

Vaccination Subsidy Scheme (VSS) 2024/25

Guidelines on How to Arrange Vaccination Activities at Non-Clinic Settings (updated on 2 September 2024)

Introduction

Institutions and community groups planning to organise vaccination activities at non-clinic settings should note that vaccination is a medical procedure. The organiser and the doctor in-charge of the arrangement (the doctor) must give due consideration to safety and liability issues. In addition, organisers should stay clear of associating with any improper financial (or advantage) transaction with the doctor/ medical organisation and participants of the activity.

Outreach vaccination activities under VSS

In 2024/25, eligible groups under VSS include:

- persons aged 50 years or above,
- pregnant women,
- children aged 6 months to under 18 years (or aged 18 or above and studying in secondary schools in Hong Kong),
- persons with intellectual disability,
- persons receiving Disability Allowance; persons who are recipients of standard rate of "100% disabled" or "requiring constant attendance" under Comprehensive Social Security Assistance (CSSA) Scheme of the Social Welfare Department.

Two types of outreach vaccination activities to be arranged by institutions and community groups through VSS are as follows:

- (i) **VSS Vaccination at Non-clinic Settings** – Seasonal influenza vaccination (SIV) and/or pneumococcal vaccination are provided to eligible groups at non-clinic settings, for example, elderly centres, community halls, institutions serving persons with intellectual disabilities, schools, etc. The government will subsidise

- (a) HK\$260 per dose of SIV

- (b) HK\$400 per dose of 23-valent pneumococcal polysaccharide vaccine (23vPPV), and
- (c) HK\$800 per dose of 13-valent pneumococcal conjugate vaccine (PCV13) or 15-valent pneumococcal conjugate vaccine (PCV15).

The Government will directly reimburse the subsidy to doctors. The doctor may impose extra fee, some doctors may not charge extra fee.

- (ii) **Vaccination Subsidy Scheme (VSS) School Outreach (Extra charge allowed)** – All students of participating schools (including **secondary schools, primary schools, kindergartens, kindergarten-cum-child care centres, child care centres, special schools and special child care centres**) that are not participating in “2024/25 Seasonal Influenza Vaccination (SIV) School Outreach (Free of charge)”, irrespective of their Hong Kong resident status, are eligible to receive subsidised seasonal influenza vaccination. The government will subsidise HK\$260 per dose of SIV. The Government will directly reimburse the subsidy to doctors. The doctor may impose extra fee, some doctors may not charge extra fee. The doctor needs to purchase and deliver vaccines and arrange disposal of clinical waste at their own cost. Persons other than students can also receive SIV in the activity but subsidies would only be provided to persons eligible under VSS. Ineligible persons can also receive vaccination at full price in the activity.

The following paragraphs briefly describe the major steps to organise outreach vaccination activities under VSS.

(I) Planning Phase

(1) Select a doctor to be in-charge of vaccination arrangements

- (i) If participants wish to use Government subsidy, the organiser must select a private doctor who has enrolled in VSS and will provide outreach vaccination service at non-clinic settings.
- (ii) Information of enrolled private doctors who will provide outreach vaccination service at non-clinic settings (including VSS School Outreach (Extra charge allowed)) are available at the Centre for Health Protection (CHP) website (<https://www.chp.gov.hk/en/features/46428.html>).
- (iii) The organiser may also search the List of Enrolled Healthcare Service Providers in the eHealth System (Subsidies) website at (<https://apps.hcv.gov.hk/Public/en/SPS/Search>) where one can input keyword “non-clinic” in the blank “Practice’s Name”, and sort the search result by service fee to select a doctor.
- (iv) The actual service fee charged by doctors may vary according to the requirement of outreach vaccination activity. The charges listed are for reference only, please contact doctors directly for the service fee to be charged.
- (v) The organiser can also contact CHP at 2125 2125 for information.



(2) Obtain information on service fee and consider whether to conduct tendering or quotation

- (i) If doctors do not charge fees, organisers/ schools can consider not to go through tendering or quotation process. However, selection of enrolled VSS doctors should be fair and transparent. Selection criteria should be open and properly documented. Members responsible for selection should also declare any conflict of interest.
- (ii) If tendering/ quotation is required, CHP has prepared a “*Reference Information on the Service Requirements for Arrangement of Vaccination Activity at Non-Clinic Settings*” in **Appendix 1 and 1(A)** for reference when necessary.



(3) Liaise with the doctor about the terms of service

- (i) **Read carefully** the terms of services (may refer to **Appendix 1**) provided by the doctor, including the doctor's liability, service fees, arrangements for persons absent for vaccination and 2nd dose vaccination for children.

