

兒童接種季節性流感疫苗 -如何安排「2020/21 疫苗資助學校外展 (可額外收費)」疫苗接種活動

Children Receive Seasonal Influenza Vaccination –

How to Arrange 2020/21 Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)

Vaccination Activity





內容 Contents

- 計劃與流程Planning and workflow
- 接種前Before Vaccination
- 接種當日Vaccination day
- 接種後After Vaccination



計劃與流程



Planning and workflow

- 1. 學校與醫生商討第一劑、第二劑 (九歲以下初接種)及補種的日期和時間 School and doctor discuss the date and time of 1st dose and 2nd dose (aged below 9 and first time vaccination) and mop-up vaccination
- 2. 學校派發及收集同意書 School distribute and collect consent forms
- 3. 學校安排接種場地 School arrange vaccination venue
- 4. 編排接種當日的流程
 Prepare the workflow for vaccination day
- 5. 醫生於接種日期的兩星期前通知衞生署
 Doctor inform Department of Health 2 weeks before the vaccination day

HP 衛生防護中心 Centre for Health Protection

計劃與流程 Planning and workflow

第一劑及第二劑流感疫苗接種的日期

Dates for first and second dose of influenza vaccination

● 建議接種流感疫苗日期與衞生署「學童免疫注射小組」的疫苗接種活動日期至少相隔一星期

The vaccination date is suggested to be at least one week after the vaccination day of School Immunization Team of Department of Health

 噴鼻式流感疫苗,可以與麻疹、流行性腮腺炎及德國麻疹(MMR)混合疫苗, 同日或相隔最少四星期接種

Nasal spray influenza vaccine and Measles, mumps and rubella (MMR) vaccine can be given on same day or at an interval of at least 4 weeks

九歲以下從未接種流感疫苗,可獲資助接種兩劑。兩劑疫苗最少相隔四週
 Children aged below 9 who have never received influenza vaccine before, can receive 2 doses of subsidised vaccination separated by at least 4 weeks

接種前



Before Vaccination

参考有關「2020/21 疫苗資助學校外展(可額外收費)」的資訊 Read information about 2020/21 Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)

https://www.chp.gov.hk/tc/features/100634.html https://www.chp.gov.hk/en/features/100634.html

學校向家長/ 監護人提供資訊

Schools provide information to Parents/ Guardians

- 疫苗、疫苗接種安排和外展醫生的資料
 Information about the vaccine, vaccination arrangement and outreach doctor
- 醫護人員的聯絡方法,作查詢疫苗接種事宜之用
 Contact details of healthcare providers for enquiries concerning vaccination
- 邀請醫護人員提供有關疫苗的資料單張
 Invite healthcare providers to provide information leaflets about vaccination



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接種前

Before Vaccination

- 學校派發及收回所需文件,包括:
 - >「使用疫苗資助同意書」及
 - >「健康評估及疫苗接種記錄」

Schools distribute and collect the forms, including:

- Consent to Use Vaccination Subsidy and
- ➤ Health Assessment Form and Vaccination Record
- 檢查這些文件是否已由家長/監護人填妥,簽署及正確填寫學 生的身分證明文件資料

Check whether these documents are duly signed and completed by parents / guardians, with correct information of student's identity document included



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Department of Health

同意書 (中文樣本)

Consent Form (Chinese sample)

DH_VSS (04/20)

