

2018/19 Seasonal Influenza Vaccination—  
School Outreach Vaccination Pilot Programme,  
Enhanced Vaccination Subsidy Scheme Outreach Vaccination,  
and Other VSS Outreach Vaccination

## **Roles and Responsibilities of VSS Doctors in Any Type of Outreach Vaccination**

9 April 2018



衛生署  
Department of Health

# Content

## Roles and Responsibilities of VSS Doctors

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Overall Role and Responsibility
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# Part I

## Overall Role and Responsibility



# Overall Role and Responsibility (1)

- The enrolled doctor is **overall responsible** for the vaccination activity
- Vaccines should be prescribed by the doctor
- Before administration, check the recommendation, vaccine dosage, expiry date, vaccine contraindications and precautions, to ascertain the need and suitability for vaccination
- There are different types for vaccine preparation and some are for specified age group only



# Overall Role and Responsibility (2)

- Code of Professional Conduct – Clause 21.1



## CODE OF PROFESSIONAL CONDUCT

FOR THE GUIDANCE OF REGISTERED  
MEDICAL PRACTITIONERS

MEDICAL COUNCIL OF HONG KONG  
(Revised in January 2016)

011/12/16

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

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



# Overall Role and Responsibility (3)

## Supervision

- **Supervise** the vaccination activity:
  - a) Exercise effective supervision over the trained personnel who cover his duty and;
  - b) Retain personal responsibility for treatment of patients/ vaccine recipients
- Ensure sufficient no. of **qualified and trained** health care personnel to provide service and medical support
- Brief relevant staff on the service and responsibilities
- **Onsite doctor is highly preferred to be present**, and should be personally and physically reachable in case of emergency

# Overall Role and Responsibility (4)

## Preparation for Health Emergencies

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



# PCD Enrolment and CME Requirement

- Starting from 2018/19 season, VSS/RVP doctors have to be enrolled in the **Primary Care Directory** (PCD)  
(Visit [www.pcdirectory.gov.hk](http://www.pcdirectory.gov.hk) for information)
- To remain listed in the PCD, CME requirements have to be fulfilled
  - Specialists: included in Specialist Register;
  - Non-specialists: satisfy CME requirements  
(yearly CME certificate or qualified to quote the title “CME-Certified”)





# Part II

## Vaccination Procedures, Vaccine Storage and Infection Control Practice



# Get Prepared

- **Place order** for SIV with vaccine supplier early
- Check the validity period of the vaccines to ensure they are **not expired**
- Read the **drug insert** in the vaccine packing carefully for the recommended age-range, dosage, administration route and contraindication of the vaccine
- Ensure **paediatric preparation** is available for children < 3 years old
- **Inform Vaccination Office** prior to vaccination activity for necessary preparation
- Department of Health may randomly perform **onsite inspection** of the services provided



# Consideration on Venue

- Considerations on outreach vaccination **venue**:
  - Hygiene, Safety, Privacy, Order, Lighting and Ventilation
- Venue should be divided into **4 parts**:
  - Waiting and registration, Administration of vaccination, Observation after vaccination, Emergency treatment if necessary



# Vaccine Storage (1)

- Importance of cold chain maintenance - Cold chain breakage - decrease potency and reduce effectiveness and protection to recipients
- Stored at temperature between 2-8°C with **regular temperature checking by a thermometer**
- Storage of vaccines in clinics - Purpose-built vaccine refrigerators (PBVR) are preferable

(Ref: *Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings – Module on Immunisation at*

[http://www.pco.gov.hk/english/resource/files/Module\\_on\\_Immunisation\\_Children.pdf](http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf))



# Vaccine Storage (2)

- Use cold boxes, **with temperature monitoring** to ensure temperature is **between 2-8°C**, for transport vaccines to and back from the venue
- Cold boxes should be of appropriate size, with adequate insulating materials between ice packs and vaccines to prevent freezing of vaccines
- Keep the cold boxes properly closed and **avoid frequent opening**
- Keep the vaccines in original packing

# Vaccination Procedures (1)

## Check Consent, Contraindication and eHS(S) Record

- Check **Consent Form** to confirm it is completed and signed properly
- Collect the completed health assessment forms and conduct thorough health assessment for
  - any **contraindications and precautions**
  - any history of bleeding tendency/ on anti-coagulation treatment
- Check **eHS(S)** records to **avoid duplicate dose**

# Vaccination Procedures (2)

## Manpower

- Suggested manpower for reference:  
6 injection staff + at least 1 team leader for schools with 6 classes in a grade

