Doctors' Guide for the Coronavirus Disease 2019 (COVID-19) Vaccination Programme at the Residential Care Homes under the Residential Care Home Vaccination Programme (RVP) - mRNA vaccine

Produced and Published by
Programme Management and Vaccination Division
Centre for Health Protection
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The Government of Hong Kong Special Administrative Region

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Always make sure that you have the latest version by checking the designated COVID-19 vaccine website https://www.chp.gov.hk/en/features/106934.html.

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Disclaimer

This Doctors' Guide provides guidance for Coronavirus Disease 2019 (COVID-19) Vaccination Programme at Residential Care Homes (RCHs) under the Residential Care Home Vaccination Programme (RVP). We welcome doctors' questions, comments or feedback on this Guide so that we can improve on it. The contents of the Guide will be updated on the designated COVID-19 vaccine website https://www.chp.gov.hk/en/features/106934.html

If you have any comment or question, please send to –

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Content

1. Introduction

1.1 To protect members of public against COVID-19, a territory-wide COVID-19 Vaccination Programme is implemented by the Government to provide COVID-19 vaccination free of charge and on a voluntary basis to eligible Hong Kong residents.

1.2 This Doctors' Guide is prepared for doctors providing vaccination for **mRNA vaccine** only. A separate Doctors' Guide has also been prepared for inactivated vaccine, please always make sure that you are referring to the correct Doctors' Guide for the vaccine you provide.

1.3 The Residential Care Home Vaccination Programme (RVP), administered by the Department of Health (DH), is a programme that provides free COVID-19 vaccination for eligible persons at Residential Care Homes (RCHs). The eligibility of the vaccination recipients shall be determined by the Government, and is being updated from time to time. Enrolled doctors, i.e. Visiting Medical Officers (VMOs), would administer vaccinations to the eligible persons. The Government would reimburse injection fees to VMOs for each dose of vaccination administered to eligible persons.

1.4 For residents/ staff who wish to receive vaccination, they can choose to receive either inactivated or mRNA vaccine via RVP. They can also arrange their own appointments to receive COVID-19 vaccine in private hospitals or clinics etc.

1.5 Resources

(a) Designated website: https://www.chp.gov.hk/en/features/106934.html

(b) Agreement: https://www.chp.gov.hk/en/features/106957.html

(c) Doctor's Guide https://www.chp.gov.hk/en/features/106957.html

(d) User Manual of eHealth System (Subsidies) [eHS(S)] for COVID-19 Vaccination : https://www.ehealth.gov.hk/en/covidvaccine/ehs.html

(e) The link to login the eHS(S) to record the COVID-19 vaccination : https://apps.hcv.gov.hk/HCSP/login.aspx?lang=en

2. Vaccine covered, eligible groups and reimbursement level

2.1 Vaccine covered

2.1.1 COVID-19 vaccines would be provided and delivered to RCHs by the Government. Type of COVID-19 vaccine to be used for the COVID-19 Vaccination Programme under the RVP is introduced in **clause 2.1.3**.

2.1.2 Since 16 December 2022, a number of COVID-19 vaccines have been registered in Hong Kong under the Pharmacy and Poisons Regulations (Cap. 138A). The registration details can be found on the website of the Pharmacy and Poisons Board of Hong Kong (https://www.drugoffice.gov.hk/eps/do/en/consumer/search_drug_database2.html).

Different COVID-19 vaccines are used under the Government Vaccination Programme, including the Residential Care Home Vaccination Programme (RVP). For the details of available COVID-19 vaccines under the Government Vaccination Programme, please refer to FAQ#3 (https://www.chp.gov.hk/en/features/106953.html).

Registered medical practitioners can provide vaccination service outside the Government COVID-19 Vaccination Programme. For information on providing COVID-19 vaccination outside Government Vaccination Programme, please visit: https://www.chp.gov.hk/files/pdf/cap138a_covid19_requirement.pdf

2.1.3 Currently, bivalent and monovalent XBB.1.5 mRNA vaccines are supplied under Government programme in Hong Kong. Comirnaty Original/BA.4-5 bivalent vaccine (15/15 micrograms per dose) were no longer available for ordering via the web-based ordering platform since 27 March 2024.

The latest version of publicity and package insert are available at:

Fact sheet –
https://www.chp.gov.hk/files/pdf/factsheet_covidvaccine_mrna_eng.pdf
Package inserts –
https://www.chp.gov.hk/en/features/106959.html

(a) Dosage and other useful information:

	Comirnaty Original/Omicron BA.4-5 (15/15mcg)/dose (Comirnaty Bivalent)	**Comirnaty Omicron XBB.1.5 30 mcg/dose (Comirnaty monovalent XBB.1.5)**
Presentation	Multi-dose vial	
Plastic cap colour	**Grey**	
Fill volume	2.25mL	
Dilution	**DO NOT DILUTE**	
Volume of each dose	**0.3mL** [15 micrograms of **tozinameran** and 15 micrograms of **famtozinameran**, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles)]	**0.3mL** [30 micrograms of **raxtozinameran**, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles)]
Number of doses per vial	**6** doses	
Pack size available	1, 5 or 10 vials	

Please refer to **section 6.3.6** for details on preparation.

For the current arrangements of additional dose(s), different age groups, recovered persons of COVID-19 vaccination, please refer to the following webpage: https://www.chp.gov.hk/en/features/106951.html

(b) Route of administration

The vaccine should be administered by intramuscularly injection

only, preferably into non-dominant deltoid region of the upper arm for persons aged 18 or above. Mid-anterolateral thigh injection should be offered to all adolescents (both male and female) aged 12 – 17 years as the site of vaccination. Adolescents aged 12 – 17 years could make an informed choice to opt-out from thigh injection and receive vaccination in deltoid. Individuals aged 18 years and above could choose to receive mRNA COVID-19 vaccine in their mid-anterolateral thigh on an **on-demand basis**.

(c) Contraindications

i) Please refer to the package insert of mRNA vaccines (https://www.chp.gov.hk/en/features/106959.html) and the Interim Guidance Notes On Common Medical Diseases and COVID-19 Vaccination In Primary Care Settings. (https://www.chp.gov.hk/files/pdf/guidance_notes.pdf) for the most updated information.

ii) Hypersensitivity to the active substance or to any of the excipients as listed in the package insert.

iii) Another dose of the vaccine should not be given to those who have experienced anaphylaxis to the previous dose.

(d) Precautions

i) VMOs may refer the following cases to the Vaccine Allergy Safety Clinic of Hospital Authority for medical consultation/ investigation as deemed appropriate:
(i) persons with immediate (within 1 hour) severe allergic reaction to prior COVID-19 vaccination or to more than one class of drugs;
(ii) persons with allergic reaction to prior COVID-19 vaccination which is not self-limiting or did not resolve by oral anti-allergy.
Please see details in section 6.3.1.5 – 6.3.1.6.

ii) Events of anaphylaxis have been reported. Appropriate medical treatment and supervision should always be readily available in case of anaphylactic reaction following the administration of the vaccine. Close observation for at least 15 minutes is recommended following

vaccination. Those with a history of immediate allergic reaction of any severity to a vaccine or an injection, and those with a history of anaphylaxis due to any cause should be observed for 30 minutes.

iii) Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions may occur in association with vaccination as a psychogenic response to the needle injection. It is important that precautions are in place to avoid injury from fainting.

iv) Vaccination should be postponed in individuals suffering from acute severe febrile illness or acute infection.

v) As with other intramuscular injections, the vaccine should be given with caution in individuals receiving anticoagulant therapy or those with thrombocytopenia or any coagulation disorder (such as haemophilia) because bleeding or bruising may occur following an intramuscular administration in these individuals.

vi) Individuals previously had episodes of Capillary Leak Syndrome.

vii) The efficacy, safety and immunogenicity of the vaccine has not been assessed in immunocompromised individuals, including those receiving immunosuppressant therapy. The efficacy of the mRNA vaccine may be lower in immunosuppressed individuals.

viii) The duration of protection afforded by the vaccine is unknown as it is still determined by ongoing clinical trials. As with any vaccine, vaccination with the mRNA vaccine may not protect all vaccine recipients.

ix) Animal studies do not indicate direct or indirect harmful effects with respective to reproductive toxicity.

x) There is an increased risk of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) after vaccination with mRNA COVID-19 vaccine. These conditions can develop within just a few days after vaccination and

have primarily occurred within 14 days. They have been observed more often after the second vaccination, and more often in younger males. The risk of myocarditis and pericarditis seems lower in children ages 5 to 11 years compared with ages 12 to 17 years. Most cases of myocarditis and pericarditis recover. Some cases required intensive care support and fatal cases have been seen. Following vaccination, vaccine recipients should be alert to signs of myocarditis and pericarditis, such as breathlessness, palpitations and chest pain, and seek immediate medical attention should these occur. They should avoid strenuous exercise for one week after mRNA COVID-19 vaccination.

Pregnant or lactating women

xi) Pregnant women are at higher risk of developing complications from COVID-19 infections. COVID-19 vaccine can be safely given at any time during pregnancy. The World Health Organization (WHO) recommends that COVID-19 vaccination in mid-second trimester is preferred to optimize protection of the pregnant women, the foetus, and the infant. WHO does not recommend discontinuing breastfeeding because of vaccination. As mRNA COVID-19 vaccine is not a live vaccine, the mRNA does not enter the nucleus of the cell and is degraded quickly. It is biologically and clinically unlikely to pose any risk to the breastfed child.

Other medications and mRNA COVID-19 vaccine

xii) The JSC considered that mRNA COVID-19 vaccine can be co-administered concomitantly with any other vaccines (including live attenuated vaccine) under informed consent. However, if people wish to space out mRNA COVID-19 vaccine with live attenuated vaccine, an interval of 14 days is sufficient.

2.1.4 The shelf-life extension of BioNTech Comirnaty bivalent vaccine from 18 months to 24 months at -90°C to -60°C has been endorsed by the Secretary for Health. Information of the concerned lots are as follows.

Vaccine Lot No.	**Labeled Expiry Date**	**Extended Expiry Date**
2F3001A	31 Jul 2023	31 Jul 2024
2F3008A	31 Aug 2023	31 Aug 2024

2.1.5 As before, the extended expiry date (i.e. shelf-life for 24 months stored at -90°C to -60°C) would be shown on the 2D barcode label on the outer carton (as shown below) and the delivery note. The original expiry date indicated on vial label will remain unchanged. Therefore, please only refer to the extended expiry date on the 2D barcode label on the outer carton (Refer to Figure 1) instead of the vial label.

Comirnaty bivalent vaccine and Comirnaty monovalent XBB.1.5 vaccine would have been thawed prior to delivery. As with current practice, thawing details are shown on the 2D barcode label on the outer carton of the vaccine only. For daily operation, **refer to "Use-by date and Time" on the 2D barcode label on the outer carton prior to vaccine administration, as the information is not shown on the label of individual vial**.

Figure 1 – A sample of 2D barcode label

2.1.6 The Scientific Committee on Emerging and Zoonotic Disease and Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (JSC) jointly provides recommendations on the use of COVID-19 vaccines in Hong Kong VMOs should always refer to latest recommendations of the COVID-19 vaccines at https://www.chp.gov.hk/en/static/24008.html.

The latest updates and implementation schedule will also be communicated to VMOs by means of email. VMOs should check their registered email account for the latest updates. VMOs may also refer to CHP website for the latest updates (https://www.chp.gov.hk/en/features/106934.html).

2.1.7 The Department of Health has published an Interim Guidance Notes On Common Medical Diseases and COVID-19 Vaccination In Primary Care Settings (https://www.chp.gov.hk/files/pdf/guidance_notes.pdf). VMOs could refer to the interim guidance notes in making clinical judgement on the suitability for COVID-19 vaccination. The interim guidance notes is a living

document which will be updated from time to time.

(i) Subject to clinical judgement, patients with (a) severe chronic disease not under satisfactory control, especially those with symptoms, (b) acute/ unstable disease requiring treatment/ medical attention, and (c) undergoing treatment adjustment to better control the disease would generally have to defer vaccination. This applies to, for example, diabetes mellitus (control reflected by clinical and relevant blood monitoring) and hypertension (control reflected by repeated blood pressure monitoring, evidence of end organ damage etc.). Achieving better/ stable control of the disease(s) with appropriate therapy is recommended before considering vaccination. Evidence of clinical disease should be taken into account for assessment when dyslipidaemia alone is encountered. Notwithstanding individual assessment, patients with recent acute myocardial infarction can receive COVID-19 vaccination after **2 to 4 weeks** if they are stable after the acute illnesses, or as soon as they are stabilized at a later time. According to The Hong Kong Neurological Society, COVID-19 vaccination can be considered in stable stroke patients one month or beyond from the stroke onset.

(ii) When patients' chronic diseases are in better control, the suitability for COVID-19 vaccination should be revisited and, where appropriate, patients should be advised for vaccination for personal protection.

2.2 Eligible persons

2.2.1 The eligibility of the vaccination recipients shall be determined by the Government, and is being updated from time to time.

(1) Persons aged ≥ 6 months can receive the initial dose(s), and people belonging to specific priority groups can receive the additional booster(s) free of charge under government vaccination. For recovered persons, please refer to section 6.6 and 6.7. Under RVP, the following groups are eligible to receive the aforesaid free COVID-19 vaccination:

(a) Residents and staff of Residential Care Homes for the Elderly (RCHEs), Residential Care Homes for Persons with Disabilities (RCHDs), nursing homes and users of day care units attached to the Residential Care Homes

(b) All children aged 6 months to under 12 years and staff of Residential Child Care Centres (RCCC)

(c) a Person with Intellectual Disability (PID) studying in a school for children with intellectual disability, a school for children with physical disability, a school for children with visual impairment or a school for children with hearing impairment, as listed in the list of aided special schools published in the website of the Education Bureau with the link as follows (https://sense.edb.gov.hk/en/special-education/categories-and-numbers-of-special-schools.html); and

(d) a PID receiving services in a subvented Day Activity Centre, subvented Sheltered Workshop, a subvented Integration Vocational Rehabilitation Services Centre, a subvented Integration Vocational Training Centre, a subvented District Support Centre, as listed in following website (https://www.chp.gov.hk/en/features/41360.html)

The above-mentioned institutions listed in (c) and (d) above are collectively referred to as "Designated Institutions (DIs) serving the PIDs"

(2) Simplified regimen for initial vaccination has been implemented since 19 August 2024. Regardless of history of infection, immunocompetent person aged 5 years or above would only need to receive one dose of mRNA vaccine or two doses of inactivated vaccine to complete the initial doses. Please refer to "How many doses of COVID-19 vaccine are recommended for me" at : https://www.chp.gov.hk/en/features/106951.html for further details.

Immunocompromised person would need to take more dose(s) for completing initial dose(s) compared to others. For further details, please refers to the FAQs on Immunocompromised persons at: (https://www.chp.gov.hk/files/pdf/faqs_on_immunocompromised_persons.pdf)

People belonging to the following priority groups can receive an additional vaccine booster 180 days after their last dose or COVID-19 infection (whichever is later) free of charge after completed the initial doses, regardless of the number of vaccine doses they received in the past:

(a) Persons aged 50 years and above including those living in residential care homes;

(b) Persons aged 18 to 49 years with underlying comorbidities[1];
(c) Persons with immunocompromising conditions aged 6 months and above;
(d) Pregnant women (once during each pregnancy) and
(e) Healthcare workers[2]

VMOs should always refer to latest recommendations of the COVID-19 vaccines at https://www.chp.gov.hk/en/static/24008.html.

Please refer to the thematic website at https://www.chp.gov.hk/en/features/106934.html for details.

2.3 Reimbursement level

2.3.1 The Government will reimburse HK$130 per dose of COVID-19 vaccine given to an Eligible Person under the RVP, regardless of dose sequence of COVID-19 Vaccination. No extra payment shall be payable just for the 2nd dose. An extra Vaccination Fee of HK$50 per dose^ shall be paid for COVID-19 vaccination to an elderly who has reached or will reach the age of 60 years or above in the calendar year when the vaccination is administered, regardless of dose sequence.

2.3.2 Starting from 20 April 2023, the Government will only provide additional booster to persons who belong to the priority groups as mentioned in section 2.2.1 (2). Persons who do not belong to these priority groups and members of the public wishing to receive vaccine boosters exceeding the specified free doses under the Government COVID-19 Vaccination Programme will need to get the vaccine in the private market at their own expense. VMOs **SHOULD**

[1] Persons with underlying comorbidities include individuals having chronic cardiovascular (except hypertension without complications), lung, metabolic or kidney disease, obesity (body mass index 30 or above), children and adolescents (aged six months to 18 years) on long-term aspirin therapy, and those with chronic neurological condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration or those who lack the ability to take care for themselves. Persons can prove their eligibility by showing doctor's letter, medication package, discharge notes or any electronic clinical record that is accessible to healthcare professionals (e.g. ePR/CMS/CIM/eHealth), etc.

[2] Healthcare workers include frontline health workers, supporting staff working in the healthcare setting, staff in residential care homes and laboratory personnel handling SARS-CoV-2 virus

NOT administer COVID-19 vaccines under the Government's COVID-19 Vaccination Programme to these persons.

2.3.3 No extra charge of any service fees is allowed. The VMOs and the Associated Organization should not require the recipient to pay any service fee for the vaccination under the COVID-19 Vaccination Programme.

2.3.4 On 25 Oct 2021, the Government announced the payment of an additional allowance of HK$800 per hour and HK$400 for every complete half hour of dedicated one-on-one consultation or health talk at an RCH or a Designated Institution serving the PIDs before the vaccination. The maximum reimbursement allowance to be claimed is determined by the number of residents in the RCH.

Number of residents in the RCH	Maximum total hours to be claimed	Maximum allowance* （HK$800/hr, or HK$400/half-an-hour）
50 or below	4 hours	HK$ 3,200
51-100	8 hours	HK$ 6,400
101-150	12 hours	HK$ 9,600
151-200	16 hours	HK$ 12,800
201-300	20 hours	HK$ 16,000
301 or above	28 hours	HK$ 22,400

VMO should submit the claim form (Annex XIII) to the Department of Health **within two weeks**.

For more details, please refer to the five Clauses 51 to 51D of the Agreement (https://www.chp.gov.hk/files/pdf/covid19_rvp_agreement_t_and_c.pdf).

