



VSS 2016/17

**Areas which Need Enhanced Attention
during Vaccination at Non-Clinic
Settings**

Briefing in November 2016



衛生署
Department of Health

Content

Part 1. Role of the doctors

Part 2. Vaccination procedures and vaccine storage

Part 3. Claim procedures

Part 4. Clinical waste management



Part 1. Role of the doctors



1. Role of doctor

- The enrolled doctor is overall responsible for the vaccination activity
- Vaccines should be prescribed by the doctor
- All doctors should observe the Code of Professional Conduct (for the Guidance of Registered Medical Practitioners) issued by the Medical Council of Hong Kong



Code of Professional Conduct

- clause 21.1



CODE OF PROFESSIONAL CONDUCT

FOR THE GUIDANCE OF REGISTERED
MEDICAL PRACTITIONERS

MEDICAL COUNCIL OF HONG KONG
(Revised in January 2016)

001/2016

21. Covering or improper delegation of medical duties to non-qualified persons

21.1 A doctor who improperly delegates to a person who is not a registered medical practitioner duties or functions in connection with the medical treatment of a patient for whom the doctor is responsible or who assists such a person to treat patients as though that person were a registered medical practitioner, is liable to disciplinary proceedings. The proper training of medical and other bona fide students or the proper employment of nurses, midwives and other persons trained to perform specialized functions relevant to medicine is entirely acceptable provided that the doctor concerned exercises effective personal supervision over any persons so employed and retains personal responsibility for the treatment of the patients.



2. Supervision

The doctor should:

- **supervise the vaccination activity:**
 - a) Exercise effective supervision over the trained personnel who cover his duty and;
 - b) Retain personal responsibility for treatment of patients
(Make on-site doctor available is recommended)
- **ensure sufficient no. of **qualified and trained** health care personnel to provide service and medical support**
- **brief relevant staff on the service and responsibilities**

Onsite doctor is recommended

3. Preparation for health emergencies

- keep a written protocol for vaccination at non-clinic setting
- provide personnel **trained in emergency management** (training should be up to date and under regular review)
- ensure the equipment including **emergency kits** with Ambu bag, adrenaline injection or EpiPen, and BP monitoring are sufficient and not expired



Essential equipment for emergency



4. Advices on venue

- Give advice on the choice of venue
 - Find out if there is any restriction on the use of venue
 - The vaccination venue should be well lit, ventilated and clean
- Venue should be divided into 4 parts:
 1. Waiting and registration
 2. Administration of vaccination
 3. Observation after vaccination
 4. First aid treatment if necessary




