

Part II

Vaccination Procedures & Logistics Arrangement On the Vaccination Day

ON THE VACCINATION DAY

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2. Vaccine
 - Cold chain (Primary School vs KG/CCC)
3. Vaccination procedures
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 - b) Infection control practice
 - c) Vaccination
 - d) Documentation after vaccination
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1. Venue and Staff

Venue

1. Hygiene, safety, privacy, 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

1. Venue and Staff

Staff

1. Professional Staff

- Sufficient number of qualified / trained healthcare personnel to provide service

2. Supporting Staff

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

Suggested Manpower

Primary school (6 classes in a grade)	Kindergarten / Child Care Centre
At least 1 doctor / RN / EN to provide supervision on-site & at least 1 staff with first-aid training	
one injection staff for one class	1 injection nurse with 1 staff for proper positioning of child



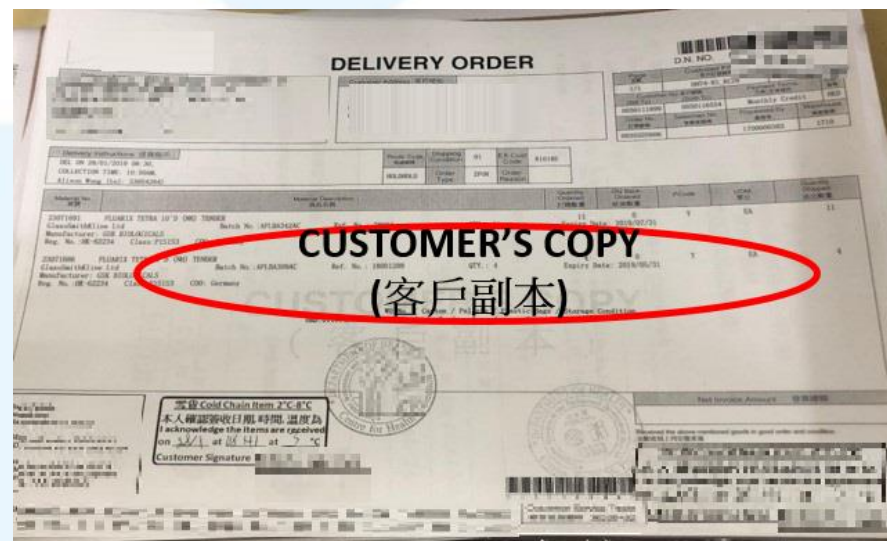
2. Vaccine

Primary School Outreach	Kindergarten / Child Care Centre Outreach
Provided by DH	Provided by Private doctors
Designated health professional staff to receive the vaccines	
<ul style="list-style-type: none"> If there is / are temperature excursion / incorrect quantities, <ul style="list-style-type: none"> ➤ do not receive the vaccine ➤ inform Programme Management and Vaccination Division (PMVD) immediately 	<ul style="list-style-type: none"> Pre-cool cold box. Wrap vaccines with insulating materials to prevent direct contact with ice packs Monitor cold chain by maximum-minimum thermometers Close cold boxes properly and avoid frequent opening Keep vaccines in original packing
<ul style="list-style-type: none"> If the vaccines are not delivered 30 minutes after the expected time, <ul style="list-style-type: none"> ➤ call the vaccine supplier for remedial measure ➤ inform PMVD immediately 	

Video on **Cold Box Packing** is available at:
<https://www.youtube.com/watch?v=8k8m9Ar7fiY&feature=youtu.be>

2. Vaccine

Primary School Outreach	Kindergarten / Child Care Centre (KG/CCC) Outreach
<ul style="list-style-type: none"> Vaccines should be <ul style="list-style-type: none"> ➤ stored in cold box(es) with ice packs and insulating materials. ➤ maintained within cold chain range (2-8°C) during the vaccination activity. ➤ allowed to reach room temperature before use, according to drug insert. 	
<ul style="list-style-type: none"> The cold chain is monitored by Data Logger provided by logistic company. 	<ul style="list-style-type: none"> The cold chain is monitored by maximum-minimum thermometer prepared by medical organization.
After completion of vaccination activity	
<ul style="list-style-type: none"> Designated staff should stay at the venue for collection by the logistics company. If the logistics company fails to collect the surplus vaccine and cold boxes 30 minutes after the expected time, inform PMVD. 	<ul style="list-style-type: none"> Transport the surplus vaccines back to the doctor's clinic / medical organization by cold box(es) with ice packs, maximum-minimum thermometers, insulating materials, etc. to maintain the cold chain range at 2-8 °C.



