

2025/26 Seasonal Influenza Vaccination School Outreach Programme

Briefing Session to Participating Doctors

10 September 2025



衛生署
Department of Health

RUNDOWN

TIME	CONTENT
14:30 – 14:45	Preparations (Arrangements Before the Vaccination Day)
14:45 – 14:55	Vaccination Procedures and Logistics Arrangements (Arrangements on the Vaccination Day)
14:55 – 15:15	Vaccine Delivery Logistics for School Programme – Vaccine distributor (1)
15:15 – 15:30	Clinical Waste Management
15:30 – 15:50	Vaccine Delivery Logistics for School Programme Vaccine distributor (2)
15:50 – 16:15	Question & Answer Session



Part II

Vaccination Procedures & Logistics Arrangement On the Vaccination Day



On the Vaccination Day

1. Roles and Responsibilities
2. Venue and Staff
3. Vaccine delivery (1st dose vs 2nd dose)
4. Vaccination Procedure
 - a. Check Consent
 - b. Infection Control Practice
 - c. Vaccination
 - d. Documentation after Vaccination
 - e. Submission of Reports
5. Handling of Clinical Waste
6. Emergency Management
7. Handling of Vaccination Incidents
8. 2nd dose preparation
9. Quality Assurance Inspection



1. Overall Role and Responsibility

- It is the **prime responsibility** of the enrolled doctor in-charge of the arrangement/ healthcare provider and the organizer to give due consideration to **safety and liability issues** to ensure **quality vaccination service** delivered to recipients.
- Make sure enrolled doctors can be reachable throughout the outreach activities.



2. Venue and Staff

Venue

1. Clean, safe, privacy, good lighting and ventilation
2. Adequate and separate areas for the vaccine recipients



Registration Area



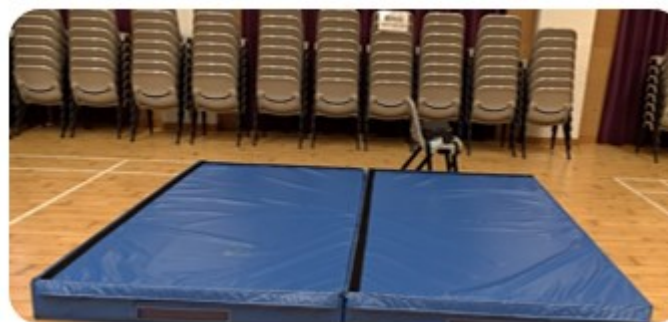
Waiting Area



Vaccination Area



Observation Area



Emergency Treatment Area with mattress



Venue - Infection Control Measures

- The venue for vaccination should be kept **well ventilated**.
- The venue should be cleaned and disinfected after every sessions with **1 in 99 diluted household bleach**, left for 15-30 minutes, and then rinsed with water and wiped dry. For metallic surface, disinfect with **70% alcohol** is needed.
- All attending students and staff should **perform hand hygiene**.
- Students should receive vaccination **in a staggered manner (arranged in batches)** to avoid crowding.
- Refer to Guidelines on Prevention of Communicable Diseases in Schools / KG/CCCs:
https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres.pdf

2. Venue and Staff

Staff

1. Professional Staff

- Sufficient number of qualified/ trained healthcare personnel to provide service, medical support and assess recipients' suitability to receive the vaccination.

2. Supporting Staff

- Sufficient manpower
- For administrative issues
- Assist in positioning of recipients during vaccination

Secondary / Primary school	Kindergarten / Child Care Centre
<p>At least 1 doctor / RN / EN to provide supervision on-site & at least 1 staff with first-aid training e.g. BLS</p> <p>The PPP doctor is <u>highly preferred to be present</u> at the vaccination venue; If not, he/she should be <u>personally and physically reachable</u> in case of emergency.</p>	
1 injection staff for 1 class	1 injection staff with 1 assistant for proper positioning of child



3. Vaccine delivery

For 1st dose SIVs:

- Deliver vaccines to Schools directly by **DH appointed distributor** (*DH delivery*) to SS, PS & KG/CCC.
- Arrange **designated staff** to receive the vaccines.