適用於參與疫苗資助學校外展(可額外收費)計劃之學童 衛生者 智能通 (資助) 交易整導 (自動) 交易整導 (自動)						
	疫苗資助計劃			管領域(資助)父為敦靖(田晉生福為) 只可墳寫一個交易號碼		
	使用疫苗資助同意書			-		
注意:						
	醫生姓名			接種日期		
	就讀學校名稱			班級及學號		
	季節性流感疫苗種類	【及劑次(請在適當位置加上"√"號)				
	□ 減活疫苗(注射 □ 四價 □ 三價	□ 本季度唯一一劑 9歲以下學童但過往季度曾接	重季節性流星	《 疫苗:		
	□ 減活四價疫苗 (噴鼻式)	□ 本季度唯一一劑9 歲以下學童並從未接種季節□ 本季度第一劑	性流感疫苗 本季度第			
	接種疫苗者個人資料	(以身份證明文件所載者為準)				
	姓名:					
	英文 (姓氏)	(名字)	中文 (姓氏	(名字)		
	出生日期:/_	/(日日/月月/年年年年)	性別:□	男 口女		
	身份證明文件(請選	擇下列其中一項身份證明文件,在適當	位置加上"	✓"號及填寫店	折需資料)	
	□ 香港出生證明書	登記號碼:			()	1
	□ 香港居民身份證 簽發日期:	號碼: _//(日日/月月/年年)	身份證符號			П
		回港避號碼 (以"RM"或"RS"開首):	R I	1 1 1	1111	
		_//(日日/月月/年年年年) (簽證身份書證件號碼 (以"D"開首):				1
		//(日日/月月/年年)	D			
		證 (ID 235B) 出生登記編號: _//(日日/月月/年年年年)	Ш		()	
		號碼 (例:外地簽發的護照):				ı
	香港入境處簽證	/ 参考編號:	ш	-	- ()	
	□ 生死登記處發出	被領費兒童的領養證明書記項編號:	ШШ	1		
\	□ 如未持有以上證	件,讀附上其他身份證明文件 顧本 :	證件號碼:			
	DH_VSS (04/20)			請於下頁欄	資填寫及簽署 頁 1/2	

	父母 / 監護人簽署:					
	父母 / 監護人姓名:					
	與接種疫苗者的關係: □父 □母 □監護人					
	聯給電話號碼:					
	日期:					
**	承能及聲明					
1.	本人物此聲明,本人在此同意書中所提供的一切資料,全屬真確。					
2.	The state of the s					
3.	此同意書受香港特別行政區法律管限,並須按照香港特別行政區法律解釋;本人及政府須不可撤銷地接受香港特別行政區法院的專屬可法管轄權管轄。					
4.						
	收無個人資料目的變明					
收算	機個人資料目的					
1.	所提供的個人資料,會供政府作下列一項或多項用途:					
	(a) 開設、處理及管理醫鏈通(資助)戶口,資助付款,以及執行和監察疫苗資助計劃,包括但不限於通過電子程序與人境事務處的數據核對:					
	(6) 作統計和研究用途;以及					
	(c) 作法例规定、授權或准許的任何其他合法用途。					
2.	就是次會診作出的疫苗接種記錄,可給公營及私營警護人員取得,作為決定及提供服務使用者所需要的警療服務 的用途。					
3.	提供個人資料乃屬白願性質。如果你不提供充分的資料,可能無法使用資助。					
接受	段轉 介人的類別					
4.	你所提供的個人資料,主要是供政府内部使用,但政府亦可能於有醫要時,因以上第1、2股所列收集資料的目的而向其他機構和第三者人土按蠶。					
	関個人資料					
查提	根據《個人資料(私應)條例》(香港法例第 486章)第 18 和第 22 條以及附表 1 保練資料原則第 6 原則所述,你有權金閱及條正你的個人資料。本署應金閱資料要求而提供資料時,可能要屬收費用。					
查提 5.						
	權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時,可能要像收費用。					
5.	權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時,可能要像收費用。					
5.	權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時,可能要像收費用。					

同意書 (英文樣本)



Consent Form (English sample)

