

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
Department of Health
The Government of Hong Kong Special Administrative Region

October 2025

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>.

Version **14**

Date of Revision

24 October 2025

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 –
RVP Team, Programme Management and Vaccination Division
Centre for Health Protection
Department of Health

Address: 3/F, Two Harbourfront,
18-22 Tak Fung Street,
Hung Hom, Kowloon

Email: covid19_rvp@dh.gov.hk

Fax: 2713 6916

Telephone: 3975 4472

Content

1.	Introduction.....	5
2.	Vaccine covered, eligible groups and reimbursement level.....	6
2.1	Vaccine covered.....	6
2.2	Eligible persons	14
2.3	Reimbursement level	16
3.	Responsibilities of VMOs	18
3.1.	Requirement for doctors	18
3.2.	Administrative Procedures	20
3.3.	Medical consumables and equipment	21
4.	Vaccine ordering, delivery and storage.....	23
4.1	Vaccine ordering and delivery.....	23
4.2	Vaccine storage and cold chain management.....	26
4.3	Management of surplus/ expired vaccines.....	30
4.4	Broken vaccines.....	30
4.5	Defective vaccines	31
4.6	Reporting of defective / voided vaccines	31
5.	Infection control practice	32
5.1	Infection Control Practice in RCH setting	32
5.2	Hand hygiene.....	33
5.3	Safe injection practices and sharps handling	35
6.	Workflow for COVID-19 vaccination in RCH / DI setting.....	37
6.1	Preparation before the day of vaccination	37
6.2	Vaccination at RCH/ DI and Post-vaccination follow up.....	38
6.3	Workflow for vaccination of residents/ PID	39
6.4	Workflow for vaccination of RCH staff.....	56
6.5	Emergency management	60
6.6	Vaccination arrangement for persons recovered from previous COVID-19 infection	62
6.7	Documentary proof for assessing clients with prior COVID-19 infection ...	63

6.8	Co-administration of COVID-19 vaccines with other vaccines.....	64
6.9	Non-local Vaccination Declaration.....	65
6.10	Vaccination arrangement for adolescents and children.....	65
6.11	Vaccination arrangement for additional doses of COVID-19 vaccine.....	67
7.	Clinical waste management	69
8.	Reporting of adverse events following immunisation	70
9.	Management of Clinical Incident.....	72
10.	List of Annexes	73
Annex I	Fact Sheet on COVID-19 Vaccination (To vaccine recipient)	74
Annex II	Package Insert of mRNA COVID-19 vaccine	75
Annex III	Checklist of Items during Onsite Inspection	76
Annex IV	Daily Fridge Temperature Chart	78
Annex V	Collection Form of Unsued/ Expired Vaccines	79
Annex VI	List of Residents/ MIPs with Legal Guardian Consented to Receive COVID-19 Vaccine	80
Annex VII	List of Staff Consented to Receive COVID-19 Vaccine.....	81
Annex VIII	Vaccination Consent Form under the Government Programme.....	82
Annex IX	Sample of a COVID-19 Vaccination Record	83
Annex X	Report on Cases Referred to Hospital	84
Annex XI	Clinical Incident Notification Form	86
Annex XII	Clinical Incident Investigation Report.....	88
Annex XIII	Claim Form for Additional Allowance.....	90

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**.
- 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 receive mRNA vaccine via RVP. They can also arrange their own appointments to receive COVID-19 vaccine in private hospitals or clinics etc.
- 1.5 The Government is providing JN.1 COVID-19 vaccines to eligible persons aged 12 years and above under the Government COVID-19 Vaccination Programme. Under RVP, for administrative reason, currently, there was no provision of paediatric or toddler dose COVID-19 vaccine. Eligible children are advised to go to PCVS or CCVC for COVID-19 vaccination. Two JN.1 lineage COVID-19 vaccines (Comirnaty JN.1 30mcg/dose and Spikevax JN.1 vaccine) will be available under the Government COVID-19 Vaccination Programme. **Comirnaty JN.1 vaccine is provided under RVP upon the expiry of Spikevax JN.1 vaccine with batch number 3048234 on 5 November 2025.** The provision of JN.1 vaccine is subject to vaccine availability.
- 1.6 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, monovalent JN.1 mRNA vaccines are supplied under Government programme in Hong Kong.

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 JN.1 dispersion for injection COVID-19 mRNA Vaccine 30 micrograms/dose	Spikevax JN.1 dispersion for injection in pre-filled syringe COVID-19 mRNA Vaccine 50 micrograms/dose 0.5 mL
Presentation	Multi-dose vial (Grey cap)	Pre-filled syringe
Fill volume	2.25mL	0.5mL
Volume of each dose	<u>0.3mL</u> <u>[30 micrograms of bretovameran]</u>	<u>0.5mL</u> <u>[50 micrograms of SARS-CoV-2 JN.1 mRNA]</u>
Number of doses per unit	<u>6</u> doses*	<u>1</u> dose
Pack size available	1 or 10 vials per box	10 pre-filled syringes per box
Consumables available for ordering	1ml LDV syringe with 25G x 1” fixed needle (100 pcs/box)	25G x 1” luer-lock needle (100 pcs/box)

*Low-dead volume (LDV) syringes should be used in order to extract 6 doses from a single vial

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) 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.
- vii) 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.
- viii) Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity.
- ix) 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

- x) 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

- xi) 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 **Spikevax JN.1 vaccine** (in pre-filled syringes) would have been thawed prior to delivery. For daily operation, refer to “Use by Date & Time” on the outer carton prior to vaccine administration, as the information is not shown on the label of individual prefilled syringes. **An additional yellow label is affixed to the front of the outer box of Spikevax JN.1 vaccine to enhance**

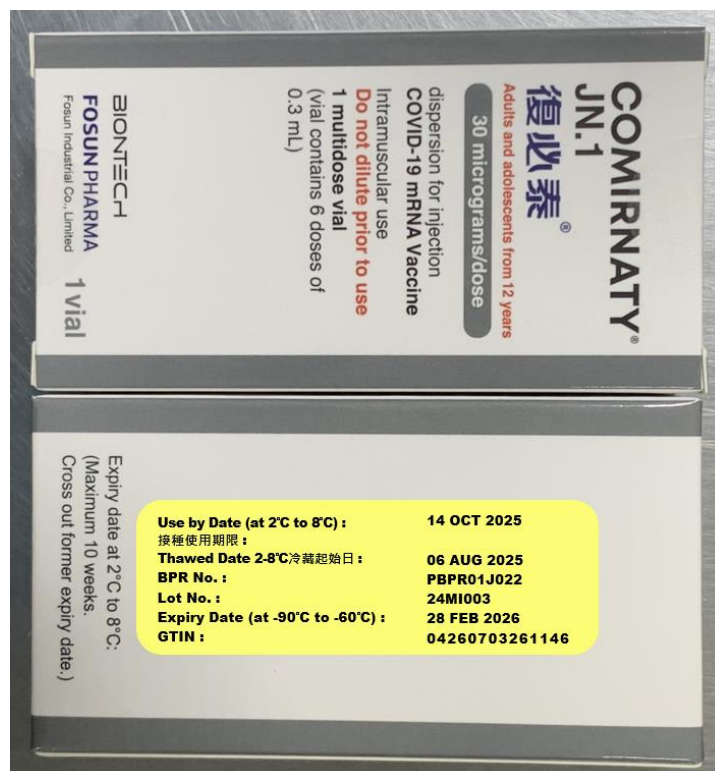
the visibility of use by date, as illustrated below.

