



# **2024/25 Seasonal Influenza Vaccination School Outreach (Free of charge) Programme**

## **Briefing Session to Participating Doctors**

### **30 August 2024**



**衛生署**  
Department of Health

# RUNDOWN

TIME	CONTENT
14:15 – 14:30	Preparations (Arrangements Before the Vaccination Day)
14:30 – 14:45	Vaccination Procedures and Logistics Arrangements (Arrangements on the Vaccination Day)
14:45 – 15:00	Vaccine Delivery Logistics for School Programme and Preparations for Self-delivery of 2nd Dose Vaccine
15:00 – 15:15	Clinical Waste Management
15:15 – 15:25	Question & Answer Session

# Vaccination Procedures & Logistics Arrangement On the Vaccination Day



# On the Vaccination Day

1. Roles and Responsibilities
2. Venue and Staff
3. Vaccine delivery (1<sup>st</sup> dose vs 2<sup>nd</sup> dose)
4. Vaccination Procedure
  - a. Check Consent
  - b. Infection Control Practice
  - c. Vaccination
  - d. Documentation after Vaccination
  - e. Submission of Reports
5. Handling of Clinical Waste
6. Emergency Management
7. Handling of Vaccination Incidents
8. 2<sup>nd</sup> dose preparation
9. Quality Assurance Inspection



# 1. Overall Role and Responsibility

- It is the **prime responsibility** of the enrolled doctor in-charge of the arrangement/ healthcare provider and the organizer to give due consideration to **safety and liability issues** to ensure **quality vaccination service** delivered to recipients.
- Make sure enrolled doctors can be reachable throughout the outreach activities.



## 2. 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

# 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** is needed.
- All attending students and staff should **perform hand hygiene**.
- Students should receive vaccination **in a staggered manner (arranged in batches)** to avoid crowding.
- Refer to Guidelines on Prevention of Communicable Diseases in Schools / KG/CCCs:  
[https://www.chp.gov.hk/files/pdf/guidelines\\_on\\_prevention\\_of\\_communicable\\_diseases\\_in\\_schools\\_kindergartens\\_kindergartens\\_cum\\_child\\_care-centres\\_child\\_are\\_centres.pdf](https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres.pdf)

## 2. Venue and Staff

### Staff

#### 1. Professional Staff

- Sufficient number of qualified/ trained healthcare personnel to provide service, medical support and assess recipients' suitability to receive the vaccination.

#### 2. Supporting Staff

- Sufficient manpower
- For administrative issues
- Assist in positioning of recipients during vaccination

Secondary / 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 e.g. BLS</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>	
1 injection staff for 1 class	1 injection staff with 1 assistant for proper positioning of child





### 3. Vaccine delivery

#### For 1<sup>st</sup> dose SIVs:

- Deliver vaccines to Schools directly by **DH appointed distributor** (*DH delivery*) to SS, 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, ensure proper vaccine storage and cold chain (within 2°C to 8°C) throughout the vaccination activity.



## 4. Vaccination procedures

- **Confirm with schools the vaccination list**
  - Collect the List of Students who withhold Seasonal Influenza Vaccination from the teachers.
  
- **Check Consent**
  - Check vaccination history through eHS(S).
  - Check again the signed Consent Forms before vaccination; especially the vaccination history and the contraindication part.



# 4. Vaccination procedures

## a) Check Consent

**2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme**  
**INJECTABLE VACCINE**

**POINTS TO NOTE:**

- Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).
- If you **CONSENT** to have your child vaccinated, please complete Part IV (Consent Form) ONLY.
- If you **REFUSE**, please complete Part V (Refusal Form) ONLY. **DO NOT** fill in both Part IV and Part V.

**(If consenting to vaccination) Part IV [Consent Form – Injectable Vaccine] (To return to school)**

**1. STUDENT INFORMATION**  
 School Name: \_\_\_\_\_  
 Class: \_\_\_\_\_ Class No.: \_\_\_\_\_ Gender:  Male  Female

**3. VACCINATION RECORD**  
 Has your child received seasonal influenza vaccination in the past?  
 Yes (Last administration date: \_\_\_/\_\_\_/\_\_\_ YYY)  No

**4. CONSENT TO ADMINISTRATION OF SIV VACCINATION**

- I have read and understood the information in Part I to III, including contraindications, and **AGREE** for my child (named left) to receive the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses\*) as arranged by the Department of Health (DH) in year 2024/ 25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. [\*DH will arrange 2<sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1<sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.]
- I declare that my child (named left) does **NOT** have **ANY** of the **contraindications** as stated in Part II.

