRST DOSE 第一次		
VARICELLA VACCINE 水痘疫苗	FIRST DOSE 第一次		
OTHERS 其他			

重要文件，請永久保存  
 Please retain this immunisation record indefinitely

XX DO NOT STAMP on DH6

Either Name of **matched** Medical Organization OR Name of **enrolled** doctor

# UPON COMPLETION OF VACCINATION

## Documents to students

### Need 2<sup>nd</sup> dose vaccination

### Do not need 2<sup>nd</sup> dose vaccination

### No vaccination on the vaccination day

**季節性流感疫苗 (注射式疫苗) 及第二劑的安排**

衛生署已於 \_\_\_\_\_ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女 \_\_\_\_\_ (學生姓名) 接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：

- 滅活滅活疫苗十分安全，除了接種部位可能會出現紅腫、紅腫外，一般並無其他副作用。
- 部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛、以及疲倦等症狀，這些症狀通常會在兩天內減退。
- 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹、口腔腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

接種隊將於 \_\_\_\_\_ (日期) 再次到校為 貴子女接種第二劑疫苗。(9 歲以下從未接種過季節性流感疫苗的學生，建議應接種兩劑滅活疫苗，而兩劑疫苗的接種時間必須至少相隔 4 星期)。

如有任何關於季節性流感疫苗的疑問，請致電 \_\_\_\_\_

接種隊： \_\_\_\_\_ (已配對醫生姓名/ 醫療機構名稱)

SIVSO\_D\_C2D(4)  
最後更新: 2021 年 5 月

學校名稱: **xxx** 學校編號: **xxx** 班別: 1A

疫苗名稱: 1st dose Seasonal Influenza Vaccine 接種日期: **2021/05/05**

Class No. 班級	Name / 姓名	Sex 性別	DOB 出生日期	Vaccinated in current year 本年度已接種?	Put a Puffin vaccination sticker 接種後請加貼「鴨」	May need 2nd dose 有可能需要接種第二劑	Remarks 備註
1	陳偉 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	陳鎮宇 Chan Cheung Ming	M	04/08/12	N		Y	
5	陳明 Chan Ming	M	31/12/13	N		Y	
6	鄭明 Cheng Ming	F	07/06/13	N		Y	
7	鄧小明 Cheng Siu Ming	F	13/02/13	N		Y	
8	龐大明 Cheng Tai Ming	F	27/06/13	N		Y	
9	鄧鎮宇 Cheng Cheung Ming	F	15/09/13	N		Y	
10	周鎮宇 Chow Cheung Ming	M	23/09/12	N		Y	
11	何鎮宇 Ho Cheung Ming	M	07/07/13	N		Y	
12	何明 Ho Ming	M	15/09/11	N		Y	

**季節性流感疫苗 (注射式疫苗) 副作用資料頁**

衛生署已於 \_\_\_\_\_ (日期) 安排疫苗接種隊 (由衛生署或透過公私營合作) 到校為 貴子女接種滅活季節性流感疫苗 (注射式)。請留意以下資訊：

- 滅活滅活疫苗十分安全，除了接種部位可能會出現紅腫、紅腫外，一般並無其他副作用。
- 部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛、以及疲倦等症狀，這些症狀通常會在兩天內減退。
- 如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹、口腔腫脹及呼吸困難等嚴重過敏反應，或嚴重不良情況，如：手腳麻痺、無力，患者必須立即求醫。

如有任何關於季節性流感疫苗的疑問，請致電 \_\_\_\_\_

接種隊： \_\_\_\_\_ (已配對醫生姓名/ 醫療機構名稱)

SIVSO\_D\_C2  
最後更新: 2021 年 5 月

學校名稱: **xxx** 學校編號: **xxx** 班別: 1A

疫苗名稱: 1st dose Seasonal Influenza Vaccine 接種日期: **2021/05/05**

Class No. 班級	Name / 姓名	Sex 性別	DOB 出生日期	Vaccinated in current year 本年度已接種?	Put a Puffin vaccination sticker 接種後請加貼「鴨」	May need 2nd dose 有可能需要接種第二劑	Remarks 備註
1	陳偉 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	陳鎮宇 Chan Cheung Ming	M	04/08/12	N		Y	
5	陳明 Chan Ming	M	31/12/13	N		Y	
6	鄭明 Cheng Ming	F	07/06/13	N		Y	
7	鄧小明 Cheng Siu Ming	F	13/02/13	N		Y	
8	龐大明 Cheng Tai Ming	F	27/06/13	N		Y	
9	鄧鎮宇 Cheng Cheung Ming	F	15/09/13	N		Y	
10	周鎮宇 Chow Cheung Ming	M	23/09/12	N		Y	
11	何鎮宇 Ho Cheung Ming	M	07/07/13	N		Y	
12	何明 Ho Ming	M	15/09/11	N		Y	

