



4. EVSS in Non-clinic Settings

As vaccination is invasive in nature, community groups, personnel and healthcare professionals should give due consideration to safety and liability issues when organising vaccination service in non-clinic settings. Staff of the DH may randomly perform on site check of the services provided. Organisers should stay clear of associating with any improper financial transactions. It is the prime responsibility of the doctors/healthcare providers to ensure the safety and quality of vaccination service delivered to clients at non-clinic setting. The following notes aim to highlight areas that doctors should consider or note when offering vaccination services to eligible elders under EVSS in non-clinic settings (e.g. elderly centre or outreach service). Please refer to the other sessions in this guide for general requirement and logistics under EVSS.

4.1 Preparation

- a) Ensure you have enrolled and received confirmation of enrolment before providing subsidised service.
- b) Inform DH and fax the pre-activity notification form at least 2 weeks before the service. A sample of the fax can be found at the CHP website (www.chp.gov.hk).
- c) Have sufficient vaccine storage space in clinic, and equipment for vaccine transport and maintenance of cold chain during administration of vaccines. Breach in the cold chain will render the vaccines ineffective.
- d) Ensure the vaccine and all the equipment including emergency kits are sufficient and not expired.
- e) Ensure that personnel involved in vaccinating elders are qualified/trained to perform vaccination duties. They should also be trained in emergency management of severe immediate reactions and equipped to do so. Qualification such as Basic Life Support is preferred. Qualified personnel should standby for emergency management and give timely intervention as indicated. Training should be kept up to date and under regular review.
- f) Make sure there is adequate briefing to all personnel including the logistic of the vaccination activities on that day, infection control practice and safety concerns before the vaccination activity starts.



- g) Give advice on choice of vaccination venue. Find out if the venue's Terms of Use have any restrictions for such types of activities. The venue should be well ventilated, adequately lighted and clean, and allow vaccine recipients to stay for a short while under observation. Sharps and wastes must be properly handled and disposed (e.g. needles, blood-stained cotton wool balls or alcohol swabs).
- h) Inform DH using Change Form should there be a change in service fee (see Section 3.4) (downloadable from CHP website at <http://www.chp.gov.hk>). Make the vaccination service fee transparent to recipients before providing service.

4.2 Safety and legal issues

- a) According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines should be prescribed by doctors.
- b) Sufficient numbers of qualified/trained healthcare personnel to provide service and support must be present.
- c) The recipient's suitability for vaccination should be assessed by health care professionals before vaccination.
- d) For safety reason, vaccination should be administered by qualified health care professionals or by trained personnel under their personal supervision.
- e) Vaccination may cause untoward reactions. Some recipients may even develop allergic reactions to the vaccine(s). Failure to give timely intervention may result in serious consequences.
- f) Relevant staff should read carefully the terms of services provided by the private doctor, and understand the organiser's liability.
- g) It is the prime responsibility of all doctors to ensure safety and quality of the vaccination service provided to recipients. On site registered medical doctors are preferred to ensure the safety and quality of the service.
- h) All doctors should observe the Code of Professional Conduct issued by the Medical Council of Hong Kong as the standard to provide quality health care. Doctors who fail to comply with the aforementioned may be subject to administrative sanctions.



4.3 Venue consideration

- a) Find out if the venue's Terms of Use have any restrictions for such types of activities.
- b) The vaccination venue should be well lit and ventilated. A designated place for vaccinated recipients to stay and remain under observation should be provided.
- c) The vaccination venue should have enough space in preparation for any emergency treatment or resuscitation.
- d) Sharps and clinical wastes must be properly handled and disposed (e.g. needles, blood-stained cotton wool balls or alcohol swabs).

4.4 Ensure proper documentation

It is the responsibility of enrolled doctors to ensure that the following documents are checked or collected before administering vaccines:-

- a) vaccine recipients or their guardians acting on their behalf must complete legibly a *Consent to Use Vaccination Subsidy* form that permits the doctor to provide vaccine recipients' personal data to the Government, Hospital Authority or other relevant healthcare personnel for processing of reimbursement claims;
- b) check the elder's identity document against *Consent to Use Vaccination Subsidy* form and confirm his/her eligibility to receive EVSS subsidy. Please refer to Appendix A for assessing the eligibility. Vaccination given to ineligible recipient will not be reimbursed;
- c) doctor has the responsibility to ascertain the availability of subsidy in the eHS for the Eligible elder and verify the Eligible elder's past vaccination history and vaccination record in the eHS before providing vaccination;