For 2nd dose SIVs:

- PPP doctors can choose either *DH delivery* or *Self delivery*.
- If self-delivery is chosen, ensure proper vaccine storage and cold chain (within 2°C to 8°C) throughout the vaccination activity.



4. Vaccination procedures

- **Confirm with schools the vaccination list**
 - Collect the List of Students who withhold Seasonal Influenza Vaccination from the teachers.
- **Check Consent**
 - Check vaccination history through eHS(S).
 - Check again the signed Consent Forms before vaccination; especially the vaccination history and the contraindication part.



4. Vaccination procedures

a) Check Consent

季節性流感疫苗學校外展計劃 – 同意書 注射式疫苗 或 噴鼻式疫苗	
填寫注意事項： <ul style="list-style-type: none">請仔細閱讀附頁的資料，請用黑色或藍色原子筆以正確填寫適當的部分，並在合適的 <input type="checkbox"/> 內加上「✓」號及在「*」號刪去不適用者。如疫苗接種者未滿 18 歲或為年滿 18 歲但無能力自行給予同意的人士，第一部分（疫苗接種者資料）及第二部分（同意書／不同意書 - 注射式疫苗 或 噴鼻式疫苗）須由父母或監護人填寫及簽署。在簽署本同意書前，請先在網頁 https://www.chp.gov.hk/zh/features/17980.html 及閱讀附頁有關「季節性流感疫苗」的資料。如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第二部分（登記醫健通同意書）須由代決人填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。註釋	
<p>「政府」指中華人民共和國香港特別行政區政府。 「私家醫生」指就季節性流感疫苗學校外展計劃，其中申請參加該計劃並獲政府接受的註冊醫生。 「註冊醫生」的意思與《醫生註冊條例》（香港法例第 161 章）中賦予它的意思相同。 「代決人」的意思與《電子健康紀錄互通系統條例》（香港法例第 625 章）中賦予它的意義相同。 「疫苗接種」指就以下第二部分的疫苗，在疫苗接種期間向疫苗接種者接種該疫苗。</p>	
第一部分【疫苗接種者資料】	
(一) 疫苗接種者資料	
學生姓名[中文] (請依照身份證明文件填寫)	學生姓名[英文] (姓氏先行，名字隨後)
姓：_____	姓：_____
名：_____	名：_____
出生日期：____/____/____ 年	性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女
學生之香港出生證明書號碼：____/____/____ (____)	
如沒有，請填寫以下 (i) 或 (ii)	
(i) 香港身份證號碼：____/____/____ (____) 及 簽發日期：____/____/____ 年	(ii) 其他身份證明文件，請註明 類別：_____ 號碼：_____ 並必須隨同意書附上該身份證明文件的副本
疫苗接種者就讀的學校：_____ 班別：_____ 班號：_____	
(二) 疫苗接種記錄	
你本人／你的子女／受監護者是否曾經接種過流感疫苗？ <input type="checkbox"/> 是，最近一次接種日期：____/____/____ 年 <input type="checkbox"/> 否	
第二部分【同意書／不同意書 - 注射式疫苗 或 噴鼻式疫苗】	
<input type="checkbox"/> 同意	
本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗或噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人「同意」本人／本人子女／受監護者（上附資料）接種政府安排之 2025/26 年度流感疫苗第一劑及第二劑，並聲明本人／本人子女／受監護者（上附資料）沒有所填疫苗於附頁所述的任何禁忌症，以及同意學校提供相關資料予衛生署安排的疫苗接種操作核對之用（如有需要），（今歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。）	
選用疫苗種類（請只選一項）： <input type="checkbox"/> 注射式疫苗 <input checked="" type="checkbox"/> 噴鼻式疫苗	
<input type="checkbox"/> 不同意	
本人已閱讀及明白附頁的內容，包括流感疫苗接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明，及「不同」本人／本人子女／受監護者（上附資料）接種政府安排之 2025/26 年度流感疫苗。	

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名：_____	名：_____
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(二) 疫苗接種記錄	
你本人／你的子女／受監護者是否曾經接種過流感疫苗？ <input type="checkbox"/> 是，最近一次接種日期：____/____/____ 年 <input type="checkbox"/> 否	

Parents agree for the child to receive
the seasonal influenza vaccination (1st AND 2nd doses)

4. Vaccination procedures

a) Check Consent

- Print out the “Consented Student List” (Excel file) in advance for on-site checking.