姓名 Name \_\_\_\_\_ 性別 Sex \_\_\_\_\_

出生日期 Date of Birth \_\_\_\_\_

請妥善保存，並於下次接種滅活疫苗時出示此卡  
Please keep properly, and present this card on receiving subsequent influenza vaccination

SIVSO\_D\_C4  
Last updated: May 2021

\_\_\_\_\_ (學生姓名/班別) 的家長/監護人：

**2021/22 季節性流感疫苗學校外展 (免費) 家長通知書 - 未有接種季節性流感疫苗**

衛生署已安排由指定的醫療機構提供的疫苗接種隊於今天到 貴子女就讀的學校為學生接種四個季節性流感疫苗。

經評估後，接種隊認為為 貴子女接種滅活疫苗，原因\*是 貴子女：

- 缺課
- 身體不適 (例如：感冒症狀/發燒 (體溫 \_\_\_\_\_ °C) / 其他 \_\_\_\_\_)
- 拒絕接種
- 可能需要較詳細的評估後，由專業醫護人員在適當醫療場所內接種。詳情請諮詢你的家庭醫生。
- 其他 (請註明: \_\_\_\_\_)

疫苗接種隊將不會再次到校為 貴子女接種季節性流感疫苗。請 貴家長自行安排 貴子女到你們的家庭醫生的診所或任何一間私家醫生診所接種。

衛生署的「疫苗資助計劃」下，有普通居民身份的兒童，可前往參與計劃的私家醫生診所接種獲政府資助的滅活疫苗。參與計劃醫生可能收取或不收取服務費。家長可從「參與計劃醫生名單」 (<https://apps.hcwy.gov.hk/SIDR/Z/index.aspx>) 中，參閱個別醫生會否收取服務費、收費水平及其診所地址。

「參與「疫苗資助計劃」醫生名單」

醫療機構名稱: \_\_\_\_\_

電話: \_\_\_\_\_

日期: \_\_\_\_\_

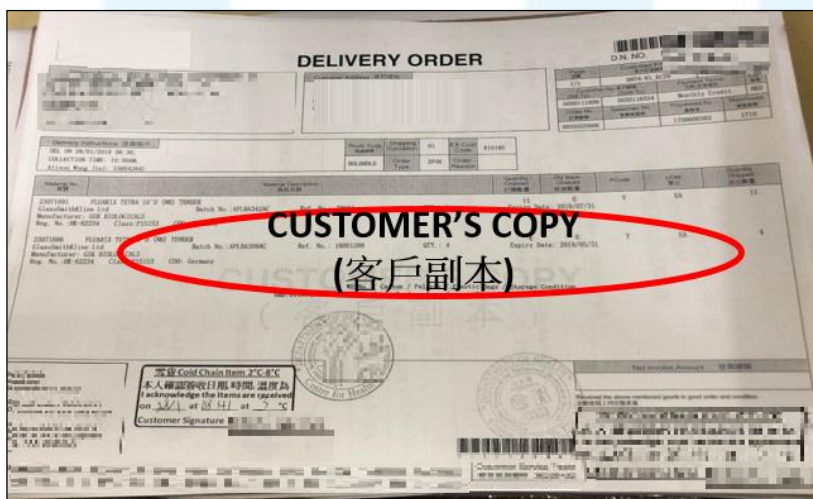
\* 接種隊請在合適的  內加上「✓」號

SIVSO\_D\_B1  
最後更新: 2021 年 5 月

# 3. Vaccination procedures

## e) Submitting Reports (For DH delivery)

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



**衛生署**  
2021 / 22 季節性流感疫苗學校外展 (免費)

**疫苗使用記錄**  
送學校

**注意事項:**

- 請醫療機構與衛生署指定的物流商核對剩餘疫苗及冰箱數量後，於此收單記錄上簽署及蓋印作實。
- 醫療機構及物流商均應保留此表格的正/副本並須於收集剩餘疫苗及冰箱後一個工作天內將此表格及收貨發票傳真至：衛生防護中心項目管理及疫苗計劃科（傳真號碼：2544.3927）。

**甲部 聯絡資料 (中文/英文)**

1. 醫療機構名稱:	3. 醫生註冊編號: M
2. 負責醫生姓名:	4. 學校名稱:
5. 學校編號:	6. 接種日期:

