衞生防護中心
Centre for Health Protection

2026/27 Seasonal Influenza Vaccination School Outreach Programme

Briefing Session to Participating Doctors

21 August 2026

衞生署
Department of Health

Vaccination Procedures
&
Logistics Arrangement
On the Vaccination Day

On the Vaccination Day

1. Roles and Responsibilities
2. Venue and Staff
3. Vaccine delivery (1st dose vs 2nd 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. 2nd 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

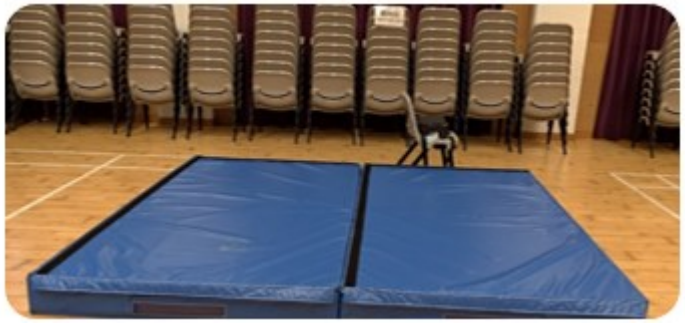
2. Adequate and separate areas for the vaccine recipients

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

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**
At least 1 doctor / RN / EN to provide supervision on-site & at least 1 staff with first-aid training e.g. BLS **The PPP doctor is highly preferred to be present at the vaccination venue; If not, he/she should be personally and physically reachable in case of emergency.**	
1 injection staff for 1 class	1 injection staff with 1 assistant for proper positioning of child

3. Vaccine delivery

For 1st 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 2nd 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 in reference to VSS Doctors' Guide.

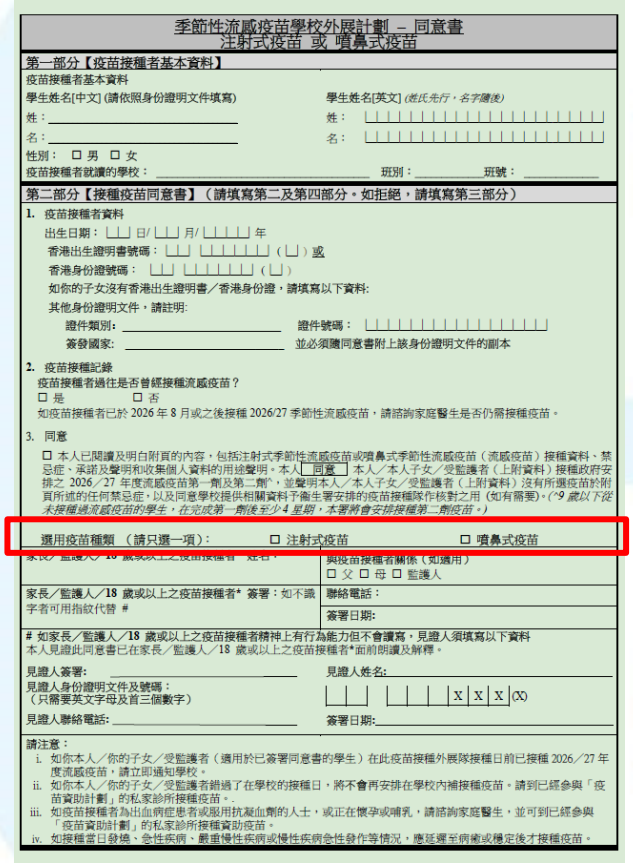
4. Vaccination procedures

- **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 eHealth.
  - Check again the signed Consent Forms before vaccination; especially the vaccination history and the contraindication part.

4. Vaccination procedures

a) Check Consent



季節性流感疫苗學校外展計劃 – 同意書
注射式疫苗 或 噴鼻式疫苗

第一部分【疫苗接種者基本資料】

疫苗接種者基本資料

學生姓名[中文] (請依照身份證明文件填寫)　學生姓名[英文] *(姓氏先行，名字隨後)*

姓：　姓：

名：　名：

性別：☐ 男 ☐ 女

疫苗接種者就讀的學校：　班別：　班號：

第二部分【接種疫苗同意書】（請填寫第二及第四部分。如拒絕，請填寫第三部分）

1. 疫苗接種者資料

出生日期：日/月/年

香港出生證明書號碼：（）或

香港身份證號碼：（）

如你的子女沒有香港出生證明書／香港身份證，請填寫以下資料：

其他身份證明文件，請註明：

證件類別：　證件號碼：

簽發國家：　並必須隨同意書附上該身份證明文件的副本

2. 疫苗接種記錄

疫苗接種者過往是否曾經接種流感疫苗？

☐ 是　☐ 否

如疫苗接種者已於 2026 年 8 月或之後接種 2026/27 季節性流感疫苗，請諮詢家庭醫生是否仍需接種疫苗。

3. 同意

☐ 本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗或噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026／27 年度流感疫苗第一劑及第二劑^，並聲明本人／本人子女／受監護者（上附資料）沒有於上附頁疫苗種類所述的任何禁忌症，以及同意學校提供相關資料予衞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。)*