## Vaccination Equipment

- Alcohol-based handrub (for hand hygiene)
- Sterile alcohol preps (for skin disinfection)
- Dry sterile gauze (post vaccination compression to injection site)
- Sharps boxes – (1 for each vaccination station)
- Needles of appropriate size
- Others accessories and stationeries (as indicated)

## Emergency Equipment





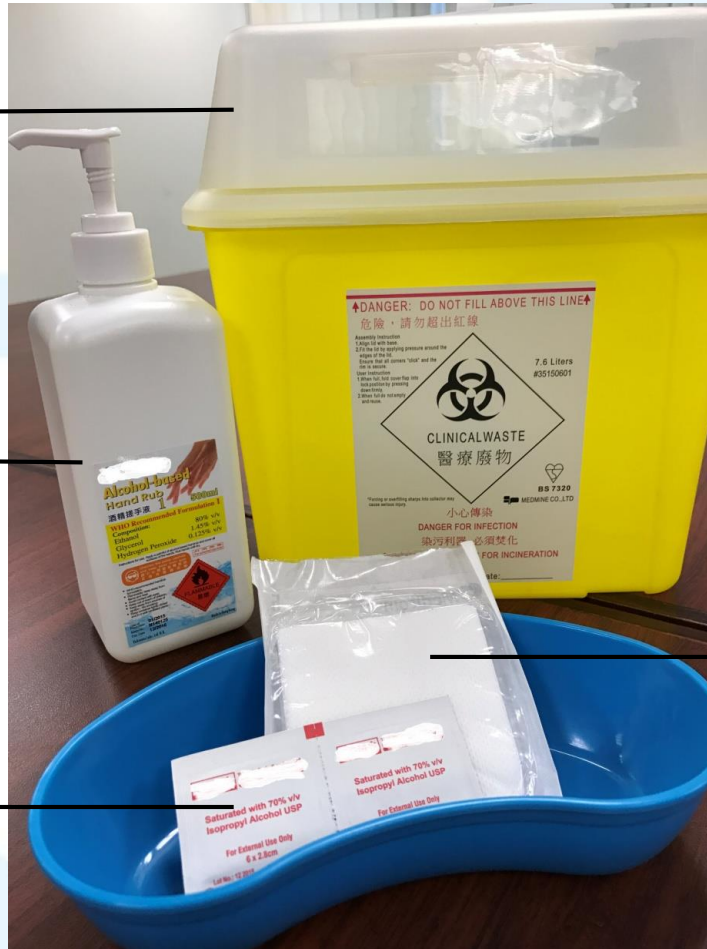
## Essential Equipment for Emergency





# Vaccination Equipment

Sharps  
Box



Alcohol-  
based  
Handrub

Sterile  
Alcohol  
Preps



Dry  
Sterile  
Gauze

Thermometer

# Vaccination Procedures (3)

## Injection skills

- Vaccination must be provided by **trained** healthcare personnel
- Follow the basic **3 checks and 7 rights** for vaccine administration:
  - **3 Checks:**
    - ✓ Check when taking out vaccine from storage
    - ✓ Check before preparing the vaccine
    - ✓ Check before administering the vaccine
  - **7 Rights:**
    - ✓ right person, right drug, right dose, right time, right route, right site, right documentation

# Vaccination Procedures (3)

## Injection skills (cont'd)

- Ensure the injection site (deltoid muscle) is exposed properly
- Use a new alcohol swab for **skin disinfection**. Use another sterile dry gauze for compression of injection site after vaccination
- Ensure the alcohol preps, gauzes and needles are not expired
- Discard the used sharps into the **sharps boxes** properly



# Vaccination Procedures (3)

## Injection skills (cont'd)

**Have plans** of the following situations and **make records**

- Failed injection attempts
- Student who refused injection on-site
- Student has contraindications
- Student is not fit for injection
- Broken needle/ wastage
- Others

**Inform parents** as soon as possible and make necessary arrangement

# Vaccination Procedures (4)

## Infection Control Practice

- Observe infection control guideline and hand hygiene protocol (CHP website)
- When hands are visibly soiled or likely contaminated with body fluid/ blood, clean with liquid soap and water
- When hands are not visibly soiled, clean them with **70-80% alcohol-based handrub**
- Ensure the alcohol-based handrub:
  - with “70-80% alcohol” indicated on the bottle
  - should be in original packing
  - is not expired