- Record the date, time, and temperature of the vaccines
- Sign and then chop with the company / clinic stamp

3. Vaccination procedures

a) Check Consent and Health Assessment

- Check vaccination history through eHS(S)
- Screen the signed Consent Forms
- Gather the List of Students who would withhold Seasonal Influenza Vaccination from the teachers
- Assess fitness before vaccination



3. Vaccination procedures

a) Check Consent

2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).

☐ I have read and understood the appended information, including contraindications, and **agree** for my child (named below) to receive the seasonal influenza vaccination (1st AND 2nd doses*) as arranged by the Department of Health (DH) in year 2020/ 21 and for school to release the related information to DH for verification when necessary. [*DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]

Has your child received SIV in the past? ☐ Yes (Last administration date: ____/____/____ (MM/YYYY)) ☐ No

School Name: _____ Class: _____ Class no.: _____

Student's Full Name: _____ Date of Birth: _____ Identity Doc: _____

Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____

Contact number (mobile): _____ Date: _____

2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

☐ I have read and understood the appended information, including contraindications, and **disagree** for my child (named below) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2020/ 21.

Student's Full Name: _____ Gender: _____ Class: _____ Class no.: _____

Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Date: _____

To be filled in by the healthcare worker providing the vaccination

First dose vaccination day	Second dose vaccination day
<input type="checkbox"/> Seasonal influenza vaccine was provided to the student <input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. Name of Medical Organisation: _____ Name of Doctor: _____ Date: _____ Signature of Vaccination Staff: _____ Name of Vaccination Staff: _____ Remarks: _____	<input type="checkbox"/> Seasonal influenza vaccine was provided to the student <input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. Name of Medical Organisation: _____ Name of Doctor: _____ Date: _____ Signature of Vaccination Staff: _____ Name of Vaccination Staff: _____ Remarks: _____

2020/ 21 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Nasal Spray Vaccine

Please complete this form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es).

School Name: _____ Class: _____ Class no.: _____

Student's Full Name: (Surname) _____ (Given name) _____ Gender: _____

(1) ☐ I have read and understood the appended information, including contraindications.
☒ I **agree** for my child (named above) to receive the seasonal influenza vaccination (1st AND 2nd doses*) as arranged by Department of Health (DH) in year 2020/ 21 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary. < PLEASE FILL IN (2) TO (4) >.

☐ Others (Please attach a copy of the identity document):

Date of Birth: ____/____/____ (DD/MM/YYYY) Contact number (mobile): _____

(3) Please answer the following relating to your child's health condition (Please check your child's vaccination record before filling in this part):

- Has your child received SIV in the past? ☐ Yes (Last administration date: ____/____/____ (MM/YYYY)) ☐ No.
- Does your child have history/ currently have any of the following conditions: [If the answer to any of the following is "Yes", no answer or uncertainty, your child will not be eligible to participate in the Seasonal Influenza Vaccination School Outreach (Free of Charge). Please consult your family doctor for vaccination at the clinic.]

2.1 Limb numbness or weakness after receiving SIV.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	2.6 Immunosuppressive disease or taking immunosuppressive medication.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
2.2 Allergic reaction after SIV.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	2.7 Living with persons of immunocompromised state.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
2.3 Allergic reaction to egg.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	2.8 Taking Aspirin or receiving salicylate-containing therapy.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
2.4 Allergic reaction to antibiotics.	<input type="checkbox"/> Yes <input type="checkbox"/> No.		
2.5 Asthma or wheeze.	<input type="checkbox"/> Yes <input type="checkbox"/> No.		