Signature of Parent/ Guardian: \_\_\_\_\_  
 Name of Parent/ Guardian: \_\_\_\_\_  
 Identity Document of Parent/ Guardian:  
 Hong Kong Identity Card No.: \_\_\_/\_\_\_/\_\_\_ YYY  Other Identity Document, please specify: \_\_\_\_\_

**2024/ 25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme**  
**NASAL SPRAY VACCINE**

**POINTS TO NOTE:**

- Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).
- If you **CONSENT** to have your child vaccinated, please complete Part IV (Consent Form) ONLY.
- If you **REFUSE**, please complete Part V (Refusal Form) ONLY. **DO NOT** fill in both Part IV and Part V.

**(If consenting to vaccination) Part IV [Consent Form – Nasal Spray Vaccine] (To return to school)**

**1. STUDENT INFORMATION**  
 School Name: \_\_\_\_\_  
 Class: \_\_\_\_\_ Class No.: \_\_\_\_\_ Gender:  Male  Female

**3. VACCINATION RECORD**  
 Has your child received seasonal influenza vaccination in the past?  
 Yes (Last administration date: \_\_\_/\_\_\_/\_\_\_ YYY)  No

**4. CONSENT TO ADMINISTRATION OF SIV VACCINATION**

- I have read and understood the information in Part I to III, including contraindications, and **AGREE** for my child (named left) to receive the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses\*) as arranged by the Department of Health (DH) in year 2024/ 25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. [\*DH will arrange 2<sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1<sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.]
- I declare that my child (named left) does **NOT** have **ANY** of the **contraindications** as stated in Part II.

Signature of Parent/ Guardian: \_\_\_\_\_  
 Name of Parent/ Guardian: \_\_\_\_\_  
 Identity Document of Parent/ Guardian:  
 Hong Kong Identity Card No.: \_\_\_/\_\_\_/\_\_\_ YYY  Other Identity Document, please specify: \_\_\_\_\_

Parents agree for the child to receive the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses)

**(If refusing vaccination) Part V [Refusal Form – Injectable Vaccine] (To return to school)**

Student's Full Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_

Class: \_\_\_\_\_ Class No.: \_\_\_\_\_ Gender:  Male  Female

**Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination**

First Dose Vaccination Day	Second Dose Vaccination Day
<input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student	<input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student
<input type="checkbox"/> SIV was <b>NOT</b> provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____)	<input type="checkbox"/> SIV was <b>NOT</b> provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____)
Signature of Vaccination Staff: _____	Signature of Vaccination Staff: _____
Name of Enrolled Doctor: Dr. _____	Name of Enrolled Doctor: Dr. _____
Date of Activity: _____	Date of Activity: _____

**(If refusing vaccination) Part V [Refusal Form – Nasal Spray Vaccine] (To return to school)**

Student's Full Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_

Class: \_\_\_\_\_ Class No.: \_\_\_\_\_ Gender:  Male  Female

**Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination**

First Dose Vaccination Day	Second Dose Vaccination Day
<input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student	<input type="checkbox"/> Seasonal influenza vaccination(SIV) was provided to the student
<input type="checkbox"/> SIV was <b>NOT</b> provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____)	<input type="checkbox"/> SIV was <b>NOT</b> provided to the student as the student: <input type="checkbox"/> absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had discomfort <input type="checkbox"/> others (please specify: _____)
Signature of Vaccination Staff: _____	Signature of Vaccination Staff: _____
Name of Enrolled Doctor: Dr. _____	Name of Enrolled Doctor: Dr. _____
Date of Activity: _____	Date of Activity: _____

# 4. Vaccination procedures

## a) Check Consent

- Print out the “Consented Student List” (Excel file) in advance for on-site checking.

**8.7 Consented Student List** Appendix 8.7

Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 <small>(* If text format is used, it is required to conform to 'dd/MM/yyyy' format)</small>	Document Type 身份證明文件種類 <small>(Pull down menu for selection)</small>	Document Number 身份證明文件號碼 <small>(corresponding format for the document type)</small>	Date of Issue (DD/MM/YYYY) 簽發日期 <small>(* If text format is used, it is required to conform to 'dd/MM/yyyy' format)</small>	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准保留至 (DD2558) <small>(* If text format is used, it is required to conform to 'dd/MM/yyyy' format)</small>	Passport No. 護照號碼 (VISA) <small>(corresponding format for the document type)</small>	Serial No. 編號 (EC) <small>(corresponding format for the document type)</small>	Reference No. 參考編號 (EC) <small>(corresponding format for the document type)</small>
1	TAN	CHU	M	08-01-2012	Birth Certificate, HK	W0115216371							

- Please be reminded of the following:
  - Please **make sure all the relevant items in the Excel table are filled in**, especially the **Type of identity document, Document number, Date of Birth, Date of Issue (if using HKID), Surname, Given Name, and Gender**.
  - Hong Kong Birth Certificate OR
  - Hong Kong Identity Card (**fill in the Date of Issue**) OR
  - Other Identity Document (**attach a copy of that Identity Document**)