Appendix 8.7

8.7 Consented Student List

Student Name	Student ID	Parent/Guardian Name	Parent/Guardian ID	Parent/Guardian Phone	Parent/Guardian Email	Parent/Guardian Address	Parent/Guardian Signature	Parent/Guardian Date	Parent/Guardian Consent	Parent/Guardian Remarks	Student Signature	Student Date	Student Consent	Student Remarks
Student Name	Student ID	Parent/Guardian Name	Parent/Guardian ID	Parent/Guardian Phone	Parent/Guardian Email	Parent/Guardian Address	Parent/Guardian Signature	Parent/Guardian Date	Parent/Guardian Consent	Parent/Guardian Remarks	Student Signature	Student Date	Student Consent	Student Remarks

- Please be reminded of the following:
 - Please **make sure all the relevant items in the Excel table are filled in**, especially the **Type of identity document, Document number, Date of Birth, Date of Issue (if using HKID), Surname, Given Name, and Gender**.
 - Hong Kong Birth Certificate OR
 - Hong Kong Identity Card (**fill in the Date of Issue**) OR
 - Other Identity Document (**attach a copy of that Identity Document**)

4. Vaccination procedures

b) Infection control practice

i) Hand Hygiene - Use of 70-80% alcohol-based hand rub (ABHR)

- when hands are *not visibly soiled*.
- ABHR should be in original packing & not expired.



ii) Hand Hygiene - Use of gloves

- Wearing surgical gloves *cannot replace hand hygiene*.
- If surgical gloves are used, they should be *changed* before each vaccination.
- Hand hygiene should also be performed *before putting on* and *after taking off* the gloves.
- Wear gloves when administering the LAIV



4. Vaccination procedures

b) Infection control practice

iii) Hand Hygiene Technique

- **5 moments** for hand hygiene
- Rub all hand surfaces (**7 steps**) for at least **20 seconds**

5 Moments for Hand Hygiene

潔手五時刻



4. Vaccination procedures (for IIV)

b) Infection control practice

iv) Skin Disinfection (for IIV) & After Care

- Use a **sterile alcohol pad** for skin disinfection before vaccination.
- Wipe the area from the centre of the injection site outwards, without going over the same area.
- Use **a new clean gauze** for post vaccination compression of injection site.



4. Vaccination procedures (for LAIV)

b) Infection control practice

v) Wear mask & gloves, proper hand hygiene

- LAIV administration **is not considered as an aerosol-generating procedure**. (N95 or higher-level respirator is not necessary)
- Vaccination teams should **wear surgical mask and gloves** when administering the LAIV.
- The **gloves should be changed after administration of LAIV** to each student.
- Perform **hand hygiene** after removing the gloves, and before wearing the new gloves.



4. Vaccination procedures

c) Vaccination

- Assess student's fitness before vaccination, e.g. any fever or feeling unwell on the vaccination day.
- Check the recommendation (*in drug insert*), vaccine dosage, damage, contamination and expiry date.
- **3 checks:**
 1. When taking out the vaccine from storage
 2. Before preparing the vaccine
 3. Before administering the vaccine
- **7 rights:**
 1. Recipient
 2. Vaccine
 3. Time (e.g. correct age, correct interval, vaccine not expired)
 4. Dosage
 5. Route, needle length and technique (refer to drug inserts)
 6. Injection Site
 7. Documentation
- Keep the vaccinated students under **observation for at least 15 minutes.**

4. Vaccination procedures

d) Documentation after vaccination

i) Record the vaccination details on the consent form

- Provide name and signature of the medical service provider on the Consent Form after vaccination.
- Fill in all information in relevant columns.

疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：
(乙) 介乎十六歲至未滿十八歲的疫苗接種者		
由年齡介乎十六歲至未滿十八歲的疫苗接種者填寫及簽署。		
<input type="checkbox"/> 同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input type="checkbox"/> 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。		
<input type="checkbox"/> 不同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input type="checkbox"/> 不同意 本人登記參加醫健通。		
疫苗接種者簽署：	手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	簽署日期：
(丙) 十六歲以下，或十六歲或以上但無能力自行給予同意的疫苗接種者		
由代決人(例如家長或監護人)填寫及簽署(只適用於十六歲以下兒童，或十六歲或以上但無能力自行給予同意的人士。所有十八歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。)		
<input type="checkbox"/> 同意 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 <input type="checkbox"/> 同意 登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。		
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代決人英文姓氏：	代決人英文名：	代決人手提電話號碼(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：

Name of enrolled doctor on the consent form should be same as the Doctor in Enrolment Form

承人／同住人士／僱員／精神健康服務／安老院院護／註冊醫療專業人員或院護／精神健康服務／安老院院護／護士／院委任的人*	
代決人簽署：	簽署日期：
第四部分 以下資料只由提供疫苗接種的接種員填寫	
第一欄 接種日	
<input type="checkbox"/> 有為學生接種流感疫苗	
<input type="checkbox"/> 沒有為學生接種流感疫苗，原因是學生： <input type="checkbox"/> 缺課 <input type="checkbox"/> 拒絕接種 <input type="checkbox"/> 身體不適 <input type="checkbox"/> 其他(請註明：_____)	
接種職員簽署：	接種職員簽署：
私家醫生姓名：	私家醫生姓名：
外展日期：	外展日期：

4. Vaccination procedures

d) Documentation after vaccination

ii) Complete the consented student list

Appendix 8.7

8.7 Consented Student List

Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Document Type 身份證明文件類型 (Pull down menu for selection)	Document Number 身份證明文件號碼 (corresponding format for the document type)	Date of Issue (DD/MM/YYYY) 簽發日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID2358) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Passport No. 護照號碼 (VISA) (corresponding format for the document type)	Serial No. 編號 (EC) (corresponding format for the document type)	Reference No. 參考編號 (EC) (corresponding format for the document type)
1 *	TAI	CHIU MIU	M	08-01-2012	Birth Certificate - HK 香港出生證明書	WD187163(7)			8112233				
2 *	YUENX	FUKX CHIX	F	18-11-2011	Birth Certificate - HK 香港出生證明書	YB185277(0)			2568076				
3 *	FUNG	SIK KWONG	M	21-04-2009	Birth Certificate - HK 香港出生證明書	TF025123(6)			1246888				
4	陳小明	CHAN	SIU MING	M	03-02-2012	Birth Certificate - HK 香港出生證明書	F834340		8746612				
5 *	YUE	NING YI	F	10-05-2015	HKID Card 香港身份證	FE092356(8)			3568978				
6	李小雪	LEE	SIU MAN	F	15-08-2013	HKID Card 香港身份證	K1454250		3565567				
7	張西苗	CHEUNG	PAK YIN	M	21-10-2015	Recognition Form (a,b) 確認行紙紙	ABC12345		7845632				
8 *	CHU	KA PO	F	11-11-2014	Birth Certificate - HK 香港出生證明書	C386460A			8522222				
9 *	WONG	HOI MING	F	18-10-2012	Permit to Enter in HKAR (ID 2358) 香港居留許可證 (ID 2358)	ID122005			6974502	01/02/2020			
10 *	CHAN	HOI SHAN	F	18-10-2012	Permit to Enter in HKAR (ID 2358) 香港居留許可證 (ID 2358)	ID917088			6974502				
11 *	NG	MAN HUNG	F	01-03-2010	Adoption Certificate 领养證明書	S975329/90027			8745612				
12 *	KAM	MAN MAN	M	24-09-2010	Adoption Certificate 领养證明書	S988621/90810			8745612				
13 *	CHEUNG	YUK KING	F	07-10-2009	HKID Card 香港身份證	SF059998(2)			1112233	21/10/2010			
14 *	SUN	YI MAN	M	12-12-2012	Temporary Permit 暫住証	W4782839			8741023				
15 *	WONG	NING NING	F	15-02-2013	HKID Card 香港身份證	W724676(8)			1245888				
16	潘訪正	PUN	PONG CHENG	F	23-10-2007	Others 其他身份證明文件	T385748(9)		8548731				