6. Advices on venue (cont'd)


- ? Outdoor
- Hygiene
- Safety
- Privacy
- Order

第1選擇：

日期：11月28日（星期六）
 時間：下午2時至4時30分
 地點：[] 臨時帳篷
 （近 [] 小巴士站）

**預防感冒
保障健康**





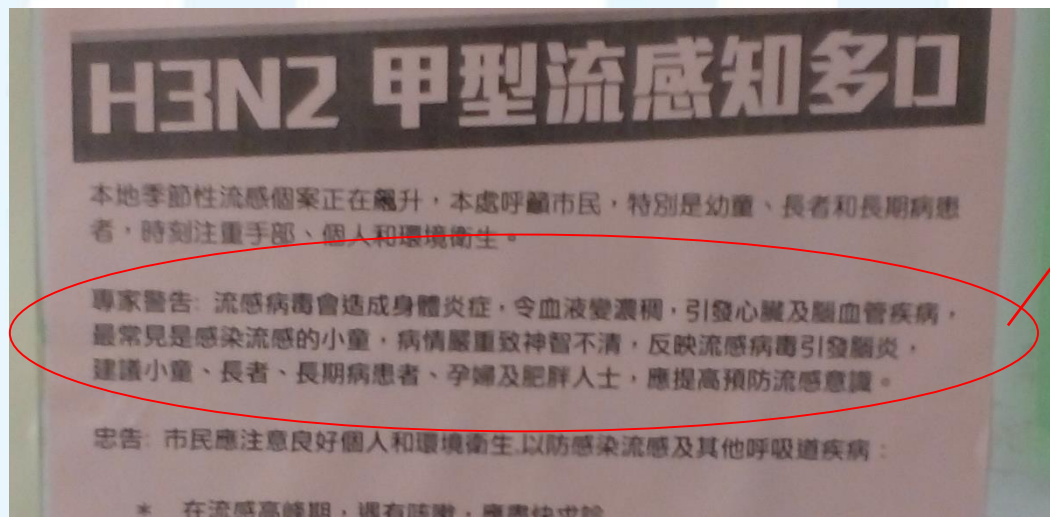
第2選擇：

日期：11月29日（星期日）
 時間：上午10時至12時30分
 下午2時至4時30分
 地點：[] 臨時帳篷（近 [] 小巴士站）

臨時帳篷(近XX小巴士站)

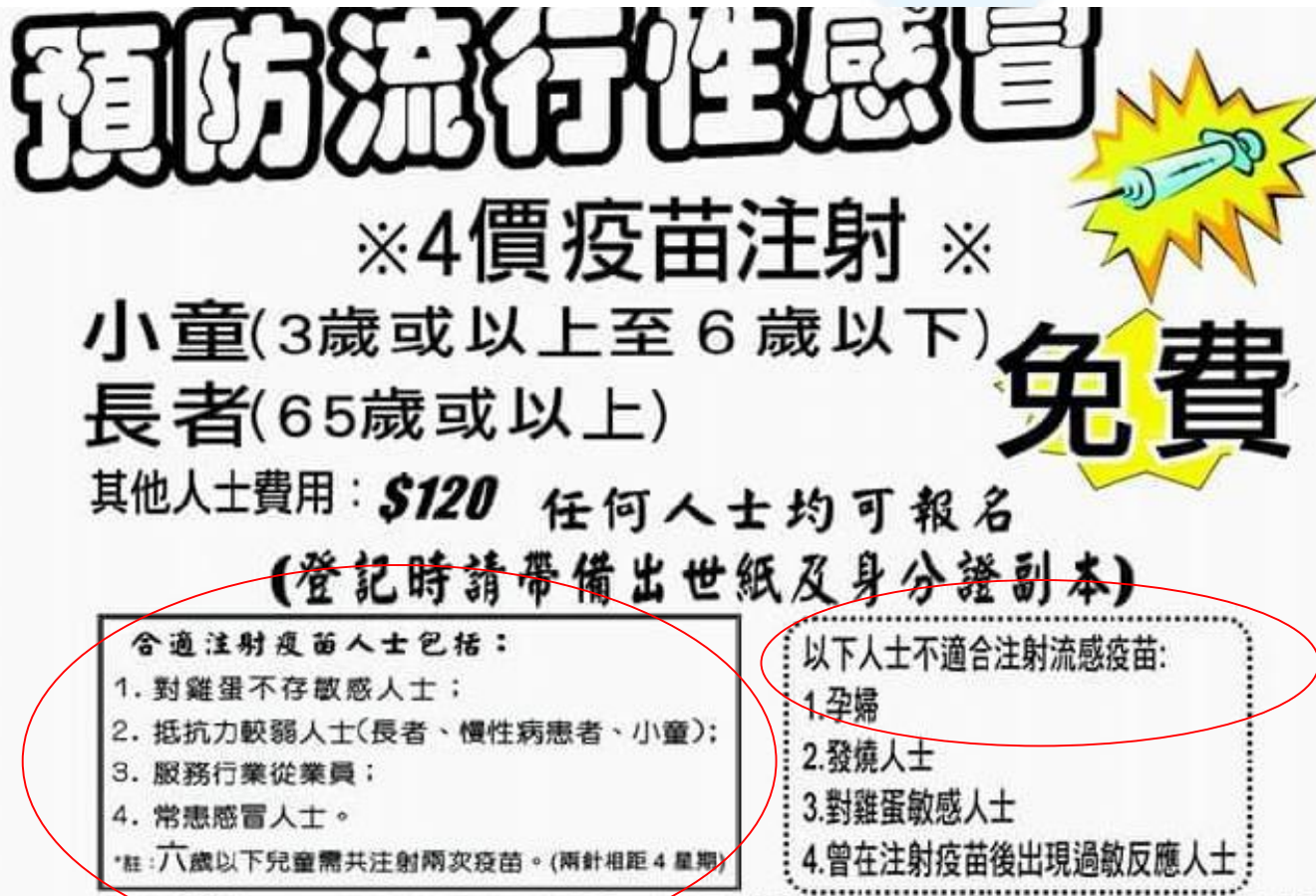
5a. Checking information in promotion materials