(Note: children under the age of 9 who have never received any seasonal influenza vaccination before need to receive 2 doses, at least 4 weeks apart. If required, the organiser should liaise with the doctor on arrangement for vaccination of 2nd dose.)

- (ii) Liaise with the doctor to arrange the **venue and dates of the first and second dose vaccination**.
- (iii) Once confirmed, remind the doctor to submit the completed Notification on Vaccination Activity at Non-Clinic Setting to the Centre for Health Protection (CHP) **at least 7 days prior to the vaccination activity**. One notification form will be needed for each outreach vaccination activity. CHP will notify Environmental Protection Department (EPD) the time and venue of outreach vaccination activity using this form.
- (iv) Remind the doctor to decide method of clinical waste collection and disposal. **At least 7 days before** the outreach vaccination activities, the doctor shall pre-arrange with a licensed clinical waste collector to collect clinical waste or a healthcare professional to deliver clinical waste to Chemical Waste Treatment Centre (CWTC) after the vaccination activities as soon as possible. In case the clinical waste could not be collected or delivered on the date of vaccination, the organiser and doctor shall pre-arrange a designated temporary storage area of clinical waste at the venue. Please refer to "Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities" in **Appendix 2** for details.



(4) Follow up with the doctor on preparation work of the vaccination activity

The doctor should provide the following services on the day of vaccination:

- (i) Provide safe and quality vaccination service to vaccine recipients.
- (ii) Participating doctors are highly preferred to be present at the vaccination venue and should be personally and physically reachable in case of emergency.
- (iii) Arrange sufficient number of qualified / trained healthcare personnel to provide service and medical support. The personnel should be trained in emergency management of severe adverse reactions and should have prepared the emergency equipment.
- (iv) Exercise effective supervision over the trained personnel who cover his/her duty; and retain personal responsibility for the treatment of the patients.
- (v) Arrange health care professionals to assess participant's suitability to receive vaccination.
- (vi) Ensure all personnel comply with **infection control** guidelines.
- (vii) Ensure that the *Consent To Use Vaccination Subsidy Form* are duly completed and signed; and check the eHS(S) to verify the vaccine recipient's eligibility for subsidy and check vaccination records/ cards (if any) to prevent duplicated dose.
- (viii) For 13-valent pneumococcal conjugate vaccination or 15-valent pneumococcal conjugate vaccination for the elderly, the doctor should pre-arrange health assessments to confirm the elderly has high-risk conditions, and should complete and sign on relevant parts of the *Consent To Use Vaccination Subsidy Form*.
- (ix) "eConsent" means the informed consent given by the Eligible Person by inserting the Eligible Person's Hong Kong Identity Card to the Smart ID Card Reader provided by the Government to the Enrolled Doctor's Clinic to read the card face data to replace the signing of the paper "Consent To Use Vaccination Subsidy Form" form. Persons aged 18 or above can give eConsent to express consent to use vaccination subsidy. For persons below 18 years old or mentally incapacitated persons, parents/ guardians would have to sign the paper "Consent To Use Vaccination Subsidy Form" form.
- (x) Give personal supervision to trained personnel or arrange qualified health care professionals to administer the vaccinations.
- (xi) Properly handle and dispose clinical wastes (e.g. needles, intranasal sprayer, syringes and non-woven balls fully soaked with blood, etc.).



(5) Venue Arrangement

- (i) Find out if the venue's Terms of Use have any restrictions on outreach vaccination activities.
- (ii) The vaccination venue should be well lit, ventilated and clean. Adequate and separate areas should be arranged for vaccine recipients (1) to wait, (2) to register, (3) to receive vaccination, (4) to rest and stay under observation after vaccination, and (5) to provide emergency treatment if necessary.
- (iii) The vaccination venue has to provide a suitable place for temporary storage of clinical waste, if the waste cannot be collected or delivered on the date of vaccination. Please refer to "*Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities*" in **Appendix 2** for details.