(4) Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Date: _____

To be filled in by the healthcare worker providing the vaccination

First dose vaccination day	Second dose vaccination day
<input type="checkbox"/> Seasonal influenza vaccine was provided to the student. <input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. Name of Medical Organisation: _____ Name of Doctor: _____ Date: _____ Signature of Vaccination Staff: _____ Name of Vaccination Staff: _____ Remarks: _____	<input type="checkbox"/> Seasonal influenza vaccine was provided to the student. <input type="checkbox"/> Seasonal influenza vaccine was NOT provided to the student as the student: <input type="checkbox"/> was absent from school <input type="checkbox"/> refused vaccination <input type="checkbox"/> had physical discomfort [e.g. flu symptoms/ fever (body temperature _____ °C)/ others _____] <input type="checkbox"/> others (please specify: _____) The above reason(s) was informed by _____ (teacher/ staff). Follow-up: <input type="checkbox"/> "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics. Name of Medical Organisation: _____ Name of Doctor: _____ Date: _____ Signature of Vaccination Staff: _____ Name of Vaccination Staff: _____ Remarks: _____

3. Vaccination procedures

b) Infection control practice

i) Hand Hygiene - Use of 70-80% alcohol-based handrub (ABHR)

- when hands are *not visibly soiled*
- ABHR should be in original packing & not expired



ii) Hand Hygiene - Use of gloves

- Wearing surgical gloves *cannot replace hand hygiene*
- If surgical gloves are used, they should be *changed* before each vaccination
- Hand rubbing should also be performed *before putting on* and *after taking off* the gloves



3. Vaccination procedures

b. Infection control practice

iii) Hand Hygiene Technique

- Rub all hand surfaces (**7 steps**) including
 1. Palms
 2. Back of hands
 3. Between fingers
 4. Back of fingers
 5. Thumbs
 6. Finger tips
 7. Wrists
- Rub for at least **20 seconds** until hands are **dry**.



3. Vaccination procedures

b) Infection control practice

iv) Skin Disinfection & After Care

- Use a **sterile alcohol pad** for skin disinfection before vaccination
- Wipe the area from the centre of the injection site outwards, without going over the same area
- Use **a new clean gauze / cotton wool ball** for post vaccination compression of injection site



3. Vaccination procedures

c) Vaccination

List of Items to Bring to Venue on the Vaccination Day

(Refer to Appendix 7.1 of *2020/21 Public-Private-Partnership (PPP) Doctors' Guide* or video at <https://www.youtube.com/watch?v=L0cABMgrtII&feature=youtu.be>)

- ✗ Injection and cold chain maintenance
- ✗ Emergency Equipment
- ✗ Forms and Documents



3. Vaccination procedures

c) Vaccination

- Continue cold-chain monitoring with maximum-minimum thermometer / Data Logger.
- 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 package inserts)
 6. Injection Site
 7. Documentation
- Keep the vaccinated students under **observation for at least 15 minutes**



3. Vaccination procedures

d) Documentation after vaccination

i) Record the vaccination in consent form

- Provide name and signature on the Consent Form
- Fill in information after vaccination in relevant column

【同意書】 2020/21 季節性流感疫苗學校外展 (免費) - 注射式疫苗	
請用黑色或藍色原子筆以正確填寫，在合適的 <input type="checkbox"/> 內加上「✓」號	
<input type="checkbox"/> 本人已閱讀及明白有關疫苗接種資料的內容，包括藥單及 <input type="checkbox"/> 同意 小兒/ 小女接種衛生署安排之 2020/21 年度流感疫苗第一劑及第二劑。 <small>(19 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。)</small>	
貴子女是否曾經接種流感疫苗？ <input type="checkbox"/> 是 (最近一次接種日期：____月____日____年) <input type="checkbox"/> 否	
學校名稱：_____ 班別：_____ 班號：_____	
學生姓名 (中文)：(姓) _____ (名) _____ 性別：_____	
學生姓名 (英文)：(姓) _____ (名) _____	
出生日期：____月____日____年	
身份證明文件類別： <input type="checkbox"/> 香港出生證明書 證件號碼：_____ <input type="checkbox"/> 香港身份證 證件號碼：_____ (簽發日期：____月____日____年) <input type="checkbox"/> 其他 (請附上證明文件副本)	
家長/ 監護人簽署：_____ 家長/ 監護人姓名：_____	
聯絡電話 (手機)：_____ 簽署日期：_____	