- **ALL vaccinated** students should be documented with vaccination date on the Consented Student List.
- 2nd dose vaccination for students **under 9 years of age** who have **never received SIV before**.
 - Arrange at an interval of at least 4 weeks after the first dose.
 - Provide **2nd dose SIV Student List** to school.

4. Vaccination procedures

d) Documentation after vaccination

iii) Fill in vaccination card, do not use DH6.

Stamp on the old / new Seasonal Influenza Vaccination (SIV) card

請妥善保存，並於下次接種/流感疫苗時出示此卡
Please keep properly, and present this card on receiving subsequent influenza vaccination

姓名 Name: Chan Tai Ming
出生日期 Date of Birth: 01/09/2010
性別 Sex: M

季節性流感疫苗接種卡
Seasonal Influenza Vaccination Card

接種日期 Vaccination Date	醫生/診所/外展隊名稱 Name of Doctor/ Clinic/ Outreach Team	流感疫苗名稱 Name of Influenza Vaccine
15/11/2022	Dr. Chan Siu Ming	

衛生署
DEPARTMENT OF HEALTH

THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION
香港特別行政區政府衛生署
IMMUNISATION RECORD
免疫接種記錄

Name 姓名: _____
Date of Birth 出生日期: _____ Sex 性別: _____
Place of Birth 出生地點: ☐ Hong Kong 香港 ☐ Mainland China 中國內地
☐ Others (Please specify) 其他地區 (請註明): _____

Parent's/Guardian's Name 父母/監護人姓名: _____
Case No. 編號: _____
MCH Centre 母嬰健康院: _____
eHR Number 電子健康紀錄號碼: _____

DO NOT STAMP on DH6

This record should be presented when the child is to receive immunisation.
Please properly keep all the immunisation records because there may be required later as documentation of the vaccines received when your child enrolls at schools or emigrates abroad.
兒童在接種疫苗時須出示此記錄。
請妥善保存所有免疫接種記錄，因為孩子日後升學或移民時，此等記錄可作為孩子曾接種過有關疫苗的證明。

重要文件，請永久保存
Please retain this immunisation record indefinitely

DH6 (Rev Jun 2015)

Either Name of **matched** Medical Organization OR Name of **enrolled** doctor

No vaccination on the vaccination day

SIVSO_D_B1
Last updated: May 2025

4. Vaccination procedures

e) Submission of Reports (*For DH delivery*)

Within 1 day after vaccination: Fax “Vaccine Delivery Note” & “Vaccine Usage Form- DH delivery” to PMVD

衛生署 2025 / 26 年度季節性流感疫苗學校外展計劃

送學校 疫苗使用報告及冰箱收集記錄

注意事項:

- 請醫療機構與衛生署指定的物流商核對剩餘疫苗及冰箱數量後，於此表格上簽署及蓋印作實。
- 醫療機構及物流商均應填妥兩份此表格，及各保留一份作記錄，並須於收集剩餘疫苗及冰箱後一個工作天內將此表格、夾照片及收貨發票傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk)

甲部 聯絡資料 (中文/英文)

1. 醫療機構名稱:	3. 醫生註冊編號: M
2. 負責醫生姓名:	4. 學校名稱:
5. 學校編號:	6. 接種日期:

乙部 收集詳情及疫苗使用記錄 (收貨發票號碼: _____)

□ 中學 / □ 小學 / □ 幼稚園及幼兒中心	
□ 注射式 流感疫苗	□ 噴鼻式 流感疫苗
十劑裝疫苗批號: _____	十劑裝疫苗批號: _____
單劑裝疫苗批號: _____	單劑裝疫苗批號: _____