FOR SCHOOL CHILDREN PARTICIPATING IN SCHOOL OUTREACH (EXTRA CHARGE ALLOWED) PROGRAMME Concent to Use Vaccination Subsidy 6HS/S) Insusciou No. (For Dector's Use)				the rec	ave read / been informed and fully understood my obligation and liability under this consent fo Statement of Purpose of Collection of Personal Data. I also confirm that the aforementioned ipient is currently attending primary school or kindergarten/kindergarten-cum-child care centre e centre in Hong Kong.	vaccine
Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme #IS(S) Transaction No. (For Doctor's Use) ONE TRANSACTION NUMBER ONLY					Signature of Parent / Guardian:	
Department of Health TG			-		Name of Parent / Guardian (in English):	
Note: Please complete this form in BLOCK	letters using black or blue pen	Put a "/" in the most approp	riate box and *delete as		Relationship: Father Mother Guard	lian
appropriate. Two consent forms are required. Vaccination Subsidy Scheme and the concerned	for two doses of subsidised vac raccine before you sign this form	ccination. Please read the inf	formation sheet about the		Contact Telephone No.:	
***************************************	****************	*******	*************		Date:	
I consent to use the Government subside under the Vaccination Subside Scheme v		d * to receive Seasonal In	fluenza Vaccination	**	***************************************	*****
Name of Doctor	viii details as follows	Date of Vaccination			<u>Undertaking and Declaration</u>	
School Attending		Class & Student No.		1.		nsultation
Type and Dose Sequence of Seasonal	Influence Vaccine (Dut a	"-/" in the meet surrennis	to hear)		for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of	Personal
Type and Dose Sequence of Seasonal	ALL school children age	** *	te oox)		Data". I hereby give consent to the doctor to transfer and release my child/ ward's personal data information related to this consultation to the Government, its agents, or other persons authorised by the Government.	
☐ Inactivated Influenza Vaccine	The only dose for th				I note that the Department of Health may contact me to verify whether myself has received vaccination by	
(Injectable)		9 but have received S	easonal Influenza		Government subsidy.	
Quadrivalent	Vaccination in previous The only dose for the			3.	This consent form shall be governed by and construed in accordance with the laws of Hong Kong Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the	
☐ Trivalent		ns season out have NEVER received	Saasanal Influenza		of Hong Kong Special Administrative Region.	
Ouardrivalent Live Attenuated		seasons (vaccine naïve ch		4.	I have read this consent form carefully and fully understood my obligations and liability under this consent	form.
Influenza Vaccine (Nasal Spray)	☐ The first dose for th				Statement of Purpose	
	The second dose for	r this season		Pu	rpose of Collection	
The Personal Details of Vaccine Recipient (as indicated on identity document)				1.	The personal data provided will be used by the Government for one or more of the following purposes:	
Name: , (given no		Chinese (sumame) (given n			(a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, administration and monitoring of the Vaccination Subsidy Schemes, including but not limit verification procedure by electronic means with the data kept by the Immigration Department;	, and the ted to a
			-		(b) for statistical and research purposes; and	
Date of Birth:/	(dd/mm/yyyy)	Sex: 🗌 Male 🔲 Fer	nale		(c) any other legitimate purposes as may be required, authorised or permitted by law.	
Identity Document (Please put a "√" i	n the box and fill in the do	cument number as approp	riate)	2.	The vaccination record made for the purpose of this consultation will be accessible by health care person	nal in the
Hong Kong Birth Certificate Registra	tion No.:		()		public and private sectors for the purpose of determining and providing necessary health care service to the	recipient.
Hong Kong Identity Card No.: Date of Issue: / / (dd/mm/yyyy) HKIC Sambol: DATIC DR DII				3.	The provision of personal data is voluntary. If you do not provide sufficient information, you may not buse the subsidy.	te able to
Hong Kong Re-entry Permit No. (Beg	(dd/mm/yyyy) inning with "RM" / "RS"):		C CR CU	Cla	asses of Transferees	
Date of Issue:/_/ (dd/mm/yyyy)				4.	The personal data you provided are mainly for use within the Government but the information may also be by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2	
HKSAR Document of Identity No. (Beginning with "D"):					required.	
Date of Issue:/(dd/mm/yyyy)				Ac	cess to Personal Data	
Permit to Remain in HKSAR (ID 235B) - Birth Entry No.:			1 1 1/2	5.	You have the right to request access to and correction of your personal data under sections 18 and 22 and 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may imp	
Permitted to remain until:/_	/(dd/mm/yyyy)				for complying with a data access request.	010 4 100
Non-Hong Kong Travel Documents ?	No. (e.g. Foreign passports):			En	quiries	
HKSAR Visa / Reference No.:		6.	Enquiries concerning the personal data provided, including the request for access and correction, should be addresse	ad to:		
Certificate issued by the Births Regist No. of Entry:	ry for adopted children -		/		Executive Officer (Vaccination Subsidy Scheme) Address: Centre for Health Protection, Block A, 2F, 147C Argyle Street, Kowloon Telephone No.: 2125 2125 S125	
If the recipient is not the holder of please enclose a copy of other iden		Document number:				
DH VSS (04/20)	any wetument.	Please continue in the nex	t page. Page 1/2	DH	VSS (04/20) Pa	age 2/2