## 4. Vaccination procedures

### b) Infection control practice

#### i) Hand Hygiene - Use of 70-80% alcohol-based hand rub (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.
- Wear gloves when administering the LAIV



## 4. Vaccination procedures

### b) Infection control practice

#### iii) Hand Hygiene Technique

- **5 moments** for hand hygiene
- Rub all hand surfaces (**7 steps**) for at least **20 seconds**

#### 5 Moments for Hand Hygiene

潔手五時刻



## 4. 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** for post vaccination compression of injection site.



## 4. Vaccination procedures (for LAIV)

### b) Infection control practice

#### v) 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 gloves, and before wearing the new gloves.





## 4. Vaccination procedures

### c) Vaccination

- Assess student's fitness before vaccination, e.g. any fever or feeling unwell on the vaccination day.
- 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.**



# 4. 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 columns.

2024/25 季節性流感疫苗學校外展（免費）計劃  
注射式疫苗

填寫注意事項：  
● 請仔細閱讀第一至第三部分的資料，請用黑色或藍色原子筆填上適當的部份，並在合適的  內加上「✓」號。  
● 如同意接種，請只填寫第四部分（同意書）。  
● 如不同意接種，請只填寫第五部分（不同意書），請勿同時填寫第四部分及第五部分。

(如同意接種) 第四部分【同意書 - 注射式疫苗】(請家長填妥後交回學校)

(一) 學生資料  
學校名稱：  
班別：  
班號：  
性別： 男  女

學生姓名[中文] (請依照身份證明文件填寫)  
姓：  
名：  
學生姓名[英文] (姓氏先行，名字隨後)  
姓：  
名：  
出生日期： 日/ 月/ 年

(二) 身份證明文件  
貴子女是否 12 歲以下並擁有香港出生證明書？  
 是，請填寫香港出生證明書號碼： ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
 否，請填寫以下 (i) 或 (ii)

(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第一至第三部分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 2024/25 年度流感疫苗第一期及第二期，並同意學校提供相關資料予衛生署安排的疫苗接種隊伍對之用 (如有需要)。(9 歲以下尚未接種過流感疫苗的學生，在完成第一期後至少 4 星期，本署將會安排接種第二期疫苗。)

本人聲明小兒/ 小女 (左附資料) 並沒有附頁第二部分所填的任何禁忌症。  
家長/ 監護人簽署：  
日期： 月/ 日/ 年

2024/25 季節性流感疫苗學校外展（免費）計劃  
噴鼻式疫苗

填寫注意事項：  
● 請仔細閱讀第一至第三部分的資料，請用黑色或藍色原子筆填上適當的部份，並在合適的  內加上「✓」號。  
● 如同意接種，請只填寫第四部分（同意書）。  
● 如不同意接種，請只填寫第五部分（不同意書），請勿同時填寫第四部分及第五部分。

(如同意接種) 第四部分【同意書 - 噴鼻式疫苗】(請家長填妥後交回學校)

(一) 學生資料  
學校名稱：  
班別：  
班號：  
性別： 男  女

學生姓名[中文] (請依照身份證明文件填寫)  
姓：  
名：  
學生姓名[英文] (姓氏先行，名字隨後)  
姓：  
名：  
出生日期： 日/ 月/ 年

(二) 身份證明文件  
貴子女是否 12 歲以下並擁有香港出生證明書？  
 是，請填寫香港出生證明書號碼： ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
 否，請填寫以下 (i) 或 (ii)

(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第一至第三部分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 2024/25 年度流感疫苗第一期及第二期，並同意學校提供相關資料予衛生署安排的疫苗接種隊伍對之用 (如有需要)。(9 歲以下尚未接種過流感疫苗的學生，在完成第一期後至少 4 星期，本署將會安排接種第二期疫苗。)

本人聲明小兒/ 小女 (左附資料) 並沒有附頁第二部分所填的任何禁忌症。  
家長/ 監護人簽署：  
日期： 月/ 日/ 年

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

請注意：  
(i) 如 貴子女 (適用於已簽署同意書的學生) 在此疫苗接種外展接種日前已接種 2024/25 年度流感疫苗，請立即通知學校。  
(ii) 如 貴子女錯過了在學校的接種日，將不會再安排在校內接種疫苗。請到疫苗資助計劃下的私家診所接種疫苗。

(如不同意接種) 第五部分【不同意書 - 注射式疫苗】(請家長填妥後交回學校)

學生姓名[英文] (姓氏先行，名字隨後)：  
姓：  
名：  
班別：  
班號：  
性別： 男  女

本人已閱讀及明白附頁第一至第三部分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 2024/25 年度流感疫苗。