Infection control

- (iv) Clean and disinfect all areas including, but not limited to, the working area inside vaccination areas, with 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), especially high-touch areas, before every session or whenever visibly soiled. Leave for 15-30 minutes, and then rinse with water and keep dry. For metallic surface, disinfect with 70% alcohol.
- (v) Hand hygiene practice should be adopted and strictly followed during vaccination procedure. Staff should perform hand hygiene for the following 5 moments:
 - Before touching a patient
 - Before clean / aseptic procedure
 - After body fluid exposure risk
 - After touching a patient
 - After touching patient surroundingsPlease refer to the Recommendations on Hand Hygiene and Use of Gloves in Health Care Settings (https://www.chp.gov.hk/files/pdf/recommendations_on_hand_hygiene_and_use_of_gloves_in_health_care_settings.pdf).
- (vi) For the indication and usage of Personal Protective Equipment (PPE), please refer to the PPE section of Infection Control Branch Infection Control Guidelines (www.chp.gov.hk/en/resources/346/365.html).
- (vii) For more details about infection control guidelines, please refer to the Infection Control Corner at CHP website (www.chp.gov.hk/en/resources/346/index.html).



(6) Provide sufficient information to participants or parents/guardians of participants who are under the age of 18 or mentally incapacitated

- (i) Assist the doctor to distribute essential information (about VSS and the vaccines to be provided) to recipients/ parents/ guardians. Information leaflet can be downloaded from CHP website (<https://www.chp.gov.hk/en/features/46530.html>) or be obtained from CHP (Tel. 2125 2125).
- (ii) **Inform participants the service fee, if any, for each type of vaccine for each target groups, charged by the doctor.**
- (iii) Ensure that recipients understand that participation in VSS is voluntary. Allow sufficient time for them to decide if they wish to join VSS or not.
- (iv) If practicable, invite healthcare provider to explain information about seasonal influenza vaccination and/ or pneumococcal vaccination.
- (v) Request healthcare provider to provide contact telephone number to recipients/ parents/ guardians for enquiries concerning vaccination.
- (vi) Inform participants that Centre for Health Protection of Department of Health may contact randomly selected recipients or their parents / guardians for information verification.



(7) Checking eligibility and obtaining consent

- (i) Assist the doctor to distribute and collect the Consent To Use Vaccination Subsidy Form.
- (ii) Ensure that vaccine recipients and parents / guardians acting on behalf of vaccine recipients who are under the age of 18 or mentally incapacitated must :
 - (a) **Complete legibly a Consent To Use Vaccination Subsidy Form** for themselves or for the recipients; and
 - (b) Bring along documentary proof of **Hong Kong resident status** and other document(s) for certifying the eligibility as necessary (please check with the doctor for the necessary documents), and
 - (c) Bring along previous vaccination record cards, if any.
- (iii) **Return the duly signed and completed Consent To Use Vaccination Subsidy Form to the doctor** for verifying the vaccine recipient's eligibility for subsidy and check vaccination records at the eHealth System (Subsidies) to prevent duplicated dose.
- (iv) "eConsent" means the informed consent given by the Eligible Person by inserting the Eligible Person's Hong Kong Identity Card to the Smart ID Card Reader provided by the Government to the Enrolled Doctor's Clinic to read the card face data to replace the signing of the paper "Consent To Use Vaccination Subsidy Form" form. Persons aged 18 or above can give eConsent to express consent to use vaccination subsidy. For persons below 18 years old or mentally incapacitated persons, parents/ guardians would have to sign the paper "Consent To Use Vaccination Subsidy Form" form.
- (v) Assist the doctor to distribute and collect the **filled Health Assessment Form** for the doctor to assess the vaccine recipient's health status for vaccination. A sample of the health assessment form is available at the CHP website (<https://www.chp.gov.hk/en/features/46428.html>)



(II) On Vaccination Day

(8) Prevent infections, assist to arrange those who have provided the signed and completed *Consent To Use Vaccination Subsidy Form* to receive vaccination

- (i) Please refer to paragraph **(5) Venue Arrangement** of section **(I) Planning Phase** in this guideline for the introduction of infection prevention measures.
- (ii) For vaccination at schools, please inform the health care providers the list of students who are absent from school or have fever or illness, so that healthcare providers would not provide vaccination on-site and would make necessary arrangement for these students.
- (iii) Maintain the order of recipients. For those walk-in persons, the organiser and the doctor should consider whether to accept walk-in application and how to handle.