選用疫苗種類 （請只選一項）：　☐ 注射式疫苗　☐ 噴鼻式疫苗

家長／監護人／18 歲或以上之疫苗接種者* 姓名：　與疫苗接種者關係（如適用）☐ 父 ☐ 母 ☐ 監護人

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本人見證此同意書已在家長／監護人／18 歲或以上之疫苗接種者*面前朗讀及解釋。

見證人簽署：　見證人姓名：

見證人身份證明文件及號碼：（只需要英文字母及首三個數字）　x x x (x)

見證人聯絡電話：　簽署日期：

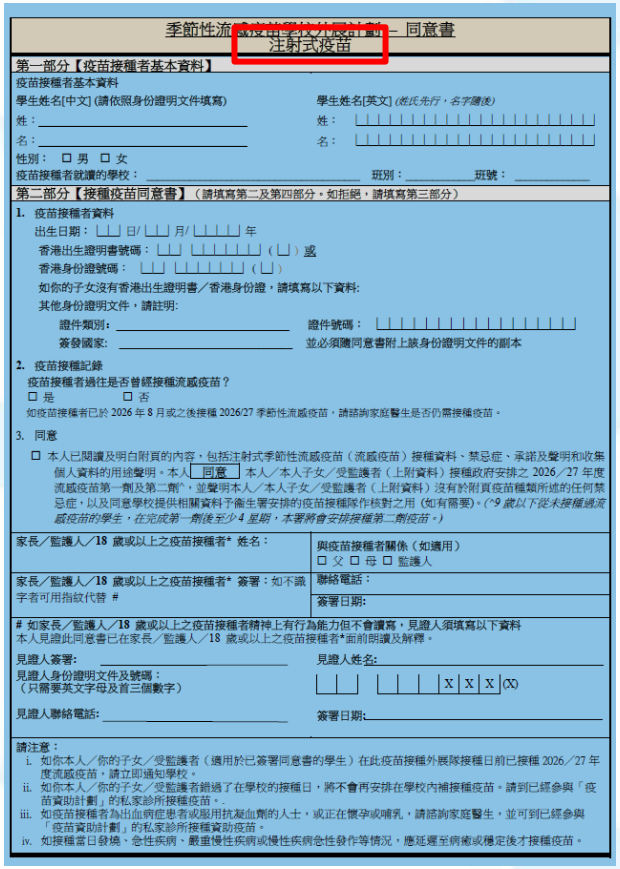
請注意：

i. 如你本人／你的子女／受監護者（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2026／27 年度流感疫苗，請立即通知學校。

ii. 如你本人／你的子女／受監護者錯過了在學校的接種日，將不會再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。

iii. 如疫苗接種者為出血病症患者或服用抗凝血劑的人士，或正在懷孕或哺乳，請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助疫苗。

iv. 如接種當日發燒、急性疾病、嚴重慢性疾病或慢性疾病急性發作等情況，應延遲至病癒或穩定後才接種疫苗。



季節性流感疫苗學校外展計劃 – 同意書
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見證人身份證明文件及號碼：（只需要英文字母及首三個數字）　x x x (x)

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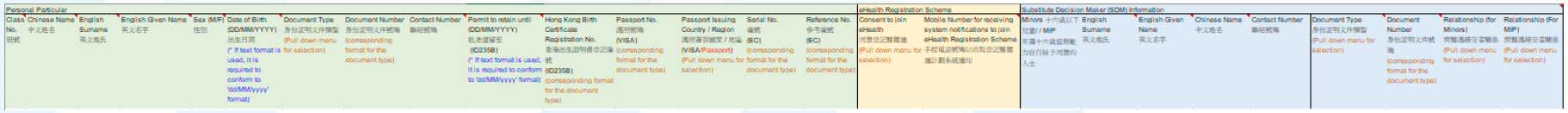
iv. 如接種當日發燒、急性疾病、嚴重慢性疾病或慢性疾病急性發作等情況，應延遲至病癒或穩定後才接種疫苗。

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

4. Vaccination procedures

a) Check Consent



- 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, Surname, Given Name, and Gender**.
  - Hong Kong Birth Certificate OR
  - Hong Kong Identity Card 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