3. Responsibilities of VMOs

As vaccination is invasive in nature and the procedure is performed under non-clinic setting, VMOs should give due consideration to safety and liability issues when providing vaccination service in RCH setting. The following notes aim to highlight areas that VMOs should note when providing vaccination services.

3.1. Requirement for doctors

3.1.1. VMOs should comply with all the requirements mentioned in this Doctors' Guide including:

(a) Vaccine ordering, delivery and storage (Section 4)
(b) Infection control practice, hand hygiene and sharps handling (Section 5)
(c) Workflow for COVID-19 vaccination in RCH setting (Section 6)
(d) Clinical waste management (Section 7)
(e) Reporting of adverse event following immunisation (Section 8)
(f) Management of clinical incident (Section 9)

3.1.2 Staff of Programme Management and Vaccination Division (PMVD) may conduct random on-site quality assurance activities without prior notice. Please see Annex III for a checklist of items during onsite inspection.

3.1.3 VMOs are required to complete Part I of the online training for the COVID-19 Vaccination Programme offered by the Hong Kong Academy of Medicine before providing vaccination service. Relevant qualified/trained health care personnel who may accompany the VMO in a visit to an RCH are also encouraged to complete the online training before performing vaccination duties. Please find details in the website https://elearn.hkam.org.hk/en. Upon completion of Part I of the online training, an electronic certificate will be issued and should be kept for checking by PMVD on request.

3.1.4 From 4 March 2022, the health team administrating COVID-19 vaccination at RCHs can be comprised of at least one Registered Nurse with emergency training, such as basic life support, who is supported by an adequate number of trained personnel for vaccination, on condition that the pre-vaccination assessment had been duly completed in advance by VMO and the VMO is readily accessible in case of queries from the vaccination team on pre-vaccination assessment. Please note that medical officers other than VMO,

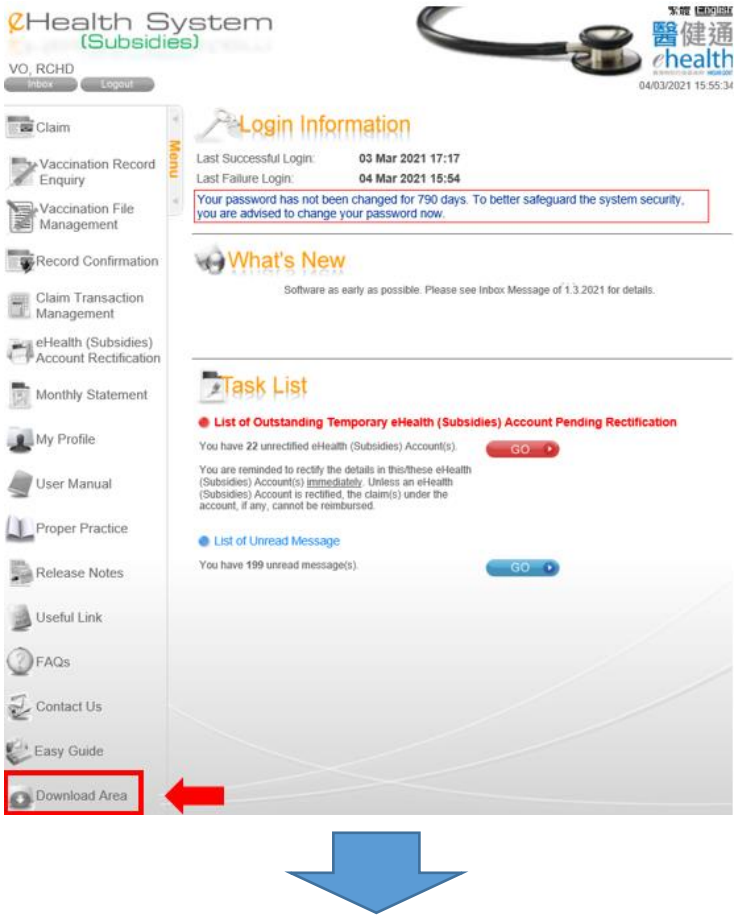
who is responsible for ordering the vaccines, will be excluded as the personnel for vaccination.

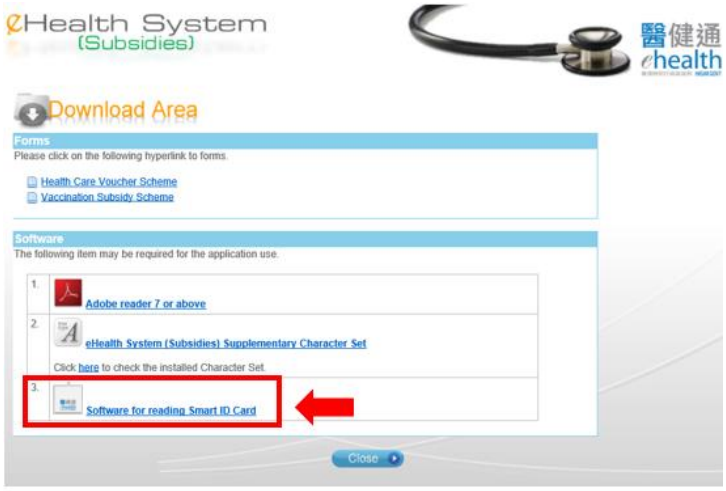
3.2. Administrative Procedures

3.2.1. As the computer system for capturing vaccination record, the eHealth System (Subsidies) (eHS(S)), forms an integrated part of the RVP programme, VMOs are advised to familiarise themselves with the eHS(S). For details on using the eHS(S), please refer to the User Manual of using eHS(S) on COVID-19 Vaccination Programme (https://www.ehealth.gov.hk/en/covidvaccine/ehs.html). For quick guide of using eHS(S) for COVID-19 Vaccination Programme in RCHs, please refer to:- https://www.ehealth.gov.hk/en/covidvaccine/doc/quick-guide-for-residential-care-home.pdf.

3.2.2. The Smart ID Card Reader should be used as far as practicable to uplold the accuracy of the vaccine recipients' personal particulars captured by the eHS(S). Please note that VMOs should download and install the Smart ID Card Reader Software provided by eHS(S) as shown below (Figure 2) before using the Smart ID Card Readers at RCHs.

Figure 2 - Guidelines for Smart HKID Card Reader Setup





Then, this popup page will show for doctors to download the guide and software:

3.3. Medical consumables and equipment

3.3.1 The VMOs should ensure all medical consumables and equipment are sufficient and emergency drugs are registered in Hong Kong and not expired.

3.3.2 VMOs should ensure the following medical consumables and equipment required for COVID-19 vaccination are available at RCH on vaccination day:

(i) 70%-80% alcohol-based hand rub;

(ii) Kidney dishes/ containers;

(iii) Alcohol preps/ alcohol swab for skin disinfection before vaccination;

(iv) Dry sterile gauze/ non-woven balls for post-injection compression to injection site;

(v) Sharps boxes.

3.3.3 VMOs should prepare emergency equipment and medication that must be ready in vaccination venue, including:

(i) Bag valve mask set (with appropriate mask size) ;

(ii) Adrenaline auto-injector or 1:1000 adrenaline ampoule for IM

injection with 1mL syringes (at least three) and 25-32mm length needles (at least three), should be immediately available for managing anaphylaxis (to be supplied by DH)[#];

(iii) Blood pressure monitor (with appropriate cuff size);

(iv) Protocol for emergency management.

3.3.4 VMO should liaise with RCH ahead of time to ensure the following IT equipment are ready for use on vaccination day:

(i) Smart HKID Card Reader;

(ii) Computer installed with the Smart ID Card Reader Software and access to eHS(S), and the latest version of Internet Explorer for the respective Windows operating system (Internet Explorer 11 in Microsoft Windows 8.1 or later versions)

*In general, VMOs also need to enable the following software items in the browser:

- Javascript
- Cookies
- TLS

(iii) Internet connection;

(iv) Printer

[#] Adrenaline, if needed, can be given in form of adrenaline autoinjector 300 microgram IMI or with reference to the body weight (according to the drug insert, Jext (300microgram) per dose is for adults and children over 30kg). If body weight is not available; dosage of adrenaline can be adjusted according to age.

4. Vaccine ordering, delivery and storage

4.1 Vaccine ordering and delivery

4.1.1 VMOs are responsible for ordering the vaccines with DH for delivery to RCH. VMOs should ensure sufficient vaccines for consented persons and the vaccines ordered are properly stored at RCH.

4.1.2 VMO should liaise with RCH to confirm the following before placing vaccine order:-

(i) Vaccination dates for previous and current doses

(ii) Number of vaccines required

** The mRNA vaccine target stock level should not be more than the estimated 6-week consumption.*

(iii) Adequate storage capacity including but not limited to adequate storage space and refrigerators with temperature (2 ˚C to 8 ˚C) and cold chain maintained

(iv) Vaccine delivery arrangement (i.e. delivery date, time and designated RCH staff to receive vaccines)

4.1.3 VMOs would order vaccine using the web-based ordering system (https://www.covid19vaccineordering.hk/) before the vaccination day, according to the timeline as follows.

Event	Suggested Time-line
Placing vaccine order(s) by **Doctors**	At least **TEN** **calendar days** before the vaccination date
Confirmation of vaccine order(s) by **RCH**(s)	At least **EIGHT** **calendar days** before the vaccination date

Upon confirmation of vaccine order by the RCH, an acknowledgment email would be sent to the VMO and RCH to inform them about the confirmation.

4.1.4 Vaccines, adrenaline and low dead-volume (VDL) syringes would be delivered to the RCH and should be received by the designated staff of RCHs.

4.2 Vaccine storage and cold chain management

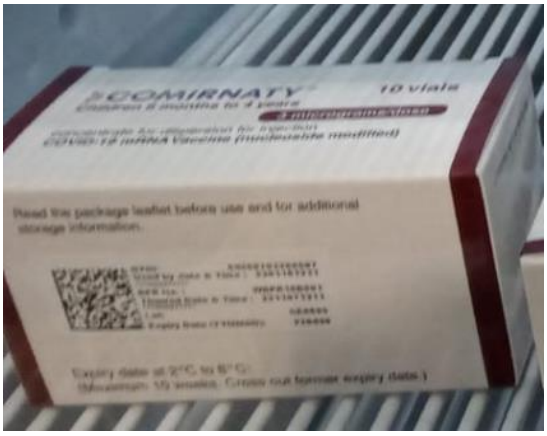
4.2.1. Purpose-built vaccine refrigerators (PBVR) are the preferred means of storage for vaccines.

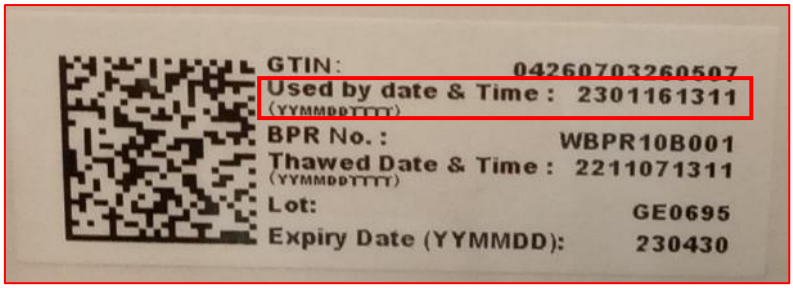
4.2.2. Different types of COVID-19 vaccines should be segregated in the PBVR. In case there are **different lot number / expiry date / "Used by date and time'** of the same type of vaccine inside the fridge, they should be **segregated** as well.

4.2.3. Colored trays, etc. may be used for segregation of vaccines in the PBVR.

4.2.4. Thawed vials of Comirnaty bivalent and Comirnaty monovalent XBB.1.5 could be stored at 2-8°C up to 10 weeks (70 days). **Please check the <u>"Use-by date & Time"</u> on the 2D barcode label on the outer carton on a regular basis and prior to vaccine preparation. Vaccines that are beyond the use-by date and time should not be used.** This information will not be shown on the label of individual vial. Please see Figure 3 and 4 below for illustration.

Figure 3 - **Comirnaty bivalent** – illustration of Use-by date & Time on the 2D barcode label on the outer carton





The Used-by date & Time is read in YYMMDDTTTT. 2301161311 indicates that the vaccine would be expired on 16 Jan 2023 at 13:11.

Figure 4 - **Comirnaty monovalent XBB.1.5** - illustration of Use-by date & Time on the 2D barcode label on the outer carton

The Used-by date & Time is read in YYMMDDTTTT. 2402191647 indicates that the vaccine would be expired on 19 Feb 2024 at 16:47.

Please take the following actions to handle expired government supplied vaccine in all your venues:

a) Check the "Use-by date & Time"on the 2D barcode label on the outer carton.
b) The expired vaccines (beyond Use-by date & Time) should be removed from fridge, quarantined in a lockable cabinet and marked "DO NOT USE".
c) Retain the expired vaccines to be collected by the Department of Health.

4.2.5. Shelf-life characters of Comirnaty bivalent vaccine and Comirnaty monovalent XBB.1.5:

	Comirnaty Original/OmicronBA .4-5 (15/15mcg)/dose (Comirnaty Bivalent)	**Comirnaty Omicron XBB.1.5 30 mcg/dose (Comirnaty monovalent XBB.1.5)**
Shelf life for unopened vial		
Frozen	24 months (-90°C to -60°C)	18 months (-90°C to -60°C)
Thawed (2°C to 8°C)	10 weeks (70 days)	
Unopened vial prior to use	12 hours (8°C to 30°C)	
Shelf life after first puncture		
Opened vial	12 hours (2°C to 30°C)	

4.2.6. Domestic frost-free refrigerators (with or without freezer compartment) can be used if PBVR is not available with the following precautions being made:

(a) Use only the refrigerator compartment for storing vaccines if a domestic combination refrigerator/freezer unit is used.

(b) Modify and stabilize the refrigerator temperature before stocking with vaccine.

(c) Do not store vaccines directly under cooling vents, in drawers, on the floor or door shelves of the refrigerator. The instability of temperatures and air flow in these areas may expose vaccines to inappropriate storage temperatures.

(d) Fill the empty shelves, floor, drawers and the door with plastic bottles or other containers filled with water to maintain temperature stability. Leave a small space between the bottles/containers.

(e) Ensure doors of the refrigerator are closed properly.

(f) The temperature of the vaccine fridge should be monitored by a data logger or maximum-minimum thermometer. The temperatures (min/max if applicable) of the refrigerator would be checked manually 3 times daily each day, probably in the morning, at noon and in the afternoon, and record in the "Daily Fridge Temperature Chart" (Annex IV).

4.2.7. VMOs should follow the requirements and recommendations mentioned in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation. Revised Edition 2019 (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter3).

4.2.8. The cold chain temperature range during storage should be +2°C to +8°C and it is a good practice to aim for +5°C, the midpoint of +2°C to +8°C.

4.2.9. The manufacturers' recommendation on storage temperature of the vaccine, referencing to the package insert should be strictly followed.

4.2.10. Good air circulation around the refrigerator is essential for proper cooling functions. The refrigerator should be placed away from heat sources and according to the manufacturer's user guide allowing sufficient ventilation around the refrigerator. Do not block the ventilation grid.

4.2.11. The refrigerator door should be opened as little as possible and closed as quickly as possible in order to maintain a constant temperature and prevent unnecessary temperature fluctuation. It is desirable to store the vaccines in their original packaging. Allow sufficient space between stocks for good air circulation.

4.2.12. When the temperature of the refrigerator is found to be out of the +2˚C to +8˚C range, the vaccines that are suspected to have been exposed to temperatures outside the recommended range should remain properly stored in a normal functioning domestic fridge with a max/min thermometer that can maintain +2ºC to +8ºC for storage , quarantine them and mark "DO NOT USE" to avoid accidental administration of the possibly compromised vaccines.

4.2.13. In case of temperature excursion (i.e. if the vaccines have been exposed to temperature outside the recommended range), check whether the in-charge of RCH has informed and consulted the PMVD immediately and not later than one working day. The affected vaccines should not be administered until notice from PMVD that advice from vaccine manufacturer confirms the stability and effectiveness of the affected vaccines.

4.3 Management of surplus/ expired vaccines

4.3.1 The vaccines are Government Property and are provided to the doctors solely for the purpose of providing vaccination to eligible recipients. Unused/ surplus vaccines should be properly stored in the vaccine-storing refrigerator in the RCH. RCH must return all unused/ surplus unopened vaccine vials supplied by government at the end of the programme.

4.3.2 VMOs may be liable to costs related to broken or missing vaccines and the Government reserves the right to demand VMOs for payment due to vaccine breakage or missing vaccines.

4.3.3 Regarding the expired vaccines, please note that the expired vaccines should be removed from the refrigerator and labelled "DO NOT USE". The RCH should consider keeping the expired vaccines in a lockable cabinet and wait for the collection by the PMVD at a later time.

4.3.4 All Government-supplied COVID-19 vaccines should be stored securely to

prevent theft, diversion, tampering, substitution, resale, or exportation. They should be stored and used properly in accordance with the manufacturer's recommendations to maintain vaccines' integrity, efficacy and safety.

4.4 Broken vaccines

4.4.1. If vaccines are found to be broken upon unwrapping or by RCH staff or VMO, take photos of all the broken vaccines and document the lot number and quantity and inform the PMVD as soon as possible and within one working day. Broken vaccines should be discarded into sharps boxes immediately and disposed of as clinical waste.

4.4.2. Broken vaccines should never be administered.

4.5 Defective vaccines

4.5.1 If vaccine is found to be defective, take photos of the defective vaccine and document the lot number, quantity, and reason of these defective vaccines (e.g. drug label misprinting, presence of foreign particles).

4.5.2 The defective vaccines should be removed from the refrigerator and mark "DO NOT USE" on the outer wrapper of these vaccines. The RCH should keep the defective vaccines in a lockable cabinet.

4.6 Reporting of defective / voided vaccines

4.6.1 The information of defective / voided vaccine should be recorded and provided to PMVD (phone number 2125 2125 during office hour) within one day after the vaccination activity.

4.6.2 Defective or broken vaccines should never be administered.

5. Infection control practice

5.1 Infection Control Practice in RCH setting

5.1.1 Precautionary measures should be taken to minimise the risk of contracting and spreading of COVID-19 at RCH. Please refer to the Guidelines on Prevention of Communicable Diseases in Residential Care Home for the Elderly (https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_rche_eng.pdf) and Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disabilities (https://www.chp.gov.hk/files/pdf/guideline_prevention_of_communicable_diseases_rchd.pdf) at CHP website.