Figure 1a – Spikevax JN.1 – illustration of the front of the outer box



For Comirnaty JN.1 vaccine, thawed vials could be stored at 2-8°C up to **10 weeks (70 days)**. Thawing details are shown on the **yellow label** on the outer carton of the vaccine only. **For daily operation, please check the “Use by Date (at 2° C to 8° C)” (DD MMM YYYY) on the yellow label on the outer carton on a regular basis and prior to vaccine preparation**, as the information is not shown on the label of individual vial.

Figure 1b – Corminaty JN.1 – illustration of the front of the outer box



Please see details in section 4.2.4.

2.1.5 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>).

2.1.6 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 PID”

Under RVP, for administrative reason, currently, there was no provision of paediatric or toddler dose COVID-19 vaccine. Eligible children are advised to go to PCVS or CCVC for COVID-19 vaccination.

(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 comorbidities¹;
- (c) Persons with immunocompromising conditions aged 6 months and above#;
- (d) Pregnant women (once during each pregnancy) and
- (e) Healthcare workers²

Count by Date of Birth

VMOs should always refer to latest recommendations of the COVID-19

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

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 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 DI serving the PID before the vaccination. The maximum reimbursement allowance to be claimed is determined by the number of residents/ PID in the RCH/ DI.

Number of residents/ PID in the RCH/ DI	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/ DI 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/ DI 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 a RCH/ DI 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 Vaccination administration is a medical procedure that carries risks. VMO should be present and oversee the whole vaccination process, and he/ she should be personally and physically reachable in case of emergency. If VMO cannot be present on day of vaccination, the health team administrating COVID-19 vaccination at RCHs/ DIs should 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 the 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.

3.1.5 For the safety of vaccine recipients, COVID-19 vaccination should be administered by qualified healthcare professionals or trained personnel under personal supervision. VMO should:

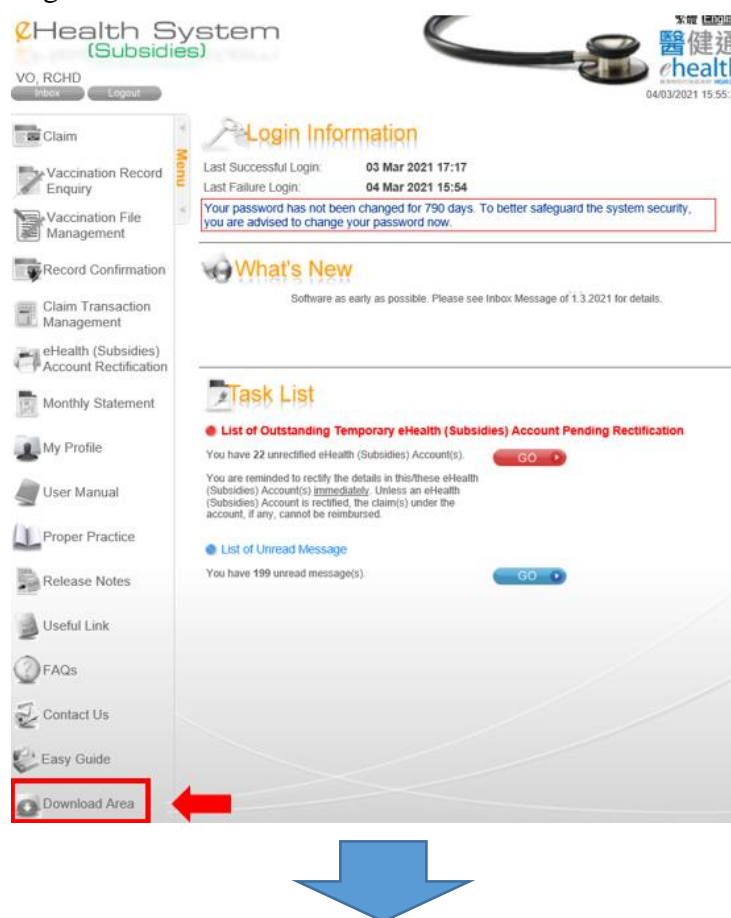
- Arrange a sufficient number of qualified/ trained healthcare personnel to provide service, medical support and assess recipients' suitability to receive the vaccination.
- Arrange at least one Registered Nurse trained in emergency management of severe immediate reactions and equipped to do so, with qualifications such as Basic Life Support, to standby for emergency management and give timely intervention as indicated. VMO should also make sure that their vaccination staff are familiar with the dosage of adrenaline administration in anaphylaxis. The VMO/ his qualified personnel should keep training up-to-date and under regular review.
- Observe recipients for any severe adverse reaction.
- Exercise effective supervision over the trained personnel who cover his duty.
- Retain personal responsibility for the COVID-19 vaccination activity and treatment of vaccine recipients. Please note that improper delegation of medical duties to non-qualified persons transgresses accepted codes of professional ethical behavior which may lead to disciplinary action by the Medical Council. Please refer to Part II E21 "Covering or improper delegation of medical duties to non-qualified persons" of the Code of Professional Conduct.
- Ensure there are adequate trainings/ briefings to:
 - All personnel including the logistics of vaccination activities, infection control practice and safety concerns before the vaccination activity starts.
 - Relevant staffs on the terms of services provided by VMO and they all understand the VMO's liability and their responsibilities. .

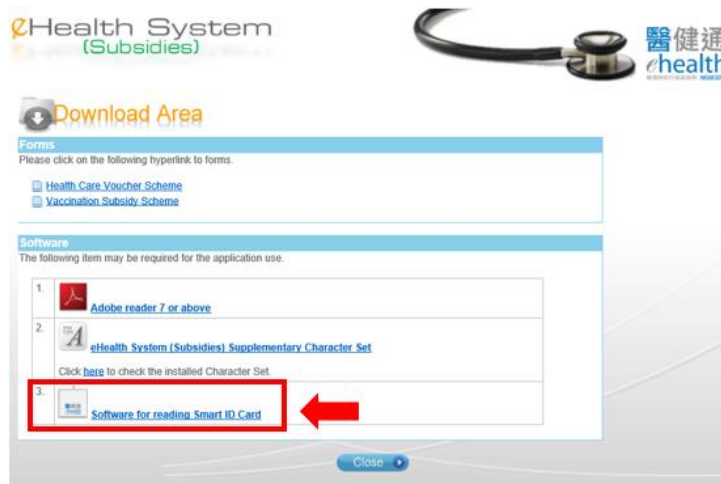
3.2. Administrative Procedures

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 uphold 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/ DI 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 clean 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[#];

- (iii) Blood pressure monitor (with appropriate cuff size);
- (iv) Protocol for emergency management.

3.3.4 VMO should liaise with RCH/ DI 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/ DI. VMOs should ensure sufficient vaccines, needles and syringes for consented persons and the vaccines ordered are properly stored at RCH/ DI.