(9) After Vaccination

- (i) After vaccination, keep the recipients at the site for rest and **observation for at least 15 minutes**.
 - (ii) If recipients have adverse reactions after vaccination, immediately inform the healthcare providers to assess and provide treatment to them.
 - (iii) The student's vaccination record will be uploaded to eHealth if he/she has registered. If the student has not registered with eHealth, check if the healthcare providers have recorded vaccine information (including name of recipient, name of vaccine, date of vaccination and name of service provider) on recipients' self-held **vaccination record cards** for recipients' or their parents' / guardians' keeping.
 - (iv) The organiser should also keep a record (log) that clearly shows whether a recipient named in the *Consent To Use Vaccination Subsidy Form* or in the participant list has **actually** received the vaccination on the scheduled day for future inspection.
 - (v) Inform/ remind parents/ guardians about the arrangement of the second dose for children under the age of 9 who have never received seasonal influenza vaccination before.
 - (vi) Please submit *Vaccination Report (On Vaccination Day) for Vaccination Activity at Non-Clinic Setting* to the Centre for Health Protection (CHP) **within 7 days** after the vaccination activity.
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(10) Clinical Waste Handling and Disposal

- (i) Doctors should pre-arrange a licensed clinical waste collector to collect or a healthcare professional to deliver the clinical waste to CWTC after the vaccination activities as soon as possible. Otherwise, the organizer and doctor shall pre-arrange a suitable **temporary storage area** for clinical waste at the venue until the waste is so collected or delivered.
- (ii) If temporary storage of clinical waste is needed, doctor shall bring the Clinical Waste Temporary Storage Handover Form (see **Appendix 2(C)**) to the venue and complete the form with the venue representative. Both the doctor and the venue representative should keep a copy of the completed form for record.
- (iii) When licensed collector collects the clinical waste from temporary storage area, the venue representative may sign on the clinical waste trip ticket, and forward the waste producer copy (pink in colour) of the trip ticket to the doctor for record.
- (iv) For details of handling of clinical waste, please refer to “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities” in **Appendix 2**.

The above notes are by no means exhaustive. Please refer to Centre for Health Protection website (<https://www.chp.gov.hk/en/features/17980.html>) for more information regarding VSS.

Reference Information on the Service Requirements for the Arrangement of Vaccination Activity at Non-Clinic Settings

Some organisations and schools have indicated that they may consider tendering/ quotation when needed. The information in **Appendix 1 and Appendix 1A** is prepared for organisations' and schools' reference if necessary.

It should be noted that vaccination is a medical procedure. The organiser and the doctor in-charge of the arrangement (the doctor) must give due consideration to safety and liability issues when organising vaccination service at non-clinic settings.

Organisers may take reference to information in this appendix when preparing the tendering/ quotation documents for vaccination activity at non-clinic settings. The content of **Appendix 1** and **Appendix 1(A)** are not meant to be exhaustive. Organisers should add their own requirements, amend and delete the inappropriate clauses as necessary. The Department of Health will not have or accept any liability, obligation or responsibility whatsoever for any loss, destruction or damage (including but not limited to consequential loss, destruction or damage) however arising from any use / misuse of or reliance on the reference materials.

Proposed Service Requirements for the Arrangement of Vaccination Activity at Non-Clinic Settings

The organiser should specify the following particulars when selecting a service provider to arrange an activity for seasonal influenza vaccination and/ or pneumococcal vaccination (for elderly):

- (i) Target group
- (ii) Age range of recipients
- (iii) Number of estimated recipients
- (iv) Type (or name) of vaccines
- (v) Venue of the activity
- (vi) Address of the venue
- (vii) Proposed date and time of the activity

Proposed service requirement

1. The service provider shall be or arrange a private doctor who has enrolled in the Vaccination Subsidy Scheme (VSS), to take charge of vaccination activity and to provide the following services:

A) Arrangement of outreach vaccination activity

The service provider should

- (i) Provide safe and quality vaccination service.
- (ii) The VSS doctor is highly preferred to be **present** at the vaccination venue and should be **personally and physically reachable in case of emergency**.
- (iii) Exercise effective supervision over the trained personnel who cover the doctor's duty and retain personal responsibility for the treatment of the patients.
- (iv) Arrange sufficient number of **qualified/ trained healthcare personnel** to provide

service. The personnel should be trained in emergency management of severe immediate adverse reactions and have the emergency equipment prepared.

- (v) Provide the name and the type of vaccine which they would use, e.g. inactivated quadrivalent injectable seasonal influenza vaccine, live attenuated trivalent nasal seasonal influenza vaccine, 23-valent pneumococcal vaccine (23vPPV) (for elderly), 13-valent pneumococcal vaccine (PCV13) and/or 15-valent pneumococcal vaccine (PCV15) (for elderly with high-risk conditions); and ensure the composition of the vaccine is under the coverage of VSS.
- (vi) Strictly follow vaccine manufacturers' recommendation on storage of individual vaccines. Purpose-built vaccine refrigerators (PBVR) have to be used for storage for vaccines in clinic. Cold boxes, equipped with ice packs, maximum-minimum thermometers, insulating materials, etc. should be used for transport of vaccines to the vaccination venue. The temperature of the vaccines should be monitored regularly with the thermometer to maintain cold chain at 2-8°C during transport and before administration of vaccines.
- (vii) Pre-arrange proper collection or delivery of clinical waste (refer to **Appendix 2**). Prior booking with licensed clinical waste collector is highly preferred for collection of the anticipated clinical waste once the venue and date of vaccination activity is confirmed.