健康評估及疫苗接種記錄



Health Assessment Form and Vaccination Record

Pneumococcal Vaccination 肺炎球菌疫苗接種

Seasonal Influenza Vaccination / Pneumococcal Vaccination Health Assessment and Vaccination Record

	季節性流感疫苗 / 肺炎球菌疫苗接種 健康評估表及疫苗接種記錄		Yes 有 No 沒有				
	I. Information to be completed by service provider 由服務提供者填寫的資料		1 Have you ever received 23vPPV pneumococcal vaccine? - 你過去尊否接種 二十三價貼多球藥多醣疫苗?				
Name of Doctor-in-charge (負責醫生姓名):							
	Co-hosting Organisation (協辦機構名稱):		Have you ever received PCV13 pneumococcal vaccine? 你遇去曾否接種十三價肺炎琼藤结合传苗?				
	Place of Vaccination (接種疫苗地點):		3 Have you ever developed allergic reaction following a prior dose of pneumococcal vaccine or to the vaccine				
	Date of Vaccination (接種日期):		component or any diplutheria toxoid-containing vaccine?				
	Enquiry Telephone Number (查詢職話):		你是否曾對肺炎球菌疫苗或該疫苗的成分或含有白喉類毒素的疫苗出現過敏反應?				
	□. Information to be completed by the vaccine recipient* 由接種者填寫的資料* Please put a ✓ in the appropriate box 請在通常方核內加上 "✓" 號		Are you currently under chemotherapy or radiotherapy for cancer or plan to undergo splenectomy in less than two weeks' time? 你是否正在接受癌症的化療或單療或將會少於兩局後生行脾臟切除手術?				
	A. Seasonal Influenza Vaccination 季節性液廠疫苗接種		5 Are you suffering from any bleeding disorders or on anticoagulants? 你是否出血病症患者或正服用抗凝血劑?				
	Applicable to Inactivated Seasonal Influenza Vaccine 適用於滅活季節性流脈疫苗 Yes オ	No沒有					
	1 Have you ever received any seasonal influenza vaccination?	NO 没有	Note: Those aged 65 or above who have already received PCV13/23vPPV are not required to receive the same vaccine again. If you are not sure of				
	你曾否接受流廠疫苗接種?		your vaccination record, please check your vaccination card or request health care provider to check the vaccination record at the eHealth System				
(十十十十	Do you have a history of allergic reaction to egg? 你是否對離蛋會出現過敏反應?		(Subsidies).				
注射式	3 Do you have a history of allergic reaction to any antibiotic?		 66歲或以上人士於遇去曾接種過十三價 / 二十三價肺炎球菌疫苗,則無須重複注射相同肺炎球菌疫苗;如不濟楚過去有否注射肺炎球菌疫苗, 請先檢查針結或要求整攜人員查詢整後通(資助)系統內疫苗接種記錄。 				
12177	你是否對任何抗生素曾出現過敏反應?		田,請允懷說可怕以要不營獲人具宜的營營班(資則)系統(內役田按福記錄。				
:	(Please provide the name of antibiotic:) (請提供技生素名稱:		I declare that the information provided is correct and consent to receive the vaccination.				
njection	4 Have you ever experienced any limb numbness or weakness after receiving prior seasonal influenza vaccination? 你思る曾在神殿造成的苗後,出現手翻編確定無力?		本人聲明以上所提供之資料全屬正確,並同意接受疫苗接種。				
	5 Do you have a history of severe allergic reaction to any vaccine component or a previous dose of any influenza		Name of participant (English):				
	vaccine? 你是否對任何疫苗成分或接種任何流感疫苗後曾出现嚴重過敏反應?		Daytime Contact Number 日間聯絡電話:				
	6 Are you suffering from any bleeding disorders or on anticoagulants?		Description of the second of t				