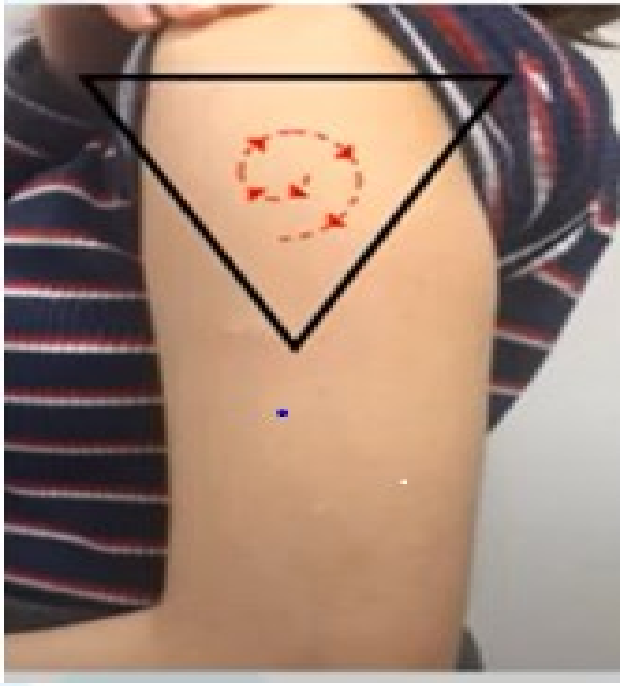
- **5 moments** for hand hygiene
- Rub all hand surfaces (**7 steps**) for at least **20 seconds**

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 dry new clean gauze/ non-woven ball 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.

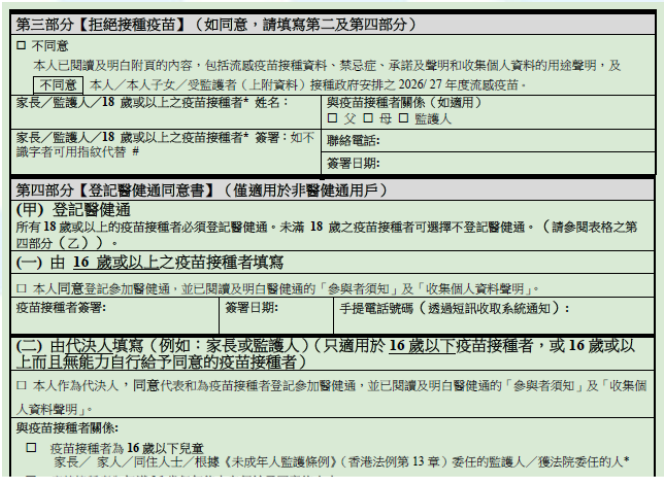
- **3 checks**:
  1. When taking out the vaccine from storage
  2. Before preparing the vaccine
  3. Before administering the vaccine
- **7 rights:**
  1. Recipient
  2. Vaccine
  3. Time (e.g. correct age, correct interval, vaccine not expired)
  4. Dosage
  5. Route, needle length and technique (refer to drug inserts)
  6. Injection Site
  7. Documentation
- Vaccinator should administer vaccine immediately after "3 checks and 7 rights" and should not be interfered or interrupted under any circumstances; if any part of the procedures has been interfered, the vaccinator should restart the whole process from the beginning.
- 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.



第三部分【拒絕接種疫苗】（如同意，請填寫第二及第四部分）

☐ 不同意

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不同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026/ 27 年度流感疫苗。

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與疫苗接種者關係（如適用）
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簽署日期:

第四部分【登記醫健通同意書】（僅適用於非醫健通用戶）

(甲) 登記醫健通

所有 18 歲或以上的疫苗接種者必須登記醫健通。未滿 18 歲之疫苗接種者可選擇不登記醫健通。（請參閱表格之第四部分（乙））。

(一) 由 16 歲或以上之疫苗接種者填寫

☐ 本人同意登記參加醫健通，並已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」。

疫苗接種者簽署: | 簽署日期: | 手提電話號碼（透過短訊收取系統通知）:

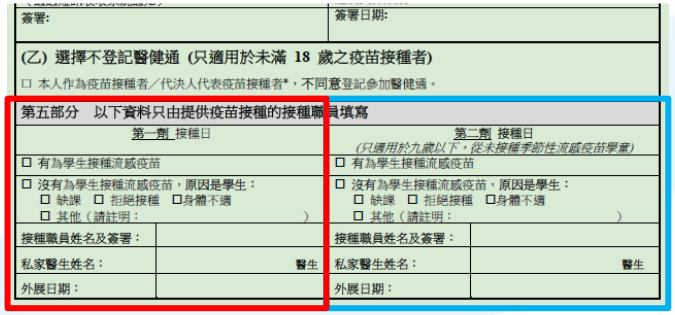
(二) 由代決人填寫（例如：家長或監護人）（只適用於 16 歲以下疫苗接種者，或 16 歲或以上而且無能力自行給予同意的疫苗接種者）