B) Provide sufficient information to vaccine recipients, parents / guardians of vaccine recipients who are under the age of 18 or mentally incapacitated

The service provider should

- (i) Provide essential information on VSS and the vaccines to be provided. It is preferable to arrange health talks to provide the relevant information.
- (ii) Inform the participants the service fee of each type of vaccine for each target groups, if any, charged by the doctor.
- (iii) Provide a contact telephone number to vaccine recipients or their parents / guardians for enquiries.
- (iv) Ensure participants understand that participation in the Government's VSS is voluntary.
- (v) Allow sufficient time for participants to decide if they wish to join VSS.
- (vi) Inform participants that the Centre for Health Protection of Department of Health may contact randomly selected recipients or their parents / guardians for information verification.

C) Vaccination procedures

The service provider should

- (i) Give supervision to trained personnel or arrange qualified health care professionals to administer the vaccination.
- (ii) Arrange health care professionals to assess the suitability of each individual recipient before administration of vaccine by checking the health assessment form and body temperature of the recipient.
- (iii) Ensure that the Consent To Use Vaccination Subsidy Form are duly completed and signed; check the eHealth System (Subsidies) to verify the vaccine recipient's eligibility for subsidy and to check the vaccination record/ cards (if any) to prevent duplicated dose.
- (iv) For PCV13 or PCV15 vaccination for elderly, the service providers need to pre-arrange

health assessment to confirm the presence of high-risk conditions, to complete and sign on relevant parts of the Consent To Use Vaccination Subsidy Form.

- (v) Persons aged 18 or above can give eConsent to express consent to use vaccination subsidy. For persons below 18 years old or mentally incapacitated persons, parents/ guardians would have to sign the paper Consent To Use Vaccination Subsidy Form.
- (vi) Ensure all personnel comply with infection control guidelines. Hand hygiene protocol must be strictly followed before and after administering vaccination to a vaccine recipient.
- (vii) Properly follow 3 checks (check when taking out the vaccine from the storage; check before preparing the vaccine; check before administering the vaccine) and 7 rights (right person; right drug; right dose; right time; right route; right site; right documentation) for vaccine administration.
- (viii) Keep vaccinated persons for rest and observation in the venue for at least 15 minutes, to provide treatment if an immediate adverse event occurs.
- (ix) For eligible children under the age of 9 who have never received seasonal influenza vaccination before, arrange vaccination of a second dose at least four weeks later.
- (x) Properly package, store and dispose of clinical waste generated from the vaccination activities in accordance with the Environmental Protection Department (EPD)'s "Code of Practice (CoP) for the Management of Clinical Waste (Small Clinical Waste Producers)" (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf) and the "Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities" provided by the EPD in **Appendix 2**.

D) Provide proper documentations for the vaccination

The service provider should

- (i) Record vaccination information (including name of recipient, type/ name of vaccine, date of vaccination and name of service provider) on recipients' self-held **vaccination record cards** for recipients' or their parents' / guardians' keeping.
- (ii) Document on a vaccination record (log) all vaccinations given, including the name of vaccine, lot number and expiry date, document the name of personnel who administered the vaccine and the doctor responsible. The record should be kept in a database for inspection in the future.

2. All bidders are required to fill in the information as attached in **Appendix 1(A)**.

Appendix 1(A)

Bidders please provide detailed information on the following service items:

Service	Information			
Doctor in charge	Name : _____ Medical Organisation : _____			
Types/ names of vaccines and service fees charged	Name	Expiry Date	Service Fee (Subsidised person)	Service Fee (Non-subsidised person)
<u>Inactivated quadrivalent injectable seasonal influenza vaccine</u>	_____	_____	_____	_____
<u>Live attenuated trivalent nasal seasonal influenza vaccine</u>	_____	_____	_____	_____
<u>Pneumococcal vaccine (23vPPV), (for elderly)</u>	_____	_____	_____	_____
<u>Pneumococcal vaccine (PCV13), (for elderly with high-risk conditions)</u>	_____	_____	_____	_____
<u>Pneumococcal vaccine (PCV15), (for elderly with high-risk conditions)</u>	_____	_____	_____	_____
Qualification and number of on-site staff on day of vaccination (e.g. doctor/ registered nurse/ enrolled nurse / supportive staff)	Qualification of the on-site staff			Number
	Doctor			
	Registered Nurse			
	Enrolled Nurse			
	Clinic Staff			
	Other Supporting Staff			
			Total	
Vaccine Storage Equipment (Put a “✓” as appropriate)	<input type="checkbox"/> Purpose-built vaccine refrigerator <input type="checkbox"/> Vaccine supplier will directly transport the vaccines to the venue <input type="checkbox"/> Others, please specify: _____			
Vaccine Transport to Venue (Put a “✓” as appropriate)	<input type="checkbox"/> By enrolled doctor/medical organization: in tested cold box(es), with proper ice packs, insulating materials, etc. and continuous temperature monitoring using data logger/maximum-minimum thermometer <input type="checkbox"/> By vaccine supplier <input type="checkbox"/> Others, please specify: _____			
Would provide Health Talk(s) or not	<input type="checkbox"/> Yes		<input type="checkbox"/> No (Qualification of the speaker: _____)	
Would provide Enquiry Phone number or not	<input type="checkbox"/> Yes		<input type="checkbox"/> No (Enquiry Phone Number : _____) (Operating hours of the Enquiry Phone Number : _____)	

Vaccination Subsidy Scheme

**Guideline on Proper Handling and Temporary Storage of
Clinical Waste Generated from Outreach Vaccination Activities
(Provided by the Environmental Protection Department)**

1. Preamble

- 1.1 This document aims to provide guidance on proper handling and temporary storage of clinical waste (e.g. used syringes and needles) generated from outreach vaccination activities.

2. Responsibilities of a Doctor as a Clinical Waste Producer

- 2.1 Under the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation), doctors of outreach vaccination activities are clinical waste producers. They should handle clinical waste properly and take all necessary precautions to prevent danger to public health and safety, pollution to the environment and nuisance to the neighbouring area.
- 2.2 Doctors have a duty of care to take the following measures in managing the clinical waste generated from their outreach vaccination activities:
- segregate clinical waste from other waste streams and prevent clinical waste from entering the disposal chain of municipal solid waste;
 - package and label clinical waste properly to enable easy identification;
 - provide safe and secure temporary storage area for clinical waste, if immediate collection and delivery of clinical waste cannot be arranged; and
 - ensure the staff take all necessary safety measures in handling clinical waste.

3. Preparation before Outreach Vaccination Activities

- 3.1 Doctors should obtain a premises code for outreach service from EPD, if they do not have an outreach premises code (see Section 4 for details);
- 3.2 Doctors should prearrange, well before the vaccination day, with either a licensed clinical waste collector to collect clinical waste or a healthcare professional staff to deliver clinical waste to the Chemical Waste Treatment Centre (CWTC) on the vaccination day (see Section 6 for details); and
- 3.3 If the waste could not be arranged to be collected or delivered on the vaccination day, doctors should prearrange with the outreach vaccination venue to provide suitable area for temporary storage of clinical waste (see Section 7 for details).

4. Premises Code for Outreach Service

- 4.1 Doctors should obtain a premises code for outreach service from EPD. A premises code for outreach service is not a premises code for a medical clinic. A single outreach service premises code can be used for various outreach locations. Doctors do not need to re-apply for outreach service premises code if they already have one.
- 4.2 Outreach service premises code can be obtained from EPD by submitting the Premises Code Request Form, on which “**outreach service**” should be annotated in the Producer Name for outreach vaccination activities. For more information, please refer to EPD website: https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html.

5. Segregation, Packaging and Labelling of Clinical Waste

- 5.1 Clinical waste should be segregated from municipal solid waste or other waste streams at the point of arising and packaged properly.
- 5.2 Containers for packaging of clinical waste must be leak-proof, impervious to moisture and strong enough to prevent tearing or bursting under normal handling to ensure that waste handlers and the public are protected from exposure to the waste. Such containers should be of one-trip type and should not be reused.
- 5.3 All used or contaminated sharps should be put into sharps boxes.
- 5.4 Containers of clinical waste should not be filled above the warning line indicating between 70% and 80% of their maximum volume before sealing. The packaging and sealing should be conducted with care to ensure that no clinical waste adheres to the external surface of the containers.
- 5.5 Sharps containers should be properly sealed by the proprietary closure/tape.
- 5.6 Doctors should affix a label on each clinical waste container (see Appendix G(B)). The label should clearly display (1) name of the responsible doctor, (2) name of medical organisation, (3) emergency contact number, (4) address of waste generation (i.e. the venue address), (5) premises code, (6) date of sealing, and (7) a clinical waste symbol.