- Check promotion materials to ensure the information is accurate



專家警告，流感病毒會造成身體炎症，令血液濃稠，引發心臟及腦血管疾病。最常見是感染小童，病情嚴重致神智不清，反映流感病毒引發腦炎。

5b. Information in promotion materials (cont'd)



預防流行性感冒

※4價疫苗注射※

小童(3歲或以上至6歲以下)
長者(65歲或以上)

免費

其他人士費用：**\$120** 任何人士均可報名
(登記時請帶備出世紙及身分證副本)

<p>合適注射疫苗人士包括：</p> <ol style="list-style-type: none"> 1. 對雞蛋不存敏感人士； 2. 抵抗力較弱人士(長者、慢性病患者、小童)； 3. 服務行業從業員； 4. 常患感冒人士。 <p>*註：六歲以下兒童需共注射兩次疫苗。(兩針相距4星期)</p>	<p>以下人士不適合注射流感疫苗：</p> <ol style="list-style-type: none"> 1. 孕婦 2. 發燒人士 3. 對雞蛋敏感人士 4. 曾在注射疫苗後出現過敏反應人士
--	--



6. Notification to Vaccination Office

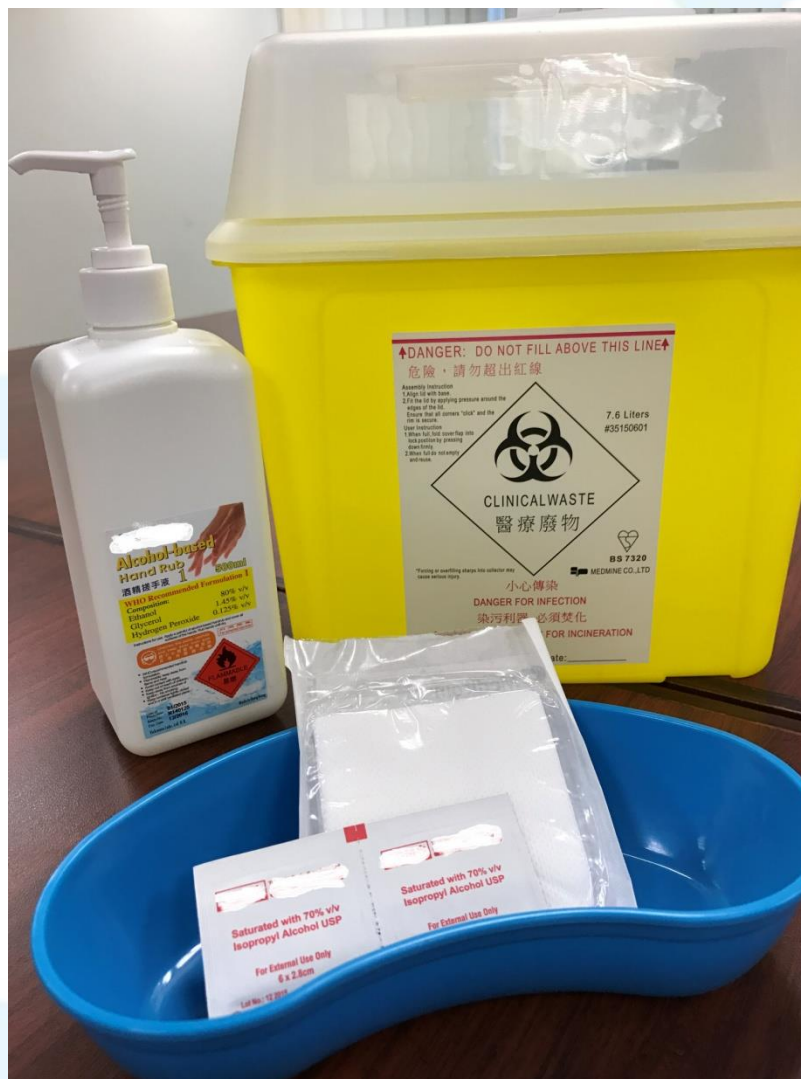
- Inform Vaccination Office at least two weeks before the date of vaccination
- Department of Health may randomly perform onsite inspection of the services provided)