**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
<input type="checkbox"/> 注射式流感疫苗	<input type="checkbox"/> 注射式流感疫苗	十劑裝: _____ 劑	
	<input type="checkbox"/> 噴霧式流感疫苗	單劑裝: _____ 劑 (如適用)	
冰箱凍鐵盒 (內附溫度持續記錄器)		個	

**丙部 簽署及蓋章**

由外展隊職員填寫		由衛生署指定物流商職員填寫	
簽署:	蓋印	簽署:	蓋印
姓名:		姓名:	
職位:		職位:	
電話:		電話:	

**丁部 疫苗使用記錄 (由外展隊職員填寫)**

接收疫苗數量 (a)	已使用疫苗數量 (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	十劑裝: _____ 劑	十劑裝: _____ 劑	十劑裝: _____ 劑
單劑裝: _____ 劑	單劑裝: _____ 劑	單劑裝: _____ 劑	單劑裝: _____ 劑

STVS0\_D\_C1 最後更新: 2021年5月

# 3. Vaccination procedures

## 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



**衛生署**  
2021 / 22 季節性流感疫苗學校外展 (免費)

**疫苗使用記錄**  
**自行攜帶 (第二劑適用)**

**注意事項:**  
請醫療機構填寫後與學校核對資料並於此使用報告上簽署及蓋印作實。於疫苗接種活動後一個工作天內將此表格及收貨發票傳真至：衛生防護中心項目管理及疫苗計劃科 (傳真號碼：2544 3927)。

甲部 聯絡資料 (中文/英文)

1. 醫療機構名稱:	
2. 負責醫生姓名:	3. 醫生註冊編號: M
4. 學校名稱:	
5. 學校編號:	
6. 接種日期:	

乙部 疫苗使用記錄 (收貨發票號碼: \_\_\_\_\_)

小學	幼稚園及幼兒中心	疫苗批號
<input type="checkbox"/> 注射式 滅活疫苗	<input type="checkbox"/> 注射式 減毒疫苗	十劑裝: _____ 單劑裝: _____ (如適用)
<input type="checkbox"/> 噴霧式 滅活疫苗	<input type="checkbox"/> 噴霧式 減毒疫苗	

由醫療機構運送到校的 疫苗數量 (a)	已使用 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	十劑裝: _____ 劑	十劑裝: _____ 劑	十劑裝: _____ 劑
單劑裝: _____ 劑	單劑裝: _____ 劑	單劑裝: _____ 劑	單劑裝: _____ 劑

丙部 簽署及蓋章 (由外展隊職員填寫)

簽署: \_\_\_\_\_  
姓名: \_\_\_\_\_  
職位: \_\_\_\_\_  
電話: \_\_\_\_\_

醫療機構蓋印

SIVSO\_D\_C1 最後更新: 2021年5月

# 3. Vaccination procedures

## 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) 學生接種紀錄報告 (接種日)  
2021/22 Seasonal Influenza Vaccination School Outreach (Free of Charge)  
Student Vaccination Report (On Vaccination Day)

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內將真此表格至衛生防護中心項目管理及疫苗計劃組(傳真號碼: 2320 8505)  
Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after completion of each vaccination activity.

.....

學校編號 School Code : \_\_\_\_\_ 學校名稱 Name of school : \_\_\_\_\_  
服務提供者碼 SPID : \_\_\_\_\_ 負責醫生姓名 Name of responsible doctor : \_\_\_\_\_

醫療機構名稱 Name of medical organisation : \_\_\_\_\_  
接種日期 Date of vaccination : \_\_\_\_\_  
接種場次 Vaccination session :  第一劑 (1st dose)  第二劑 (2nd dose)  
 第一次到校 (1st visit)  
 第二次到校 (2nd visit)  
只適用於小學 (Only for Primary Schools)

全校總學生人數 Total no. of students in school : \_\_\_\_\_  
同意接種人數 Total no. of consented students : \_\_\_\_\_  
實際接種人數\* Total no. of vaccinated students\* : \_\_\_\_\_

\*接種當日的實際接種學生人數(未必等於同意接種人數)  
\*Counting actual no. of vaccinated students on vaccination day (May be different from the no. of consented students)

由醫療機構職員填寫 Fill in by medical organisation staff	由學校職員填寫 Fill in by school staff
簽署 Signature : _____	簽署 Signature : _____
姓名 Name : _____	姓名 Name : _____
職位 Post : _____	職位 Post : _____
電話 Contact No. : _____	電話 Contact No. : _____

醫療機構蓋印 Clinic Chop

SAMPLE

SIVSO S\_C1(EG)  
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*

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE)  
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

To: PMVD, CHP  
Fax: 2984 9608  
Email: [sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)