4.1.2 VMO should liaise with RCH/ DI 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

* *Refer to Figure 3a for the outerbox of Spikevax JN.1 and figure 3b for the outer box of Comirnaty JN.1.*

Figure 3a – **Spikevax JN.1** – the overall appearance of vaccine



Figure 3b – Corminaty JN.1 – the overall appearance of vaccine



- (iv) Vaccine delivery arrangement (i.e. delivery date, time and designated RCH/ DI staff to receive vaccines). Vaccines must only be received by the designated RCH/ DI staff. The designated RCH/ DI staff should check the followings when receiving the vaccines: delivery address, type, brand, quantity, lot number, expiry date and Use by Date after thawing; whether the seal is intact and whether cold chain is maintained; record the date, and temperature of the vaccines delivered on a delivery note provided by the vaccine distributor. The designated RCH/ DI staff should sign and then chop with the stamp after confirmation of the above. The copy of the delivery note should be kept by the RCH/ DI for collection of vaccine by the DH and for DH's checking. After receiving the vaccines, they should immediately store the vaccines at +2° C to +8° C fridge.

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

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


On the ordering platform, following the vaccine order form, there is a

reminder of not to use vaccines beyond their Use by Date as illustrated below.
Please pay attention and strictly follow the important guidelines.

Figure 4 – The COVID-19 vaccine ordering platform


Reminder: Do not use vaccines beyond their use-by date.

- For daily operation, please be reminded to check the remaining shelf-life after thawing by **referring to the "Use-by date"** on the outer carton on a regular basis and prior to vaccine preparation, as the information is not shown on the label of individual vial or pre-filled syringe.
- Vaccines that are beyond the use-by date should not be used.**
- Please refer to the yellow label on the outer box of Spikevax JN.1 vaccine.



The image shows the packaging for Moderna Spikevax JN.1 vaccine. It is a white box with a purple border. The text on the box includes: "moderna", "spikevax™ JN.1", "50 micrograms", "dispersion for injection in pre-filled syringe", "COVID-19 mRNA Vaccine", "Intramuscular use. Single use", and "10 pre-filled syringes. Each pre-filled syringe contains 0.5 mL". A yellow label at the bottom left of the box, highlighted with a red rectangle and a red arrow, contains the text: "2-8°C 冷藏期日: 01 AUG 2025" and "接種使用期限: 01 AUG 2025".

- Please refer to the yellow label on the outer box of Comirnaty JN.1 vaccine.



The image shows the packaging for Biontech Comirnaty JN.1 vaccine. It is a white box with a grey border. The text on the box includes: "COMIRNATY® JN.1 10 vials", "復必泰®", "Adults and adolescents from 12 years", "30 micrograms/dose", "dispersion for injection COVID-19 mRNA Vaccine", "Intramuscular use (Do not dilute prior to use)", "10 multidose vials (Each vial contains 6 doses of 0.3 mL)", "BIONTECH", and "FOSUN PHARMA Fosun Industrial Co., Limited". A yellow label at the bottom of the box, highlighted with a red rectangle and a red arrow, contains the following information: "Use by Date (at 2°C to 8°C): 14 OCT 2025", "凍結使用期限: 05 AUG 2025", "BPR No.: PBPR10J022", "Lot No.: 24M1003", "Expiry Date (at -50°C to -60°C): 28 FEB 2026", and "GTIN: 04260703261122". Below the label, it says: "Expiry date at 2°C to 8°C: (Maximum 10 weeks. Cross out former expiry date.)".

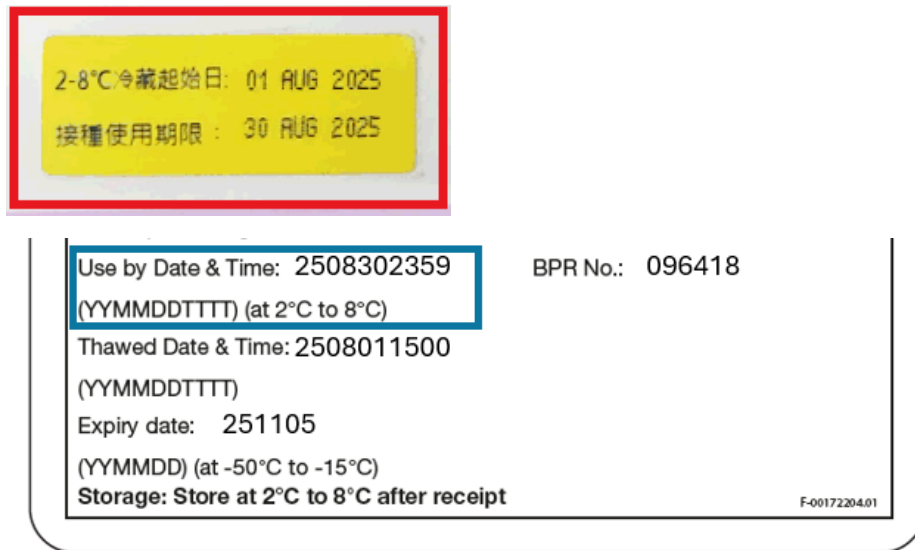
Upon confirmation of vaccine order by the RCH/ DI, an acknowledgment email would be sent to the VMO and RCH/ DI to inform them about the confirmation.

- 4.1.4 Vaccines delivered to the RCH/ DI must only be received by the designated staff of the RCH/ DI. The designated RCH/ DI staff should check the followings when receiving the vaccines: delivery address, type, brand, quantity, lot number, expiry date and Use by Date after thawing; whether the seal is intact and whether cold chain is maintained; record the date, and temperature of the vaccines delivered on a delivery note provided by the vaccine distributor. The designated RCH/ DI staff should sign and then chop with the stamp after confirmation of the above. The copy of the delivery note should be kept by the RCH/ DI for collection of vaccine by the DH and for DH's checking. After receiving the vaccines, they should immediately store the vaccines at +2° C to +8° C fridge.
- 4.1.5 Vaccine brand supplied to RCH/ DI is subject to availability and allocation by the Department of Health.

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 or brands of COVID-19 vaccines should be segregated in the PBVR. In case there are **different lot number / expiry date / use by date and time** of the same type or brand 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. **For Spikevax JN.1 vaccine (in pre-filled syringes)**, thawed syringes could be stored at 2-8°C up to **30 days**. Thawing details are shown on the outer carton of the vaccine only. For daily operation, **please check the “Use by Date & Time” on the outer carton on a regular basis and prior to vaccine preparation**, as the information is not shown on the label of individual prefilled syringes. Vaccines that are beyond the Use by Date & Time should not be used. Please see Figure 5a below for illustration.