Part 2. Vaccination procedures and vaccine storage



Get prepared for vaccination



1. Before vaccination

- Check consent for vaccination
- Screen the health status of the client to assess his suitability for the vaccination
- Check **eHS(S)** to avoid duplicate dose



2. Vaccination procedures (a)

- Vaccination must be provided by trained healthcare personnel
- Follow the basic **3 checks and 5 rights** for vaccine administration:
 - 3 Checks:
 - ✓ Check when taking out vaccine from storage
 - ✓ Check before preparing the vaccine
 - ✓ Check before administering the vaccine
 - 5 rights:
 - ✓ right person, right drug, right dose, right time, right route

2. Vaccination procedures (b)

- **Observe infection control guide and hand hygiene protocol**
 - Clean hands with liquid soap and water when visibly soiled or likely contaminated with body fluid / blood
 - When hands are not visibly soiled, clean them with 70-80% alcohol-based handrub is also effective
 - Rub hands with soap or alcohol-based handrub should be done for at least 20 seconds each time
 - If surgical gloves are used, they should be changed before each injection
- **Use a new alcohol swab or sterile gauze for compression of injection site**
- **Ensure the alcohol preps, gauzes and syringes are not expired**

Hand hygiene steps and demonstration



3. After vaccination

- Document all vaccines administered clearly on a vaccination record with:
 1. name of the vaccine recipient
 2. name of the vaccination provider
 3. date of vaccination
 4. name of vaccine
- Allow the vaccine recipient to take rest at the vicinity for **15 minutes** for observation after vaccination
- Remind the vaccine recipient the possible adverse reactions