# Vaccination Procedures (4)

## Infection Control Practice (Cont'd)

- Rub hands with soap/ alcohol-based handrub
- For at least 20 seconds each time **(7 steps)**
- Hand hygiene should be performed in between cases
- If surgical gloves are used, they should be changed before each injection, and hand hygiene should also perform before putting on and after taking off the gloves





# Vaccination Procedures (4)

Hand hygiene steps



# Vaccination Procedures (5)

## Documentation and Record Keeping

- Document all vaccination clearly in the **vaccination record** and recipient's **vaccination card**:
  - Name of recipient
  - Name of vaccination provider
  - Date of vaccination
  - Name of vaccine
  - Lot no. (should be documented in vaccination record)
- Provide a vaccination card to the vaccine recipient





# Vaccination Procedures (6)

## Post-vaccination Management

- Allow the vaccine recipient to take rest at the vicinity for **15 minutes** for observation
- Remind the vaccine recipient the possible adverse reactions and advice the management of side effects
- Provide contact information to schools for parents' enquiries
- Follow up the students for side effect/ adverse effect accordingly
- Ensure proper disposal of clinical waste
- Ensure proper disposal of expired vaccines

# On-site Inspection

- Over 1,000 outreaching vaccination activities held in 2017/18
- On-site inspections were conducted
- No major irregularities were observed
- Areas that require **room for improvement** :
  - Cold chain
  - Vaccine equipment
  - Hand hygiene
  - Infection control practice
  - Sharps handling
  - Injection skill
  - Documentation
  - Emergency equipment