5.1.2 Please refer to Personal Protective Equipment Section of ICB Infection Control Guidelines for detailed PPE indications, usage, and doffing and donning procedures (https://www.chp.gov.hk/files/pdf/personal_protective_equipment.pdf).

5.1.3 Please refer to the website (https://www.coronavirus.gov.hk/eng/index.html) for any implementation of social distancing at that time. Surgical masks should be worn at all times during the vaccination activity in RCH. Please refer to Use Mask Properly (https://www.chp.gov.hk/files/pdf/use_mask_properly.pdf) for the recommendations on use of surgical mask.

5.1.4 Wear gloves if in contact with blood, body fluids, secretions, excretions, mucous membrane and non-intact skin, or items that are contaminated by these materials.

5.1.5 If gloves have been worn, it should be removed immediately after use for each client, followed by proper hand hygiene.

5.1.6 Gloves should be discarded immediately after removal. Gloves should not be washed, decontaminated, or reprocessed for any reuse purpose. Disinfection of gloved hands with alcohol-based handrub is not recommended. The use of gloves does not replace the need for hand hygiene.

5.1.7 Clean and disinfect all areas including, but not limited to, the working area

inside vaccination areas, with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water), especially high-touch areas, at least twice daily or whenever visibly soiled. Leave for 15-30 minutes, and then rinse with water and keep dry.

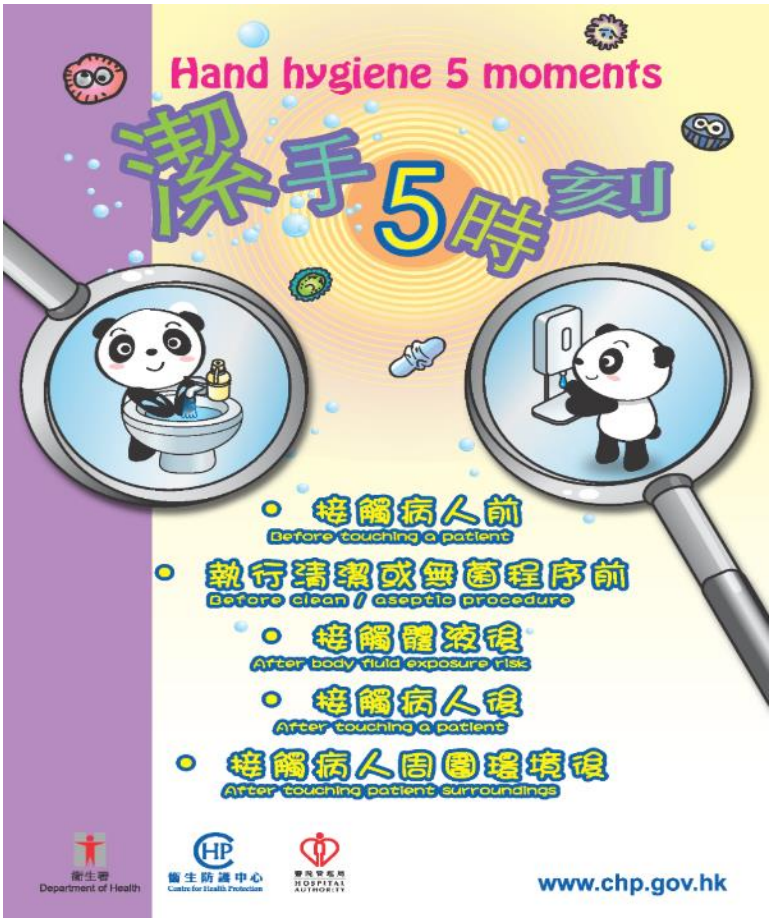
5.1.8 For metallic surface, disinfect with 70% alcohol.

5.2 Hand hygiene

5.2.1 Hand hygiene practice should be adopted and strictly followed during vaccination procedure. Staff should perform hand hygiene for the following 5 moments (Refer to Figure 5 – CHP poster of "Hand Hygiene 5 Moments in Hospital or Clinic Settings"):

(a) Before touching a patient
(b) Before clean / aseptic procedure
(c) After body fluid exposure risk
(d) After touching a patient
(e) After touching patient surroundings

Figure 5 – CHP poster of "Hand Hygiene 5 Moments in Hospital or Clinic Settings"



5.2.2 Hand hygiene with proper hand rubbing by using soap and water or alcohol-based handrub for at least 20 seconds and 7 steps of hand hygiene techniques should be performed in between each and after last vaccination. (Refer to Figure 6 - CHP poster of "7 steps on hand hygiene")

Figure 6 - CHP poster of "7 steps on hand hygiene"

5.2.3 Clean hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.

5.2.4 When hands are not visibly soiled, cleaning them with 70-80% alcohol-based handrub is also effective.

5.2.5 Apply a palmful of alcohol-based handrub to cover all surfaces of the hands. Rub hands according to the 7 steps of hand hygiene technique for at least 20 seconds until the hands are dry.

5.2.6 Please 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).

5.3 Safe injection practices and sharps handling

5.3.1 Precautions should be taken to prevent sharps injury. For details, please refer to "*Prevention of Sharps Injury and Mucocutaneous Exposure to Blood and Body Fluid in Healthcare Settings*", published by the Centre for Health Protection, Department of Health. (https://www.chp.gov.hk/files/pdf/prevention_of_sharps_injury_and_mucocutaneous_exposure_to_blood_and_body_fluids.pdf).

5.3.2 Avoid work practices that pose sharps injury hazards, for example: recap, bend, break or hand-manipulate used needles.

5.3.3 Identify the location of the clinical waste container, if moveable, place it as near the point-of-use as appropriate for immediate disposal of the sharps.

5.3.4 Inform a patient of what the procedure involves and explain the importance of avoiding any sudden movements that might dislodge the sharps, for successful completion of the procedure as well as prevention of injury to healthcare personnel.

5.3.5 Discard used needles or sharps promptly in appropriate clinical waste containers.

5.3.6 Dispose any sharps with caution. Never throw the sharps into the clinical waste container.

5.3.7 Avoid overfilling a clinical waste container. The container should be disposed when it is 3/4 full or having its content reached the demarcated level.

5.3.8 Report all mucosal contacts of blood and body fluids, needle stick and other sharps-related injuries promptly to ensure that appropriate follow-up is received.

5.3.9 Keep clinical waste containers securely in safe and upright position so as to prevent them from being toppled over.

5.3.10 For post-exposure management, please refer to the CHP guideline "Recommendations on the Management and Postexposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV" at https://www.chp.gov.hk/files/pdf/recommendations_on_postexposure_management_and_prophylaxis_of_needlestick_injury_or_mucosal_contact_to_hbv_hcv_and_hiv_en_r.pdf

6. Workflow for COVID-19 vaccination in RCH / DI setting

6.1 Preparation before the day of vaccination

RCH/ DI to provide factsheet to encourage COVID-19 vaccine to residents/ PID who have NOT been vaccinated

RCH to collect written refusal form from residents/legal guardians/legal guardianship applicants within specific time.

RCH/ DI to fill in Annex V & VI, providing details of the unvaccinated residents, e.g. name, ID number, submitted written refusal form

With the help of RCH, collect signed consent forms from parent or legal guardian should the Vaccination recipient be (a) under the age of 18, or (b) mentally incapacitated.

VMO to conduct assessment and provide dedicated one-on-one consultation/ health talk.

Verify vaccination history

Confirm with RCH/ DI

- Number of residents and staff eligible for vaccination

- Vaccination schedule for each doses

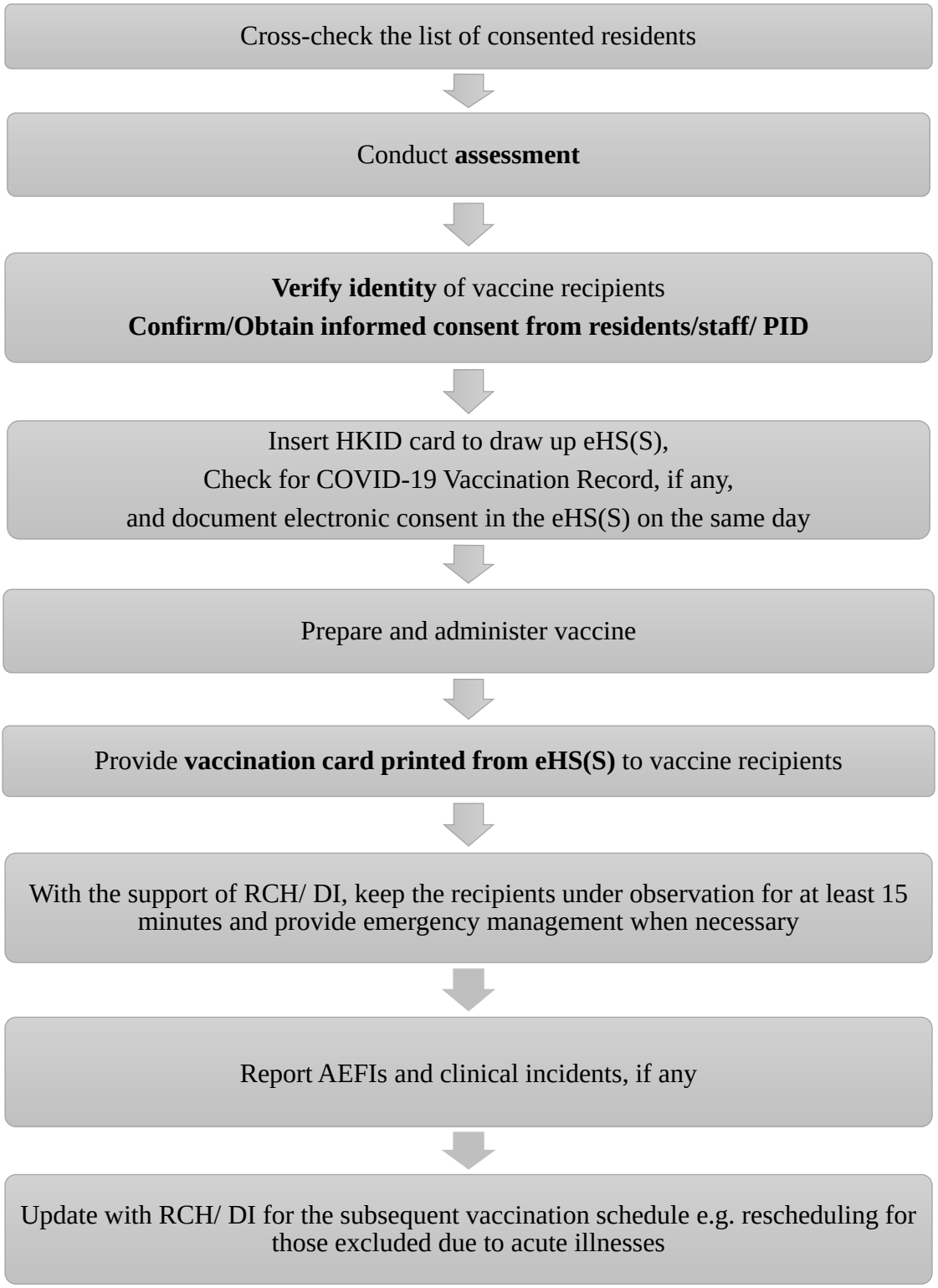
- Adequate fridge capacity for storing the vaccines

Order vaccines using the web-based ordering system

Liaise with RCH/ DI on **clinical waste management**

Prepare emergency equipment, and ensure medical consumables are available at RCH/ DI for use on the vaccination day

6.2 Vaccination at RCH/ DI and Post-vaccination follow up



6.3 Workflow for vaccination of residents

6.3.1 Information provision, conducting assessment and obtaining informed consent

6.3.1.1 Before vaccination, RCH/ DI staff would assist in providing vaccine recipients, guardians and/ or relatives with the fact sheet (Annex I) (as the fact sheet would be updated from time to time as necessary, VMO and RCH staff should use the latest version available at "Fact Sheet": https://www.chp.gov.hk/files/pdf/factsheet_covidvaccine_mrna_chi.pdf with information about potential side effect, authorised and not registered status of the vaccines, and vaccine-related adverse events following immunisation (AEFI).

6.3.1.2 RCHs would compile lists of those who have not been vaccinated (Annex V & VI), with resident's names, ID number, and submitted written refusal form from residents/ legal guardians/ legal guardianship applicants, to be handed over to VMOs.

6.3.1.3 Based on the above information, VMOs would conduct assessment to ascertain unvaccinated residents' fitness to receive both inactivated and mRNA vaccines. Dedicated one-on-one consultation or health talk at the RCH or DI will be provided for these residents and/ or their relatives.

6.3.1.4 VMOs could refer to the "An Interim Guidance Notes on Common Medical Diseases and COVID-19 Vaccination in Primary Care Settings" in making clinical judgement on the suitability for COVID-19 vaccination. The Guidance notes will be updated from time to time. Latest version is available at the designated website https://www.chp.gov.hk/en/features/106957.html.

6.3.1.5 VMOs may refer the following cases to the Vaccine Allergy Safety Clinic of Hospital Authority for medical consultation/ investigation as deemed appropriate:

(i) persons with immediate (within an hour) severe allergic reaction to prior COVID-19 vaccination or to more than one class of drugs;

(ii) persons with allergic reaction to prior COVID-19 vaccination which is not self-limiting or did not resolve by oral anti-allergy medications

Clients with allergic rhinitis, asthma, atopic dermatitis, chronic urticaria, **drug and food allergies, and anaphylaxis unrelated to COVID-19 vaccines** (without other

precautions) do **not** need to see an Allergist for evaluation of COVID-19 vaccine allergy risk.

Clients with the following reactions to prior COVID-19 vaccines can proceed to receive the next dose with post-vaccination observation for at least **30 minutes** after vaccination:

(i) superficial symptoms like rash, itchiness, urticaria, etc. that appear within an hour, but without other systemic allergic symptoms such as shortness of breath, wheezing, low blood pressure, etc.;

(ii) symptoms that appear later than an hour that are self-limiting or resolve by an oral anti-allergy drug.

Please refer to the "An Interim Guidance Notes on Common Medical Diseases and COVID-19 Vaccination in Primary Care Settings" for further details. (https://www.chp.gov.hk/files/pdf/guidance_notes.pdf)

(a) To make the referral, VMOs are required to issue a referral letter to these cases and ask them to bring along the following documents for making appointment:

i. referral letter issued by a local registered medical practitioner within three months;

ii. the original or copy of valid identification document (e.g. HKID); AND

iii. address information

(b) The methods of making appointment and details of the clinics areas follow:

i. in person / by authorized representative;

ii. by facsimile to Vaccine Allergy Safety Clinic;

iii. telephone booking by the referral doctor/ nurse; or

iv. through smartphone mobile application "BookHA"

(c) The address and contacts of the clinics are as follow:

• **Vaccine Allergy Safety Clinic at Grantham Hospital**	
Address:	Rheumatology and Clinical Immunology Unit, G/F, Block A, Grantham Hospital, 125 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel. No.:	2518 2620
Fax No.:	2518 6716

Service Hours:	Mon to Fri: 08:30 to 17:00; Sat: Closed
• **Vaccine Allergy Safety Clinic at Queen Mary Hospital**	
Address:	6/F., S Block, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong
Tel. No.:	2255 4186
Fax No.:	2255 3018
Service Hours:	Mon to Fri: 09:00 to 17:00; Sat: 09:00 to 13:00

6.3.1.6 VMOs may also refer adolescents aged 6 months to 17 with the following medical history to the Paediatric Allergy Clinics for further allergy assessment:

(i) History of an immediate and severe allergic reaction to components of the COVID-19 vaccines; or

(ii) History of immediate allergic reaction to the previous dose of inactivated or mRNA COVID-19 vaccines

(a) VMOs may use the referral form accessible on the website of the Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases (HKSPIAID) (https://www.hkspiaid.org/download/COVID19 vaccination referral letter 20210804.pdf). It is required to specify the referral reason on the form and to submit it to the respective hospitals / clinics by fax. Paediatric Allergy Clinic staff would perform risk stratification on individual recipients, followed by a reply either to the referrers or via direct contact with recipients regarding the fitness for vaccination or for further arrangement of vaccine allergy safety assessment. More information could be found at HKSPIAID's website at https://www.hkspiaid.org/covid19/ .

(b) Doctors, vaccine recipients and recipients' family are free to decide which hospital / clinic to be referred to and are not bound by geographical regions. The contact and fax numbers of the clinics are as follow:

Name of hospital / clinic	**Contact number**	**Fax number**
Prince of Wales Hospital Paediatric Specialist Out-patient Clinic	3505 4440	3505 4633
Queen Elizabeth Hospital Paediatric Specialist Out-patient Clinic	3506 6226	3506 6140

Queen Mary Hospital Paediatric & Adolescent Medicine Specialist Out-patient Clinic	2255 3237	2819 3655
Yan Chai Hospital Paediatrics and Adolescent Ambulatory Centre	2417 5817	2149 6039

6.3.1.7 With the help of RCH staff, informed consent should be obtained from the residents / legal guardians/legal guardianship applicants. If the residents/ legal guardians/legal guardianship applicants refuse vaccination, written objection should be submitted to RCHs within a given period of time as stated by the Social Welfare Department (SWD) and this should be documented in either Annex V or Annex VI.

6.3.1.8 The informed consent to be obtained shall allow the access and use of the Vaccination recipient's personal data for the purpose of (i) creation of eHS(S) account (if it has not been already created), (ii) administration and monitoring of the COVID-19 Vaccination Programme at RCHs and for the purpose of continuously monitoring of the safety and vaccination activities related to the COVID-19 Vaccination; and (iii) all those purposes as set out in the "Statement of Purpose for the collection of Personal Data" at the end of the Consent Form. For any of the aforesaid purposes as mentioned in (i) or (ii) or (iii), transfer of the Vaccination recipient's personal data (including injection data) may be made to the Government (including the Director of Health and the Immigration Department), the Hospital Authority, the organizations collaborating with the Government for collection and research of data in the manner mentioned in Clauses 36 and 38 of the Agreement (including the University of Hong Kong), relevant private healthcare facilities and healthcare professionals and consultants, advisers and contractors of the Government appointed for any of the aforesaid purposes.

6.3.1.9 RCH/ DI staff would collect written consent forms (Annex VIII) from parent or legal guardian should the Vaccination recipient be (a) under the age of 18, or (b) mentally incapacitated. A consent form is required for each dose of vaccination.