☐ 本人作為代決人，同意代表和為疫苗接種者登記參加醫健通，並已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」。

與疫苗接種者關係:

☐ 疫苗接種者為 16 歲以下兒童
家長／ 家人／同住人士／根據《未成年人監護條例》（香港法例第 13 章）委任的監護人／獲法院委任的人*

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



簽署:

簽署日期:

(乙) 選擇不登記醫健通 (只適用於未滿 18 歲之疫苗接種者)

☐ 本人作為疫苗接種者／代決人代表疫苗接種者*，不同意登記參加醫健通。

第五部分 以下資料只由提供疫苗接種的接種職員填寫

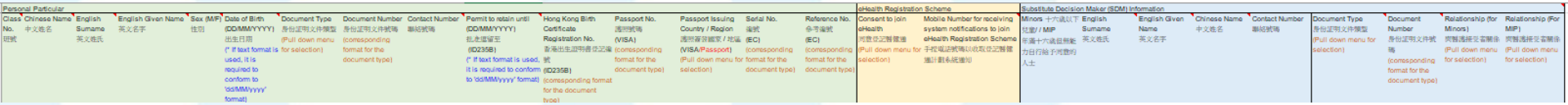
第一劑 接種日		第二劑 接種日 (只適用於九歲以下，從未接種季節性流感疫苗學童)	
☐ 有為學生接種流感疫苗		☐ 有為學生接種流感疫苗	
☐ 沒有為學生接種流感疫苗，原因是學生： ☐ 缺課 ☐ 拒絕接種 ☐身體不適 ☐ 其他（請註明：）		☐ 沒有為學生接種流感疫苗，原因是學生： ☐ 缺課 ☐ 拒絕接種 ☐身體不適 ☐ 其他（請註明：）	
接種職員姓名及簽署：		接種職員姓名及簽署：	
私家醫生姓名：	醫生	私家醫生姓名：	醫生
外展日期：		外展日期：	

衞生署
Department of Health

4. Vaccination procedures

d) Documentation after vaccination

ii) Complete the consented student list



Personal Particular															eHealth Registration Scheme		Substitute Decision Maker (SDM) Information							
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 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	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)	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID235B) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Hong Kong Birth Certificate Registration No. 香港出生證明書登記編號 (ID235B) (corresponding format for the document type)	Passport No. (VISA) 護照號碼 (corresponding format for the document type)	Passport Issuing Country / Region (VISA/Passport) 護照簽發國家 / 地區 (Pull down menu for selection)	Serial No. (EC) 編號 (corresponding format for the document type)	Reference No. (EC) 參考編號 (corresponding format for the document type)	Consent to join eHealth 同意登記醫健通 (Pull down menu for selection)	Mobile Number for receiving system notifications to join eHealth Registration Scheme 手提電話號碼以收取登記醫健通計劃系統通知	Minors 十六歲以下兒童 / MIP 兒童十六歲或以下無能力自行做子同意的人士	English Surname 英文姓氏	English Given Name 英文名字	Chinese Name 中文姓名	Contact Number 聯絡號碼	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)	Relationship (for Minors) 與醫護擔任者關係 (Pull down menu for selection)	Relationship (For MIP) 與醫護擔任者關係 (Pull down menu for selection)

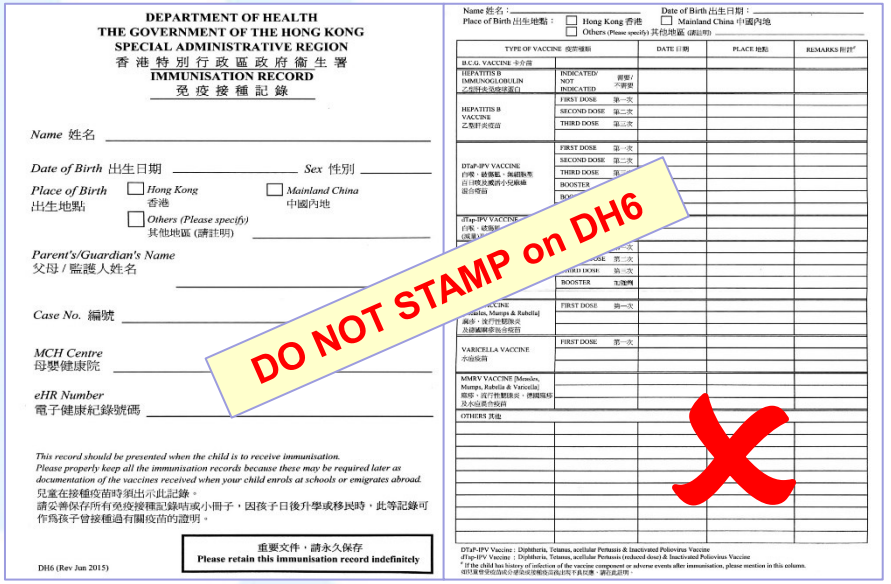
- 2nd dose vaccination for students ***under 9 years of age*** who have ***never received SIV before.***
  - ➢ Arrange at an interval of at least 4 weeks after the first dose.
  - ➢ Provide ***2nd dose SIV Student List*** to school.