# Part III Clinical Waste Management

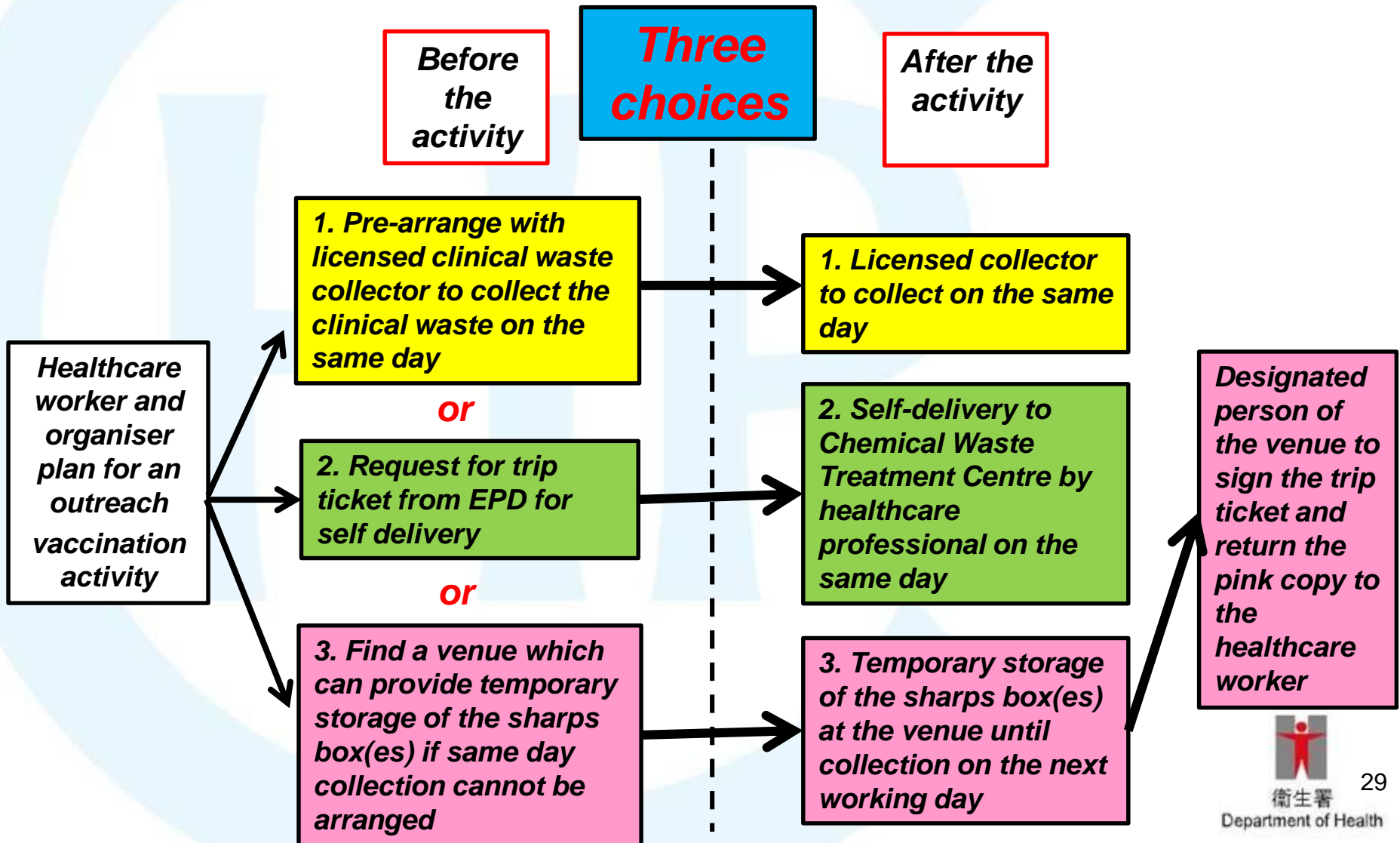


# Environmental Protection Department's Guideline on Handling Clinical Wastes

- Handle and dispose sharps and waste properly
- For details, please refer to:
  - Code of Practice (COP) for the Management of Clinical Waste (Small Clinical Waste Producers)  
([http://www.epd.gov.hk/epd/clinicalwaste/file/doc06\\_tc.pdf](http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_tc.pdf)); and
  - Clinical Waste Web Guide  
(<http://www.epd.gov.hk/epd/clinicalwaste>)



# Clinical Waste Disposal in Outreach Vaccination Activities (1)



# Clinical Waste Disposal in Outreach Vaccination Activities (2)

## Guidelines in VSS Doctors' Guide

- Guideline for Temporary Storage of Clinical Waste Generated in Outreach Vaccination Activities (<https://www.chp.gov.hk/en/features/46428.html>)
- Responsibilities of Healthcare Workers, Organisers and Designated Person of the Venue
- Requirements of **Temporary Storage Area**
- Different ways of handling clinical waste generated in the outreach vaccination activities
- Notes to Healthcare Professionals on the Delivery of Clinical Waste to the Chemical Waste Treatment Centre

# Clinical Waste Disposal in Outreach Vaccination Activities (3)

## Example of a Labelled Clinical Waste Container



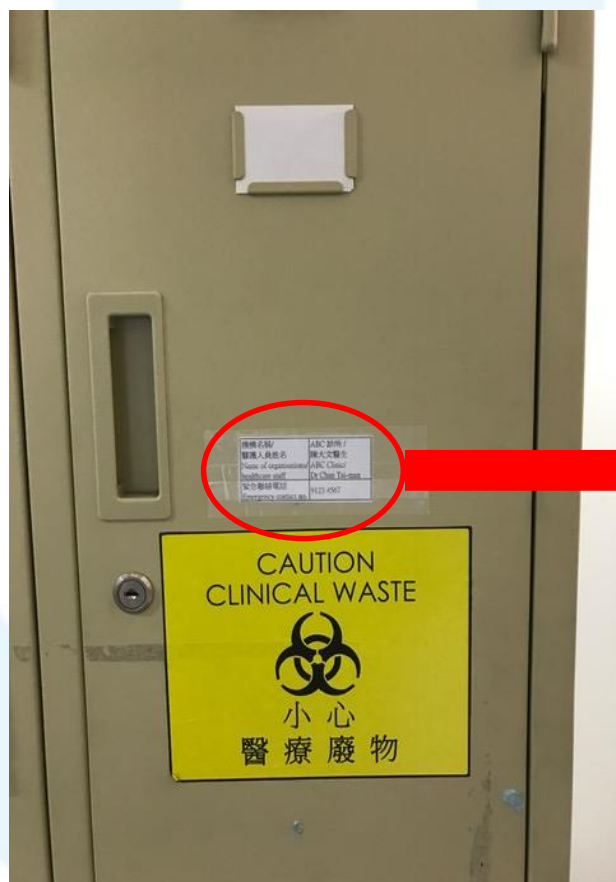
Name of organisation/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567
Address of clinical waste generation	DEF Elderly Centre, G/F, XX House, XX Estate
Date of sealing	25/11/2017

診所名稱/ 醫護人員姓名	ABC 診所/ 陳大文醫生
緊急聯絡電話	9123 4567
產生醫療廢物地址	DEF 護老中心· XX 樓 XX 樓地下
封箱日期	25/11/2017



# Clinical Waste Disposal in Outreach Vaccination Activities (4)

## Example of Warning Sign and Label on a Temporary Storage Cabinet



Name of organisation/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567



**Thank you!**