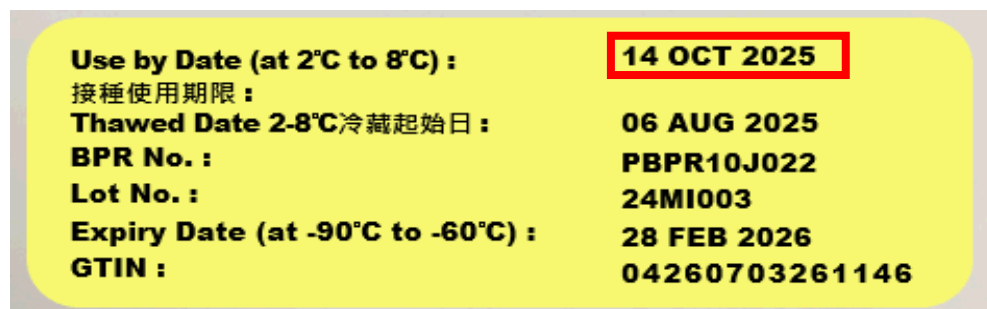
Figure 5a – **Spikevax JN.1** – illustration of the label on the outer carton



The Use by Date & Time is read in YYMMDDTTT. 2508302359 indicates that the vaccine would be expired on 30 Aug 2025 at 23:59 and should not be used afterwards.

For Comirnaty JN.1 vaccine, thawed vials could be stored at 2-8°C up to **10 weeks (70 days)**. Thawing details are shown on the **yellow label** on the outer carton of the vaccine only. **For daily operation, please check the “Use by Date” on the yellow label on the outer carton on a regular basis and prior to vaccine preparation**, as the information is not shown on the label of individual vial. Vaccines that are beyond the Use by Date should not be used. **Please note that after first puncture, the vaccines should be used within 12 hours.** Please see Figure 5b below for illustration.

Figure 5b – **Comirnaty JN.1** – illustration of the label on the outer carton



The Use by Date is read in DD MMM YYYY. “14 OCT 2025” means that the vaccine can be used until 11:59 pm on that date and should not be used afterwards.

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

- a) Check the Use by Date on the label on the outer carton.
 - b) The expired vaccines (beyond Use by Date) 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.
- After each time of vaccination activity, the amount of unused/ expired vaccines to be collected should be filled in the form (Annex V) and reported to PMVD.

4.2.5. Comparison of Shelf-life of different mRNA COVID-19 vaccines:

	Comirnaty JN.1 dispersion for injection COVID-19 mRNA Vaccine 30 micrograms/dose	Spikevax JN.1 dispersion for injection in pre-filled syringe COVID-19 mRNA Vaccine 50 micrograms/dose 0.5 mL
Frozen	18 months (-90°C to -60°C)	9 months (-50°C to -15°C)
Thawed	<u>10 weeks (70 days)</u> (2°C to 8°C)	<u>30 days</u> (2°C to 8°C)
Unopened prior to use	<u>12 hours</u> (8°C to 30°C)	<u>24 hours</u> (8°C to 25°C)
Opened vial (after first puncture)	<u>12 hours</u> (2°C to 30°C)	N.A.

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 +2°C to +8°C 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/ DI has informed and consulted the PMVD immediately and not later than one working day. The affected vaccines should not be administered until advice given from PMVD based on the recommendation from vaccine manufacturer on vaccine stability.

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/ DI. RCH/ DI must return all unused/ surplus unopened vaccine vials/ prefilled syringes 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/ DI 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/ DI 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 marked “DO NOT USE” on the outer wrapper of these vaccines. The RCH/ DI 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 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 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 6 – 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 6 – 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 7 - CHP poster of “7 steps on hand hygiene”)

Figure 7 - 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).

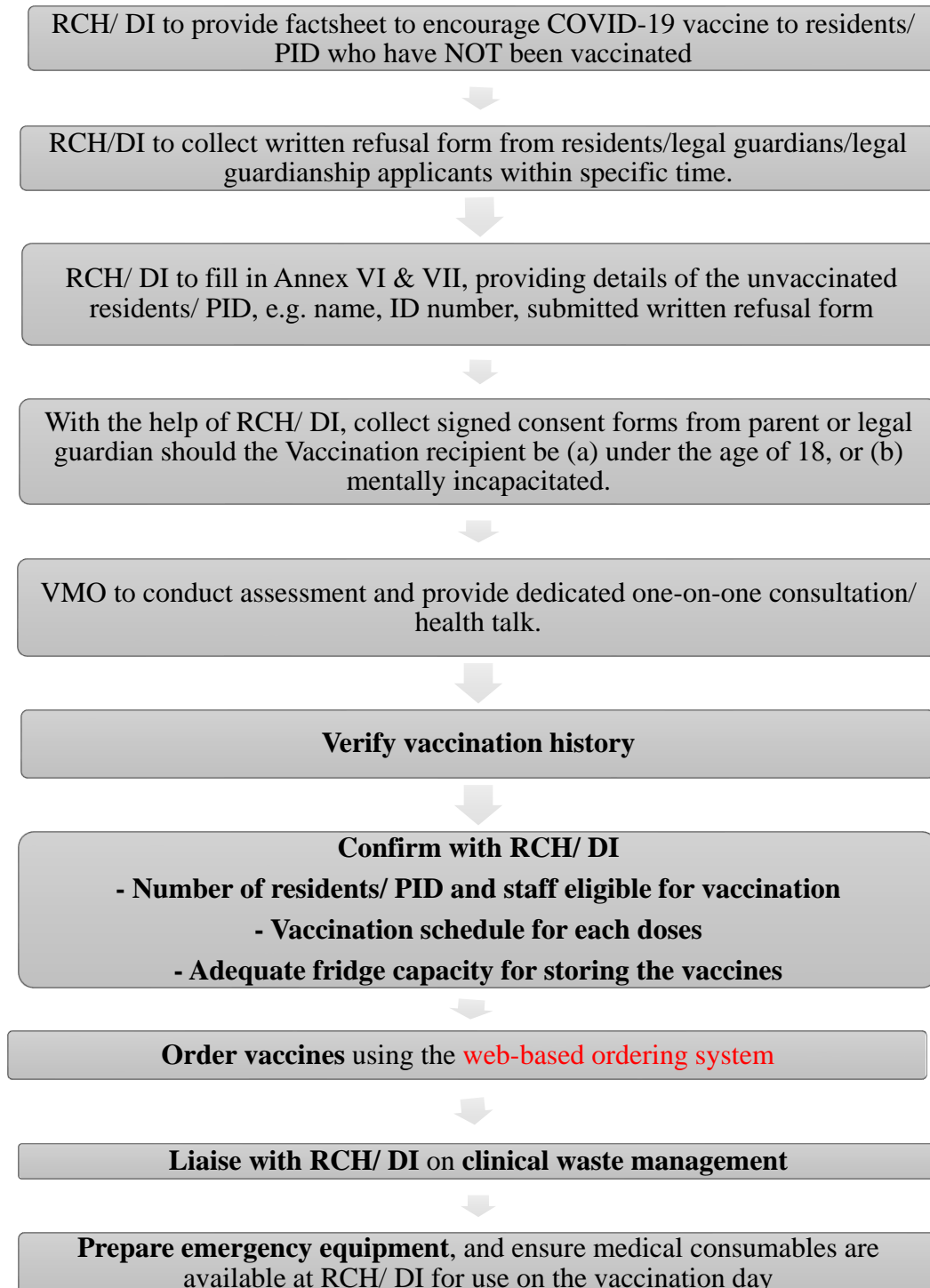
5.3 Safe injection practices and sharps handling

- 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.