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

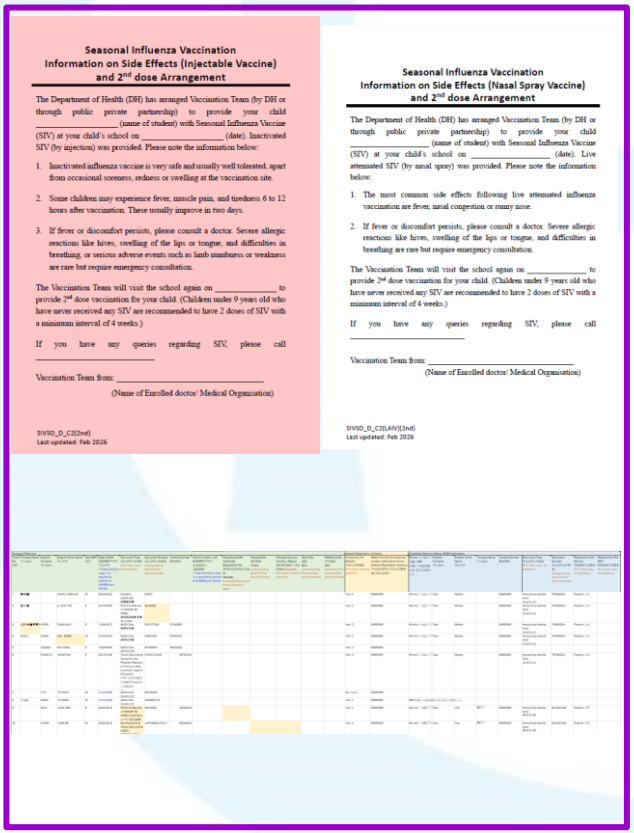


Either **Name of matched Medical Organization** OR **Name of enrolled doctor**

UPON COMPLETION OF VACCINATION

Documents to school for distribution

Need 2nd dose vaccination



Seasonal Influenza Vaccination
Information on Side Effects (Injectable Vaccine) and 2nd dose Arrangement

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

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. 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 2nd 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_C2(2nd)
Last updated: Feb 2026

Seasonal Influenza Vaccination
Information on Side Effects (Nasal Spray Vaccine) and 2nd dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) 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:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. 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.

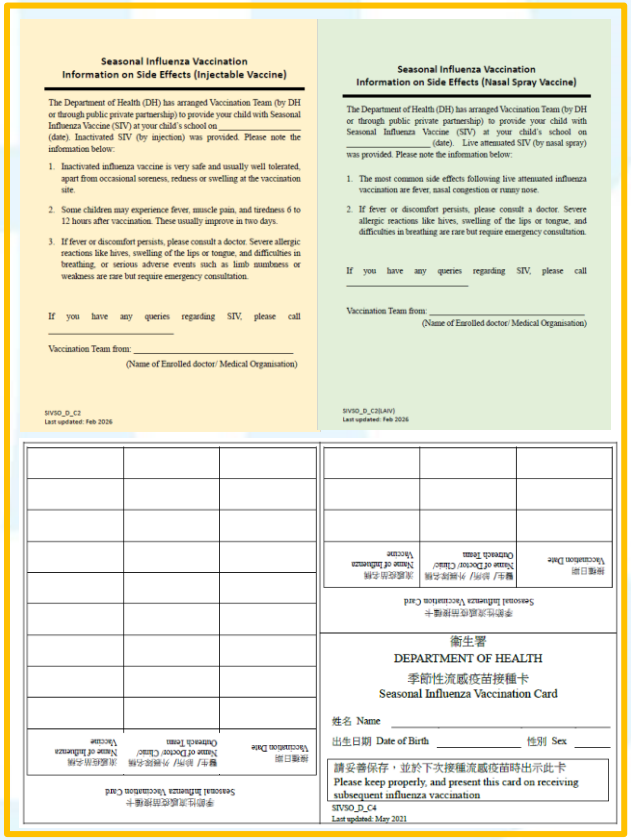
The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

