

Notification on Vaccination Activity at Non-clinic Setting
under Vaccination Subsidy Scheme (VSS)

Notes

1. This notification should be submitted to PMVD **at least 7 days** before the vaccination date. Even if certain details of the activity are yet to be confirmed, this Division should be notified at least 7 days before the proposed vaccination date and the information should be submitted after the details are confirmed. Failure to notify 7 days in advance is a non-compliance with the Doctors' Guide and the Agreement with enrolled doctors under VSS.
2. Please submit a separate notification for each session of vaccination activity.
3. Please DO NOT display the logo/ name of any government departments (e.g. Department of Health) or public organisations (e.g. Hospital Authority) on the publicity materials.
4. The information that you provide on this notification may also be forwarded to other third parties, including other Government bureaux and departments, for the provision of healthcare services, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
5. Staff of the Department of Health (DH) may conduct on-site inspection to ensure the quality of outreach vaccination services and take appropriate actions on any irregularities found.
6. Staff of the Environmental Protection Department (EPD) may conduct surprise on-site inspection to ensure proper handling of clinical waste. For details of clinical waste management at outreach vaccination activities, please refer to Appendix G of the VSS Doctor's Guide (https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_g.pdf).
7. When you have any updates to the activity or if you have any enquires, please contact us at 2125 2299.
8. Please complete the "Vaccination Report (on Vaccination Day) for other Vaccination Activities at Non-clinic Setting under Vaccination Subsidy Scheme" **within 7 days after completion of each vaccination activity**.
9. This form is not applicable to school outreach activities. Should you have any enquiries about "Seasonal Influenza Vaccination School Outreach Programme", please contact at 2125 2128.

General Information		
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)		
A. Information of Vaccination Activity and Organiser (Please put a "✓" as appropriate)		
Date: _____ (dd/mm/yyyy)		
Time (Please delete as appropriate): From _____ (am / pm) to _____ (am / pm)		
Venue: _____		
Venue Address: _____		
Name of Organiser: _____		
Contact Person: _____ Contact Number: _____		
Estimated Number of Vaccine Recipients		
For Seasonal Influenza Vaccination (if applicable)		
1 st Dose	2 nd Dose	Only Dose
For Pneumococcal Vaccination (if applicable)		
23vPPV	PCV15	

B. Information of Doctor	
Name of Doctor: _____	Registration No.: M _____
Healthcare Service Location: _____	
Contact Person: _____	Contact Number: _____

C. Management of the Vaccination Activity															
Staff Support : (Number of on-site staff provided on the day of vaccination)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="text-align: left; padding: 5px;">Qualifications of the on-site staff</th> <th style="text-align: left; padding: 5px;">Numbers</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">Doctor</td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">Registered Nurse</td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">Enrolled Nurse</td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">Clinic Staff</td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">Other Supporting Staff</td><td style="padding: 5px;"></td></tr> <tr style="font-weight: bold;"> <td style="text-align: right; padding: 5px;">Total</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Qualifications of the on-site staff	Numbers	Doctor		Registered Nurse		Enrolled Nurse		Clinic Staff		Other Supporting Staff		Total	
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Vaccine storage equipment : (Put a “✓” as appropriate)	<input type="checkbox"/> Vaccine supplier will transport the vaccines to the venue <input type="checkbox"/> Purpose-built vaccine refrigerator (PBVR) <input type="checkbox"/> Others, please specify: _____														
Monitoring of the vaccine temperature : (Put a “✓” as appropriate)	(i) Regular checking and manual recording of temperature <input type="checkbox"/> Yes / <input type="checkbox"/> No (ii) Device used for continuously temperature monitoring of the PBVR <input type="checkbox"/> Data logger (in-built or stand-alone) <input type="checkbox"/> Maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____														
Vaccine Transport to Venue : (Put a “✓” as appropriate)	<input type="checkbox"/> By vaccine distributor <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 Others, please specify: _____														
Clinical waste arrangement upon completion of vaccination activity : waste: immediately (Put a “✓” as appropriate)	Pre-arrangement with the vaccination venue on handling of clinical waste: <input type="checkbox"/> Will be collected by licensed collector onsite <input type="checkbox"/> Will be delivered directly to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue and delivered directly to Tsing Yi CWTC by healthcare professional afterwards <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue until collection by licensed collector <i>(Note: Clinical waste must be properly stored at the vaccination venue before it is collected by a licensed collector from the venue or delivered directly to CWTC by a healthcare professional, in case immediate delivery to CWTC cannot be arranged. Except to CWTC, clinical waste must not be delivered to any other premises.)</i>														

Signature of Doctor

Name in Block Letters

Date: _____