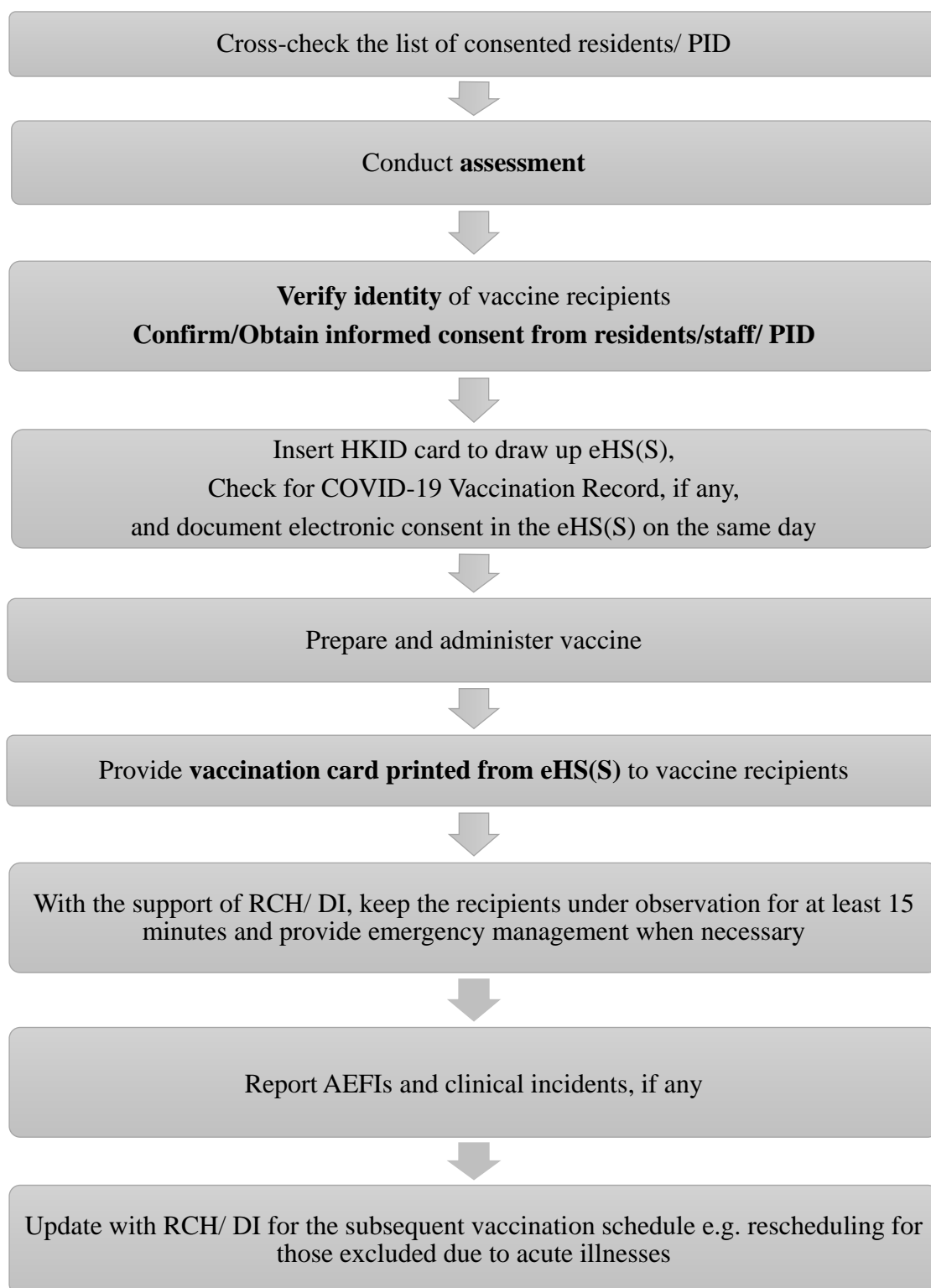
- 5.3.7 Avoid overfilling a clinical waste container. The container should be disposed when it is 3/4 full or having its content reached the demarcated level.
- 5.3.8 Report all mucosal contacts of blood and body fluids, needle stick and other sharps-related injuries promptly to ensure that appropriate 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



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



6.3 Workflow for vaccination of residents/ PID

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/ DI 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/ DIs would compile lists of those who have not been vaccinated (Annex VI), with name and ID number of the residents/ PID, 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 fitness of unvaccinated residents/ PID to receive COVID-19 vaccines. Dedicated one-on-one consultation or health talk at the RCH or DI will be provided for these residents/ PID 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 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](https://www.hkspiaid.org/download/COVID19%20vaccination%20referral%20letter%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/ DI 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/ DIs within a given period of time as stated by the Social Welfare Department (SWD).
- 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/ DIs 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 Person (MIP) at RCHs/ DIs. The written objection form, duly signed by appropriate personnel, should be submitted to RCHs/ DIs within a given period of time as stated by the Social Welfare Department (SWD).

6.3.1.11 For those MIPs 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/ PID 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 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/ PID 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/ PID 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/ PID, VMOs could decide whether to administer vaccine to these residents/ PID based on their professional judgment. For residents/ PID 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 8):

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

Vaccine Information
Practice
Scheme
Injection Date
Type of Recipient
RCH Code
RCH Name
Category
Sub-Category
Vaccine
Lot No.
Dose Sequence
Contact No.
Remarks

CHAN TAI MAN Clinic (22)
Residential Care Home Vaccination Programme
13 Dec 2023
Resident
BH0990
GOOD HEALTHY ELDERLY CENTRE
Persons with no history of past infection receiving initial three doses or recovered persons receiving initial ty
Persons with no history of past infection receiving initial three doses
Cominaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection
TEST234567
1st Dose
98765435

(Please provide a contact number which can receive Hong Kong SMS notification)

Verification Checklist

- The identity of the vaccine recipient / person who is giving the relevant consent on the recipient's behalf (if any) has been verified. The vaccine recipient has read and understood the information in the Vaccination Fact Sheet and Supplementary Notes (if any) 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:
 - the vaccine product is registered under the Pharmacy and Poisons Ordinance (Cap. 138); OR
 - the vaccine is permitted to be used under the Government COVID-19 Vaccination Programme; OR
 - 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 data published. (Please browse the CHP's website at https://www.chp.gov.hk/en/features/106353.htm#FAQ_A3 for the information of the vaccine products used under the Government Vaccination Programme)
- The vaccine recipient has provided the medical history with regard to the contraindications of the type of COVID-19 vaccine selected. The vaccine recipient has 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.
- 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;
- 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
- 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.

☒ I, hereby certify that the above verifications are completed.

☒ The healthcare recipient consents to register with eHealth / The Substitute Decision Maker(SDM) consents the healthcare recipient to register with eHealth, which enables authorised healthcare providers to access and share the healthcare recipient's ehealth records (including COVID-19 vaccination records) for healthcare purposes. (optional)

For COVID-19 recovered patient
☒ The documentary proof of past COVID-19 infection of the vaccine recipient has been provided and seen. The interval between today and the date of hospital discharge (or infection) or previous dose of COVID-19 vaccination (whichever is applicable) is confirmed to be fulfilling the latest JSC-EAP recommendation. (if applicable)

Cancel Save

Confirmation

• Please confirm if you wish to proceed to vaccination.