6.3.1.10 Starting from 4 April 2022, the Government would only accept opt-out from the programme only if the written objection is signed by the residents/ legal guardians/legal guardianship applicants of a mentally incapacitated residents. The written objection form, duly signed by appropriate personnel, should be submitted to RCHs within a given period of time as stated by the Social Welfare Department (SWD).

6.3.1.11 For mentally incapacitated residents who have no legal guardians, decision of vaccination is to be made by the VMO in accordance with section 59ZF(3) of Cap 136 considering the vaccination is necessary and in the best interest of the vaccine recipient. “Best interests” go far wider than “best medical interests”, and include factors such as the resident’s wishes and beliefs when competent, his/ her current wishes and general well-being.

6.3.2 Verify vaccination and COVID-19 infection history

Vaccination history of recipients and their eligibility status should be verified.

6.3.2.1 Check the vaccine recipient’s vaccination and recovery records in the eHS(S) for vaccination and infection history and the type of COVID-19 vaccine that has been given before, if any;

6.3.2.2 Inspect the vaccination records on vaccination cards (if any);

6.3.2.3 Ask recipients and/ or their relatives for vaccination and COVID-19 infection history;

6.3.2.4 For vaccine recipient who are eligible to receive COVID-19 vaccine under the Government vaccination programme, who have received COVID-19 vaccine outside Hong Kong and have not yet received the COVID-19 vaccine in Hong Kong, please check their identity document, proof of the previous dose vaccination record (with date, venue of vaccination and type of vaccine) issued outside Hong Kong. Vaccination may be provided by VMO/ trained personnel under VMO’s supervision after clarification and consideration of relevant details, including those of the previous dose vaccination. For further details, please refer to #24 (https://www.chp.gov.hk/en/features/106953.html#FAQ_B24).

For such cases, VMO should record **the details of the dose/doses received outside Hong Kong including the date, place and type of vaccination under “Remarks” in the eHS(S)** while the vaccine provided by the vaccinator should be entered as the next dose in eHS(S).

VMO may exercise one's clinical judgement and provide a different brand of COVID-19 vaccine to vaccine recipients if deemed clinically appropriate.

Please refer to the latest COVID-19 vaccination recommendation for individuals with previous COVID-19 infection by the JSC via

https://www.chp.gov.hk/en/static/24008.html. Please refer to the factsheet for reference (https://www.chp.gov.hk/files/pdf/factsheet_priorcovid19infection_eng.pdf).

*The latest updates and implementation schedule will also be communicated to VMO by means of email. VMOs should check their registered email account for the latest updates. VMOs may also refer to CHP website for the latest updates (https://www.chp.gov.hk/en/features/106934.html).

6.3.3 Confirmation with RCH/ DI and vaccine ordering

6.3.3.1 After receiving the summary return and verifying vaccination records, confirm with RCH/ DI for the residents eligible for receiving COVID-19 vaccine, vaccination schedule for the next dose, and adequate fridge capacity for storing the vaccines before placing the order.

6.3.3.2 VMOs are encouraged to proactively contact those who choose to opt-out from the program and arrange for those who later decide to receive vaccination when planning to order.

6.3.3.3 Liaise with RCH/ DI ahead of time to make proper management of clinical waste generated in vaccination activity.

6.3.3.4 VMOs would use the online vaccine ordering system to order mRNA COVID-19 vaccines as described in Section 4.

6.3.4 Medical consumables and emergency equipment

6.3.4.1 Prepare emergency equipment and ensure medical consumables and IT equipment are available for use in RCH/ DI on vaccination day. For details, please refer to Section 3.3.

On the day of vaccination

6.3.5 Before vaccination

6.3.5.1 Cross-check the list of consented recipients to ensure the recipients' name and the choice of COVID-19 vaccine match with the list of consented recipients received earlier.

6.3.5.2 The VMO should **conduct assessment** to confirm the eligibility of recipients, with special attention paid to contraindications and precautions including

those residents/ PIDs presented with acute illness on the day of vaccination with assistance from RCH/ DI.

6.3.5.3 Verify identity of vaccine recipients and confirm informed consent obtained.

6.3.5.4 If the residents are assessed fit for vaccination and no written objections have been received from residents/legal guardians/ legal guardianship applicants in progress within a specific time frame, for the best interest of the residents, VMOs could decide whether to administer vaccine to these residents based on their professional judgment. For residents to be vaccinated by the principle of 'best interest', VMO should enter "**vaccinated by best interest**" in the "Remarks" field in eHS(S).

6.3.5.5 Insert HKID card to retrieve the vaccine recipient's personal particulars in the COVID-19 vaccination programme page on eHS(S).

6.3.5.6 To ensure patient safety and assist assessment of vaccine recipient's suitability for COVID-19 vaccination, VMO should check the vaccine recipient's vaccination history **BOTH with the vaccine recipient in-person AND against the eHS(S) BEFORE the administration of COVID-19 vaccine.** The doctor cannot make claim for vaccination subsidy if the recipient has already completed the vaccination course. Electronic consent should be documented in eHS(S).

6.3.5.7 For other identity document holder, personal information of the vaccine recipient would be keyed-in manually. To upload the accuracy of personal data entered to the system, use the Smart ID Card Reader as far as practicable.

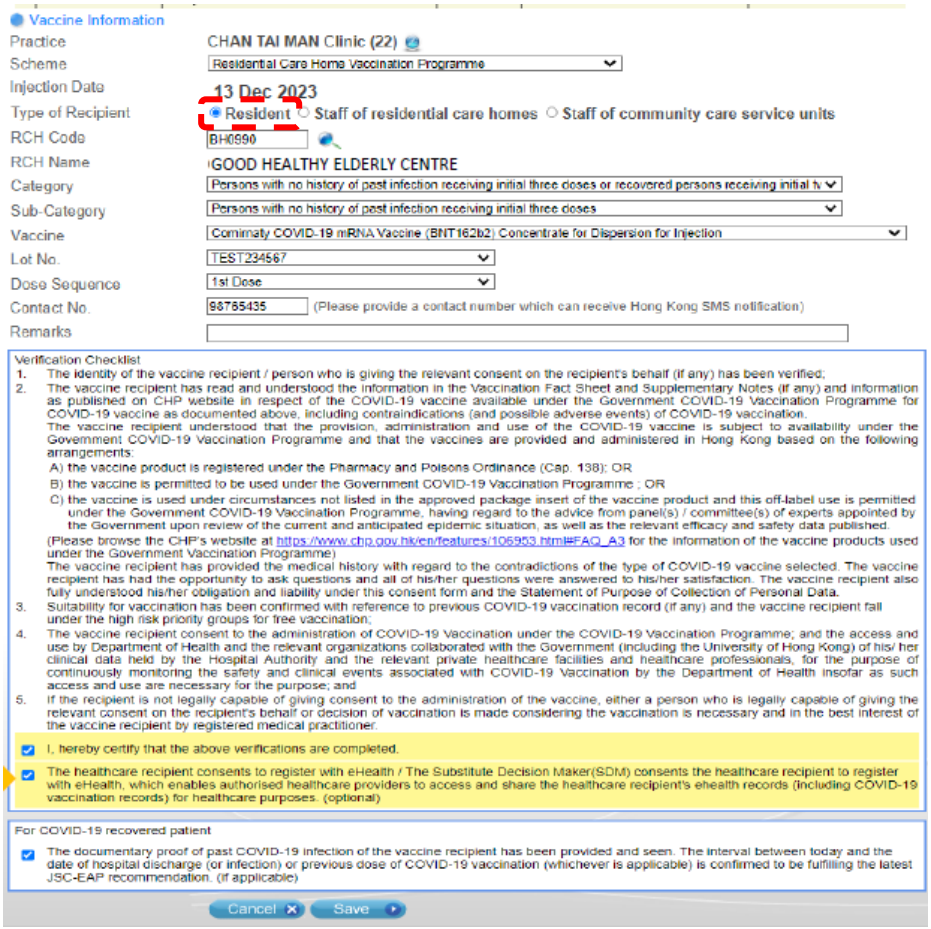
6.3.5.8 The following information would be prefilled or required to be input into the vaccine recipient's page (Refer to Figure 7):

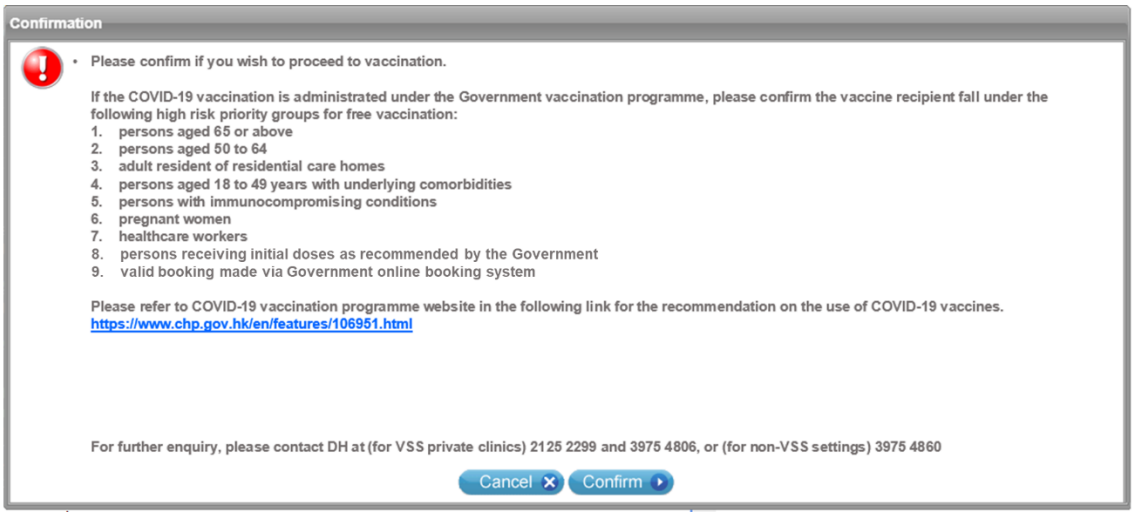
(a) Practice
(b) Name of vaccination scheme (Chosen from pull down menu)
(c) Injection date
(d) Type of recipient (Choose Residents)
(e) RCH/ DI code
(f) RCH/ DI name
(g) Category and sub-category of the recipient
(h) Vaccine (name and brand)

(i) Lot number
(j) Dose sequence
(k) Remarks

Please ensure you choose the correct practice, vaccine, lot. no, category and sub-category of the recipient, and input correct dose sequence.
Please find the User Manual of eHealth System (Subsidies) [eHS(S)] for COVID-19 Vaccination at :
https://www.ehealth.gov.hk/en/covidvaccine/ehs.html

Figure 7 - A Sample of eHS(S) Vaccine Record Creation Page and Prompt Message





6.3.5.9 The VMO/ trained personnel under VMO's supervision should check the recipient's personal particulars, vaccine name, type, duration since last dose and history of COVID-19 infection to ensure the type and interval of vaccination to be given are correct.

6.3.5.10 The batches of COVID-19 vaccines delivered may have different lot numbers, VMO/ trained personnel under the VMO's supervision should **check the lot number of vaccines for each vaccine recipient and select a correct lot number** from the pull-down menu in the field "Lot No." in the eHS(S) to ensure accuracy of the vaccination record.

6.3.5.11 The VMO/ trained personnel under VMO's supervision should verify the following as shown on eHS(S) and after verification tick the check box on eHS(S) for record:

(a) The identity of the vaccine recipient has been verified;

(b) The vaccine recipient has read and understood the information in the Vaccination Fact Sheet and information as published on CHP website in respect of the COVID-19 vaccine available under the Government COVID-19 Vaccination Programme for COVID-19 vaccine as documented above, including contraindications (and possible adverse events) of COVID-19 vaccination. The vaccine recipient understood that the provision, administration and use of the COVID-19 vaccine is subject to availability under the Government COVID-19 Vaccination Programme and that the vaccines are provided and administered in Hong Kong based

on the following arrangements:

A) The vaccine product is registered under the Pharmacy and Poisons Ordinance (Cap.138); OR

B) The vaccine is permitted to be used under the Government COVID-19 Vaccination Programme; OR

C) The vaccine is used under circumstances not listed in the approved package insert of the vaccine product and this off-label use is permitted under the Government COVID-19 Vaccination Programme, having regard to the advice from panel(s)/ committee(s) of experts appointed by the Government upon review of the current and anticipated epidemic situation, as well as the relevant efficacy and safety published.

The vaccine recipient has provided the medical history with regard to the contraindications of the type of COVID-19 vaccine selected. The vaccine recipient have had the opportunity to ask questions and all of his/her questions were answered to his/her satisfaction. The vaccine recipient also fully understood his/her obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data;

(c) Suitability for vaccination has been confirmed with reference to previous COVID-19 vaccination record (if any) and the vaccine recipient fall under the high risk priority groups for free vaccination;

(d) The vaccine recipient consent to the administration of COVID-19 Vaccination under the COVID-19 Vaccination Programme; and the access and use by Department of Health and the relevant organizations collaborated with the Government (including the University of Hong Kong) of his/ her clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals, for the purpose of continuously monitoring the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose; and

(e) If the recipient is not legally capable of giving consent to the administration of the vaccine, either a person who is legally capable of giving the relevant consent on the recipient's behalf or decision of vaccination is made considering the vaccination is necessary and in the

best interest of the vaccine recipient by registered medical practitioner.

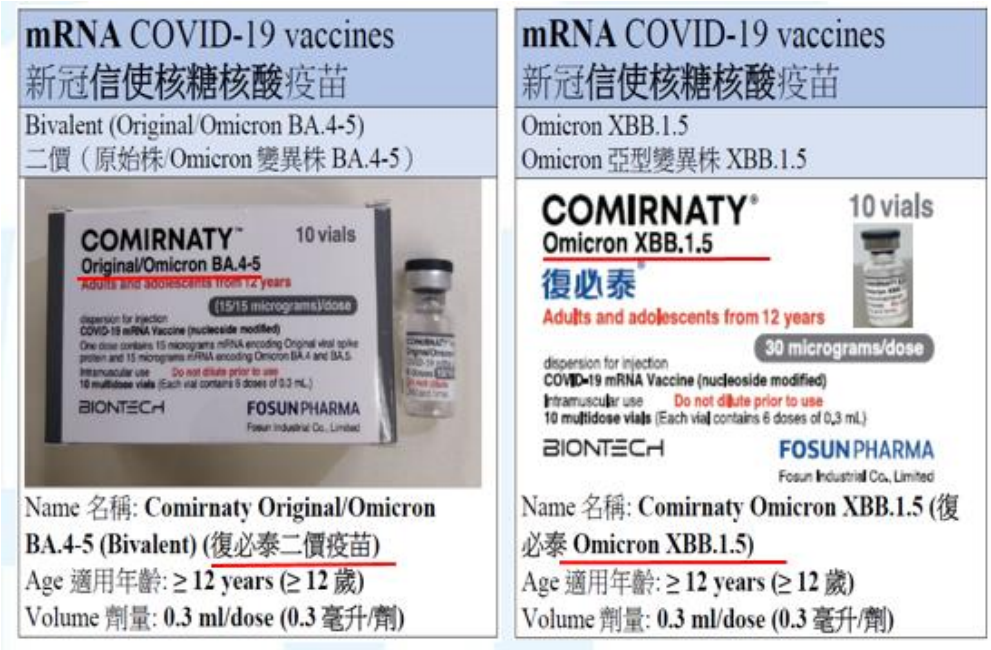
6.3.5.12 Recipient's consent to enrol in eHealth is optional. Should the vaccine recipient not consent for joining eHealth, the VMO/ trained personnel under the VMO's supervision should untick the check box.

6.3.6 Vaccine preparation and administration

6.3.6.1 Before administering the vaccine, check the vaccine identification label and ensure the integrity of vaccine for irregularity, e.g. damage, contamination, expiry date and time.

6.3.6.2 If different types of COVID-19 vaccines will be administered on the same day, a mechanism, to the satisfaction of the Government, should be implemented to segregate the handling of vaccines and inoculation workflow of different types of vaccines, etc. to avoid inadvertent administration of the wrong type of vaccine. The appearance of Comirnaty bivalent and Comirnaty monovalent XBB.1.5 are very similar. Both types of the vaccine have plastic cap in grey color, their dosage and number of doses are also the same. Please pay attention to the details as shown below (Figure 8) to avoid mixing up.

Figure 8 - The overall appearance of Comirnaty bivalent and Comirnaty monovalent XBB.1.5



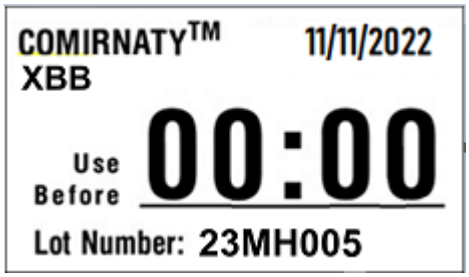
6.3.6.3 Comirnaty bivalent vaccine and Comirnaty monovalent XBB.1.5 vaccine **do not require dilution**. 6 doses can be withdrawn from each vial of both vaccines. **Each dose** of both vaccines should be **0.3mL**. It is suggested that each time to get one vial from the box stored in the refridgerator and doses should be prepared immediately after withdrawal from refrigerator. Expiry of unopened vial at temperature up to 30°C is 12 hours prior to use. After first puncture, the vaccines should be used within 12 hours.

6.3.6.4 Syringe should be properly labelled for traceability and compliance with "use within" requirement of the vaccine, including but not limited to the following

(a) Name of vaccine
(b) Use before date and time after first puncture
(c) Lot number
(d) Recommend to use markings on syringe label (e.g. highlight/different color) to clearly distinguish different types of vaccines

Used vial should also be labelled with above information.