【不同意書】 2020/21 季節性流感疫苗學校外展 (免費) - 注射式疫苗	
<input type="checkbox"/> 本人已閱讀及明白有關疫苗接種資料的內容，包括藥單及 <input type="checkbox"/> 不同意 小兒/ 小女接種衛生署安排之 2020/21 年度流感疫苗。	
學生姓名：_____ 性別：_____ 班別：_____ 班號：_____ 家長/ 監護人簽署：_____ 家長/ 監護人姓名：_____ 簽署日期：_____	

【同意書】 2020/21 季節性流感疫苗學校外展 (免費) - 噴霧式疫苗	
請用黑色或藍色原子筆以正確填寫，在合適的 <input type="checkbox"/> 內加上「✓」號	
學校名稱：_____ 班別：_____ 班號：_____ 學生姓名 (中文)：(姓) _____ (名) _____ 性別：_____ 學生姓名 (英文)：(姓) _____ (名) _____	
<input type="checkbox"/> 本人已閱讀及明白有關疫苗接種資料的內容，包括藥單及 <input type="checkbox"/> 同意 小兒/ 小女接種衛生署安排之 2020/21 年度流感疫苗第一劑及第二劑，並同意學校提供疫苗資料予衛生署安排之疫苗接種紀錄作統計之用 (如有需要)。 <small>(19 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。)</small>	
<input type="checkbox"/> 不同意 小兒/ 小女接種衛生署安排之 2020/21 年度流感疫苗。	
身份證明文件類別： <input type="checkbox"/> 香港出生證明書 證件號碼：_____ <input type="checkbox"/> 香港身份證 證件號碼：_____ (簽發日期：____月____日____年) <input type="checkbox"/> 其他 (請附上證明文件副本) 出生日期：____月____日____年 聯絡電話 (手機)：_____	
請回答以下有關 貴子女的醫療情況 (請註明 貴子女的疫苗接種紀錄後填寫)	
1. 是否曾經接種流感疫苗？ <input type="checkbox"/> 是 (最近一次接種日期：____月____日____年) <input type="checkbox"/> 否 2. 有無以下各項情況：(如以下任何一項的答案為「有」，沒有回答或不確定，貴子女將不適宜參加「季節性流感疫苗學校外展 (免費)」，請家長就此事諮詢家庭醫生。) 2.1 曾接種流感疫苗後出現手腳麻痺 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.6 曾有心臟病、肺病、腎病或糖尿病 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.2 曾接種流感疫苗後發熱 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.7 曾曾患過哮喘、服用免疫抑制劑、或與免疫系統嚴重受損的人士同住 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.3 曾對雞蛋過敏 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.8 正服用阿司匹靈 (Aspirin) 或金水楊酸鹽藥物 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.4 曾對任何抗生素過敏 <input type="checkbox"/> 有 <input type="checkbox"/> 否 2.5 曾有哮喘或咳嗽 <input type="checkbox"/> 有 <input type="checkbox"/> 否	
(四) 家長/ 監護人簽署：_____ 家長/ 監護人姓名：_____ 日期：_____	

以下資料只由提供疫苗接種的醫護人員填寫

第一劑接種日	第二劑接種日
<input type="checkbox"/> 有為學生接種流感疫苗。 <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 (例如：感冒發熱/ 發燒 (體溫：____°C) / 其他：____) <input type="checkbox"/> 其他 (請註明：____) 以上原因經由 (老師/ 職員) 通知 跟進：□ 經由學校通知「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。 醫療機構名稱：_____ 負責醫生姓名：____ 日期：____ 接種職員簽署：____ 姓名：____ 備註：____	<input type="checkbox"/> 有為學生接種流感疫苗。 <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 (例如：感冒發熱/ 發燒 (體溫：____°C) / 其他：____) <input type="checkbox"/> 其他 (請註明：____) 以上原因經由 (老師/ 職員) 通知 跟進：□ 經由學校通知「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。 醫療機構名稱：_____ 負責醫生姓名：____ 日期：____ 接種職員簽署：____ 姓名：____ 備註：____