	你是否出血病症患者或正服用抗凝血劑?		Date of Birth 出生日期:				
	A SECOND A Time Address of Company of the Company o		Gender 性別:M/F(男/女)				
	Applicable to Live Attenuated Seasonal Influenza Nasal Vaccine (LAIV) 適用於 <u>滅活噴鼻式季節性流脈疫苗</u> (LAIV can only be used among non-pregnant and non-immumocompromised people 2-49 years of age. 減活意威疫苗	No沒有	Type of HK Identity document 香港身份証明文件:				
	只建議供年齡為兩歲至49歲的非懷孕及非免疫力低的人士使用。)		Document number 証明文件號碼:				
	 Have you ever received any seasonal influenza vaccination? 你曾否接受流感疫苗接種? 		Signature 簽署: Date 日期:				
	2 Do you have a history of allergic reaction to egg? 你是否對離蛋會出現過敏反應?		* If the vaccine recipient is under the age of 18 or mentally incapacitated, the form should be signed by parent / guardian				
	3 Do you have a history of allergic reaction to any antibiotic?		若接種者為 18 歲以下或無行為能力,由家長或監護人簽署				
	你是否對任何抗生素曾出現過敏反應? (Please provide the name of antibiotic:						
	()請提供抗生素名稱:		III. Information to be completed by the healthcare worker providing vaccination 由提供接端的整護人員填寫的資料				
	Do you have a history of severe allergic reaction to any vaccine component or after previous dose of any influenza vaccine?		Yes 有 No 沒有				
"貝畀人」	你是否對任何疫苗成分或接種任何流藏疫苗後曾出現嚴重過敏反應?						
	Are you currently taking concomitant aspirin or salicylate-containing therapy (for children and adolescents)? 你现在是否正服用阿士匹林或含水楊酸礦藥物(兒童和青少年)?		1 Does the vaccine recipient have fever or flu symptoms on the vaccination day? 於接職當日,接職者是否有發燒或威質働狀?				
Nasal →	6 Do you have asthma or have you suffered from wheezing episode during the preceding 12 months (for children		Does the recipient have high-risk conditions? (For PCV13 vaccination only)				
Masai	aged 2 through 4 years)? 你是否有哮喘或於過去12個月會出現喘鳴情況 (兩歲至四歲的兒童) ?		接種者是否有高風險情况?(只適用於十三價 肺炎球菌疫苗接種)				
	7 Are you immunocompromised?		Vaccine given 已接種的疫苗				
Spray	你有否免疫功能減弱的情況?		● Name of Vaccine疫苗名稱(1):				
90.5.5	8 Are you having close contact with severely immunosuppressed persons who require a protected environment? 你是否和免疫系統數數學便和創而需在受保護的環境下接受護理的人士有緊密接觸?		▼ Name of Vaccine使用名柄(1).				
	9 Are you currently pregnant? 你是否現正懷孕?		Lot No. 批次编號: Expiry Date 有效日期: (日/月/年)				
	10 Have you received influenza antiviral medication within previous 48 hours?		Section 1 and 1 an				
	你有否在過去48小時曾服用流廠抗病毒藥物?		● Name of Vaccine疫苗名稱(2):				
	11 Have you received any live attenuated vaccines within the last 4 weeks or plan to receive live attenuated vaccine within the next 4 weeks?		Lot No. 批次编號: Expiry Date 有效日期: (日/月/年)				
	你有否在過去四星期內接種任何減活疫苗或計劃於未來四星期內接種任何減活疫苗?						
	Note: Children under the age of 9 who have never received any seasonal influenza vaccination before need to receive a 2 rd dose 4 receiving the 1 rd dose.	weeks after	Name of healthcare worker 醫護人員姓名:Signature 簽署:				
	注意:9 歲以下從未接種過流廠疫苗之小童,需於 4 星期後接種第二劑疫苗						
•							