6. Collection and Delivery of Clinical Waste

- 6.1 Clinical waste must not be collected or disposed of together with municipal solid waste or other types of wastes. Clinical waste must be collected and transported by licensed collectors to CWTC. A list of licensed clinical waste collector is available at EPD website: <https://cd.epic.epd.gov.hk/EPICDI/clinicalwaste/list/>.
- 6.2 Doctors may deliver their clinical waste to CWTC. They may ask their employees who are also healthcare professionals to deliver the waste on their behalf. A waste collection licence is not required for such delivery of clinical waste. However the waste delivery is subject to the requirements specified in the Regulation. For details, please see Appendix G(A).

7. Temporary Storage of Clinical Waste

- 7.1 If practicable, doctors are recommended to arrange collection or delivery of clinical waste on the same date immediately after the outreach vaccination activities, otherwise the venue must provide a suitable area for temporary storage of clinical waste generated at the venue,

until the waste is collected by a licensed collector or delivered by a healthcare professional.

- 7.2 In case the proposed venue of the outreach vaccination activity cannot provide a suitable temporary storage area, doctors should arrange another venue with suitable temporary storage area for the outreach vaccination activities.
- 7.3 Doctors must **not** remove any clinical waste from the venue to their own clinic or any other place for storage, except to CWTC.
- 7.4 The temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorised persons only, away from the area of food preparation and storage, and properly locked and labelled.
- 7.5 A clinical waste warning sign and a label showing (1) name of the responsible doctor, (2) name of medical organisation, (3) emergency contact number and (4) premises code should be affixed on the door of the storage area (see Appendix G(B)). The warning sign could be obtained from EPD free of charge.
- 7.6 Doctors shall bring the *Clinical Waste Temporary Storage Handover Form* (see Appendix G(C)) to the activity venue and complete the form with the venue representative. Both the doctor and the venue representative should keep a copy of the completed form for record.
- 7.7 Doctors shall liaise with the venue representative on the proper storage, collection and/or delivery arrangement of the clinical waste. When the clinical waste is collected by a licensed collector or delivered to CWTC by a healthcare professional, doctors or his/her representatives (e.g. a staff of the venue with the doctor's consent) shall sign on the clinical waste trip tickets. The doctor's representative shall pass the Waste Producer Copy (pink in colour) of the trip ticket to the doctor for retention.

8. Record Keeping

- 8.1 Doctors must keep a record of the clinical waste consigned to a licensed collector or delivered to CWTC, and produce the record to EPD for inspection when so required. Such record may include copy of trip ticket or receipt of waste consignment issued by a licensed collector, or receipt of waste delivery issued by CWTC. Doctors must keep such records for 12 months from the date of consignment/delivery.

9. Further Enquiry

- 9.1 For any enquiries, please contact Mr. Wong of EPD at 3178 9356 or visit EPD webpage: <https://www.epd.gov.hk/epd/clinicalwaste/en/index.html>.

Environmental Protection Department

June 2024

**Environmental Protection Department
Notes to Healthcare Professionals on the
Delivery of Clinical Waste to the
Chemical Waste Treatment Centre (CWTC)**

Healthcare professionals (HCP)^{Note 1} may deliver their clinical waste to the CWTC^{Note 2} for disposal but his/her liabilities under the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation) will not be discharged unless the delivery of clinical waste is completed safely and properly. This includes:

- Clinical waste must not exceed 5 kg in weight and is not Group 4 clinical waste;
- Clinical waste is packaged in an appropriate type of container (e.g. sharps box), sealed and labelled properly;
- Only private car^{Note 3} within the meaning of the Road Traffic Ordinance (Cap. 374) is used for the delivery;
- Clinical waste must be delivered directly to CWTC within 24 hours after the clinical waste begins to be so delivered and must not be left unattended during the delivery;
- Adequate and appropriate first-aid-equipment and cleaning equipment (e.g. spare red bags and sharps boxes) must be provided for use in case of injury to any person and spillage of clinical waste.

The full requirements are stated in Section 4 of the Regulation and Section 6 of the Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (https://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).

To deliver the clinical waste to CWTC, the HCP must:

- provide a **clinical waste trip ticket**^{Note 4} filled with relevant information, including the name of the HCP, the HCP registration number and the assigned **premises code**^{Note 5} of the clinical waste producer;
- show his/her identity card and HCP registration number at the CWTC. For the sake of convenience, copy of HCP registration document is accepted; and
- arrive CWTC during reception hours.