If the COVID-19 vaccination is administered under the Government vaccination programme, please confirm the vaccine recipient fall under the following high risk priority groups for free vaccination:

1. persons aged 65 or above
2. persons aged 50 to 64
3. adult resident of residential care homes
4. persons aged 18 to 49 years with underlying comorbidities
5. persons with immunocompromising conditions
6. pregnant women
7. healthcare workers
8. persons receiving initial doses as recommended by the Government
9. valid booking made via Government online booking system

Please refer to COVID-19 vaccination programme website in the following link for the recommendation on the use of COVID-19 vaccines.
<https://www.chp.gov.hk/en/features/106951.html>

For further enquiry, please contact DH at (for VSS private clinics) 2125 2299 and 3975 4806, or (for non-VSS settings) 3975 4860

Cancel X Confirm

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 specific COVID-19 vaccine. 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. **Please check the Use by Date on the outer carton, as the information is not shown on the label of individual prefilled syringes or vials. Vaccines that are beyond the Use by Date should not be used.**

6.3.6.2 If different types or brands 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 or brands of vaccines, etc.

Spikevax JN.1 vaccine (in pre-filled syringes)

6.3.6.3 Spikevax monovalent JN.1 vaccine (in pre-filled syringes) **do not require dilution**. Pre-filled syringes may be stored at 8°C to 25°C up to 24 hours upon removal from refrigerated conditions.

6.3.6.4 Please ensure compliance with “use within” requirement of the vaccine. Labelling on the syringe and/or tray with use before date and time should be done unless the syringe is obtained from packaging box immediately before vaccination.

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

(a) Vaccine verification

- Verify that the product name of the pre-filled syringe is Spikevax JN.1 dispersion for injection in pre-filled syringe COVID-19 mRNA Vaccine 0.5 micrograms/dose 0.5 mL.

(b) Prior to use

- Let each pre-filled syringe stand at room temperature (15°C to 25°C) for 15 minutes before administering.
- Do not shake.

- Pre-filled syringe should be inspected visually for particulate matter and discolouration prior to administration.
- Spikevax JN.1 is a white to off-white dispersion. It may contain white or translucent product-related particulates. Do not administer if vaccine is discoloured or contains other particulate matter.

(c) Preparation

- Use a sterile needle of the appropriate size for intramuscular injection (21-gauge or thinner needles).
- With tip cap upright, remove tip cap by twisting counter-clockwise until tip cap releases. Remove tip cap in a slow, steady motion. Avoid pulling tip cap while twisting.
- Attach the needle by twisting in a clockwise direction until the needle fits securely on the syringe.
- Uncap the needle when ready for administration.

Please refers to the manufacturer video for vaccine preparation in Cantonese at <https://mrna.care/mn00S7b66> for further details.

Comirnaty JN.1 vaccine (in multi-dose vials)

6.3.6.6 Please check the **“Use by Date” on the yellow label** on the outer carton, as the information is not shown on the label of individual vial (which rather shows the expiry date before thawing). Vaccines that are beyond the Use by Date should not be used.

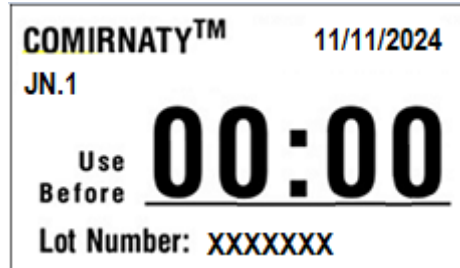
DO NOT DILUTE. It is suggested that doses should be prepared immediately after withdrawal from refrigerator. Expiry of unopened vial at temperature **up to 30°C** is 12 hours prior to use. After first puncture, the vaccines should be used within 12 hours.

For Comirnaty JN.1 vaccine, 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

Figure 9 below demonstrates a sample of syringe labels.

Figure 9 - Sample of syringe labels for Comirnaty JN.1 vaccine



Please note that labelling of syringes is NOT required for vaccines prepared as single dose immediately before vaccination. Nonetheless, **used vial should be labelled with above information, plus date and time of first puncture.**

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

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

- Verify that the vial has a grey plastic cap and the product name is Comirnaty JN.1 dispersion for injection COVID-19 mRNA Vaccine 30 micrograms/dose (12 years and older).
- If the vial has another product name on the label, please make reference to the package insert for that formulation.
- Unopened vials can be stored for up to 10 weeks at 2 °C to 8 °C; not exceeding the printed expiry date (EXP).
- Prior to use, the unopened vial can be stored for up to 12 hours at temperatures up to 30 °C. Thawed vials can be handled in room light conditions.

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

- Gently mix by inverting vials 10 times prior to use. 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.

- Check whether the vial is a multidose vial and follow the applicable handling instructions below:
- Using aseptic technique, cleanse the vial stopper with a single-use antiseptic swab.
- Withdraw 0.3 mL of Comirnaty JN.1.
- 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 appropriate date/time on the multidose vial. Discard any unused vaccine 12 hours after first puncture.

6.3.6.7 All types of 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**.

6.3.6.8 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.

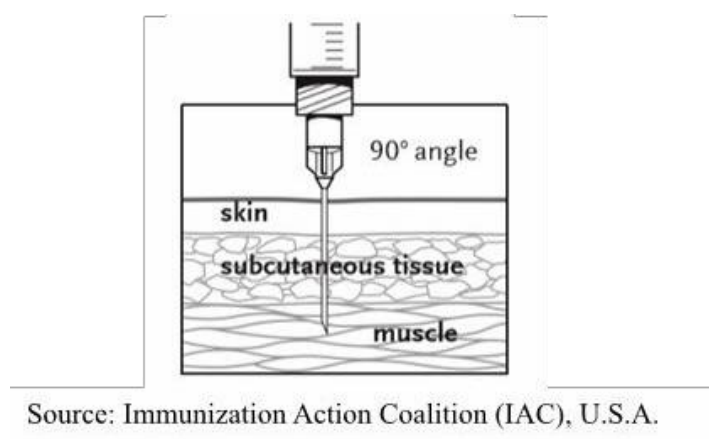
6.3.7.4 The skin should be spread between the thumb and forefinger to avoid injection into subcutaneous tissue.

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.

Figure 10 - Intramuscular (IM) injection



6.3.7.8 Withdraw the needle and apply light pressure to the injection site with a piece of dry clean 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 half of 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

Vaccine Information
Practice
Scheme
Injection Date
Type of Recipient
RCH Code
RCH Name
Category
Sub-Category
Vaccine
Lot No.
Dose Sequence
Contact No.
Remarks

CHAN TAI MAN Clinic (22)
Residential Care Home Vaccination Programme
13 Dec 2023
Resident
BHC690
GOOD HEALTHY ELDERLY CENTRE
Persons with no history of past infection receiving initial three doses or recovered persons receiving initial 1
Persons with no history of past infection receiving initial three doses
Cominaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection
TEST234567
1st Dose
98765435