家長/ 監護人簽署：  
家長/ 監護人姓名：  
與學生關係： 父  母  監護人  
簽署日期： 月/ 日/ 年

第六部分 (i) 下資料由提供疫苗接種的醫護人員填寫

第一期接種日  
 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：)

按覆職員簽署：  
已配對醫生姓名：  
外展日期：

第二期接種日  
 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：)

按覆職員簽署：  
已配對醫生姓名：  
外展日期：

請注意：  
(i) 如 貴子女 (適用於已簽署同意書的學生) 在此疫苗接種外展接種日前已接種 2024/25 年度流感疫苗，請立即通知學校。  
(ii) 如 貴子女錯過了在學校的接種日，將不會再安排在校內接種疫苗。請到疫苗資助計劃下的私家診所接種疫苗。

(如不同意接種) 第五部分【不同意書 - 噴鼻式疫苗】(請家長填妥後交回學校)

學生姓名[英文] (姓氏先行，名字隨後)：  
姓：  
名：  
班別：  
班號：  
性別： 男  女

本人已閱讀及明白附頁第一至第三部分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 2024/25 年度流感疫苗。

家長/ 監護人簽署：  
家長/ 監護人姓名：  
與學生關係： 父  母  監護人  
簽署日期： 月/ 日/ 年

第六部分 (i) 下資料由提供疫苗接種的醫護人員填寫

第一期接種日  
 有為學生接種噴鼻式疫苗  
 沒有為學生接種噴鼻式疫苗，原因是學生：  
 缺課  拒絕接種  身體不適  
 其他 (請註明：)

按覆職員簽署：  
已配對醫生姓名：  
外展日期：

第二期接種日  
 有為學生接種噴鼻式疫苗  
 沒有為學生接種噴鼻式疫苗，原因是學生：  
 缺課  拒絕接種  身體不適  
 其他 (請註明：)

按覆職員簽署：  
已配對醫生姓名：  
外展日期：

# 4. Vaccination procedures

## d) Documentation after vaccination

### ii) Complete the consented student list

Appendix 8.7

**8.7 Consented Student List**

Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 <i>(* If text format is used, it is required to conform to 'dd/MM/yyyy' format)</i>	Document Type 身份證明文件類型 (Pull down menu for selection)	Document Number 身份證明文件號碼 (corresponding format for the document type)	Date of Issue (DD/MM/YYYY) 簽發日期 <i>(* If text format is used, it is required to conform to 'dd/MM/yyyy' format)</i>	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID2358) <i>(* If text format is used, it is required to conform to 'dd/MM/yyyy' format)</i>	Passport No. 護照號碼 (VISA) (corresponding format for the document type)	Serial No. 編號 (EC) (corresponding format for the document type)	Reference No. 參考編號 (EC) (corresponding format for the document type)
1 *	TAI	CHIU MIU	M	08-01-2012	Birth Certificate - HK 香港出生證明書	WD187163(7)		112233					
2 *	YUENX	FUKX CHIX	F	18-11-2011	Birth Certificate - HK 香港出生證明書	YB185277(0)		256876					
3 *	FUNG	SIK KWONG	M	21-04-2009	Birth Certificate - HK 香港出生證明書	TF025123(6)		124688					
4	陳小明	CHAN	SIU MING	M	03-02-2012	Birth Certificate - HK 香港出生證明書	F4340740		874672				
5 *	YUE	NING YI	F	10-05-2015	HKID Card 香港身份證	FE062305(8)		3568978					
6	李小姐	LEE	SIU MAN	F	15-08-2013	HKID Card 香港身份證	K1454250		3845587				
7	張西音	CHEUNG	PAK YIN	M	21-10-2015	Recognition Form (Form 6) 補領身份證紙	ABC12345		7845832				
8 *	CHU	KA PO	F	11-11-2014	Birth Certificate - HK 香港出生證明書	C386460A		8522222					
9 *	WONG	HOI MING	F	18-10-2012	Permit to Remain in HK (ID 2358) 香港居留許可證 (ID 2358)	ID122005		6974502	01/02/2020				
10 *	CHAN	HOI SHAN	F	18-10-2012	Permit to Remain in HK (ID 2358) 香港居留許可證 (ID 2358)	ID917088		6974502					
11 *	NG	MAN HEUNG	F	01-03-2010	Adoption Certificate 领养證明書	S975329/90027		8745812					
12 *	KAM	MAN MAN	M	24-09-2010	Adoption Certificate 领养證明書	S988621/90810		8745812					
13 *	CHEUNG	YUK KING	F	07-10-2009	HKID Card 香港身份證	SF059998(2)		1112233	21/10/2010				
14 *	SUN	YI MAN	M	12-12-2012	Travelway Permit 轉道証	W4782839		8741023					
15 *	WONG	NING NING	F	15-02-2013	HKID Card 香港身份證	W724676(8)		1245888					
16	潘助正	PUN	FONG CHING	F	23-10-2007	Others 其他身份證明文件	T385748(9)		8548731				

- **ALL vaccinated** students should be documented with vaccination date on the Consented Student List.
- 2<sup>nd</sup> 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.