- d) collect the *Consent to Use Vaccination Subsidy* form and ensure that it is duly completed and signed;
- e) vaccination should be given to recipient as soon as the *Consent to Use Vaccination Subsidy* form is duly signed and completed. The doctor has the responsibility to ensure recipient has duly signed and completed *Consent to Use Vaccination Subsidy* form in order to be given the vaccination;
- f) **claims should only be made after vaccination has been given.** The organizer should have a system in place to record clearly if a recipient named in the *Consent to Use Vaccination Subsidy* form has actually received the vaccination on the scheduled day. The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the recipient's vaccination record and vaccination card, clinical notes/*Consent to Use Vaccination Subsidy* form, and eHealth account. Since the signing of a *Consent to Use Vaccination Subsidy* form does not equate receiving vaccination, the doctor who accesses the recipient's eHealth account has a duty to ensure that vaccination has indeed been provided before submitting a claim;
- g) to avoid delay in the process of reimbursement, enrolled doctors are highly recommended to make claims immediately after the vaccination is provided to the eligible children for timely processing of claims. Doctors are required to log in the eHS for online submission of claims under the scheme 'EVSS'. Claims have to be submitted **WITHIN SEVEN DAYS** after the delivery of vaccination service (both days inclusive) for online processing for reimbursement;
- h) all vaccinations given should be clearly documented on vaccination record and vaccination card should be issued to the vaccine recipient; and
- i) all vaccinations given should be clearly documented with the name of vaccine, lot number and expiry date, name of person who administered the injection and doctor responsible on a vaccination record which should be kept in a database for record traceability and vaccination card should be issued to the vaccine recipient.

4.5 Provide adequate information

- a) Provide vaccine recipients with essential information on the vaccines and the vaccination subsidy schemes to ensure that they understand the aims and possible side-effects of vaccination and their eligibility for vaccination subsidy. Related information is available from the Centre for Health Protection website (www.chp.gov.hk).
- b) Ensure vaccine recipients understand that participation in the Government's vaccination subsidy schemes is voluntary. Sufficient time should be allowed for the recipients to consider if they should join the subsidy schemes or refuse to accept Government subsidy.
- c) Inform vaccine recipients that the Department of Health may contact randomly selected recipients for information verification.

4.6 Administration of seasonal influenza vaccination

Vaccination administration is a medical procedure that carries risks. Health care professionals have personal responsibility for the duties delegated to other persons. Improper delegation of medical duties to non-qualified persons transgresses accepted codes of professional ethical behaviour which may lead to disciplinary action by the Medical Council (Please refer to part II E21 – Covering or improper delegation of medical duties to non-qualified persons of the Code of Professional Conduct).

- a) Health care professionals should obtain vaccination history and screen if there are any contraindications or precautions to the vaccines that are to be administered.



- b) For the safety of vaccine recipients, vaccination should be administered by qualified health care professionals or by trained personnel under personal supervision. As basic requirement, 3 checks (check when taking out the vaccine from the storage; check before preparing the vaccine; check before administering the vaccine) and 5 rights (right person; right drug; right dose; right time; right route) for vaccine administration should be properly followed.
- c) Make sure there is sufficient number of qualified/trained health care personnel to administer vaccinations and to provide immediate medical treatment to vaccinated elders.
- d) Observe infection control and ensure that all sharps and medical wastes are properly handled and disposed. Infection control practice must be complied by all personnel. Hand hygiene protocol must be strictly followed before and after administering vaccination to an elder. Clean hands with liquid soap and water when visibly soiled or likely contaminated with body fluid. When hands are not visibly soiled, clean them with 70-80% alcohol-based handrub is also effective.
- e) Keep vaccinated elders under observation in the vicinity of the place of vaccination for at least 15 minutes to ensure that they do not experience an immediate adverse event.



4.7 Post-vaccination

- a) Ensure proper disposal of expired and wasted vaccines and keep record of documentation of such disposal including the date of disposal, quantity, lot number and receipt of disposed vaccines by appropriate agency.
- b) Keep the *Consent to Use Vaccination Subsidy* forms collected from eligible elders in locked cabinet and limit the number of persons who can access the personal data to protect it against indiscriminate or unauthorized access, processing and use.
- c) Retain the relevant vaccination records and *Consent to Use Vaccination Subsidy* forms for at least seven years.
- d) Staff of the Department of Health may contact the vaccine recipients and /or their parents/guardians to enquire about the information related to vaccination subsidy schemes. (See Appendix C)

The above notes are by no means exhaustive. Please refer to CHP website for more information regarding the use of the subsidy schemes. You are required to follow all necessary steps in using the schemes, failing which reimbursement may not be effected.