Example of vial and syringe labels for vaccine:

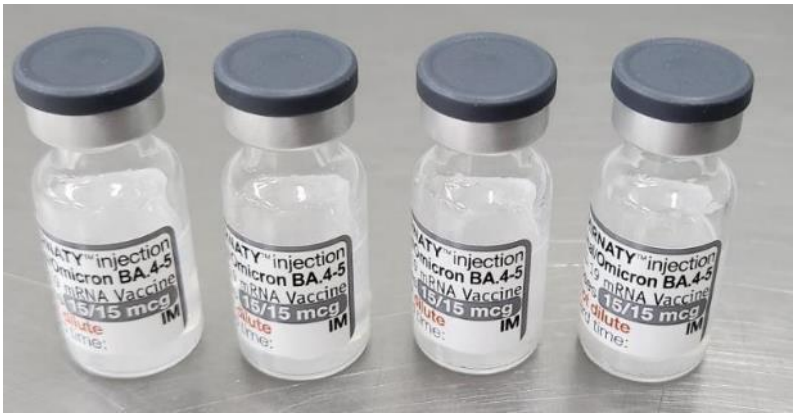


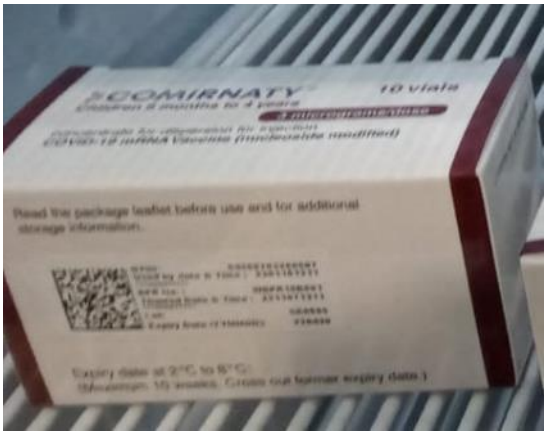
Please note that labelling of syringes is NOT required for vaccines **prepared as single dose immediately before vaccination**, but used vial should be labelled with above information.

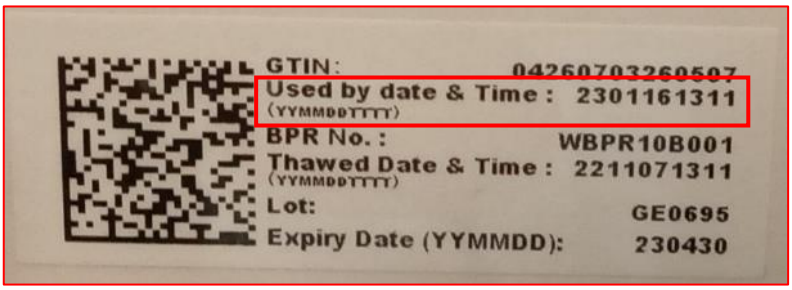
Please ensure the correct number of doses are withdrawn from each vial by proper documentation or measure.

6.3.6.5 Comirnaty bivalent vaccine:
The outlook is illustrated in Figure 9 below.

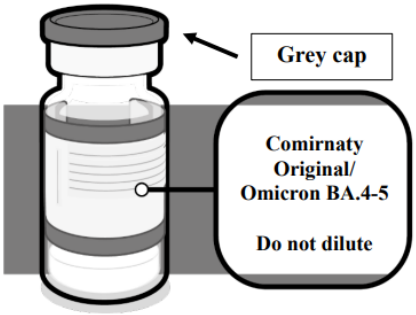
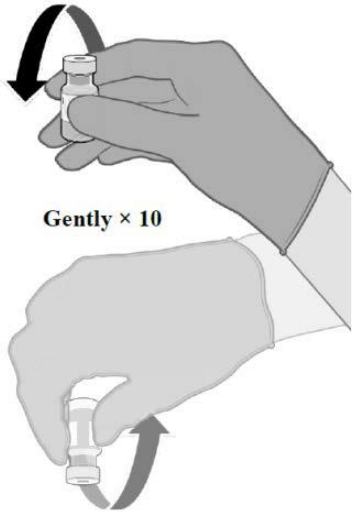
Figure 9 - **Comirnaty bivalent** - appearance, outer carton and 2D barcode label on the outer carton



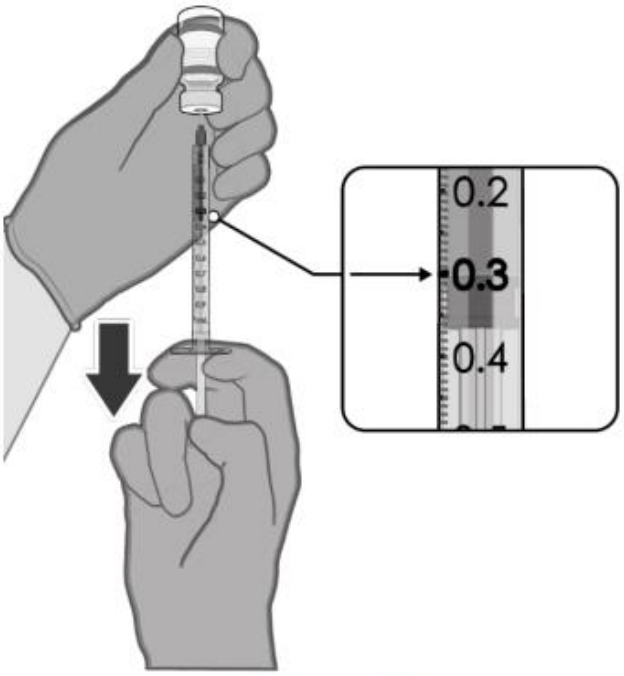




The procedure for vaccine handling and preparation should be carried out according to the drug insert as illustrated below.

VIAL VERIFICATION OF COMIRNATY ORIGINAL/OMICRON BA.4-5 (15/15 MICROGRAMS)/DOSE DISPERSION FOR INJECTION (12 YEARS AND OLDER)	
	• Verify that the vial has a grey plastic cap and a grey border around the label and the product name is Comirnaty Original/Omicron BA.4-5 (15/15 micrograms)/dose dispersion for injection.
PRIOR TO USE	
	• The unopened multidose vial should be kept at 2 °C to 8 °C until the use-by date and time. • Prior to use, the unopened vial can be stored for up to 12 hours at temperatures up to 30 °C. • Gently invert it 10 times prior to extraction. Do not shake. Prior to mixing, the thawed dispersion may contain white to off-white opaque amorphous particles. • After mixing, the vaccine should present as a white to off-white dispersion with no particulates visible. Do not use the vaccine if particulates or discolouration are present.

6.3.6.6 The preparation of each 0.3mL dose using a new sterile 1mL low dead-volume (LDV) syringe is illustrated below:

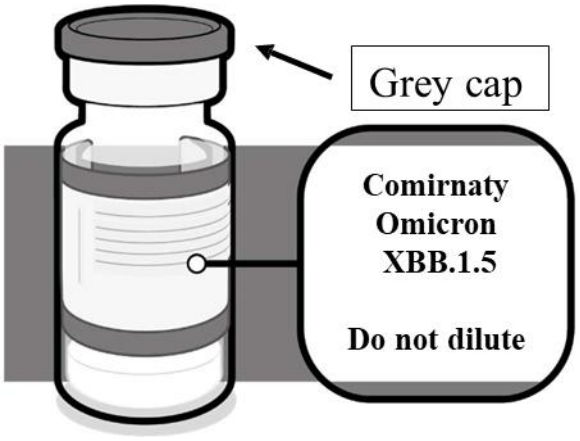
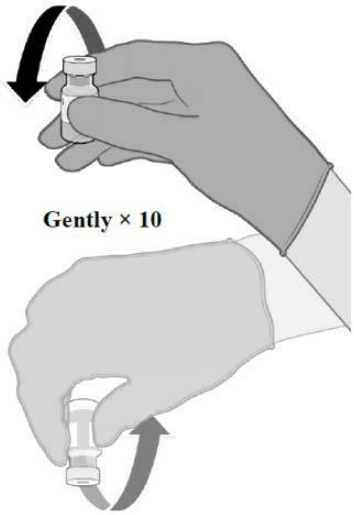
PREPARATION OF INDIVIDUAL 0.3 mL DOSES	
 **0.3 mL vaccine**	• Using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab. • Withdraw 0.3 mL of Comirnaty Original/Omicron BA.4-5. Low dead-volume syringes and/or needles should be used in order to extract **6 doses** from a single vial. The low dead-volume syringe and needle combination should have a dead volume of no more than 35 microlitres. If standard syringes and needles are used, there may not be sufficient volume to extract a sixth dose from a single vial. • Each dose must contain 0.3 mL of vaccine. • If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 mL, discard the vial and any excess volume. • Record the use before date and time on the vial. Discard any unused vaccine 12 hours after first puncture.

Each dose must contain 0.3 mL of vaccine. If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 mL, discard the vial and any excess volume. Do not pool excess vaccine from multiple vials.

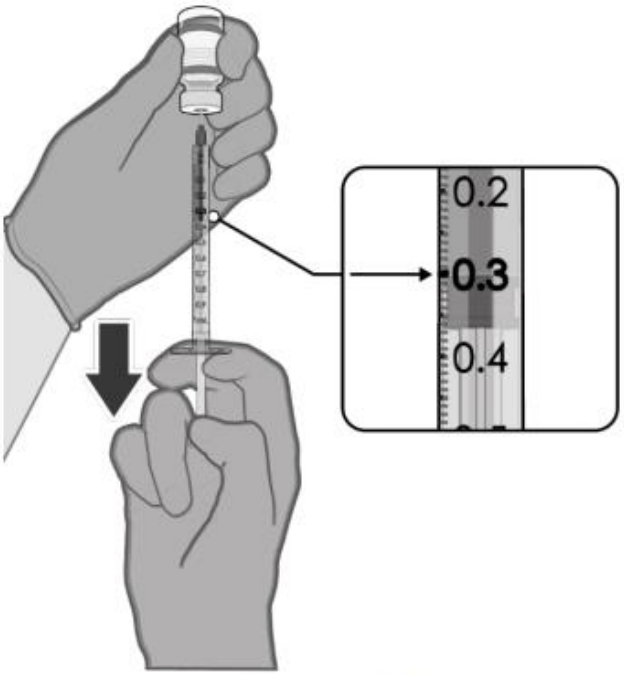
6.3.6.7 Comirnaty monovalent XBB.1.5 vaccine:
The outlook is illustrated in Figure 10 below.

Figure 10 - **Comirnaty monovalent XBB.1.5** - appearance, outer carton and 2D barcode label on the outer carton

The procedure for vaccine handling and preparation should be carried out according to the drug insert as illustrated below:

<table>
<tr><td colspan="2">VIAL VERIFICATION OF Comirnaty OMICRON XBB.1.5 DISPERSION FOR INJECTION COVID-19 mRNA VACCINE (NUCLEOSIDE MODIFIED) 30 MICROGRAMS/DOSE (12 YEARS AND OLDER)</td></tr>
<tr><td> 
</td><td>• Verify that the vial has a grey plastic cap and the product name is Comirnaty Omicron XBB.1.5 30 mcg injection.
• Follow the applicable handling instructions below.
• If the vial has another product name on the label, please make reference to the Package Insert for that formulation.</td></tr>
<tr><td>PRIOR TO USE</td><td></td></tr>
<tr><td> 
</td><td>• The unopened multidose vial should be kept at 2 °C to 8 °C until the use-by date and time.
• Prior to use, the unopened vial can be stored for up to 12 hours at temperatures up to 30 °C.
• Gently invert it 10 times prior to extraction. Do not shake. Prior to mixing, the thawed dispersion may contain white to off-white opaque amorphous particles.
• After mixing, the vaccine should present as a white to off-white dispersion with no particulates visible. Do not use the vaccine if particulates or discolouration are present.</td></tr>
</table>

6.3.6.8 The preparation of each 0.3mL dose using a new sterile 1mL low dead-volume (LDV) syringe is illustrated below:

PREPARATION OF INDIVIDUAL 0.3 mL DOSES	
 **0.3 mL vaccine**	• Using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab. • Withdraw 0.3 mL of Comirnaty Omicron XBB.1.5. Low dead-volume syringes and/or needles should be used in order to extract **6 doses** from a single vial. The low dead-volume syringe and needle combination should have a dead volume of no more than 35 microlitres. If standard syringes and needles are used, there may not be sufficient volume to extract a sixth dose from a single vial. • Each dose must contain 0.3 mL of vaccine. • If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 mL, discard the vial and any excess volume. • Record the use before date and time on the vial. Discard any unused vaccine 12 hours after first puncture.

Each dose must contain 0.3 mL of vaccine. If the amount of vaccine remaining in the vial cannot provide a full dose of 0.3 mL, discard the vial and any excess volume. Do not pool excess vaccine from multiple vials.

6.3.6.9 Exposing the vaccines to disinfectant should be avoided.

6.3.6.10 The vaccine should not be mixed with other vaccines in the same syringe.

6.3.6.11 All types of Comirnaty mRNA vaccines should be administered intramuscularly. For individuals aged 18 and above, the preferred site is the deltoid muscle of the upper arm. Mid-anterolateral thigh injection **should be offered to all adolescents** (both male and female) aged 12 – 17 as the site of vaccination. Adolescents aged 12 – 17 could make an informed choice to opt-out from thigh injection and receive vaccination in deltoid. Individuals aged 18 and above could choose to receive mRNA vaccine in their mid-anterolateral thigh on an **on-demand basis**.

6.3.6.12 Checking of vaccines and rights of medication administration should be adopted, including:

(a) 3 checks:

- when taking out the vaccine from storage;
- before preparing the vaccine and;
- before administering the vaccine

(b) 7 rights

- The right patient;
- The right vaccine;
- The right time (e.g. correct age, correct interval, vaccine not expired and not after the used by (before) date and time);
- The right dosage (Confirm appropriateness of dose by using current drug insert as reference);
- The right route, needle length and technique;
- The right site; and
- The right documentation (e.g. Document the name of recipient, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card)

6.3.7 Administration by the Intramuscular (IM) Route

6.3.7.1 The VMO/ trained personnel under the VMO's supervision (also refer to 3.1.4) should refer to the drug insert for complete vaccine administration information.

6.3.7.2 The VMO/ trained personnel under the VMO's supervision (also refer to 3.1.4) should use a new alcohol prep/ alcohol swab for skin disinfection wiping the vaccination area (from the centre of deltoid muscle outwards in a circular motion, without touching the same area repeatedly); and allow the site to DRY completely before vaccination, and use a new dry clean gauze/ non-woven balls for post vaccination compression of injection site.

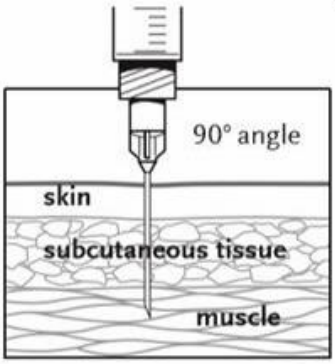
6.3.7.3 Precautions should be taken to prevent sharps injury. Please refer to **section 5.3** for details.

6.3.7.4 The skin should be spread between the thumb and forefinger to avoid injection into subcutaneous tissue.

6.3.7.5 To avoid inadvertent intravascular administration, please aspirate before injection of COVID-19 vaccine by pulling back on the syringe plunger after needle insertion but before injection. If blood is noticed in the hub of the syringe, the needle should be withdrawn immediately. Please explain to the vaccine recipient before discarding the needle and syringe including vaccine contents into the sharp box. A new needle and syringe with vaccine will need to be prepared and used.

6.3.7.6 Prepare the vaccine and inspect the vaccine vial for any manufacturing defect. Invert vaccines before use according to the drug insert, if necessary.

6.3.7.7 The needle at 90-degree angle should be fully inserted into the muscle and inject the vaccine into the muscle.



Source: Immunization Action Coalition (IAC), U.S.A.

6.3.7.8 Withdraw the needle and apply light pressure to the injection site with a piece of dry sterile non-woven ball or gauze to stop bleeding when the injection is completed;

6.3.7.9 Instruct the client to gently apply pressure for 1-2 minutes over the injection site or till bleeding stops;

6.3.7.10 Do not recap the needle. The used syringe and uncapped needle should be discarded directly into sharps box; and

6.3.7.11 Perform hand hygiene.

6.3.7.12 The amount of vaccine administered should be made to ascertain at the best estimation. For conditions of incomplete dose during injection of mRNA vaccine to your clients due to various reasons such as leakage of vaccine from the syringe, please handle according to the following information:

	Action
Less than half of the recommended dose or uncertain amount of vaccine given	A repeat dose should be given immediately at the opposite arm.
Half of the recommended dose given	Another half-volume dose can be administered on the same day, and the 2 doses can count as 1 full dose.
More than the recommended dose given	No repeat dose is required.

Please submit the “Clinical incident notification form” (Annex XI) within the same working day upon discovery of incident AND submit the “Clinical incident investigation report” (Annex XII) within 1 week upon discovery of the "incomplete dose" incident.

6.3.7.13 When performing mid-anterolateral thigh injection, VMOs have to ensure that;

(a) vaccinators have been equipped with the knowledge and skills on thigh injection techniques;
(b) the pros and cons of thigh injection have been explained to and understood by the adolescent and their parents / guardians;
(c) thigh injection should take place at “thigh booth” (front and back opaque curtains, with top covered depending on the setup of the vaccination venue; air purifier as appropriate for enclosed booth);
(d) client’s privacy, and chaperon as needed are in place during the whole vaccination procedure;
(e) the injection site is documented in eHS(S) “Remarks” field with standard wordings as before (i.e. “Left thigh” or “Right thigh”) (For adolescents who opt-out thigh injection and choose deltoid, there is no need to document the site for deltoid injection).

6.3.8 After vaccination

6.3.8.1 The vaccination record in eHS(S) and vaccination information for reimbursement claim should be input **on the same day** of the vaccination to ensure proper record and prevent duplicated dose. Date back entry is NOT allowed by the computer system.

6.3.8.2 Upon saving the vaccination record, vaccination card containing personal information, date, venue, brand and lot number of vaccines should be printed directly from eHS(S) (Annex IX) and provided to the resident/ PID. If the vaccination card has to be reprinted, please refer to quick guide for reprinting vaccination record at https://www.ehealth.gov.hk/en/covidvaccine/doc/quick-guide-for-reprint-vaccination-record.pdf.

6.3.8.3 VMO should complete relevant parts of the consent form from those still required written consent forms (please refer to 6.3.1.10), including Part 3, eHS(S) transaction number, Lot number of the vaccine, vaccination date, time and place, and names of the VMO and vaccinator.

6.3.8.4 The vaccination record should be kept in a database for record in case record tracing or inspection in the future is needed.

6.3.9 Observation

6.3.9.1 All persons should be observed for at least 15 minutes after vaccination. Those with a history of immediate allergic reaction of any severity to a vaccine or an injection, and those with a history of anaphylaxis due to any cause should be observed for 30 minutes.