4. Vaccine storage

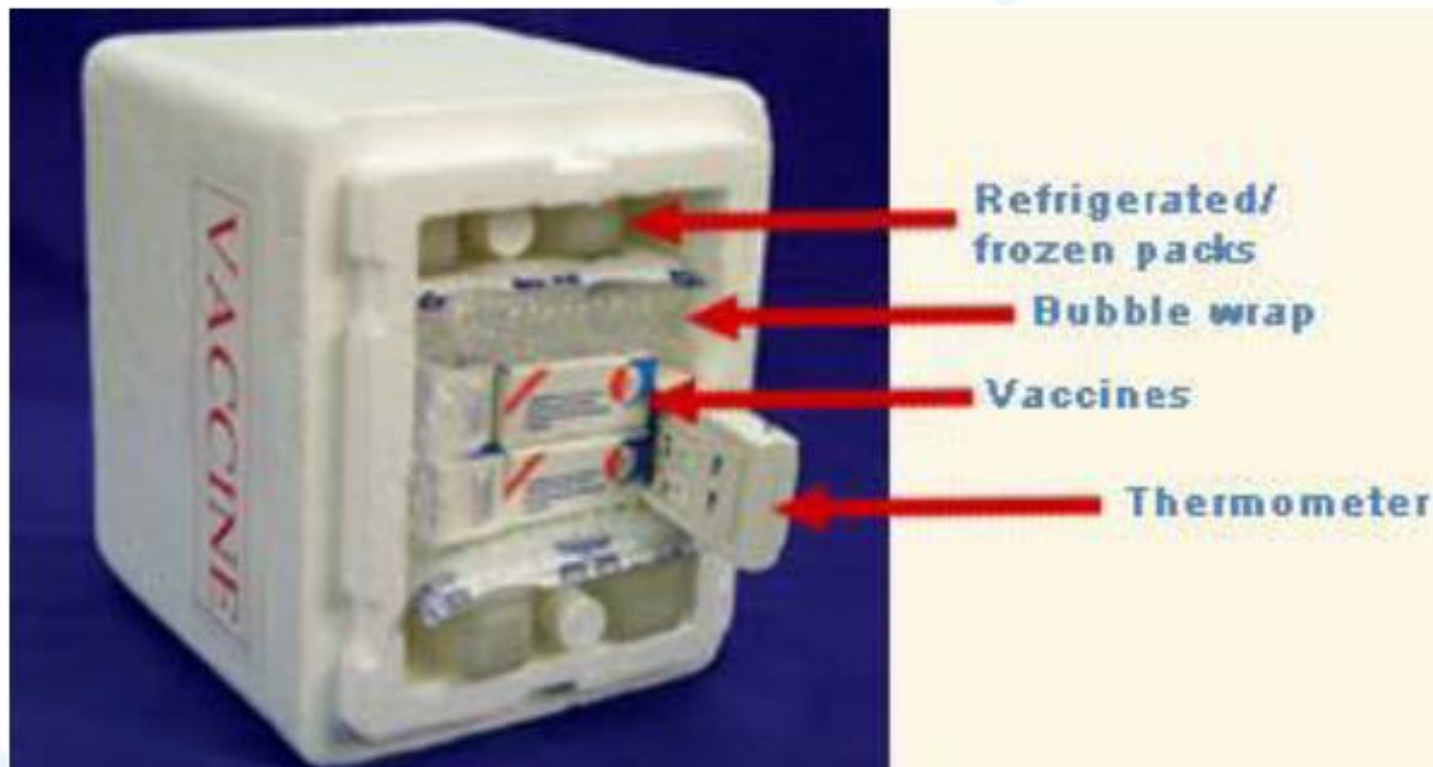
- Have sufficient vaccine storage
- Stored at the temperature between **2-8°C** with regular checking by a thermometer



(ref: *Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings – Module on Immunisation* on the CHP website.)

- **Preferably provide purpose-built vaccine refrigerators (PBVR)**
- **Before use:**
 - Check the validity period of the vaccines to ensure they are not expired
 - Keep the vaccines in original packing until use

Packing of ice box



(Source: CDC, 2007)

Part 3. Claim procedures



1. Submit Claims timely

- Make reimbursement claim only after
 - the vaccination has been provided
 - the vaccine recipient or his parent has completed and signed the *Consent to Use Vaccination Subsidy form*

- Submit reimbursement claims should be submitted as soon as possible after vaccination and within 7 days from the day of vaccination



2a. Common irregularities related to claims

- Absence of Consent Form
- Consent Form: incomplete / incorrect, such as –
 - incorrect / missing vaccine type, dose order, service date, recipient's contact number
 - missing witness / guardian's information and or signature

2b. Common irregularities related to claims

- Name of the enrolled doctor in the eHS(S) claim differs from that in the Consent Form
- Vaccination has not been provided to the recipient named in the Consent Form
- Duplicate dose



Consent to Use Vaccination Subsidy
Vaccination Subsidy Scheme
Department of Health

(For Doctor's Use)	
Transaction No.	Seasonal Influenza Vaccine Used
	TIV <input type="checkbox"/> QIV <input type="checkbox"/>



Note : Please complete this form in BLOCK letters using black or blue pen and use a new form each time you use the vaccination subsidy.

Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.

Put a "✓" in the most appropriate box

* delete as appropriate

I consent to use the Government subsidy for myself/ my child/my ward* to receive seasonal influenza / pneumococcal vaccination under the Vaccination Subsidy Scheme with details as follows:

Name of Doctor	Date of Vaccination
Place of Vaccination (please specify the name of the venue where the vaccination is provided)	
Types of vaccination	
i) Seasonal Influenza vaccination	For ALL persons aged 9 or above; or children under the age of 9 but have received seasonal influenza vaccination in previous seasons: <input type="checkbox"/> The only dose of seasonal influenza vaccination this season For children under the age of 9 but have NEVER had seasonal influenza vaccination in previous seasons (vaccine naïve children): <input type="checkbox"/> The first dose of seasonal influenza vaccination this season <input type="checkbox"/> The second dose of seasonal influenza vaccination this season
ii) Pneumococcal vaccination	<input type="checkbox"/> For those aged 65 or above who have never received pneumococcal vaccination before

Eligibility statement

1. I confirm that I am/my child is/ my ward* is a Hong Kong resident and that:

I am pregnant:

For Doctor's Use: Confirmation by attending enrolled doctor:

(Attending Enrolled Doctor's Signature)

My child/ward* is:

- (i) between the age of 6 months and less than 12 years*
(ii) 12 years or above but attending a primary school in Hong Kong* (please provide a copy of the student handbook/ student card to the enrolled doctor)

I am 65 or above this year

My child/ward* is a person with intellectual disability holding :

- (i) the Registration Card for People with Disability specifying "Intellectual Disability"*
(ii) A medical certificate issued by a Registered Medical Practitioner that my child/ward is entitled for subsidised vaccination*
(iii) A certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child/ward is a service user of the institution*

(Please provide a copy of the aforesaid document)

I am/my child is/my ward* is a person receiving the Social Welfare Department's Disability Allowance

(Please provide a copy of the disability allowance approval letter to the enrolled doctor)

The personal details of recipient (as indicated on identity document):	
Name: (English) _____ <small>(surname) (given name)</small>	(Chinese) _____ <small>(surname) (given name)</small>
Date of Birth: ____/____/____ <small>(dd) (mm) (yyyy)</small>	Sex: *Male / Female
Identity document (Please tick the box and fill in the document number as appropriate)	
Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	□□ □□□□□□ ()
<input type="checkbox"/> Hong Kong Identity Card No.:	□□ □□□□□□ ()
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Hong Kong Re-entry Permit No.:	□□□□□□□□
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Document of Identity issued by HKSAR - Document No.:	□□□□□□□□
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.:	□□□□□□□□ ()
Permitted to remain until: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Non-Hong Kong Travel Documents No.:	□□□□ - □□□□□□□□ - □□ ()
Visa / Reference No.:	
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	□□□□□□□□ / □□□□□□
<input type="checkbox"/> Serial No. of the Certificate of Exemption:	□□□□□□□□□□□□□□□□□□□□
Reference No.:	□□□□□□□□□□□□□□□□□□□□
HKID No. shown on the Certificate:	□□ □□□□□□□□ ()
Date of Issue: _____	

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data

Signature of recipient (or finger print if illiterate) # : _____
 Contact Telephone No.: _____
 Date: _____

Complete only if recipient is aged below 18 / mentally incapacitated

Signature of parent/guardian: _____
 Relationship: Father Mother Guardian

Name of parent/guardian (in English): _____
 Contact Telephone No.: _____
 Date: _____

#Also complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of witness: _____
 Name of witness (in English): _____
 Hong Kong Identity Card No. _____ XXXX (X)
(only the alphabet and the first three digits are required)
 Date: _____



2c. Common irregularities related to claims

- No document to support eligibility:
 - unable to produce documentary proof when requested, e.g. student card/ handbook or Registration Card for People with Disabilities
- Unable to produce proper vaccination record when requested