The reception hours for receiving clinical waste delivered by HCP at the CWTC are 9:00 a.m. - 12:00 noon and 1:00 p.m. - 4:30 p.m. on Monday to Friday (except for public holiday). No prior appointment is required.

For special circumstances and upon request with **3-day advance notice** with CWTC site office (tel: 2434 6372), the reception hours can be extended to 4:30 p.m. - 5:30 p.m. on Monday to Friday and 1:00 p.m. - 5:30 p.m. on Saturday.

A charge at \$2,715 per 1,000 kg (or \$2.715 per kg)^{Note 6} will be levied on the clinical waste as received and treated at the CWTC. The amount to be paid depends upon the weight of clinical waste received. Cash and Faster Payment System (FPS) payments are accepted.

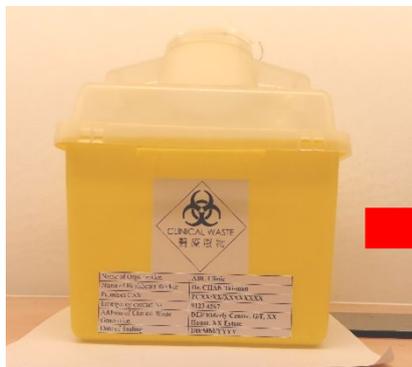
For any enquiries, please contact Mr. Wong of EPD at 3178 9356 or visit EPD webpage (<https://www.epd.gov.hk/epd/clinicalwaste/en/index.html>).

Notes:

1. Healthcare professionals (HCP) include registered medical practitioners, dentists and veterinary surgeons, registered or listed Chinese medicine practitioners, and registered or enrolled nurses as defined in the Regulation.
2. CWTC is located at 51 Tsing Yi Road South, Tsing Yi, New Territories, Hong Kong.
3. Private car shall be within the meaning of “private car” as classified in accordance with the Schedule 1 – “classes of vehicle” of the Road Traffic Ordinance (Cap 374). One should always check the motor vehicle licence displayed on the vehicle’s windscreen to confirm the vehicle class.
4. Blank clinical waste trip tickets can be obtained from EPD by submitting the Request Form for Clinical Waste Trip Tickets. A set of 10 blank trip tickets will be distributed for each request
(https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets_en.pdf).
5. Premises code can be obtained from EPD by submitting the Premises Code Request Form, on which “**outreach service**” should be annotated in the Producer Name for outreach vaccination activities. For more information, please refer to EPD’s website on Obtaining a Premises Codes (https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html).
- 6 The charge is stipulated under the Waste Disposal (Charges for Disposal of Clinical Waste) Regulation.

Appendix 2(B)

1. Example of a labelled clinical waste container



Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Address of clinical waste generation	XXX Elderly Centre, G/F, XX House, XX Estate
Premises code	PC02/XX/XXXXXXXXXX
Date of sealing	DD/MM/YYYY
Clinical waste symbol	

2. Example of warning sign and label on a temporary storage cabinet



Name of doctor	Dr XXX
Name of medical organization	XXX Clinic
Emergency contact no.	XXXX XXXX
Premises code	PC02/XX/XXXXXXXXXX
Clinical waste warning sign	

Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings

Clinical Waste Temporary Storage Handover Form

Notes:

1. This form is applicable to temporary storage of clinical waste at outreach vaccination venue when same day collection by licensed clinical waste collector or delivered by healthcare professional to Chemical Waste Treatment Centre (CWTC) immediately after the activities cannot be arranged.
2. Doctor shall bring this form to the activity venue. Both doctor and venue representative shall complete the form and keep each a copy of the completed form for their record.
3. Clinical waste shall be properly stored at temporary storage area until so collected/ delivered. For more details, please refer to Appendix G of VSS Doctor's Guide.

A. Contact Information

1. Name of doctor: _____
2. Name of medical organisation: _____
3. Address of vaccination venue: _____
4. Date of handover of clinical waste: _____
5. Planned date of clinical waste collection or delivery: _____
6. Name of *licensed clinical waste collector / healthcare professional who delivered clinical waste^(*delete as appropriate): _____

B. Details of handover of clinical waste

Vaccination Activity	Number of sharps box(es)
<input type="checkbox"/> 1st dose <input type="checkbox"/> 2nd dose	

C. Signature of doctor and venue representative

<u>to be filled by doctor</u>		<u>to be filled by venue representative</u>	
Sign: _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	Sign: _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Name: _____			
Post: _____			
Tel.: _____			
	Chop		Chop