Verification Checklist
1. The identity of the vaccine recipient / person who is giving the relevant consent on the recipient's behalf (if any) has been verified;
2. The vaccine recipient has read and understood the information in the Vaccination Fact Sheet and Supplementary Notes (if any) 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 data published.
(Please browse the CHP's website at https://www.chp.gov.hk/en/features/106953.htm#FAQ_A3 for the information of the vaccine products used under the Government Vaccination Programme)
The vaccine recipient has provided the medical history with regard to the contraindications of the type of COVID-19 vaccine selected. The vaccine recipient has 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.
3. 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;
4. 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
5. 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.
I, hereby certify that the above verifications are completed.
The healthcare recipient consents to register with eHealth / The Substitute Decision Maker (SDM) consents the healthcare recipient to register with eHealth, which enables authorised healthcare providers to access and share the healthcare recipient's ehealth records (including COVID-19 vaccination records) for healthcare purposes. (optional)
For COVID-19 recovered patient
The documentary proof of past COVID-19 infection of the vaccine recipient has been provided and seen. The interval between today and the date of hospital discharge (or infection) or previous dose of COVID-19 vaccination (whichever is applicable) is confirmed to be fulfilling the latest JSC-EAP recommendation. (if applicable)

Cancel Save

Confirmation
Please confirm if you wish to proceed to vaccination.
If the COVID-19 vaccination is administered under the Government vaccination programme, please confirm the vaccine recipient fall under the following high risk priority groups for free vaccination:
1. persons aged 65 or above
2. persons aged 50 to 64
3. adult resident of residential care homes
4. persons aged 18 to 49 years with underlying comorbidities
5. persons with immunocompromising conditions
6. pregnant women
7. healthcare workers
8. persons receiving initial doses as recommended by the Government
9. valid booking made via Government online booking system
Please refer to COVID-19 vaccination programme website in the following link for the recommendation on the use of COVID-19 vaccines.
<https://www.chp.gov.hk/en/features/106951.html>
For further enquiry, please contact DH at (for VSS private clinics) 2125 2299 and 3975 4806, or (for non-VSS settings) 3975 4860
Cancel Confirm

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/ PID. 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-injectors (150 micrograms and 300 micrograms) (at least three);
 - (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 Settings³. Dosage of Jext: Jext (300 microgram) for persons over 30kg and Jext (150 microgram) for persons with BW 15-30kg.

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)

Table 22. Quick reference for dosage of adrenaline (The recommended dose for adrenaline is 0.01mg/kg body weight) (Adopted from Immunization Action Coalition³)

	Age group	Range of weight (kg)*	Range of weight (lb)	Adrenaline dose 1mg/ml injectable (1:1000 dilution) IM
<i>Infants and Children</i>	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)†
<i>Teens</i>	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

‡Maximum for teens

- 6.5.7 Should anaphylaxis happen after vaccination, RCH/ DI staff should take the following actions:
- Call ambulance
 - Inform the VMO immediately, and provide emergency management, e.g. adrenaline injection and airway management as appropriate
 - Use bag valve mask to assist ventilation (give oxygen if available); and
 - Monitor blood pressure and pulse every 5 minutes and stay with patient until ambulance arrives; and
 - 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 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 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, Chinese mainland, country/region 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) 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.

#Remark: If individuals at high risk of exposure of Mpox (also known as monkeypox) need to arrange for pre-exposure Mpox vaccination, it is recommended an interval of at least 4 weeks before or after mRNA COVID-19 vaccine (e.g. BioNTech, Moderna)

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 comorbidities⁴
- (c) Persons with immunocompromising conditions aged 6 months and above#;
- (d) Pregnant women (once during each pregnancy) and

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.

(e) Healthcare workers⁵

Count by Date of Birth

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 and expired vials after punctured 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/ DI. RCH/ DI 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/ DI 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 ($\geq 10\%$), 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/ DI 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

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

also 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 serious⁷ 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 circumstances⁸ 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	Collection Form of Unsued/ Expired Vaccines
Annex VI	List of Residents/ MIPs with Legal Guardians Consented to Receive COVID-19 Vaccine
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/ DI

- 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/ DI 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」

儲存疫苗的雪櫃溫度檢查表 (新冠信使核糖核酸疫苗)

1. 請於接收疫苗前連續七天（每天早、午、晚各一次）檢查及記錄雪櫃溫度。
2. 所有疫苗（包括剩餘未過接種使用期限／未失效疫苗），須保存於攝氏+2至+8度雪櫃內備用。
3. 如有剩餘未過接種使用期限的疫苗，須每日檢查最少三次（早、午、晚各一次）雪櫃內的溫度、雪櫃最高及最低溫度，並記錄在本表格上。請於記錄雪櫃最高及最低溫度後，重置最高/最低溫度計。
4. 如有已失效疫苗，須將其從雪櫃取出，包好及標示「已過期／失效，待衛生署回收」後存放於上鎖的儲物櫃內。
5. 請保留此記錄至少一年，以便有需要時作參考。
6. 所有疫苗屬政府公物，即使過期亦必須妥善保存及交回衛生署處理。
7. 請注意：藥瓶上顯示的有效期是屬於解凍前的有效日期，解凍後疫苗的接種使用期限(**use by date**)只顯示在疫苗外盒上，院舍應檢視此日期。

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. 紀錄雪櫃即時溫度、最高及最低溫度
3. 請聯絡衛生署項目管理及疫苗計劃科

[illegible]

(如不敷應用，請自行影印)

Annex V Collection Form of Unsued/ Expired Vaccines

衛生署
院舍防疫注射計劃
2019 冠狀病毒病疫苗接種計劃（新冠疫苗）
回收表格

附錄乙
回收

備註： 1. 請院舍／宿舍／學校或服務機構於疫苗接種活動後，立即填妥並交回至衛生署項目管理及疫苗計劃科。
（傳真號碼：2713 6916（安老院舍）／2544 3922（殘疾人士院舍）；電郵地址：rwp@dh.gov.hk）
2. 遞交表格後，如有再次接種疫苗活動，請即時將已更新的表格傳真或電郵至衛生署。

甲部 院舍／宿舍／學校或服務機構資料			
名稱：_____			
編號：_____		聯絡電話：_____	
乙部 新冠疫苗使用情況			
接種日期:20____年____月____日	接收疫苗數量	已為院友／宿生／服務使用者接種	已為職員接種
莫德納 JN.1 疫苗	(A): ____ 針	(B1): ____ 針	(F2a): ____ 針
丙部 可使用之新冠疫苗數量 (尚未超過接種使用期限)			
現時貯存於雪櫃的新冠疫苗接种數量	____ 針；批次編號：_____ 解凍後的有效日期和時間：20____年____月____日（____時____分）		
丁部 待衛生署回收之剩餘／失效疫苗 (剩餘／失效疫苗必須交還衛生署，切勿將其放進利器收集箱或自行棄置)			
莫德納 JN.1 疫苗 (預充式注射器)			
剩餘疫苗 (未超過及已超過「接種使用期限」的疫苗)	____ 針；批次編號：_____ 解凍後的有效日期和時間：20____年____月____日（____時____分）		
失效 (已被污染／損壞或未能貯存於 2 至 8℃ 的疫苗)	____ 針；批次編號：_____ 解凍後的有效日期和時間：20____年____月____日（____時____分）		
無法交還 (如破爛、遺失的疫苗)	____ 針		