以下資料只由提供疫苗接種的醫護人員填寫

第一劑接種日	第二劑接種日
<input type="checkbox"/> 有為學生接種流感疫苗。 <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 (例如：感冒發熱/ 發燒 (體溫：____°C) / 其他：____) <input type="checkbox"/> 其他 (請註明：____) 以上原因經由 (老師/ 職員) 通知 跟進：□ 經由學校通知「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。 醫療機構名稱：_____ 負責醫生姓名：____ 日期：____ 接種職員簽署：____ 姓名：____ 備註：____	<input type="checkbox"/> 有為學生接種流感疫苗。 <input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 (例如：感冒發熱/ 發燒 (體溫：____°C) / 其他：____) <input type="checkbox"/> 其他 (請註明：____) 以上原因經由 (老師/ 職員) 通知 跟進：□ 經由學校通知「家長通知書」給家長/ 監護人，提醒他們自行安排到家庭/ 私家醫生診所接種。 醫療機構名稱：_____ 負責醫生姓名：____ 日期：____ 接種職員簽署：____ 姓名：____ 備註：____

3. Vaccination procedures

d) Documentation after vaccination

ii) Complete the student vaccination list

Student Vaccination List							
Restricted							
學校名稱: Carroll School		學校編號: CW01		班別: 1A			
疫苗名稱:		注射日期:					
	姓名 / Name	性別 Sex	DOB	Vaccination taken in current year? 本年度已打針?	Put a ✓ after vaccination 接種後請加✓ 號	May need 2nd dose 有可能要接種第二劑	Remarks 備註
1	陳傑 CHAN LEUNG	M	03/12/12	N		Y	
2	陳小明 Chan Siu Ming	M	04/12/12	N		N	
3	陳大明 Chan Tai Ming	M	05/12/12	N		N	
4	陳鍾明 Chan Chong Ming	M	06/12/12	N		N	
5	陳明 CHAN MING	M	07/12/12	N		N	
6	鄭明 CHENG MING	M	08/12/12	N		Y	
7	張小明 CHEUNG Siu Ming	M	09/12/12	N		Y	

- **ALL vaccinated** or **Non-vaccinated** students should be documented on the **Student Vaccination List**
- 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

3. Vaccination procedures

d) Documentation after vaccination

iii) Fill in vaccination card, do not use DH6

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

Seasonal Influenza Vaccination Card

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

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
15/11/2020	Dr. Chan Siu Ming	Fluarix Tetra

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:

This record should be presented when the child is to receive immunisation.
Please properly keep all the immunisation records because these may be required later as documentation of the vaccines received when your child enrolls at schools or emigrates abroad.
兒童在接種疫苗時須出示此記錄。
請妥善保存所有免疫接種記錄或冊子，因孩子日後升學或移民時，此等記錄可作為孩子曾接種過有關疫苗的證明。

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

DO NOT STAMP on DH6
Issue new SIV card

TYPE OF VACCINE 疫苗種類	DATE 日期	PLACE 地點	REMARKS 附註
B.C.G. VACCINE 卡介苗	INDICATED/NOT INDICATED 建議/不建議		
HEPATITIS B VACCINE 乙型肝炎疫苗	FIRST DOSE 第一次		
	SECOND DOSE 第二次		
	THIRD DOSE 第三次		
DTaP-IPV VACCINE 白喉、破傷風、無細胞百日咳及脊髓灰質炎疫苗	FIRST DOSE 第一次		
	SECOND DOSE 第二次		
	THIRD DOSE 第三次		
MMRV VACCINE (Measles, Mumps, Rubella & Varicella) 麻疹、流行性腮腺炎、德國麻疹及水痘疫苗	FIRST DOSE 第一次		
	SECOND DOSE 第二次		
	THIRD DOSE 第三次		
OTHERS 其他			

DH6 (Rev Jan 2015)