# 4. 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 (SIV Card) with handwritten entries:

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
15/11/2022	Dr. Chan Siu Ming	

Additional text on the card: Chan Tai Ming, 01/09/2010, M

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)

Parent's/Guardian's Name 父母/監護人姓名: \_\_\_\_\_

Case No. 編號: \_\_\_\_\_

MCH Centre 母嬰健康院: \_\_\_\_\_

eHR Number 電子健康紀錄號碼: \_\_\_\_\_

**DO NOT STAMP on DH6**

Table with columns: TYPE OF VACCINE, DATE, PLACE, REMARKS

OTHERS 其他: \_\_\_\_\_

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

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

# UPON COMPLETION OF VACCINATION

**Documents to school for distribution**

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

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

**No vaccination on the vaccination day**

**Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine) and 2<sup>nd</sup> dose Arrangement**

The Department of Health (DH) has arranged Vaccination Team (by DH or through public-private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on \_\_\_\_\_ (date). Inactivated SIV (by injection) was provided. Please note the information below:

- Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
- Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
- If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

The Vaccination Team will visit the school again on \_\_\_\_\_ to provide 2<sup>nd</sup> dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call \_\_\_\_\_

Vaccination Team from: \_\_\_\_\_  
(Name of Enrolled doctor/ Medical Organisation)

SIVSO\_D\_C3(2nd) Last updated: May 2024

**Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine) and 2<sup>nd</sup> dose Arrangement**

The Department of Health (DH) has arranged Vaccination Team (by DH or through public-private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on \_\_\_\_\_ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

- The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
- If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

The Vaccination Team will visit the school again on \_\_\_\_\_ to provide 2<sup>nd</sup> dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call \_\_\_\_\_

Vaccination Team from: \_\_\_\_\_  
(Name of Enrolled doctor/ Medical Organisation)

SIVSO\_D\_C3(LAM)(2nd) Last updated: May 2024

**Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)**

The Department of Health (DH) has arranged Vaccination Team (by DH or through public-private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on \_\_\_\_\_ (date). Inactivated SIV (by injection) was provided. Please note the information below:

- Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
- Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
- If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If you have any queries regarding SIV, please call \_\_\_\_\_

Vaccination Team from: \_\_\_\_\_  
(Name of Enrolled doctor/ Medical Organisation)

SIVSO\_D\_C2 Last updated: May 2024

**Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine)**

The Department of Health (DH) has arranged Vaccination Team (by DH or through public-private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on \_\_\_\_\_ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

- The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
- If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

If you have any queries regarding SIV, please call \_\_\_\_\_

Vaccination Team from: \_\_\_\_\_  
(Name of Enrolled doctor/ Medical Organisation)

SIVSO\_D\_C3(LAM) Last updated: May 2024

Date \_\_\_\_\_

Dear Parents/ Guardians of \_\_\_\_\_ (Name of Student/ Class),

**2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge) Programme Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given**

The Department of Health (DH) has arranged vaccination team by designated medical organisation to provide Quadrivalent Seasonal Influenza Vaccination (SIV) to students at your child's school today.

After the assessment, the vaccination team **did not** vaccinate your child because\* your child:

- was absent from school.
- had physical discomfort [e.g. flu symptoms/ fever (body temperature \_\_\_\_ °C)/ others \_\_\_\_\_]
- refused vaccination
- may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
- others (please specify: \_\_\_\_\_)

The vaccination team **will not rearrange** SIV for your child at his/ her school. **Please arrange vaccination for your child at your family doctor's clinic or any private clinics.**

Under the Vaccination Subsidy Scheme (VSS) of DH, children who are **Hong Kong residents** are eligible to receive SIV, with Government subsidy, from private doctors enrolled in VSS. Doctors participating in VSS may or may not charge a service fee. Please refer to the "List of Participating Doctors" to see whether the individual doctor charges service fee, the amount they charge and their address (<https://apps.hcv.gov.hk/SDIR/EN/index.aspx>).