3. Reminder on record keeping

- Keep the original of the *Consent to Use Vaccination Subsidy forms* and other supporting documents to prove the vaccine recipient's eligibility for subsidy at locked cabinet to prevent unauthorized access
- Keep these documents for at least 7 years
- Vaccination Office might require the document for verifying the vaccination and the reimbursement claim



Part 4. Clinical waste management



Follow the Environmental Protection Department's guideline on handling of clinical wastes

- Handle and dispose sharps and waste properly
- Ensure proper disposal of expired and wasted vaccines
- Arrange licensed clinical waste collector for transport and disposal of clinical wastes



Letter from EPD

電話: 3178 9342
 TEL NO.: 3178 9342
 傳真: 2116 4209
 FAX NO.: 2116 4209
 電郵: samchoi@epd.gov.hk
 E-MAIL: samchoi@epd.gov.hk
 網址: <http://www.epd.gov.hk/epd/clinicalwaste>
 HOMEPAGE: <http://www.epd.gov.hk/epd/clinicalwaste>

Environmental Protection Department
 Environmental Compliance Division
 Territorial Control Office
 Rm 3404, 34/F, Hopewell Centre
 183 Queen's Road East
 Wan Chai, Hong Kong



環境保護署
 環保法規管理科
 總區辦事處
 香港灣仔
 皇后大道東
 一百八十三號
 合和中心三十四樓
 三四零四室

15 September, 2016

Dear Sir/Madam,

Clinical Waste Control Scheme – Clinical Waste from Outreach Service

Thank you for sending the cover request of the Clinical Waste Control Scheme.

We understand that the Department of Health has your own arrangements for handling the infectious clinical waste. EPD is providing additional information on your own settings. It is important to ensure that you are responsible to manage the proper disposal of the clinical waste generated by the outreach service. The details are:

- (a) engage a licensed Clinical Waste Collector for collection and management of the clinical waste generated at the clinic; or
- (b) identify either the clinical waste producer (i.e. the clinic) or the Clinical Waste Transporter (i.e. a licensed professional) (i.e. the Clinical Waste Management) website at <http://www.epd.gov.hk/epd/clinicalwaste/> for the delivery requirements.

Please be reminded that except for the special cases, you are not allowed to transport clinical waste to any other place including land reclamation. Things to comply with at all the above-mentioned activities include a compliance plan (EPD/04/06).

Besides, you should also consider various factors for collecting clinical waste generated from the outreach services. The request focuses that the clinical waste generated at your premises must be well identified. If you would like to share an outreach service (i.e. please download the request form from the Clinical Waste Management website at http://www.epd.gov.hk/epd/clinicalwaste/management_request_form), it might attract the required expert that is attached to your collection.

In helping to address risk and bring about higher standard of public health in Hong Kong, it will be our pleasure to cooperate with the applicant organisations. Please visit our website for more details. The telephone number is 3178 9342 or 3178 9355. You can also visit the website www.epd.gov.hk.

For enquiry, please contact EPD Mr CHOI at 3178 9342 or Ms LO at 3178 9355 or wklo@epd.gov.hk



Consequences of failure to comply with Doctors' Guide

Depend on the seriousness and nature of the irregularity (may not follow the sequence below)

- Advice
- Warning
- No reimbursement
- Immediate suspension of the activity
- Temporarily suspension for claims
- Terminate the contract
- Report to Medical Council/ Police as necessary

References

■ Doctors' Guide

http://www.chp.gov.hk/en/view_content/45838.html

- The Doctors' Guide to Vaccination Subsidy Scheme - a living document
- The contents of the Guide will be updated continuously in the webpage
<http://www.chp.gov.hk/>