接種前

Before Vaccination

場地安排

Venue arrangement

- 安排清潔、燈光足夠和空氣流通的場地
 Provide a clean, well lit and ventilated place
- 場地分區

Areas in the venue

- ➤ 輪候及登記 : 枱、椅 Waiting and registration: tables, chairs
- ➤ 疫苗接種:長枱、椅 Vaccination: long tables, chairs
- ➤ 接種後觀察 (指定的地方讓剛接種疫苗的人士休息): 椅 Observation after vaccination (a designated place for recipients to rest): chairs
- ➤ 進行緊急治療 (如有需要) : 軟墊 Emergency treatment (if indicated): mattress





接種當日

HP 衛生防護中心 Centre for Health Protection

Vaccination day

學校協助安排

Schools assist to

- 通知醫護人員當日<mark>缺課、發燒或不適</mark>的學童名單 Inform health care providers the list of students who are absent from school or have fever or illness
- 安排學生到場接種疫苗
 Arrange students to come to the venue for vaccination
- 接種疫苗後,安排學童留在現場觀察至少15分鐘
 Keep students for observations for at least 15 minutes after vaccination
- 如果學生接種疫苗後出現不良反應,立即通知醫護人員,為學生進行評估及提供治療

Immediately inform healthcare providers to assess and provide treatment if students have adverse reactions after vaccination



接種當日 Vaccination day



學校協助安排

Schools assist to

- 通知家長第二劑的安排 (九歲以下初接種,如有需要)
 Inform parents for the arrangement of the second dose (for those aged below 9 with their first time vaccination, if appropriate)
 - ➤ 前往參與資助計劃的私家醫生診所接種 Receive vaccination at enrolled doctor's clinic
 - ➤ 在學校接種第二劑流感疫苗的日期
 The date to receive the 2nd dose at school
- 如學童未能於當日接種疫苗 (例如缺課、不適合接種),通知家長所需的安排 If students do not receive vaccination on the vaccination day (for example, absent or unfit for vaccination), inform parents about necessary arrangement



接種當日 Vaccination day



醫護人員把疫苗接種資料記錄在針卡後,學校協助把針卡交還家長/監護人保存

Schools assist to return the Vaccination Record Cards to parents / guardians after healthcare workers have recorded the details on the Cards