*"List of Vaccination Subsidy Scheme Participating Doctors"*

Name of Medical Organisation : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

\*Vaccination team please tick the appropriate

SIVSO\_D\_B1 Last updated: May 2024

**8.7 Consented Student List**

Class	Chinese Name	English Name	English Name	Sex	Date of Birth	Document Number	Date of issue	Document Number	Date of issue	Document Number	Date of issue
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	M	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012
1A	CHENG	CHENG	CHENG	F	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012	9999999999	18-03-2012

**DEPARTMENT OF HEALTH**

**季節性流感疫苗接種卡**

**Seasonal Influenza Vaccination Card**

姓名 Name \_\_\_\_\_ 性別 Sex \_\_\_\_\_

出生日期 Date of Birth \_\_\_\_\_

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

SIVSO\_D\_C4 Last updated: Mar 2021

# 4. Vaccination procedures

## e) Submission of Reports (*For DH delivery*)

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



### 衛生署

2024 / 25 季節性流感疫苗學校外展 (免費)

**送學校** 疫苗使用報告及冰箱收集記錄

#### 注意事項：

1. 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，於此收集記錄上簽署及蓋印作實。
2. 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：
4. 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：\_\_\_\_\_)

中學 / 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"/> 噴鼻式流感疫苗	單劑裝：_____ 劑	
冰箱連鐵盒 (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

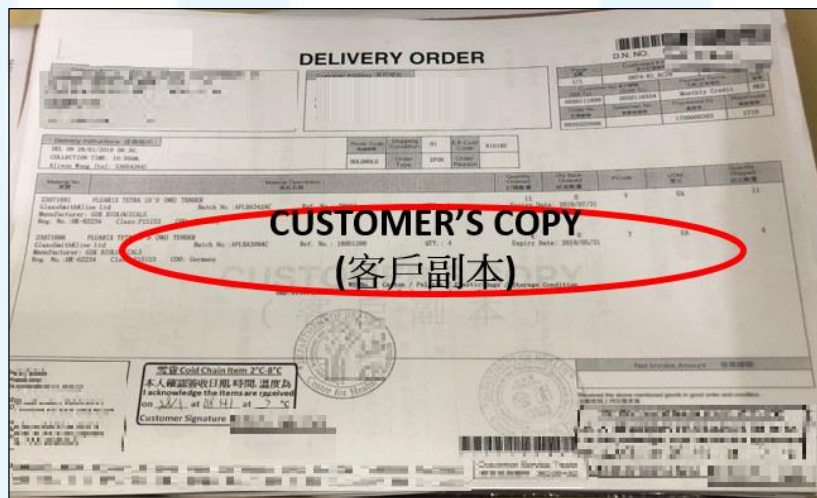
\* 如 (c) + (d) 的疫苗數量超過申請數量的 5%，醫療機構需於下方解釋原因。\*

超過 5% 的原因：

# 4. Vaccination procedures

## e) Submission of 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  
2024 / 25 季節性流感疫苗學校外展 (免費)  
**送診所 (第二劑適用) 疫苗使用報告**

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：	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 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 流感疫苗	<input type="checkbox"/> 注射式 流感疫苗 <input type="checkbox"/> 噴鼻式 流感疫苗	十劑裝：_____ 單劑裝：_____ (如適用)
此校申請疫苗數量* (*須與疫苗申請確認通知書一致)	十劑裝：_____ 劑 (a)	單劑裝：_____ 劑 (a)
已使用疫苗數量	十劑裝：_____ 劑 (b)	單劑裝：_____ 劑 (b)
※ 曾放置於室溫的 已失效疫苗數量	十劑裝：_____ 劑 (c)	單劑裝：_____ 劑 (c)
被污染/損壞的 已失效疫苗數量	十劑裝：_____ 劑 (d)	單劑裝：_____ 劑 (d)
剩餘疫苗數量	十劑裝：_____ 劑 (e)*	單劑裝：_____ 劑 (e)*
	* (e) = (a) - (b) - (c) - (d)	* (e) = (a) - (b) - (c) - (d)

※ 請將已開盒 / 未開盒但曾放置於室溫的疫苗列為已失效，並帶回診所存放，以便本署日後安排回收。 ※

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

# 4. Vaccination procedures

## e) Submission of 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**

**2024/25 季節性流感疫苗學校外展(免費)計劃 學生接種記錄報告 (接種日)**  
**2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme 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 傳真此表格至衛生防護中心項目管理及疫苗計劃科(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 : \_\_\_\_\_ 學校名稱 : \_\_\_\_\_  
 School Code : \_\_\_\_\_ Name of school : \_\_\_\_\_  
 服務提供者碼 : \_\_\_\_\_ 負責醫生姓名 : \_\_\_\_\_  
 SPID : \_\_\_\_\_ 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 :  第一劑 (1st dose)  第二劑 (2nd dose)  
 Vaccination session :  第一次到校 (1st visit)  
 (只適用於小學及幼稚園)  第二次到校 (2nd visit)  
 幼兒中心  
 For Primary Schools:  第二次到校 (2nd visit)  
 and KG/CCC only 只適用於小學 (for Primary Schools only)