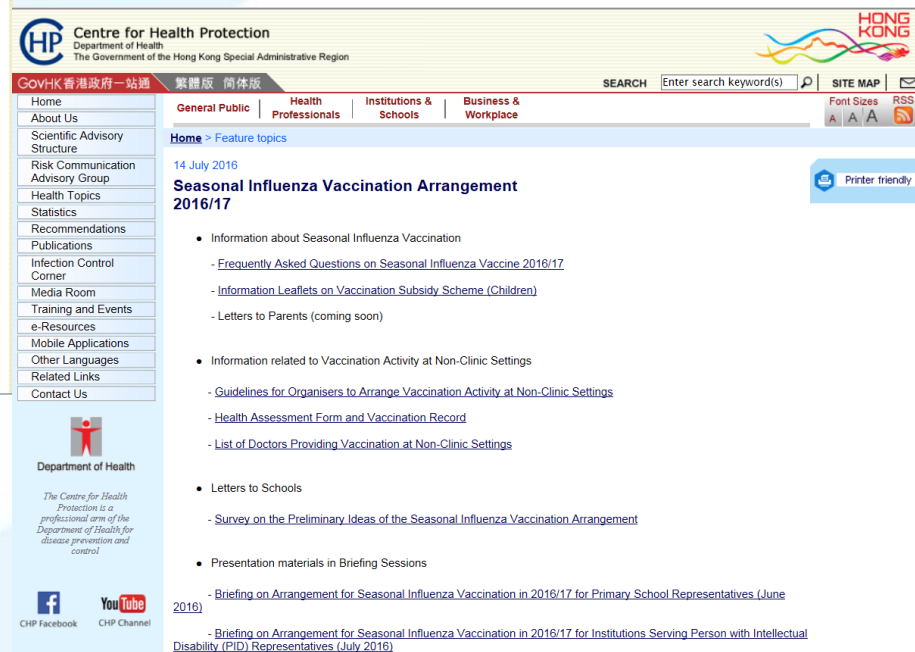
References

- The Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation
http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf
- Terms and Agreement of VSS
http://www.chp.gov.hk/files/pdf/agreement_of_vaccination_subsidy_scheme.pdf

- More information available at CHP website
www.chp.gov.hk



The screenshot shows the Department of Health website. The header includes the logo and name of the Department of Health, the Government of the Hong Kong Special Administrative Region. A search bar and navigation links for Sitemap and Email are present. The main content area is titled 'Primary Care Office' and features a 'Resource Corner' section with a 'PRIMARY CARE' logo. Below this, there is a 'Publications' section titled 'Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings'. A list of links for healthcare professionals is provided, including 'Core Document' and 'Module on Immunisation'. An 'Event Calendar' for 2016 is also visible, showing months from Jan to Dec.



The screenshot shows the Centre for Health Protection website. The header includes the logo and name of the Centre for Health Protection, the Government of the Hong Kong Special Administrative Region. A search bar and navigation links for Sitemap and Email are present. The main content area is titled 'Seasonal Influenza Vaccination Arrangement 2016/17' and features a list of links for information about the vaccination, including 'Frequently Asked Questions on Seasonal Influenza Vaccine 2016/17', 'Information Leaflets on Vaccination Subsidy Scheme (Children)', 'Letters to Parents (coming soon)', 'Information related to Vaccination Activity at Non-Clinic Settings', 'Guidelines for Organisers to Arrange Vaccination Activity at Non-Clinic Settings', 'Health Assessment Form and Vaccination Record', 'List of Doctors Providing Vaccination at Non-Clinic Settings', 'Letters to Schools', 'Survey on the Preliminary Ideas of the Seasonal Influenza Vaccination Arrangement', 'Presentation materials in Briefing Sessions', 'Briefing on Arrangement for Seasonal Influenza Vaccination in 2016/17 for Primary School Representatives (June 2016)', and 'Briefing on Arrangement for Seasonal Influenza Vaccination in 2016/17 for Institutions Serving Person with Intellectual Disability (PID) Representatives (July 2016)'. A 'Printer friendly' button is also visible.



THANK YOU