REMARKS 附出 (Including at verse of cest (ESH影爾德的) 区間)	DEPARTMENT OF HEALTH THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATION REGION 香港特別行政區政府衞生署 VACCINATION RECORD 疫苗注射記錄	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 至疫接種記錄	Name 经名:
DOCTOR/QLINIC 整生 / 節所	Name 姓名	Name 姓名 Date of Birth 出生日期 Sex 性別 Place of Birth	描注射記載 Card (DH 2684)
Date	Date of Birth 出生日期 Parent's/Guardian's Name 父母/監護人姓名	Parent's/Guardian's Name OH6 ,請使 Not DO Not QU/ 監護人姓名 OH6 , 意见 Coinatio	Record And Rock Rock Rock Rock Rock Rock Rock Rock
Type of Vaccine 经价值的	This record should be presented on receiving subsequent vaccination. Please keep all the vaccination records properly because they may be required later as documentation of the vaccines received. 下次接種疫苗時須出宗此記錄。 調安著保存所有疫苗接種記錄卡或小冊子,因為這些記錄日後可作爲會接權過有關疫苗的證明。	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 vacciner received when your child enrols at schools or emigrates abroad. 928 & 1884 65 1889 1814 1815 1816	RCG VACCINE 会で記録 の
	重要文件,請永久保存 Please retain this immunization record indefinitely	九金红球运动学校用证据中域人的基础。 語從等保存所有極度被稱证据時或小冊子,因後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	DTIG-TPY Vaccins: Deplete L Teams, and the Pression & Sectioned Policy ins Vaccos ボルッド Vaccins: Deplete L Teams, and the Pression & Sectioned Policy ins Vaccos ボルッド Vaccins: Deplete L Teams, and the Pression Indicated And A Sectional Policy ins Vaccins ボリナー Team And Andrew Conference

接種後 After Vaccination



- 醫護人員會於當日安排持牌收集商收集醫療廢物
 Healthcare providers will arrange licensed collectors to collect clinical waste on the same day
- 醫護人員亦可以當日以私家車自行運送醫療廢物到位於青衣的化學廢物處理中心
 - Healthcare providers could also self-deliver clinical waste to the Chemical Waste Treatment Centre at Tsing Yi by private car on the same day
- 詳情請與負責外展疫苗接種活動的醫護人員商討
 Please discuss the details with healthcare providers of school outreach vaccination



接種後 After Vaccination



● 若未能在當日收集醫療廢物,學校需提供可<mark>上鎖及獨立</mark>的櫃,<mark>暫時存放</mark>利器收 集箱

If clinical waste could not be collected on the same day, school needs to provide lockable and independent cabinet(s) for temporary storage of sharps boxes

- > 要知道暫存利器收集箱 (每個約 26 x 25 x17 厘米) 的大約數目
- Need to know the estimated number of sharp boxes (about 26 x 25 x 17 cm each) to be stored
- 當持牌醫療廢物收集商到場收集醫療廢物時,學校人員須在運載記錄上簽名, 並把粉紅色存根轉交給醫護人員作記錄之用

When the licensed collector comes to collect clinical waste, school staff needs to sign the trip ticket and forward the pink copy of the trip ticket to healthcare providers for record



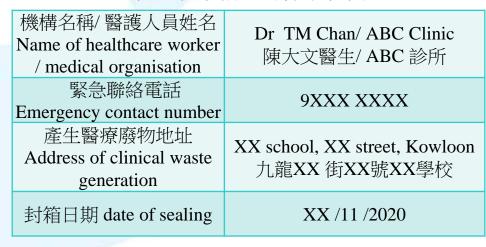
接種後

After Vaccination



Example of a Label on Sharps boxes

利器收集箱上的標籤範例





To be arranged by the healthcare worker 由醫護人員安排貼上標籤

To be arranged by the healthcare worker 由醫護人員安排貼上標籤

Example of Warning Sign and Label on a Temporary Storage Cabinet

醫療廢物貯存櫃上的警告標示及標籤範例

機構名稱/醫護人員姓名 Name of healthcare worker / medical organisation	Dr TM Chan/ ABC Clinic 陳大文醫生/ ABC 診所
緊急聯絡電話 Emergency contact number	9XXX XXXX

衛生署 Department of Health

更多資訊

More Information



衞生防護中心網頁

The Centre for Health Protection website

https://www.chp.gov.hk/tc/features/18877.html https://www.chp.gov.hk/en/features/18877.html

聯絡我們 Contact Us

項目管理及疫苗計劃科

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謝謝 Thank You