3. Vaccination procedures

d) Documentation after vaccination

iv) Distribute relevant information to parents / guardians

- For students do not have the 2nd dose:
 - Seasonal Influenza Vaccination Cards
 - Information on Side Effects
- For students will have the 2nd dose:
 - Information on Side Effects and 2nd dose Arrangement
- For students not received vaccination on the vaccination day:
 - Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given
- Provide a telephone number for enquiries concerning vaccination

Samples of documents are available at **2020/21 PPP Doctors' Guide**
DH will provide copies for use



3. Vaccination procedures

e) Submitting Reports

Fax the following forms to PMVD within 1 day after vaccination

For Primary School

衛生署
2020/21 季節性流感疫苗學校外展(免費)
政府／公私營合作外展隊-小學
疫苗使用報告及冰箱收集記錄

注意事項：

1. 請外展隊職員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. 外展隊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傳真至項目管理及疫苗計劃科（傳真號碼：2320 8505）。

甲、聯絡資料：

1. 機構名稱：(中文／英文) _____
2. 負責醫生／職員姓名：(中文／英文) _____
(公私營合作外展隊或第三間員工姓名)
3. 服務提供者號碼 (如適用)：_____
4. 學校名稱：(中文／英文) _____
5. 學校地址：_____
6. 接獲日期：_____

乙、收集詳情 (收貨發票號碼：_____)

物資	數量	批號
剩餘疫苗 (四價) 季節性流感疫苗	十劑裝：_____劑 單劑裝：_____劑	_____
冰箱凍庫盒 (內附溫度持續記錄器)	□□□□個	_____

丙、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： _____ 姓名： _____ 職位： _____ 電話： _____

蓋印： _____

簽署： _____ 姓名： _____ 職位： _____ 電話： _____

蓋印： _____

丁、疫苗使用記錄 (由外展隊職員填寫，物流商不適用)

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)*
_____	_____	_____	_____

* (d) = (a) - (b) - (c)

SIVSO D CL

DELIVERY ORDER

CUSTOMER'S COPY
(客戶副本)

疫苗 Cold Chain Item 2°C-8°C
本人確認接收日期、時間、溫度為
I acknowledge the items are received
on 2020/04/04 at 2:00 PM

Customer Signature _____

3. Vaccination procedures

d) Submitting Reports

Fax the following form to PMVD within 1 day after vaccination

For KG / CCC

- This is a **revised** form
- 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

幼稚園/幼兒中心外展 KG/CCCs Outreach

2020/21 季節性流感疫苗學校外展(免費) 學生接種記錄(接種日)
2020/21 Seasonal Influenza Vaccination School Outreach (Free of Charge)
Student Vaccination Record (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 : _____

服務提供機構 : _____ 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 : _____
Vaccination session : _____


第一劑 (1st dose)	第二劑 (2nd dose)
<input type="checkbox"/> 第一次到校 (1st visit)	<input type="checkbox"/> 第一次到校 (1st visit)
<input type="checkbox"/> 第二次到校 (2nd visit)	<input type="checkbox"/> 第二次到校 (2nd visit)
<input type="checkbox"/> 其他, 請註明: _____	<input type="checkbox"/> 其他, 請註明: _____

全校總學生人數 : _____
Total no. of students in school : _____

同意接種人數 : _____
Total no. of consented students : _____

實際接種人數* : _____
Total no. of vaccinated students* : _____

*接種當日之實際接種學生人數(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 : _____		簽署 : _____	
姓名 : _____		姓名 : _____	
職位 : _____		職位 : _____	
電話 : _____		電話 : _____	
聯絡 : _____		聯絡 : _____	
No. : _____	醫療機構蓋印 Clinic Chop	Contact No. : _____	

SIVSO_5_C1(KG)
最後更新: 2020 年 6 月

4. 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.