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\* : \_\_\_\_\_

貴校有否於季節性流感疫苗學校外展活動中安排學生接種其他疫苗 (例如: 新冠疫苗)? Has your School arranged other vaccination (e.g. COVID-19 vaccination) for students during the SIV School Outreach activity?		<input type="checkbox"/> 沒有 NO
<input type="checkbox"/> 有 YES	疫苗種類 Type of Vaccine : <input type="checkbox"/> 新冠疫苗 COVID-19 Vaccine <input type="checkbox"/> 其他(請注明) Others (please specify) :	
實際接種人數 Actual no. vaccinated*:		

\*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 : _____ 姓名 : _____ Name : _____ 職位 : _____ Post : _____ 電話 : _____ Contact No. : _____	<div style="border: 2px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> 簽署 : _____ Signature : _____ 姓名 : _____ Name : _____ 職位 : _____ Post : _____ 電話 : _____ Contact No. : _____
醫療機構蓋印 Clinic Chop	

SIVSO\_S\_C1  
 最後更新: 2024年5月



# 5. 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 8.19 of **2024/25 SIVSOP Doctors' Guide**, if temporary storage at schools is required.)

衛生署  
2024/25 季節性流感疫苗學校外展(免費)計劃  
公私營合作外展隊  
醫療廢物暫存轉交記錄

注意事項：

- 此表格只適用於持牌醫療廢物收集商未能於到校疫苗接種活動後即時收集醫療廢物的情況下使用，參與外展的醫療機構及學校均應保留此表格的正/副本。
- 請醫療機構職員將利器收集箱牢固地關上盒蓋密封，然後存放在上鎖及已適當標示的儲物櫃內，留待持牌醫療廢物收集商到學校收集。
- 請學校職員將利器收集箱全數交予收集人員，核對重量後，於醫療廢物運載記錄上簽署及蓋印作實。

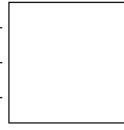

甲、聯絡資料

- 參與計劃醫生姓名：(中文/英文) \_\_\_\_\_
- 服務提供者號碼： \_\_\_\_\_
- 所屬醫療機構名稱：(中文/英文) \_\_\_\_\_
- 學校名稱：(中文/英文) \_\_\_\_\_
- 學校編號： \_\_\_\_\_
- 轉交日期： \_\_\_\_\_
- 預計利器收集箱收集日期： \_\_\_\_\_

乙、醫療廢物轉交詳情：

疫苗接種場次 <small>(只適用於小學及幼稚園幼兒中心 For Primary Schools and KG/CCC only) (請在適當的位置加上“✓”號)</small>	利器收集箱數量
<input type="checkbox"/> 接種第一劑(第一天) <input type="checkbox"/> 接種第一劑(第二天)(小學適用) <input type="checkbox"/> 接種第二劑	_____個

丙、醫療機構及學校簽署及蓋印

由醫療機構職員填寫	由學校職員填寫
簽署： _____ 姓名： _____ 職位： _____ 電話： _____	簽署： _____ 姓名： _____ 職位： _____ 電話： _____
 醫療機構蓋印	 學校蓋印

SIVSO\_D\_B2  
最後更新：2024年5月

## 6. 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**)
  - **At least three Registered Adrenaline auto injector/ ampoules (1:1000 dilution)**
  - Syringes and needles suitable for IMI adrenaline administration  
(**at least three 1 ml syringes 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 2024/25 Vaccination Subsidy Scheme (VSS) Doctors' Guide)

## 7. Handling of Vaccination incidents

- Record the student's condition and manage immediately.
- Explain to the teacher and parents timely.
- Notify PMVD ASAP at 2125 2128.
- Submit *Clinical Incident Notification Form* (Appendix 8.22) to PMVD via email within the same day.
- Submit *Clinical Incident Investigation Report* (Appendix 8.23) to PMVD via email within 7 days.



# 7. Handling of Vaccination incidents

## Sample of 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.)			
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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.
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[Updated on 20210419] Page 2



# 7. Handling of Vaccination incidents

## Sample of Clinical Incident Investigation Report

**SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH (FREE OF CHARGE)  
CLINICAL INCIDENT INVESTIGATION REPORT**

(RESTRICTED)

To: FMVD, 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 FMVD): \_\_\_\_\_

**Clinical Incident Investigation Report**  
 (To be completed by the enrolled doctor of the PPP vaccination team)

Points to Note: - Report should be made within 1 week upon discovery of the incident

**I. Brief Facts**

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

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

Summary of the incident: *(including what happened, how it happened)*

1

**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: \_\_\_\_\_

2



## 8. 2<sup>nd</sup> Dose Preparation

- Check the consent form for the **vaccination history** provided by the parents/guardians in addition to the record on eHS(S)
- The vaccination record on eHS(S) may not show all vaccination history, e.g. the vaccine recipient may have received seasonal influenza vaccination overseas / through self payment by private doctors and it will not be shown on eHS(S)
- If the vaccination history provided by parents/guardians and the eHS(S) records are inconsistent, please clarify with the parents/ guardians.