6.3.9.2 Clients with the following reactions to prior COVID-19 vaccines should also be observed for at least 30 minutes after receiving the next dose:

(a) superficial symptoms like rash, itchiness, urticarial, etc. that appear within 1 hour, but without other systemic allergic symptoms such as shortness of breath, wheezing, low blood pressure, etc.;

(b) Symptoms that appear later than 1 hour that are self-limiting or resolve by an oral anti-allergy drug.

6.3.9.3 If vaccine recipient experiences discomfort, VMO should give timely intervention and provide emergency management as indicated.

6.3.9.4 For adverse events following immunisation (AEFI), VMO should conduct medical assessment and report to the Drug Office online at https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html (Please see Section 8).

6.4 Workflow for vaccination of RCH staff

6.4.1 Preparation before the day of vaccination

6.4.1.1 RCH would compile a list of staff consented to receive mRNA vaccine (Annex VII) and provide the list to VMO.

6.4.1.2 Written consent is NOT required for RCH staff receiving COVID-19 vaccine as electronic consent will be used.

6.4.1.3 Check the vaccine recipient's vaccination record in the eHS(S) for vaccination history, the type of COVID-19 vaccine that has been given before and history of COVID-19 infection, if any.

6.4.1.4 Confirm with RCH the number of consented staff (in addition to consented residents) eligible for vaccination for vaccination scheduling and vaccine ordering.

On the day of vaccination

6.4.2 Before vaccination

6.4.2.1 Before vaccination, VMO should ensure the vaccine recipient has read and understood the content of the factsheet of the relevant COVID-19 vaccine with information about potential side effect and vaccine-related adverse events following immunisation (AEFI).

6.4.2.2 The VMO should go through with the vaccine recipients on the content of the factsheet, allow questions and answer enquiries, conduct health assessment, check for any contraindications, special precautions, assess suitability of the recipient to receive the COVID-19 vaccine and handle enquiries. Please see Sections 2.1.3(c) and 2.1.3(d) on the contraindications and precautions of the COVID-19 vaccine.

6.4.2.3 The VMO should check the identity of vaccine recipient, check vaccination history both with the vaccine recipient in-person and against the eHS(S),

obtain and document informed consent via eHS(S).

6.4.2.4 The vaccine recipient should insert his/ her Hong Kong Identity Card into the card reader to retrieve the vaccine recipient's page on eHS(S) and for creating the vaccination record and acting as an electronic consent to receive COVID-19 vaccination. For Acknowledgement of Application for an Identity Card and Certificate of Exemption, the document number and other personal information as required should be entered into the eHS(S) manually.

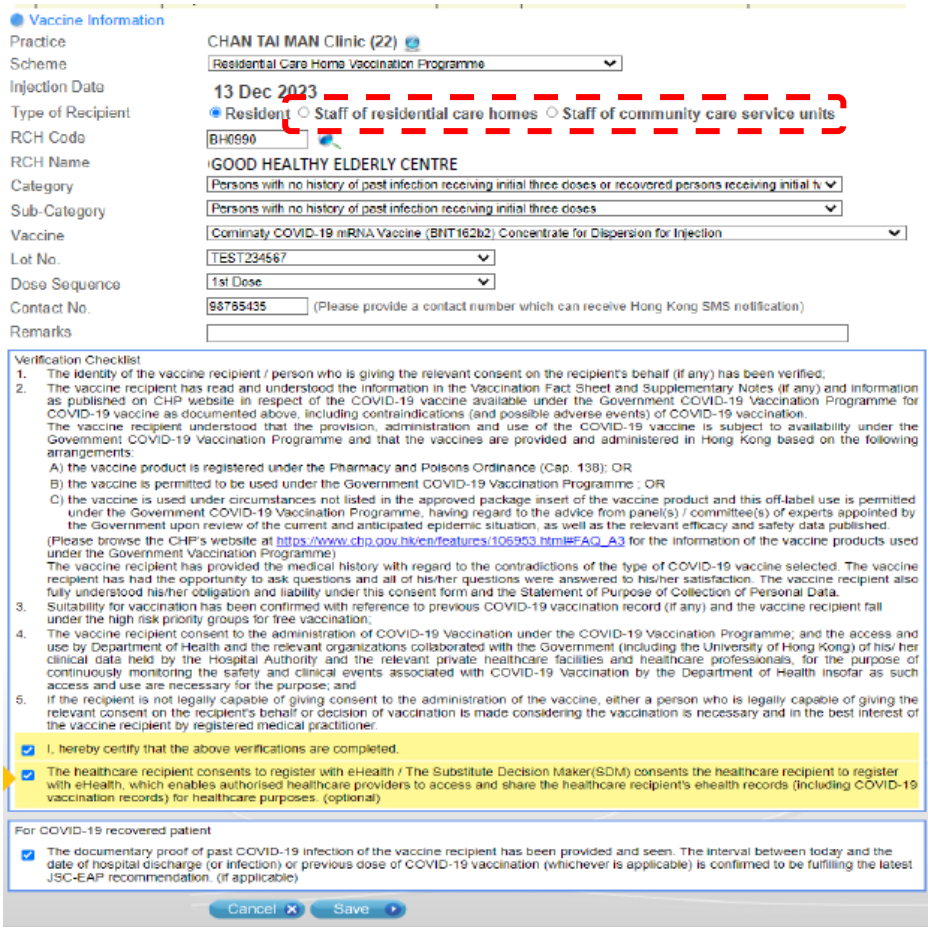
6.4.2.5 For recipients without prior account opened under eHS(S), the VMO has to obtain verbal consent from the recipient and open an eHS(S) account for him/ her through insertion of HKID card by the recipient into the card reader.

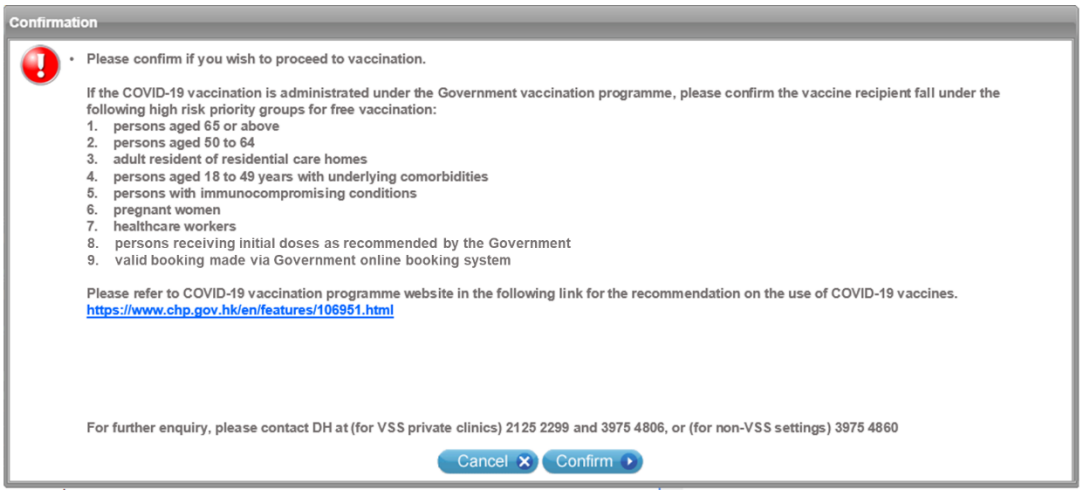
6.4.2.6 The following information would be prefilled or required to be input into the vaccine recipient's page (Refer to Figure 11 - A Sample of eHS(S) Vaccine Record Creation Page for Staff):

(a) Practice
(b) Name of vaccination scheme
(c) Injection date
(d) Type of recipient (Choose Staff of residential care homes OR Staff of community care service unit)
(e) RCH code
(f) RCH name
(g) Category and sub-category of the recipient
(h) Vaccine (name and brand)
(i) Lot number
(j) Dose sequence
(k) Contact No.
(l) Remarks
    - If the client has received the first dose of COVID-19 vaccination outside Hong Kong, and after VMO's assessment as stated in Section 6.3.2.4, the client can be offered the second dose under RVP, please put down the Date, Brand, Location of 1st dose, etc in the "Remarks" and choose 2nd dose, after checking the proof of vaccination provided by the client.
    - If the client recovered from previous COVID-19 infection but the "COVID-19 Discharge Records" are not shown in eHS(S), please refer to Section 6.7.5

- Please refer to the User Manual of using eHS(S) on COVID-19 Vaccination Programme (https://www.ehealth.gov.hk/en/covidvaccine/ehs.html).

Figure 11 - A Sample of eHS(S) Vaccine Record Creation Page for Staff and Prompt Message





6.4.2.7 Recipient's consent to enrol in eHealth is optional. Should the vaccine recipient not consent for joining eHealth, the VMO should untick the check box for enrolment.

6.4.2.8 The subsequent workflow is the same as that of vaccinating residents. Please refer to Section 6.3.6 to Section 6.3.9.

6.5 Emergency management

6.5.1 VMO should ensure the presence of qualified personnel, who is trained in emergency management of severe immediate reactions, with qualification such as Basic Life Support, to standby for emergency management and give timely intervention as indicated.

6.5.2 VMO should keep training of personnel responsible for emergency management up-to-date and under regular review.

6.5.3 Emergency equipment (with age-appropriate parts) is highly recommended and should include, but is not limited to:
(a) Age-appropriate sized Bag Valve Mask
(b) BP monitor with Age-appropriate size cuff.
(c) Registered adrenaline ampoule (1:1000) with 1mL syringes (at least three) and 25-32mm length needles (at least three) for adrenaline injection; or registered adrenaline auto-injector (150 micrograms and 300 micrograms);
(d) AED Defibrillation Pads (if applicable)

6.5.4 Ensure there is sufficient stock of all the emergency equipment, and that the equipment and drugs have not reached expiry.

6.5.5 Keep written protocol and training material in place for quick and convenient reference.

6.5.6 Dosage of Adrenaline required will depend on body weight (BW). The recommended dose for adrenaline is 0.01mg/kg body weight. Please refer to the following Reference Framework is taken from Chapter 5 Monitoring and Management of Adverse Events Following Immunisation, Hong Kong Reference Framework for Preventive Care for Children in Primary Care

Settings[3]. Dosage of Jext: Jext (300 microgram) for persons over 30kg and Jext (150 microgram) for persons with BW 15-30kg.

Table 22. Quick reference for dosage of adrenaline (The recommended dose for adrenaline is 0.01mg/kg body weight) (Adopted from Immunization Action Coalition[2])

	Age group	Range of weight (kg)*	Range of weight (lb)	Adrenaline dose 1mg/ml injectable (1:1000 dilution) IM
Infants and Children	1-6 months	4-8.5 kg	9-19 lb	0.05 ml (or mg)
	7-36 months	9-14.5 kg	20-32 lb	0.1 ml (or mg)
	37-59 months	15-17.5 kg	33-39 lb	0.15 ml (or mg)
	5-7 years	18-25.5 kg	40-56 lb	0.2-0.25 ml (or mg)
	8-10 years	26-34.5 kg	57-76 lb	0.25-0.3 ml (or mg)†
Teens	11-12 years	35-45 kg	77-99 lb	0.35-0.4 ml (or mg)
	≥ 13 years	46+ kg	100+ lb	0.5 ml (or mg)‡

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.
*Rounded weight at the 50th percentile for each age range
†Maximum dose for children
‡Maxim20or teens

6.5.7 Should anaphylaxis happen after vaccination, RCH staff should take the following actions:

a. Call ambulance
b. Inform the VMO immediately, and provide emergency management, e.g. adrenaline injection and airway management as appropriate
c. Use bag valve mask to assist ventilation (give oxygen if available); and
d. Monitor blood pressure and pulse every 5 minutes and stay with patient until ambulance arrives; and
e. If no improvement within 5 minutes, repeat dose(s) of adrenaline injection if appropriate.

6.5.8 For details of management of anaphylaxis, please refer to Section 9 of the Online Training for COVID-19 Vaccination Programme provided by HKAM (https://elearn.hkam.org.hk/en).

6.5.9 Should there be cases with anaphylaxis or severe adverse reaction during the 15 minutes observation period after vaccination requiring on-site transferral

[3] Chapter 5 Monitoring and Management of Adverse Events Following Immunisation, Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings – Module on Immunisation (https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForChildren&file=ModuleOnImmunisation_Chapter5)

to hospital via ambulance, VMO should report these cases to the Central Medical Team of the Department of Health, after immediate management, by phone (Tel: 3975 4859); followed by submitting the Report on Cases Referred to Hospitals (Annex X) to the Central Medical Team by email (email addresses listed in the form) with password protection of the file, or fax (Fax: 2544 3908) within the same day of occurrence of the incident.

6.6 Vaccination arrangement for persons recovered from previous COVID-19 infection

6.6.1 Persons aged 6 months or above with prior COVID-19 infection would ever need to receive one dose of mRNA COVID-19 vaccine or two doses of inactivated vaccine to complete the initial vaccination. No delay for initial doses vaccination for recovered persons, as recommended by vaccine manufacturers.

For free additional boosters applicable to persons belonging to high-risk priority groups who had completed initial doses, a booster dose is recommended to be given at least 180 days after the last dose or COVID-19 infection (whichever is later), regardless of the number of doses received previously.

For further information, please refer to the factsheet on COVID-19 Vaccination for Persons with Prior COVID-19 Infection: (https://www.chp.gov.hk/files/pdf/factsheet_priorcovid19infection_eng.pdf) and "How many doses of COVID-19 vaccine are recommended for me": (https://www.chp.gov.hk/en/features/106951.html).

*The latest updates and implementation schedule will also be communicated to RVP doctor by means of email. RVP doctors should check their registered email account for the latest updates. RVP doctors may also refer to CHP website for the latest updates (https://www.chp.gov.hk/en/features/106934.html).

6.6.2 To facilitate the checking of previous COVID-19 history and the relevant interval between discharge and vaccination **BEFORE vaccination**, the eHS(S) has been enhanced with the following new features:

- For persons who have used HKID as the identity document for admission to hospitals under the Hospital Authority and on the day of vaccination, previous COVID-19 discharge record, if any, would also

be displayed when HKID is used to retrieve the vaccine recipient's page on eHS(S).

Please refer to the following User Manual and Quick Guide for more information:

- User Manual on COVID-19 Vaccination Programme: https://www.ehealth.gov.hk/en/covidvaccine/ehs.html
- Quick Guide for RCH: https://www.ehealth.gov.hk/en/covidvaccine/doc/quick-guide-for-residential-care-home.pdf

6.7 Documentary proof for assessing clients with prior COVID-19 infection

6.7.1 The Green box of "COVID-19 Discharge Record" will be displayed only for locally infected clients using HK Identify Card (HKIC) as identity document and was admitted to a HA hospital. Recipients' positive nucleic acid test results or reported positive rapid antigen test results since the fifth wave of COVID-19 would also be displayed. The Green box will not be shown for recovered patients who:

(a) did not use HKIC as identity document during HA's hospital admission, e.g foreign passports, two-way permits, etc

(b) had COVID-19 infection outside HK

(c) had not reported his/her local COVID-19 infection to Department of Health before 29.1.2023

6.7.2 The eHealth System (Subsidies) is enhanced to capture the "prior COVID-19 infection status" by adding a tick-box.

For details, please refer to **"Quick Guide for Residential Care Home (under CVCs and Private Clinics)"** on https://www.ehealth.gov.hk/en/covidvaccine/ehs.html

6.7.3 The new tick-box have to be ticked by the vaccinators **whenever the proof of past COVID-19 infection has been shown** by the client to the vaccinator and the recommended interval is fulfilled. If the Green box of "COVID-19 Discharge Record" is already displayed, there is **no need to tick** the new tick-box.

6.7.4 The proof of past COVID-19 infection in paper or electronic format are equally acceptable. For the accepted supporting document types, please refer

to https://www.chp.gov.hk/files/pdf/factsheet_priorcovid19infection_eng.pdf. If the proof is not in English or Chinese, it should be presented together with a written confirmation in English or Chinese, bearing all the relevant information with the client's identity particulars matched.

6.7.5 For recovered patient, please enter the following information in the "Remark" field:

(a) Recovered from COVID-19 infection

(b) Date of discharge (or infection)

(c) Place of discharge (or infection) (e.g. HK, mainland China, country name, etc)

Example: "Recovered from COVID-19 infection, 1 May 2021, UK "

6.7.6 If documentary proof cannot be provided, the provision of further dose(s) (inactivated or mRNA COVID-19 vaccine) as in general public can be acceded to.

6.7.7 The name on the documentary proof (if any), if not an exact match with HKID/ travel document presented for vaccination, should be identical to that in the client's relevant valid identity document or travel document. Any valid identity document or travel document that the client presented with name identical to the one shown on the documentary proof will be regarded acceptable.

6.8 Co-administration of COVID-19 vaccines with other vaccines

6.8.1 COVID-19 vaccines can be co-administered with, or at any time before or after, any other vaccines including live attenuated vaccines under informed consent. If clients/ parents of children wish to space out COVID-19 vaccine with live attenuated vaccines (e.g. Measles, Mumps, Rubella & Varicella (MMRV), Live Attenuated Influenza Vaccine (LAIV), an interval of 14 days is sufficient.

The above recommendation is also updated in FAQ#8 in (https://www.chp.gov.hk/en/features/106953.html) and FAQ#11 in (https://www.chp.gov.hk/files/pdf/faq_children_adolescents_eng.pdf) accordingly.

*The latest updates and implementation schedule will also be communicated to RVP doctors by means of email. RVP doctors should check their registered

email account for the latest updates. RVP doctors may also refer to CHP website for the latest updates https://www.chp.gov.hk/en/features/106934.html.

6.9 Non-local Vaccination Declaration

6.9.1 Individuals could register the non-local vaccination records with the Government by voluntary declaration for obtaining a local vaccination record QR code before 2 November 2023 via online system (https://www.info.gov.hk/gia/general/202109/14/P2021091400572.htm?fontSize= 1). The arrangement facilitates these persons to carry and view the records in electronic format in fulfilling relevant requirements under the local vaccine bubble.

6.9.2 **This QR code generated for vaccine bubble CANNOT replace the original non-local vaccination record as a proof of vaccination.** Thus, for arrangement of subsequent dose, recipients have to show the original non-local vaccination record, instead of this QR code, to the doctors for assessment. The vaccinator should input the non-local COVID-19 vaccination history [date, place and type of vaccination] under "Remarks" in the eHealth System.