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

SIVSO_D_C2(LAIV)(2nd)
Last updated: Feb 2026

Do not need 2nd dose vaccination



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:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. 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: Feb 2026

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:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. 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_C2(LAIV)
Last updated: Feb 2026

Vaccination Date 接種日期	Name of Doctor/ Clinic 醫生/ 診所/ 外展服務名稱	Name of Influenza Vaccine 流感疫苗名稱

Seasonal Influenza Vaccination Card 季節性流感疫苗接種卡

衛生署
DEPARTMENT OF HEALTH
季節性流感疫苗接種卡
Seasonal Influenza Vaccination Card

姓名 Name _____

出生日期 Date of Birth _____ 性別 Sex _____

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: May 2021

No vaccination on the vaccination day

_____（學生姓名／班別）的家長／監護人：

2026/27 季節性流感疫苗學校外展計劃
家長通知書 - 未有接種季節性流感疫苗

衞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季節性流感疫苗。

經評估後，接種隊沒有為 貴子女接種流感疫苗，原因*是 貴子女：

☐ 缺課
☐ 身體不適（例如：感冒徵狀／發燒（體溫 ____℃）／其他 _____）
☐ 拒絕接種
☐ 可能需要在較詳盡的評估後，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。

衞生署的「疫苗資助計劃」下，有香港居民身份的兒童，可前往參與計劃的私家醫生診所接種獲政府資助的流感疫苗。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.hcv.gov.hk/SDIR/Zh/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: 2026 年 6 月

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*

衞生署

2026 / 27 年度季節性流感疫苗學校外展計劃

送學校　疫苗使用報告及冰箱收集記錄

注意事項：

1. 請醫療機構與衞生署指定的物流商核對剩餘疫苗及冰箱數量後，於此表格上簽署及蓋印作實。
2. 醫療機構及物流商均應填妥兩份此表格，及各保留一份作記錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格、※照片及收貨發票傳真或電郵至：衞生防護中心項目管理及疫苗計劃科。
（傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk）

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　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	
□ 注射式 流感疫苗	□ 噴鼻式 流感疫苗
十劑裝疫苗批號: ＿＿＿＿ 單劑裝疫苗批號: ＿＿＿＿	十劑裝疫苗批號: ＿＿＿＿

剩餘未開盒疫苗數量(a)（綠色貼紙） (a) = (b) - (c) - (d) - (e) - (f)	
十劑裝：＿＿＿＿ 劑	單劑裝：＿＿＿＿ 劑
冰箱連鐵盒（內附溫度持續記錄器）	＿＿＿＿ 個

	已接收 (b)	已使用 (c)	需棄置(d)（有裂痕/破裂/針頭彎 等）	被污染（損壞）（黑色貼紙）(e)	已開盒未使用（紅色貼紙）(f)
十劑裝：					
單劑裝：					

※ 如有發現任何需棄置(d)或被污染(e)的疫苗，
請立即透過 Whatsapp 5394 3513 聯絡我們，並附上原因及照片。
※ 上述疫苗須經由衞生署職員指示處理，請勿自行棄置

丙部　簽署及蓋章

由外展隊職員填寫		由衞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：	

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*

衞生署
2026 / 27 年度季節性流感疫苗學校外展計劃
送診所（第二劑適用）疫苗使用報告(政府提供疫苗模式)

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傳真或電郵至：衞生防護中心項目管理及疫苗計劃科。
（傳真號碼：2544 3927；電郵地址:pilotsiv@dh.govhk）

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：_____）
※ 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。※

☐ 小學 / ☐ 幼稚園及幼兒中心

☐ 注射式 流感疫苗	☐ 噴鼻式 流感疫苗
十劑裝疫苗批號:_____ 單劑裝疫苗批號:_____	十劑裝疫苗批號:_____

疫苗款式	注射式 流感疫苗	噴鼻式 流感疫苗
(a) 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 單劑裝：_____ 劑	十劑裝：_____ 劑
(b) 已使用疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(c) ※曾放置於室溫 的已失效疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(d) 被污染／損壞須棄置的疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
剩餘疫苗數量 = (a) - (b) - (c) - (d)	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑

如有任何因被污染／損壞(d)而須棄置的疫苗，請於下方列出原因，並於電郵內附上照片。

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

2025/26 季節性流感疫苗學校外展計劃 學生接種記錄報告 (接種日)

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 傳真此表格至衞生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)。

甲部：學校及醫療機構資料

學校名稱:	
學校編號:	全校總學生人數:
醫療機構名稱:	
負責醫生姓名:	服務提供者碼 (SPID):
接種日期:	