4. Emergency management

b) Equipment

- Protocol for emergency management
- Emergency kit equipment should include, but not limited to:
 - Bag-Valve-Mask (**age-appropriate size**)
 - BP monitor (**age-appropriate cuffs**)
 - **Registered** Adrenaline auto injector/ Adrenaline (1:1000 dilution)
 - Syringes and needles suitable for IMI adrenaline administration (1 ml syringe with 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 **2020/21 Vaccination Subsidy Scheme (VSS) Doctors' Guide**)

5. Handling of Vaccination incidents

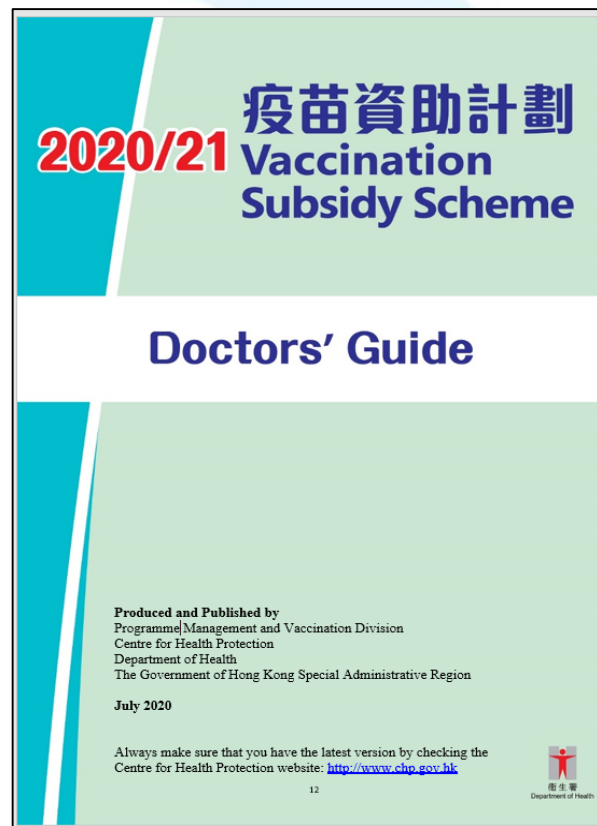
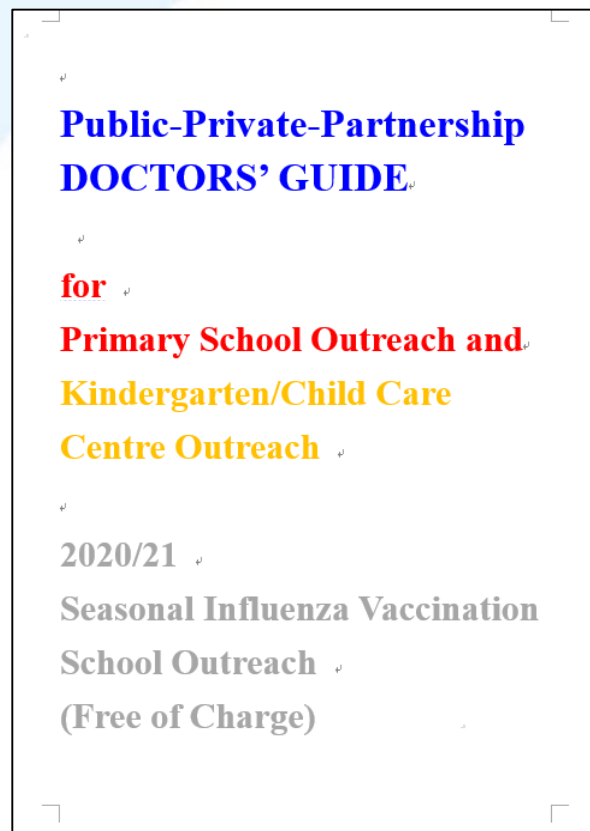
- Record the child's condition and manage immediately
- Explain to the teacher and parents timely
- Notify PMVD timely
- Take appropriate and follow-up action with the concerned students



6. Handling of clinical waste

- Discard the used syringes and uncapped needles **directly into sharps box**
- Place the sharps box on a flat, firm surface and at an optimal position **near the injection staff**
- Dispose sharps box when the disposable sharps reach the **warning line (70-80%)** for maximum volume
- Seal up sharps box afterwards for proper disposal (Please refer to guidelines of the Environmental Protection Department)
- Complete the **Clinical Waste Temporary Storage Handover Note** (Appendix 7.16 of *2020/21 PPP Doctors' Guide*), if temporary storage at schools is required





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

Thank You