6.9.3 Also, recipients' self-declaration via this declaration channel **would NOT be reflected in eHS(S)**. Doctors should check with the recipients their COVID-19 vaccination history, including those given **outside Hong Kong** before vaccination.

6.9.4 If clients have declared his/her non-local vaccination record to the Government, and then received vaccination in Hong Kong as well as registered with eHealth by the same identity document, they can use the "Vaccines" function on the eHealth app to view both the local and non-local electronic vaccination records. They can also input their non-local vaccination record to the eHealth app for uploading to the eHealth system.

6.10 Vaccination arrangement for adolescents and children

6.10.1 Please refer to the latest recommendation by the JSC (https://www.chp.gov.hk/en/static/24005.html) and the infographic (https://www.chp.gov.hk/en/features/106951.html) for more information.

*The latest updates and implementation schedule will also be communicated to RVP doctor by means of email. RVP doctors should check their registered email

account for the latest updates. RVP doctors may also refer to CHP website for the latest updates (https://www.chp.gov.hk/en/features/106934.html).

6.10.2 Immunocompromised persons would need the relevant doctor's letter. An updated doctor's template can be downloaded here:
https://www.chp.gov.hk/files/pdf/medical_certificate_of_third_dose_eligibility_for_immunocompromised_persons.pdf
VMO should enter "**Doctor's letter for additional dose seen**" in the "Remarks" field in eHS(S).

6.10.3 For minors below 18 years old, parental / guardian accompany is required for those adolescents aged 12 to 17 years with immunocompromised conditions going for additional booster.

6.10.4 Please refer to the latest JSC guideline at : https://www.chp.gov.hk/en/features/106957.html

6.10.5 For all minors below age of 18 years, paper consent (Annex VIII) should be completed and signed by parent/guardian before vaccination.

6.10.6 Similar to the vaccination arrangement for adults, a smart card reader should also be used for adolescents aged 12 to 17 years to capture their personal identifiers for HKID holders.

6.10.7 In order to ensure the unique identifier to be used in different COVID-19 vaccination systems, please remind the recipient/ parent/ guardian to use the same identity document for vaccination.

6.10.8 Please also see the Points to Note and FAQs on COVID-19 vaccination for Children and Adolescents:
https://www.chp.gov.hk/files/pdf/faq_children_adolescents_chi.pdf
https://www.chp.gov.hk/files/pdf/faq_children_adolescents_eng.pdf

6.10.9 Mid-anterolateral thigh injection **should be offered to all adolescents** (both male and female) aged 12 – 17 as the site of vaccination. Adolescents aged 12 – 17 could make an informed choice to opt-out from thigh injection and receive vaccination in deltoid. Please refer to section 6.3.7 for the technique of mid-anterolateral thigh injection.

6.10.10 For vaccination for persons of age 12-17 years old, in case of emergency, age appropriate measures should be taken including the use of age-appropriate blood pressure cuffs for measuring blood pressure, age-appropriate bag-valve masks for airway protection. Please see section 6.5 for emergency management.

6.10.11 Other process of vaccination, including information provision, verification of informed consent, vaccine preparation and administration and resting, should follow section 6.

6.11 Vaccination arrangement for additional doses of COVID-19 vaccine

6.11.1 Please refer to the latest recommendation by the JSC (https://www.chp.gov.hk/en/static/24005.html).

*The latest updates and implementation schedule will also be communicated to RVP doctor by means of email. RVP doctors should check their registered email account for the latest updates. RVP doctors may also refer to CHP website for the latest updates (https://www.chp.gov.hk/en/features/106934.html).

People belonging to the following priority groups can receive an additional vaccine booster 180 days after their last dose or COVID-19 infection (whichever is later) free of charge after completed the initial doses, regardless of the number of vaccine doses they received in the past:

(a) Persons aged 50 years and above including those living in residential care homes;

(b) Persons aged 18 to 49 years with underlying comorbidities[4]

[4] Persons with underlying comorbidities include individuals having chronic cardiovascular (except hypertension without complications), lung, metabolic or kidney disease, obesity (body mass index 30 or above), children and adolescents (aged six months to 18 years) on long-term aspirin therapy, and those with chronic neurological condition that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration or those who lack the ability to take care for themselves. Persons can prove their eligibility by showing doctor's letter, medication package, discharge notes or any electronic clinical record that is accessible to healthcare professionals (e.g. ePR/CMS/CIM/eHealth), etc.

(c) Persons with immunocompromising conditions aged 6 months and above;
(d) Pregnant women (once during each pregnancy) and
(e) Healthcare workers[5]

Please refer to the thematic website at https://www.chp.gov.hk/en/features/106934.html for details.

6.11.2 The poster on the recommendation of additional doses has been updated. (https://www.chp.gov.hk/files/pdf/poster_recommend_dose.pdf)

6.11.3 Immunocompromised persons should present the relevant medical certificate on the day of the vaccination in order to confirm their eligibility to receive the COVID-19 vaccination in accordance with the schedule for immunocompromised persons. A sample template of the medical certificate could be found at https://www.chp.gov.hk/files/pdf/medical_certificate_of_third_dose_eligibility_for_immunocompromised_persons.pdf.

Please enter the following standard wordings in the "Remark" field in eHS(S): "**Doctor's letter for additional dose seen**"

6.11.4 The eHS(S) has been enhanced to allow capturing information of the additional dose(s) of vaccination. Different prompt messages would be shown as reminders for clinic staff to re-check or confirm.

[5] Healthcare workers include frontline health workers, supporting staff working in the healthcare setting, staff in residential care homes and laboratory personnel handling SARS-CoV-2 virus

7. Clinical waste management

7.1 Regulation of clinical waste handling is under the purview of Environmental Protection Department (EPD). Please find details in the website: (https://www.epd.gov.hk/epd/clinicalwaste/en/information.html). All clinical waste generated should be properly handled and disposed (including proper package, storage and disposal) in accordance with the Waste Disposal (Clinical Waste) (General) Regulation. For details, please refer to the 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).

7.2 Clinical waste generated (mainly needles, syringes, ampoules and non-woven balls fully soaked with blood) should be disposed of directly into sharps box with cover. Clinical waste must not be collected or disposed of as municipal solid waste or other types of wastes.

7.3 Alcohol swabs and non-woven balls slightly stained with blood, which are not clinical waste by definition, should also be properly handled and disposed of as general refuse. For details, please refer to the CoP published by the EPD (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).

7.4 Discard the used vials in the sharp boxes and be handled as clinical waste, or to discard as chemical waste and handled in accordance with EPD guidelines.

7.5 Unused/ surplus vaccines should be properly stored in the vaccine-storing refrigerator in the RCH. RCH must return all unused/ surplus vaccines at the end of the programme.

7.6 Regarding the expired vaccines, please note that the expired vaccines should be removed from the refrigerator and labelled "DO NOT USE". The RCH should consider keeping the expired vaccines in a lockable cabinet and wait for the collection by the PMVD at a later time.

8. Reporting of adverse events following immunisation

8.1 Adverse events following immunisation (AEFIs)

8.1.1 Adverse events following immunisation (AEFIs)[6] are any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease. The early detection will decrease the negative impact of these events on the health of individuals.

8.1.2 According to the grading standard of adverse reaction incidence from Council for International Organizations of Medical Sciences (CIOMS), i.e. very common (≥10%), common (1%-10%, 1% was inclusive), uncommon (0.1%-1%, 0.1% was inclusive), rare (0.01%-0.1%, 0.01% was inclusive) and very rare (<0.01%), all adverse reactions revealed in clinical trials were summarized and described as follows.

8.1.3 Like all vaccines, the mRNA COVID-19 vaccine can cause side effects, although not everybody gets them. Please refer to relevant Package insert or consult healthcare providers for details.

8.1.4 There are reports of allergic reactions occurred with mRNA vaccine, including a very small number of cases of severe allergic reactions (anaphylaxis) which have occurred when mRNA vaccine has been used in vaccination campaigns. As for all vaccines, mRNA vaccine should be given under close supervision with appropriate medical treatment available.

8.1.5 For more information on the possible side effects of COVID-19 vaccines, please refer to the website at https://www.chp.gov.hk/en/features/106934.html.

8.2 Reporting of AEFIs

8.2.1 VMO should inform the vaccine recipients and RCH staff on what to expect after receiving the vaccine (common side effects) and advise them to read the fact sheet in **Annex I** for the relevant information. VMO should also

[6] Vaccine Safety Basics by WHO (https://apps.who.int/iris/handle/10665/340576)

encourage vaccine recipients to tell healthcare professionals such as doctors and pharmacists of the suspected adverse event occurred after immunisation so that they can report to DH the suspected adverse event after vaccination. Informed consent should also be obtained from the recipient that the DH would continue to access the relevant information and medical records for continue monitoring of the medical outcome of the vaccination.

8.2.2 VMOs are encouraged to report the following AEFIs:

(a) All suspected serious[7] adverse events, even if the adverse event is well known;

(b) Suspected drug interactions including vaccine-drug and vaccine-herb interactions;

(c) Non-serious adverse events but the adverse events are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known adverse event);

(d) Unexpected adverse events, i.e. the adverse events are not found in the product information or labelling (e.g. an unknown side effect).

8.2.3 Please conduct medical assessment and report to the Drug Office online at https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

[7] An AEFI will be considered serious, if it:

- results in death,
- is life-threatening,
- requires in-patient hospitalization or prolongation of existing hospitalization,
- results in persistent or significant disability/incapacity,
- is a congenital anomaly/birth defect,
- requires intervention to prevent one of the outcomes above (medically important)

9. Management of Clinical Incident

9.1 Clinical incident is defined as any events or circumstances[8] that caused injury to vaccine recipients or posed risk of harm to vaccine recipients in the course of provision of clinical service.

9.2 VMO should have plans to handle clinical incidents (e.g. incorrect vaccine administered). Appropriate actions should be taken, including inform the recipients/ parents/ guardians as appropriate, attend to the concerned vaccine recipient as soon as possible and make necessary arrangements.

9.3 VMO should attend all clinical incident immediately and provide appropriate interventions. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of VMO.

9.4 Following all necessary immediate interventions, the VMO should inform the PMVD at the earliest possible by phone, followed by the Clinical Incident Notification Form (Annex XI). The form should be returned to the PMVD by fax or email with password protection of the file within the same day of occurrence of the incident.

9.5 Summary of the incident, with preliminary assessment and immediate remedial actions should be included in the notification form.

9.6 The VMO should conduct a full investigation of the medical incident and submit the Clinical Incident Investigation Report (Annex XII) to the PMVD within 7 days from the occurrence of the incident.

9.7 Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the VMO should work closely with the Central Medical Team to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.

[8] Any events or circumstances refer to those with any deviation from usual medical care.

10. List of Annexes

Annex I	Fact Sheet on COVID-19 Vaccination (To Vaccine recipients)
Annex II	Package Insert of mRNA COVID-19 vaccine
Annex III	Checklist of Items during Onsite Inspection
Annex IV	Daily Fridge Temperature Chart
Annex V	List of Residents/ Mentally Incapacitated Persons (MIPs) with Legal Guardians Consented to Receive COVID-19 Vaccine
Annex VI	List of MIPs without Legal Guardians who are unable to give consent
Annex VII	List of Staff Consented to Receive COVID-19 Vaccine
Annex VIII	Consent Form
Annex IX	Sample of a COVID-19 Vaccination Card
Annex X	Report on Cases Referred to Hospital
Annex XI	Clinical Incident Notification Form
Annex XII	Clinical Incident Investigation Report
Annex XIII	Claim Form for Additional Allowance

Annex I Fact Sheet on COVID-19 Vaccination (To vaccine recipient)

VMO should refer to the latest version available at the following links:

Vaccination Fact Sheet for mRNA COVID-19 vaccine

Traditional Chinese:

https://www.chp.gov.hk/files/pdf/factsheet_covidvaccine_mrna_chi.pdf

Simplified Chinese:

https://www.chp.gov.hk/files/pdf/factsheet_covidvaccine_mrna_sc.pdf

English:

https://www.chp.gov.hk/files/pdf/factsheet_covidvaccine_mrna_eng.pdf

Annex II Package Insert of mRNA COVID-19 vaccine

Please download the latest version at

https://www.chp.gov.hk/en/features/106959.html

Annex III Checklist of Items during Onsite Inspection

A) Sufficient number and qualification of on-site staff throughout vaccination activity

- Presence of Visiting Medical Officer (VMO) (completed Part I of online training for COVID-19 Vaccination Programme by the HK Academy of Medicine) for overall supervision of the whole vaccination process
- VMO or qualified /trained health care personnel (also refer to 3.1.4) to perform vaccine administration
- Presence of qualified personnel who is trained in emergency management of severe immediate reactions

B) Infection Control Measures

- Social distancing if applicable
- Hand hygiene
- Use of PPE if applicable
- Environmental disinfection

C) Liaison with RCH

- Preliminary assessment to screen for contraindications
- Cold chain management of vaccine storage
- Preparation of emergency equipment, vaccination equipment and medical consumables and IT equipment (e.g. printer, computer with internet access, Smart ID Card Reader)

D) Vaccines and Vaccination procedures

1. Administrative procedure
    - Cross-check list of consented recipients with vaccination consent forms
    - Conduct pre-vaccination assessment
    - eHS(S) record (Identity verification)
    - Checking of previous vaccination record
    - Record informed consent
    - Issue Vaccination Record
2. Safe vaccine handling and administration practice (Three checks and seven rights)
3. Sharps Management
4. Infection Control Practice
5. Keep recipients under observation for 15 minutes
6. Update RCH for subsequent vaccination schedule
7. Proper documentation

E) Others

1. Management of voided/defective vaccines
2. Clinical Waste Management
3. Chemical Waste Management (if applicable)
4. Clinical Incident Management
5. Management and report of AEFI

The above checklists are by no means exhaustive. Please refer to the Doctor's Guide for more information.

Annex IV　Daily Fridge Temperature Chart

由院舍保存

「2019 冠狀病毒病疫苗接種計劃 － 院舍外展接種安排」

貯存疫苗的雪櫃溫度檢查表 (適用於新冠滅活疫苗及新冠信使核糖核酸 (mRNA)疫苗)

1. 請於接收疫苗前連續七天（每天上午、中午和下午各一次）檢查及記錄雪櫃溫度。
2. 所有疫苗，須保存於攝氏+2 至+8 度雪櫃內備用（請參考**運送疫苗及貯存須知**）。
3. **請於記錄雪櫃最高及最低溫度後，重置最高/最低溫度計。**
4. 請保留此記錄至少一年，以便有需要時作參考。
5. **所有疫苗屬政府公物，即使過期亦必須妥善保存及交回衞生署處理。**

註：如雪櫃溫度**低於攝氏+2 度**或**高於攝氏+8 度**:

1. 請暫勿使用受影響的疫苗，並應將疫苗立刻存放於攝氏+2 至+8 度的雪櫃
2. 請聯絡衞生署項目管理及疫苗計劃科

	疫苗名稱	接收數量	批次編號	送貨單上的到期日 (expiry date)
	(科興疫苗)		1. 2.	1. 2.
	疫苗名稱	**接收數量**	**批次編號**	**送貨單上的有效日期 (Used by date)**
	(復必泰二價疫苗)		1. 2.	1. 2.
	(復必泰XBB.1.5疫苗)		1. 2.	1. 2.
	(　　)		1. 2.	1. 2.

日期	時間	雪櫃溫度 (攝氏/℃)	雪櫃溫度 (攝氏/℃)		疫苗數量	檢查及記錄人員		
			最高	最低		姓名	職級	簽署
	上午							
	中午							
	下午							
	上午							
	中午							
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	中午							
	下午							
	上午							
	中午							
	下午							

(如不敷應用，請自行影印)

Annex V List of Residents/ MIPs with Legal Guardian Consented to Receive COVID-19 Vaccine

附件五
(2024 年 4 月更新版)

致：已聯繫的院舍防疫注射計劃到診註冊醫生
（傳真號碼：_____）
院舍名稱：_____
院舍地址 ：_____

「2019 冠狀病毒病疫苗接種計劃 」－ 院舍外展接種安排
院友[1]接種「新冠疫苗」名單
（第 ___ 頁 ／ 共 ___ 頁）

甲部：同意接種「新冠疫苗」院友資料[2]
[不用再填寫已接種的院友資料]

院友資料 [由院舍填寫]							到診註冊醫生評估為是否合適接種該種新冠疫苗 [如合適，請於填上"✓"；如不合適，請於填上或"×"]	新冠疫苗接種史 [如有，請註明**已接種的上一劑次和種類**及**接種日期**；如無，請於填上"×"]		**此欄於接種當日填寫[3]**		備註
	姓名	身份證明文件號碼 [例 A123456(X)]	**有否感染 2019 冠狀病毒病**		院友／法定監護人／家屬表示同意接種 [請於每欄填上"✓"或"×"]			已接種的上一劑次和種類：(a) 新冠滅活疫苗(b) 新冠信使核糖核酸疫苗 [例第 3 劑,a]	上一劑次接種日期	接種劑次和種類：(a)滅活(b)信使核糖核酸 XBB (c)其他 [例第 4 劑,a]	接種日期	
			請填上"有"或"無"	如有，請填上**最近一次康復日期**[4]	「滅活疫苗」	「信使核糖核酸 XBB 疫苗」						
1												
2												
3												

[1] 包括所有 18 歲或以上而精神上有行為能力或有法定監護人的院友。
[2] 包括所有院友或已由其法定監護人簽署疫苗接種同意書的院友（包括安老院、殘疾人士院舍及護養院院友及附設於院舍的日間服務單位的服務使用者），並請院舍預先取得有關院友或其法定監護人同意將院友個人資料按需要交予衞生署／相關到診註冊醫生／社會福利署，以安排有關院友接種科興疫苗事宜。
[3] 請院舍於接種當日填寫此欄並保存有關記錄，以便衞生署日後索取有關資料。
[4] 康復是指首次有文件記錄的陽性結果後 14 天。

附件五

(2024 年 4 月更新版)