乙部：學生接種疫苗資料

提供疫苗模式	政府提供疫苗模式	醫生提供疫苗模式
接種場次	□ 第一劑 □ 第一劑(第二次到校，只適用於中小學) □ 第二劑(只適用於小學及幼稚園/幼兒中心)	□ 第一劑 □ 第一劑(第二次到校，只適用於中小學) □ 第二劑(只適用於小學及幼稚園/幼兒中心)
疫苗種類及學生同意接種人數	□ 注射式：_____名學生 □ 噴鼻式：_____名學生	□ 注射式：_____名學生 □ 噴鼻式：_____名學生
疫苗種類及學生實際接種人數	□ 注射式：_____名學生 □ 噴鼻式：_____名學生	□ 注射式：_____名學生 □ 噴鼻式：_____名學生

丙部：非學生接種疫苗資料 （只須填寫合資格獲資助接種季節性流感疫苗的人士*）

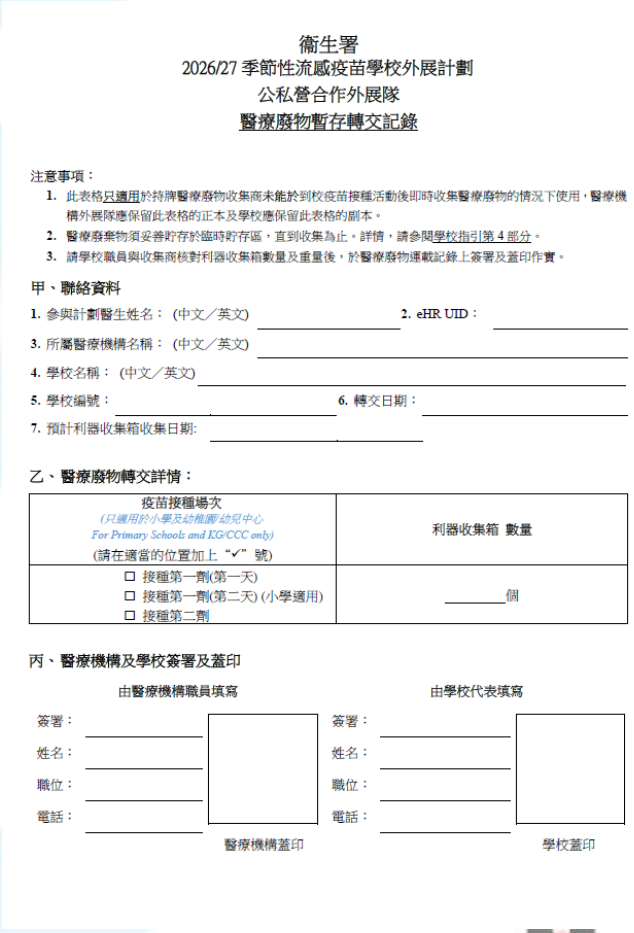
提供疫苗模式	□ 於外展當日另外自行提供疫苗讓學校員工和學生家庭成員自費接種
疫苗種類及實際接種人數	□ 注射式：_____名合資格獲資助人士 □ 噴鼻式：_____名合資格獲資助人士

*有關獲資助接種季節性流感疫苗的資格，請參閱 https://www.chp.gov.hk/tc/features/107880.html

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

5. Handling of clinical waste

- Discard the used syringes and uncapped needles directly into sharps box (each booth should have own).
- 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 ***2026/27 SIVSOP Doctors' Guide***, if temporary storage at schools is required.)



衞生署
2026/27 季節性流感疫苗學校外展計劃
公私營合作外展隊
醫療廢物暫存轉交記錄

注意事項：
1. 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，醫療機構外展隊應保留此表格的正本及學校應保留此表格的副本。
2. 醫療廢棄物須妥善貯存於臨時貯存區，直到收集為止。詳情，請參閱學校指引第 4 部分。
3. 請學校職員與收集商核對利器收集箱數量及重量後，於醫療廢物運載記錄上簽署及蓋印作實。

甲、聯絡資料

1. 參與計劃醫生姓名： (中文／英文) _____ 2. eHR UID： _____
3. 所屬醫療機構名稱： (中文／英文) _____
4. 學校名稱： (中文／英文) _____
5. 學校編號： _____ 6. 轉交日期： _____
7. 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 *(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)	利器收集箱 數量
☐ 接種第一劑(第一天) ☐ 接種第一劑(第二天) (小學適用) ☐ 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		由學校代表填寫	
簽署：		簽署：	
姓名：		姓名：	
職位：		職位：	
電話：		電話：	
	醫療機構蓋印		學校蓋印

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 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 lease 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)

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 PROGRAMME
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