# 9. Quality Assurance Inspections

- Venue setting
- Cold-chain management
- Vaccination procedure and techniques
- Emergency equipment preparation
- Clinical waste management



# Observations and Recommendations

Areas	Observations	Recommendations
Venue setting	<ol style="list-style-type: none"><li>1. Mixing <b>consent</b> and <b>non-consent</b> students in the same activity venue</li><li>2. Mixing <b>vaccinated</b> and <b>non-vaccinated</b> students in the same venue</li></ol>	<ol style="list-style-type: none"><li>1. Only allowed consent students to stay in the vaccination room</li><li>2. Clear segregation<ul style="list-style-type: none"><li>- by signage, partition</li><li>- by supporting staff</li></ul></li></ol>
Cold chain management	<ol style="list-style-type: none"><li>1. Temperature of the fridge/cold box for vaccine storage was not closely monitored</li><li>2. Absent of appropriate temperature monitoring device for cold-chain management.</li></ol>	<ol style="list-style-type: none"><li>1. Monitoring the temperature for vaccine storage with <b>max-min thermometer/data logger</b></li></ol>





# Observations and Recommendations

Areas	Observations	Recommendations
Vaccination procedure and technique	<ol style="list-style-type: none"><li data-bbox="382 318 1103 425">1. Improper identity and consent form checking</li><li data-bbox="382 775 1103 882">2. Improper positioning of students</li><li data-bbox="382 946 1103 1053">3. Improper hand hygiene technique</li></ol>	<ol style="list-style-type: none"><li data-bbox="1141 318 1875 704">1. Checking at least two identifiers and eligibility of recipient before vaccination <i>- in particular 2nd dose</i> <i>- check information in both eHS(S) and consent form</i></li><li data-bbox="1141 775 1875 882">2. Give instruction to parents on positioning properly</li><li data-bbox="1141 946 1875 1110">3. Adhere to <b>5 moments and 7 steps</b> of hand hygiene technique</li></ol>

★ Strictly Adhere 3 checks and 7 rights for vaccine administration ★

# Observations and Recommendations

Areas	Observations	Recommendations
Emergency equipment preparation	1. Expired Adrenaline 2. Inappropriate syringe and needle 3. No age-appropriate BP cuff / BVM	1. Check and prepare <b>size and age appropriate</b> emergency equipment before activity
Clinical wastes management	1. Overfilled sharps box 2. Inappropriate storage area	1. Change new sharps box when 70-80% <b>filled</b> 2. Adhere to the <b>EPD guidelines</b> and regulations

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

## DOCTORS' GUIDE

For 2024/25

Seasonal Influenza Vaccination

School Outreach

(Free of Charge)

Programme

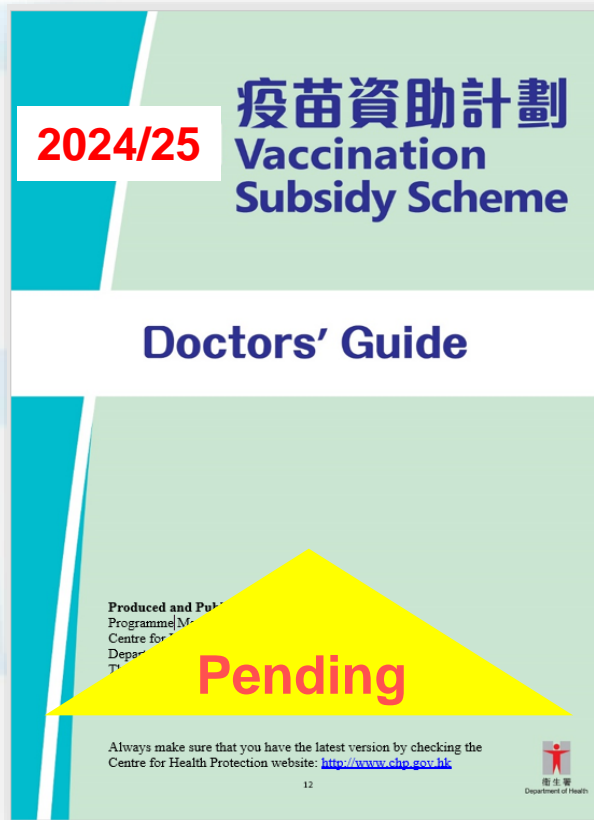
(SIVSOP)

**For**

**Secondary and Primary School**

**and Kindergarten/Child Care**

**Centre**



**Thank You!**