From: \_\_\_\_\_ (Name of Medical Organization)  
Name: \_\_\_\_\_ (Name of Enrolled Doctor)  
Tel: \_\_\_\_\_  
Date: \_\_\_\_\_

Case Number (assigned by PMVD): \_\_\_\_\_

**Notification Form for Suspected Clinical Incident**  
(To be completed by organisation / service provider)

**Points to Note** (for Medical operator):

- Clinical Incident is defined as any events or circumstances (i.e. with any deviation from usual medical care) that caused injury to client or posed risk of harm to client in the course of direct patient care or provision of clinical service
- Clinical incident could be notified by PPP vaccination team
- Notification should be made as soon as possible (by phone to the PMVD at 2125 2128) And followed by this written Clinical Incident Notification Form
- The completed form should be returned to the PMVD by email ([sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)) as soon as possible and within the same day of the incident.
- A follow up full investigation report by the enrolled doctor of the PPP vaccination team should be submitted to the PMVD by email within 1 week upon discovery of (suspected) incident.

**I. Brief Facts**

Name of School: \_\_\_\_\_

Date of incident (dd/mm/yyyy): \_\_\_\_\_ Time (24 hr format): \_\_\_\_\_

Place of occurrence:  In the School  
 Others, please specify: \_\_\_\_\_

Stage of care when incident occur:  Pre-vaccination  
 During vaccination  
 Post-vaccination

Number of vaccine recipient(s) affected: \_\_\_\_\_

Demographics of clients affected:

Person (1, 2, 3 ...)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

[Updated on 20210419] Page 1

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE)  
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

Summary of the incident: (including what happened, how it happened, and what actions were taken etc.)

Any property damage?  Yes, details: \_\_\_\_\_  
 No

**II. Reporter's Information**

Name (in Full) : Mr / Ms/ Dr: \_\_\_\_\_ Post: Please tick the appropriate box below:  
 Doctor  
 Nurse  
 Other healthcare professionals, please specify: \_\_\_\_\_

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of organisation/ service provider: \_\_\_\_\_  
Name of enrolled doctor: \_\_\_\_\_  
Date: \_\_\_\_\_ (dd/mm/yyyy) Time (24 hr format): \_\_\_\_\_

**Classification of level of Injury**

Level of Injury: The level of injury is defined as follows,  
**Level M** – Near miss: OR incidents that caused no or minor injury, which may or may not require repeat of investigation, treatment or procedure, or additional monitoring (including telephone follow-up).  
**Level 1** – No or minor injury was resulted AND additional investigation or referral to other speciality (including AED) was required for the client.  
**Level 2** – Significant injury was resulted AND additional investigation or referral to other speciality (including AED) was required for the client.  
**Level 3** – Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.

[Updated on 20210419] Page 2





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

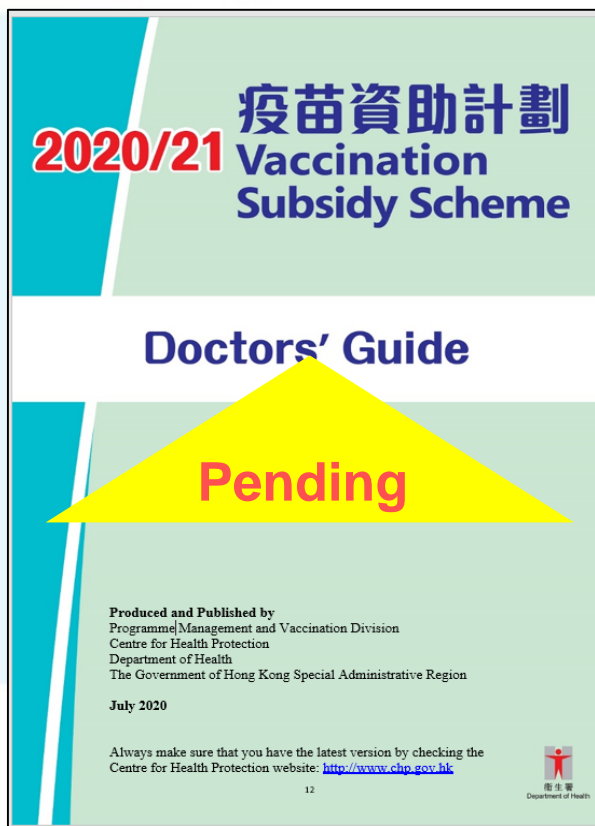
**Public-Private-Partnership  
DOCTORS' GUIDE**

**for**

**Primary School Outreach and  
2021/22**

Seasonal Influenza Vaccination  
School Outreach  
(Free of Charge)

Seasonal Influenza Vaccination  
School Outreach  
(Free of Charge)



***End of Part II***