	院友資料 [由院舍填寫]						到診註冊醫生評估為是否合適接種該種新冠疫苗 [如合適，請於填上“✓”；如不合適，請於填上或“x”]	新冠疫苗接種史 [如有，請註明**已接種的上一劑次和種類**及**接種日期**；如無，請於填上**“x”**]		**此欄於接種當日填寫** [3]		備註
	姓名	身份證明文件號碼 [例 A123456(X)]	**有否感染 2019 冠狀病毒病**		院友／法定監護人／家屬表示同意接種 [請於每欄填上“✓”或“x”]			已接種的上一劑次和種類：(a) 新冠滅活疫苗(b) 新冠信使核糖核酸疫苗 [例第 3 劑,a]	上一劑次接種日期	接種劑次和種類：(a)滅活(b)信使核糖核酸 XBB (c)其他 [例第 4 劑,a]	接種日期	
			請填上“有”或“無”	如有，請填上**最近一次康復日期** [4]	「滅活疫苗」	「信使核糖核酸 XBB 疫苗」						
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

（如不敷應用，請自行影印）

附件五
(2024 年 4 月更新版)

乙部：未表達同意接種「新冠疫苗」院友[1]資料（包括反對接種「新冠疫苗」的院友）

院友資料[由院舍填寫]					到診註冊醫生評估為 [請於每欄填上"✓" 或"×"]		院友自己反對接種 [已提交，請填"✓"]	法定監護人在指定時間內以申報回條表示反對 [已提交，請填"✓"]	新冠疫苗接種史 [如有，請註明**已接種的上一劑次和種類**及**接種日期**；如無，請於填上**"×"**]		**此欄於接種當日填寫**[2]		**備註**
	姓名	身份證明文件號碼 [例 A123456(X)]	**有否感染 2019 冠狀病毒病**		合適接種「滅活疫苗」	合適接種「信使核糖核酸 XBB 疫苗」			已接種的上一劑次和種類：(a) 新冠滅活疫苗(b) 新冠信使核糖核酸疫苗 [例第 3 劑,a]	上一劑次接種日期	接種劑次和種類：(a)滅活(b)信使核糖核酸 XBB (c)其他 [例第 4 劑,a]	接種日期	
			請填上"有"或"無"	如有，請填上**最近一次康復日期**[3]									
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													

[1] 包括所有 18 歲或以上而精神上有行為能力或有法定監護人的院友。
[2] 請院舍於接種當日填寫此欄並保存有關記錄，以便衞生署日後索取有關資料。
[3] 康復是指首次有文件記錄的陽性結果後 14 天。

附件五

(2024 年 4 月更新版)

院友資料[由院舍填寫]					到診註冊醫生評估為[請於每欄填上"✓" 或"x"]		院友自己反對接種[已提交，請填"✓"]	法定監護人在指定時間內以申報回條表示反對[已提交，請填"✓"]	新冠疫苗接種史[如有，請註明**已接種的上一劑次和種類**及**接種日期**；如無，請於填上**"x"**]		**此欄於接種當日填寫** [2]		**備註**
	姓名	身份證明文件號碼[例 A123456(X)]	**有否感染 2019 冠狀病毒病**		合適接種「滅活疫苗」	合適接種「信使核糖核酸 XBB 疫苗」			已接種的上一劑次和種類：(a) 新冠滅活疫苗(b) 新冠信使核糖核酸疫苗[例第 3 劑,a]	上一劑次接種日期	接種劑次和種類：(a)滅活(b)信使核糖核酸 XBB (c)其他[例第 4 劑,a]	接種日期	
			請填上"有"或"無"	如有，請填上**最近一次康復日期** [3]									
12													
13													
14													
15													
16													
17													
18													

（如不敷應用，請自行影印）

院舍經營者／營辦人／主管簽署：_____

院舍經營者／營辦人／主管姓名：_____

院舍經營者／營辦人／主管職位：_____ _____

日期：_____ （院舍印章）

Annex VI List of MIPs without Legal Guardians who are unable to give consent

附件六
(2024 年 4 月更新版)

致：已聯繫的院舍防疫注射計劃到診註冊醫生（傳真號碼：_____）
院舍名稱：_____
院舍地址 ：_____

「2019 冠狀病毒病疫苗接種計劃」 － 院舍外展接種安排
未能表達接種意願 [1]名單
（第 __ 頁 ／ 共 __ 頁）

相關院友資料 [2]：
[不用再填寫已接種的院友資料]

院友資料[由院舍填寫]							到診註冊醫生評估為[請於每欄填上"√" 或"×"]		新冠疫苗接種史[如有，請註明已接種的上一劑次和種類及接種日期；如無，請於填上"×"]		此欄於接種當日填寫 [3]		備註
	姓名	身份證號碼[例 A123456(7)]	性別(F/M)	年齡	有否感染 2019 冠狀病毒病		合適接種「滅活疫苗」	合適接種「信使核糖核酸 XBB 疫苗」	已接種的上一劑次和種類：(a) 新冠滅活疫苗(b) 新冠信使核糖核酸疫苗[例第 3 劑,a]	上一劑次接種日期	接種劑次和種類：(a)滅活(b)信使核糖核酸 XBB (c)其他[例第 4 劑,a]	接種日期	
					請填上"有"或"無"	如有，請填上最近一次康復日期 [4]							
1													
2													
3													
4													
5													
6													

[1] 指未能明白疫苗接種事宜的一般性質及效果。
[2] 請院舍預先取得相關院友家屬同意將其個人資料按需要交予衞生署／相關到診註冊醫生／社會福利署，以安排有關院友接種「滅活疫苗」或「信使核糖核酸疫苗」事宜。上述名單包括所有未能表達接種意願而沒有法定監護人或無法聯絡其法定監護人的院友資料。
[3] 請院舍於接種當日填寫此欄並保存有關記錄，以便衞生署日後索取有關資料。
[4] 康復是指首次有文件記錄的陽性結果後 14 天。

附件六
(2024 年 4 月更新版)

院友資料[由院舍填寫]							到診註冊醫生評估為[請於每欄填上"✓" 或"x"]		新冠疫苗接種史[如有，請註明已接種的上一劑次和種類及接種日期；如無，請於填上"x"]		此欄於接種當日填寫 [3]		備註
	姓名	身份證號碼[例 A123456(7)]	性別(F/M)	年齡	有否感染 2019 冠狀病毒病		合適接種「滅活疫苗」	合適接種「信使核糖核酸 XBB 疫苗」	已接種的上一劑次和種類：(a) 新冠滅活疫苗(b) 新冠信使核糖核酸疫苗[例第 3 劑,a]	上一劑次接種日期	接種劑次和種類：(a)滅活(b)信使核糖核酸 XBB (c)其他[例第 4 劑,a]	接種日期	
					請填上"有"或"無"	如有，請填上最近一次康復日期 [4]							
7													
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12													
13													
14													
15													

（如不敷應用，請自行影印）

院舍經營者／營辦人／主管簽署：_____

院舍經營者／營辦人／主管姓名：_____

院舍經營者／營辦人／主管職位：_____ _____

日期：_____ （院舍印章）

Annex VII List of Staff Consented to Receive COVID-19 Vaccine

致：已聯繫的院舍防疫注射計劃到診註冊醫生（傳真號碼：_____）
院舍名稱：_____
院舍地址 ：_____

「2019 冠狀病毒病疫苗接種計劃 」－ 院舍員工外展接種安排
員工同意接種新冠疫苗名單
接種疫苗：「滅活疫苗」/「信使核糖核酸疫苗」
（第 ___ 頁 ／ 共 ___ 頁）

同意接種「新冠疫苗」員工[1]名單[2]

	員工姓名	身份證明文件號碼 [例 A123456(X)]	有否感染 2019 冠狀病毒病		表示同意接種 [請於每欄填上"√"或"×"]		新冠疫苗接種史 [如有，請註明**已接種的上一劑次和種類**及**接種日期**； 如無，請於填上**"×"**]		**此欄於接種當日填寫[3]**		**備註**
			請填上**"有"**或**"無"**	如有，請填上**最近一次康復日期[4]**	「滅活疫苗」	「信使核糖核酸 XBB 疫苗」	已接種的上一劑次和種類： (a) 新冠滅活疫苗 (b) 新冠信使核糖核酸疫苗 [例第 3 劑,a]	上一劑次接種日期	接種劑次和種類： (a)滅活(b)信使核糖核酸 XBB (c)其他 [例第 4 劑,a]	接種日期	
1											
2											
3											
4											

[1] 包括安老院、殘疾人士院舍及護養院及附設於院舍的日間服務單位的員工。
[2] 請院舍預先取得員工同意將其個人資料按需要交予相關到診註冊醫生，以安排有關員工接種新冠疫苗事宜。
[3] 請院舍於接種當日填寫此欄並保存有關記錄，以便衞生署日後索取有關資料。
[4] 康復是指首次有文件記錄的陽性結果後 14 天。

	員工姓名	身份證明文件號碼 [例 A123456(X)]	有否感染 2019 冠狀病毒病		表示同意接種 [請於每欄填上"✓"或"x"]		新冠疫苗接種史 [如有，請註明**已接種的上一劑次和種類**及**接種日期**； 如無，請於填上"x"]		**此欄於接種當日填寫** [3]		**備註**
			請填上"**有**"或"**無**"	如有，請填上**最近一次康復日期** [4]	「滅活疫苗」	「信使核糖核酸 XBB 疫苗」	已接種的上一劑次和種類： (a) 新冠滅活疫苗 (b) 新冠信使核糖核酸疫苗 [例第 3 劑,a]	上一劑次接種日期	接種劑次和種類： (a)滅活(b)信使核糖核酸 XBB (c)其他 [例第 4 劑,a]	接種日期	
5											
6											
7											
8											
9											
10											
11											
12											

（如不敷應用，請自行影印）

院舍經營者／營辦人／主管簽署：_____

院舍經營者／營辦人／主管姓名：_____

院舍經營者／營辦人／主管職位：_____ _____

日期：_____ （院舍印章）

Annex VIII Vaccination Consent Form under the Government Programme

Please download the consent form from the following link:

Traditional Chinese:
https://www.chp.gov.hk/files/pdf/consent_form_for_covid19_vaccination_chi.pdf

English:
https://www.chp.gov.hk/files/pdf/consent_form_for_covid19_vaccination_eng.pdf

Annex IX Sample of a COVID-19 Vaccination Record

Please refer the sample of vaccination card:
https://www.chp.gov.hk/files/pdf/sample_covidvaccinationrecord.pdf

Annex X Report on Cases Referred to Hospital

NOTIFICATION TO CENTRAL MEDICAL TEAM
REPORT ON CASES REFERRED TO HOSPITAL

RVP

(RESTRICTED)

To: Central Medical Team
Email: nurse_cmt@dh.gov.hk
duty_ro_cmt@dh.gov.hk

From:_____ (RCH)
Name:_____(Doctor/ RCH staff)
Tel: _____
Date:_____

Report on Cases Referred to Hospital (To be completed by Visiting Medical Officer)	
Points to Note: (For medical team)	- **For all cases which required medical attention and referral to hospital, VMO should inform the Central Medical Team after immediate management by phone (3975 4859); followed by this written Report on Cases Referred to Hospital.** - **The completed form should be returned to the Central Medical Team by email (nurse_cmt@dh.gov.hk and duty_ro_cmt@dh.gov.hk) or fax (2544 3908) as soon as possible and within the same day after the incident.**

I. Particulars of the person who was referred to hospital			
Name: _____	**Sex:**_____	**Age:**_____	**ID number:** _____
Date sent to hospital (dd/mm/yyyy): _____		**Time (24 hr format):** _____:_____	
Hospital (if known): _____			
Reason(s)/ Preliminary Diagnosis:			

II. COVID-19 vaccine given to the person on the day
☐ **Vaccine Not given**
☐ **Vaccine given**
• **Name of COVID-19 vaccine:** _____ **(Dose sequence:** _____ **dose)**
• **Time given:** _____:_____ **am / pm***

III. Details
Details of event:
Symptoms & Time of onset:

NOTIFICATION TO CENTRAL MEDICAL TEAM
REPORT ON CASES REFERRED TO HOSPITAL

(RESTRICTED)

Others:

IV. Management provided at Residential Care Home

V. Condition of the patient on leaving Residential Care Home			
Awake / Verbal / Pain / Unresponsive *	**Vital Signs : BP**	**/Pulse**	**SaO2**

VI. Information given to relatives (if applicable)

VII. Other information if applicable

VIII. Reporter's Information	
Name (in Full) : Mr / Ms_____	**Post: Please tick the appropriate box below:**
Phone: _____	☐ **Doctor**
Email: _____	☐ **Nurse**
	☐ **Pharmacist/ dispenser**
	☐ **Clerk**
	☐ **Other healthcare professionals, please specify:**
	_____
Name of Residential Care Home: _____	
Name of Visiting Medical Officer: _____	
Date:_____**(dd/mm/yyyy)**	**Time (24 hr format):** _____:_____

Annex XI Clinical Incident Notification Form

COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

Case Number (assigned by PMVD):_____

Notification Form for Suspected Clinical Incident	
Points to Note:	- **Clinical Incident is defined as any events or circumstances (i.e. with any deviation from usual medical care) that caused injury to client or posed risk of harm to client in the course of direct patient care or provision of clinical service** - Clinical incident could be notified by any staff - It is not required to get all details confirmed to make a notification. - Notification should be made as soon as possible (by phone to PMVD at 21252125) **And** followed by fax (Fax Number: 27136916) or email in form of with password encrypted file (Email: coivd19_rvp@dh.gov.hk) after completion of this form, **within the same working day** upon discovery of (suspected) incident - A follow up full investigation report by the Visiting Medical Officer should be submitted **within 1 week** upon discovery of (suspected) incident
I Brief Facts	
Name of RCH involved: _____	
Date of discovery (dd/mm/yyyy): _____	**Time (24 hr format):** _____
Date of occurrence (dd/mm/yyyy): _____	**Time (24 hr format):** _____
Place of occurrence:	☐ At the residential care home ☐ Others, please specify:_____
Stage of care when incident occur	☐ Pre-vaccination ☐ During vaccination ☐ Post-vaccination
Number of vaccine recipient(s) affected: _____	
Demographics of clients affected:	

Person (1, 2, 3 …)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

1

COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

Summary of the incident: *(including what happened, how it happened, and what actions were taken etc. Do not put in any personal information of the persons affected in the incident; And Do not put in any name, post or rank of staff involved in the incident.)*

Any property damage?	☐ Yes, details:_____ ☐ No

II. Reporter's Information

Name (in Full) : Mr / Ms_____	Post: Please tick the appropriate box below: ☐ Doctor ☐ Nurse
Phone: _____	☐ Pharmacist/ dispenser ☐ Clerk
Email: _____	☐ Other healthcare professionals, please specify: _____
Name of organisation/ service provider: _____	
Name of VMO: _____	
Date:_____**(dd/mm/yyyy)**	**Time (24 hr format):** _____

Classification of level of Injury

Level of Injury	**The level of injury is defined as follows,** **Level M -- Near miss OR incidents that caused no or minor injury, which may or may not require repeat of investigation, treatment or procedure, or additional monitoring (including telephone follow-up).** **Level 1 -- No or minor injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.** **Level 2 -- Significant injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.** **Level 3 -- Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.**

Annex XII Clinical Incident Investigation Report

COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

Case Number (assigned by PMVD):_____

Clinical Incident Investigation Report **(To be completed by the Visiting Medical Officer)**	
Points to Note:	- Report should be made within 1 week upon discovery of the incident - Do not put in any personal information of the persons affected / staff involved in the incident

I. Brief Facts	
Name of RCH involved: _____	
Date of discovery (dd/mm/yyyy): _____	**Time (24 hr format):** _____
Date of occurrence (dd/mm/yyyy): _____	**Time (24 hr format):** _____
Place of occurrence:	☐ At the residential care home ☐ Others, please specify:_____
Stage of care when incident occur	☐ Pre-vaccination ☐ During vaccination ☐ Post-vaccination
Number of vaccine recipient(s) affected: _____	
Demographics of clients affected:	

Person (1, 2, 3 …)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3) (See Annex II)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and batch of vaccine involved

Summary of the incident: ***(including what happened. how it happened)***

COVID-19 Vaccination at Residential Care Home under RVP
CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

Actions taken for this incident:
Remedial measures to prevent future similar occurrences:
Other recommendations and comments:
Reporter's Information
Name (in Full) : Dr _____ **Phone:** _____ **Email:** _____ **Date:** _____

Annex XIII Claim Form for Additional Allowance

致：衞生署項目管理及疫苗計劃科
請將申請表正本郵寄至：行政主任(政府防疫注射計劃)2
九龍紅磡德豐街 18－22 號海濱廣場二座三樓
衞生署項目管理及疫苗計劃科電話：
3975 4474（安老院／護養院）或 3975 4455（殘疾人士院舍）

衞生署專用	
申領款項檢查正確	☐
檢查人簽署：	
檢查人姓名：	
檢查日期：	

院舍名稱：_____

院舍地址：_____

「2019 冠狀病毒病疫苗接種計劃」院舍外展接種
「主動評估－接種」計劃
「講座／諮詢津貼」申領表

本人已為上述院舍的院友及／或其家屬提供新冠疫苗健康講座／諮詢服務，現申請有關服務津貼，詳情如下：

摘要				數目
(i) 院舍於最後完成講座／諮詢當日的入住人數：				(人)
(ii) 提供健康講座／諮詢服務[1]的詳情如下：				
提供服務日期	服務形式 [請於合適空格加上 (✓)]		服務院友／家屬的人數	申報總時數[2] (小時)
	健康講座(可包括檢視醫療／健康紀錄)	諮詢服務(可包括檢視醫療／健康紀錄)		
(iii) 為院友及／或其家屬提供服務總時數[2]				小時
(iv) 申請津貼總額(每小時港幣$800 元[2])			合共港幣	元

到診註冊醫生聲明：

本人在此申領表填報的所有資料均屬真實及正確，並明白及同意此文件會交予衞生署批閱及發放津貼。

醫生姓名：_____ 醫生簽署：_____
醫生註冊編號：_____ 電話號碼：_____
日期：_____

院舍經營者／主管聲明：

本人已檢視上述資料均屬正確，並明白及同意此文件會交予衞生署批閱及發放津貼予到診註冊醫生。

姓名：_____ 簽署：_____
職位：_____ 電話號碼：_____
查核日期：_____ 院舍印章：_____

[1] 為院友及／或其家屬免費提供有關接種新冠疫苗的健康講座／諮詢服務，講座／諮詢可以小組或一對一形式並透過面對面、視像會議或電話等媒介進行。
[2] 申報時數以實際提供健康講座／諮詢服務的時間計算，惟不能超過「講座／諮詢津貼」指引第 3(b)項的指定上限，服務時數以最少每 30 分鐘為單位，如 30 分鐘則以港幣 400 元計算。