負責院舍／宿舍／學校／服務機構的職員資料	
姓名：	院舍／宿舍／學校／服務機構蓋章
簽署：	
日期：	

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

院舍／宿舍／學校或 服務機構編號	衛生署 院舍防疫注射計劃 2019 冠狀病毒疫苗接種計劃（新冠疫苗）每月接種名單	附錄甲 1 院友／宿生／服務使用者
院舍／宿舍／學校或服務機構名稱：_____ 到診註冊醫生姓名： (1) _____ (2) _____		
編號	按照接種時間表，可以於 20____年____月 進行接種的 院友／宿生／服務使用者資料	新冠疫苗接种史 （如未曾接種，請填「X」）
姓名	身份證明 文件號碼 (例:A123456(7))	出生日期 (日／月／年)
性別	最近一次 感染 2019 冠狀 病毒病 日期 (日／月／年) (如未曾感染， 請填 「X」)	私家醫生 評估是否 合適接種 新冠疫苗 「✓」 合適 「X」 不合適
1	2	3
4	5	6
7	8	9
10	11	12
*新冠滅活疫苗：(a) Sinovac 新冠信使核糖核酸疫苗：(b) Bivalent (c) XBB (d) JN.1		
本月可以接種的院友／宿生／服務使用者人數：_____ 本月已接種人數：_____ 本月未能接種人數：_____		

聲明：本人明白本院有責任提供正確資料。如本人故意填報失實資料，可能被檢控及須承擔有關法律責任。

院舍／宿舍／學校或服務機構

院舍／宿舍／學校或服務機構負責人／主管簽署

負責人／主管姓名：_____

或院舍／宿舍／學校或服務機構蓋印：_____

日期：_____ 第____頁／共____頁

備註：1. 請院舍／宿舍／學校或服務機構妥善保存接種名單。衛生署會因應情況進行抽查，覆核接種疫苗的記錄。

2. 以上個人資料主要供衛生署推行院舍防疫注射計劃之用，亦可能因此向有關部門披露。由於此文件載有個人資料，請院方妥善保存。

3. 院友／宿生／服務使用者有權查閱及修正個人資料。如有需要，院友／宿生／服務使用者可向上列院舍／宿舍／學校或服務機構負責人／主管提出。

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

院舍／宿舍／學校或 服務機構編號	衛生署 院舍防疫注射計劃 2019 冠狀病毒疫苗接種計劃（新冠疫苗）每月接種名單	附錄甲 2 職員												
院舍／宿舍／學校或服務機構名稱：_____ 到診註冊醫生姓名：(1) _____ (2) _____														
編號	按照接種時間表，可以於 20____年____月 進行接種的 職員資料	新冠疫苗接种史 (如未曾接種，請填「X」) 新冠疫苗接种記錄 (由到診註冊醫生／團隊負責人於接種疫苗後即日填寫) # 莫德納 JN.1 疫苗 / 復必泰 JN.1 疫苗 (#刪去不適用) 批次編號：(1) _____ (2) _____ (3) _____ 解凍後的接種使用期限：(1) _____ (2) _____ (3) _____												
姓名	身份證明 文件號碼 (例:A123456(7))	出生日期 (日／月／年)	性 別	最近一次感染 2019 冠狀病毒病 日期 (日／月／年) (如未曾感染， 請填「X」)	私家醫生 評估是否 合適接種 新冠疫苗 「✓」 合適 「X」 不合適	上一劑 劑次	上一劑 疫苗種類*	上一劑 接種日期 (日／月／年)	批次 編號 (1/2/3)	劑 次	接種日期 (日／月／年)	到診註冊 醫生 (1/2)	到診註冊醫生 ／團隊負責人 簽署／蓋印	如暫時未能接 種，請註明原因 (請於該職員補打當 日立即向本署更新)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
*新冠滅活疫苗：(a) Sinovac 新冠信使核糖核酸疫苗：(b) Bivalent (c) XBB (d) JN.1														
本月可以接種的職員人數：_____										本月已接種人數：_____			本月未能接種 人數：_____	

聲明：本人明白本院有責任提供正確資料。如本人故意填報失實資料，可能被檢控及須承擔有關法律責任。

院舍／宿舍／學校或服務機構 _____ 院舍／宿舍／學校或服務機構負責人／主管簽署
 負責人／主管姓名：_____ 或院舍／宿舍／學校或服務機構蓋印：_____ 日期：_____ 第____頁／共____頁

備註：1. 請院舍／宿舍／學校或服務機構妥善保存接種名單。衛生署會因應情況進行抽查，覆核接種疫苗的記錄。

2. 以上個人資料主要供衛生署推行院舍防疫注射計劃之用，亦可能因此向有關部門披露。由於此文件載有個人資料，請院方妥善保存。

3. 院舍／宿舍／學校或服務機構的職員有權查閱及修正個人資料。如有需要，職員可向上列院舍／宿舍／學校或服務機構負責人／主管提出。

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 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	SaO ₂

VI. Information given to relatives (if applicable)

VII. Other information if applicable

VIII. Reporter's Information	
Name (in Full) : Mr / Ms _____ Phone: _____ Email: _____	Post: Please tick the appropriate box below: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist/ dispenser <input type="checkbox"/> Clerk <input type="checkbox"/> 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: <ul style="list-style-type: none"> - 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) <u>And</u> 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 							
L 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:				<input type="checkbox"/> At the residential care home <input type="checkbox"/> Others, please specify: _____			
Stage of care when incident occur				<input type="checkbox"/> Pre-vaccination <input type="checkbox"/> During vaccination <input type="checkbox"/> 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	

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

(RESTRICTED)

<p><i>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.)</i></p>	
<p>Any property damage?</p>	<p><input type="checkbox"/> Yes, details: _____</p> <p><input type="checkbox"/> No</p>
<p>II. Reporter's Information</p>	
<p>Name (in Full) : Mr / Ms _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Post: Please tick the appropriate box below:</p> <p><input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Pharmacist/ dispenser</p> <p><input type="checkbox"/> Clerk</p> <p><input type="checkbox"/> Other healthcare professionals, please specify: _____</p>
<p>Name of organisation/ service provider: _____</p>	
<p>Name of VMO: _____</p>	
<p>Date: _____ (dd/mm/yyyy) Time (24 hr format): _____</p>	

Classification of level of Injury

<p>Level of Injury</p>	<p>The level of injury is defined as follows,</p> <p>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).</p> <p>Level 1 – No or minor injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.</p> <p>Level 2 – Significant injury was resulted AND additional investigation or referral to other specialty (including AED) was required for the client.</p> <p>Level 3 – Significant injury was resulted AND resulted in death or arrest or requiring resuscitation or permanent loss of function was resulted or expected.</p>
-------------------------------	---

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:	<ul style="list-style-type: none"> - 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:		<input type="checkbox"/> At the residential care home <input type="checkbox"/> Others, please specify: _____				
Stage of care when incident occur		<input type="checkbox"/> Pre-vaccination <input type="checkbox"/> During vaccination <input type="checkbox"/> 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: <i>(including what happened, how it happened)</i>						

**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：衛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
九龍紅磡德輔街 18-22 號海濱廣場二座三樓
衛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)

院舍名稱：_____

院舍地址：_____

衛生署專用

中領款項檢查正確 ☐

檢查人簽署：_____

檢查人姓名：_____

檢查日期：_____

「2019 冠狀病毒疫苗接種計劃」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(√)]		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衛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衛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。