To: PMVD, CHP
Fax: 2984 9608
Email: sivop@dh.gov.hk

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

Case Number (assigned by PMVD):_____
Receiving time (To be filled 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 from should be returned to the PMVD by email (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

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SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME
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_____

Phone: _____

Email: _____

Post: Please tick the appropriate box below:
☐ Doctor
☐ Nurse
☐ Other healthcare professionals, please specify:
_____

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 specialty (including AED) was required for the client.
	Level 2 -- Significant injury was resulted AND additional investigation or referral to other specialty (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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7. Handling of Vaccination incidents

Sample of *Clinical Incident Investigation Report*

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

To: PMVD, CHP
Fax: 2984 9608
Email: sivop@dh.gov.hk

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

Case Number (assigned by PMVD):_____

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)***

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME
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: _____

8. 2nd Dose Preparation

- Check the consent form for the vaccination history provided by the parents/guardians in addition to the record on eHealth
- The vaccination record on eHealth 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 eHealth
- If the vaccination history provided by parents/guardians and the eHealth 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

★ Representatives of the Government may perform random onsite inspection. ★

★ Inform if changed the time ★

Observations and Recommendations

Areas	Observations	Recommendations
Venue setting	1. Mixing consent and non-consent students in the same activity venue 2. Mixing vaccinated and non-vaccinated students in the same venue	1. Only allowed consent students to stay in the vaccination room 2. Clear segregation - by signage, partition - by supporting staff
Cold chain management	1. Temperature of the fridge/cold box for vaccine storage was not closely monitored 2. Absent of appropriate temperature monitoring device for cold-chain management.	1. Monitoring the temperature for vaccine storage with a digital max-min thermometer/data logger (at least 1 decimal point (0.1°C))

Observations and Recommendations

Areas	Observations	Recommendations
Vaccination procedure and technique	1. Improper identity and consent form checking	1. Checking at least two identifiers and eligibility of recipient before vaccination *- in particular 2nd dose* *- check information in both eHealth and consent form*
	2. Improper positioning of students	2. Give instruction to parents on positioning properly
	3. Improper hand hygiene technique	3. Adhere to 5 moments and 7 steps of hand hygiene technique

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

Observations and Recommendations

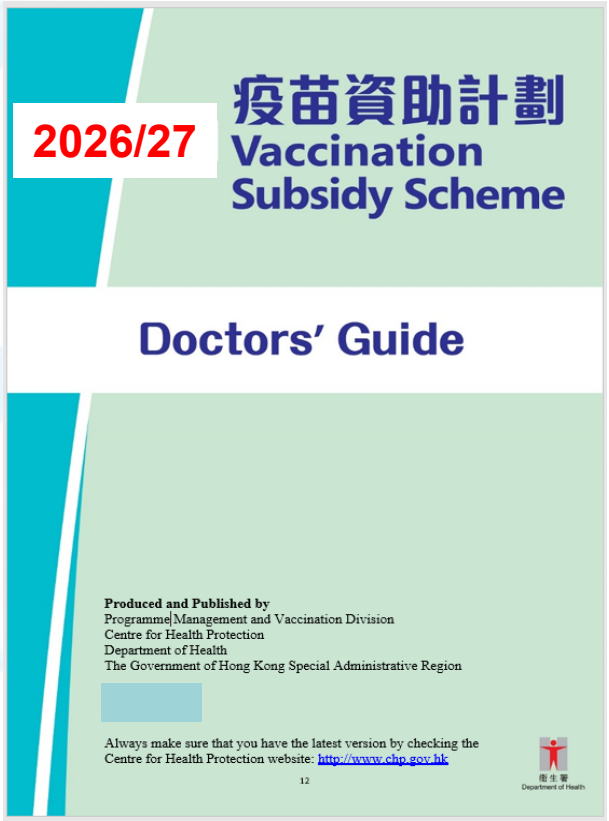
Areas	Observations	Recommendations
Emergency equipment preparation	1. Expired Adrenaline 2. Inappropriate syringe and needle 3. No age-appropriate BP cuff / BVM	1. Check and prepare size and age appropriate emergency equipment before activity
Clinical wastes management	1. Overfilled sharps box 2. Inappropriate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

Please read and follow both guides when providing outreach vaccination activities
Check the latest version at CHP website
https://www.chp.gov.hk/en/features/100654.html

SIVSOP Doctors' Guide

For 2026/27
Seasonal Influenza Vaccination
School Outreach
Programme
(SIVSOP)

Applicable to both
"Government Supply Vaccine Mode"
and
"Doctor Supply Vaccine Mode"



衞生防護中心
Centre for Health Protection

Thank You!

衞生署
Department of Health