剩餘未開盒疫苗數量(a) (綠色貼紙)		(a) = (b) - (c) - (d) - (e) - (f)			
十劑裝: _____ 劑	單劑裝: _____ 劑				
冰箱連鐵盒 (內附溫度持續記錄器)		_____ 個			
	已接收 (b)	已使用 (c)	需棄置(d) (有裂痕/破裂/ 針頭彎等)	被污染(損壞) (黑色貼紙)(e)	已開盒未使用 (紅色貼紙)(f)
十劑裝:					
單劑裝:					

※ 如有發現任何需棄置(d)或被污染(e)的疫苗，
請立即透過 Whatsapp 5394 3513 聯絡我們，並附上原因及照片。

※ 上述疫苗須經由衛生署職員指示處理，請勿自行棄置

丙部 簽署及蓋章

由外展隊職員填寫

由衛生署指定物流商職員填寫

簽署:		簽署:	
姓名:		姓名:	
職位:		職位:	
電話:		電話:	
	蓋印		蓋印

4. Vaccination procedures

e) Submission of Reports (For Self delivery)

- Within 1 day after receiving vaccines:** Fax “Vaccine Delivery Note” to PMVD
- Within 1 day after vaccination:** Fax “Vaccine Delivery Note” & “Vaccine Usage Form-Self Delivery” to PMVD

衛生署
2025 / 26 年度季節性流感疫苗學校外展計劃
(送診所 (第二劑適用)) 疫苗使用報告(政府提供疫苗模式)

注意事項：
請醫療機構填寫後與學校核對資料並於此使用報告上簽署及蓋印作實，於疫苗接種活動後一個工作天內將此表格傳真或電郵至：衛生防護中心項目管理及疫苗計劃科。
(傳真號碼：2544 3927；電郵地址：pilotsiv@dh.govhk)

甲部 聯絡資料 (中文/英文)

1. 醫療機構名稱：	3. 醫生註冊編號：M
2. 負責醫生姓名：	6. 接種日期：
4. 學校名稱：	
5. 學校編號：	

乙部 疫苗使用記錄 (收貨發票號碼：_____)

※ 請將已開盒 / 未開盒但曾放置於室溫的疫苗列為已失效，並帶回診所存放，以便本署日後安排回收。※

<input type="checkbox"/> 小學 / <input type="checkbox"/> 幼稚園及幼兒中心		
<input type="checkbox"/> 注射式 流感疫苗		<input type="checkbox"/> 噴鼻式 流感疫苗
十劑裝疫苗批號：_____		十劑裝疫苗批號：_____
單劑裝疫苗批號：_____		
疫苗款式	注射式 流感疫苗	噴鼻式 流感疫苗
(a) 此校申請疫苗數量*	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(b) 已使用疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(c) ※曾放置於室溫的 已失效疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
(d) 被污染/損壞 須棄置的疫苗數量	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑
剩餘疫苗數量 = (a) - (b) - (c) - (d)	十劑裝：_____ 劑 單劑裝：_____ 劑	十劑裝：_____ 劑

如有任何因被污染/損壞(d)而須棄置的疫苗，請於下方列出原因，並於電郵內附上照片。

丙部 簽署及蓋章 (由外展隊職員填寫)

簽署：_____

姓名：_____

職位：_____ 電話：_____

醫療機構蓋印

4. Vaccination procedures

e) Submission of Reports

Fax the following form to PMVD within 1 day after vaccination by school

- Medical organization should liaise with school staff concerning vaccine usage, and fill in this form on same day after vaccination
- School staff fax this form to PMVD **within one day after vaccination**

2025/26 季節性流感疫苗學校外展計劃 學生接種記錄報告 (接種日)

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內 傳真此表格至衛生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)。

甲部：學校及醫療機構資料

學校名稱:	
學校編號:	全校總學生人數:
醫療機構名稱:	
負責醫生姓名:	服務提供者碼 (SPID):
接種日期:	

乙部：學生接種疫苗資料

提供疫苗模式	政府提供疫苗模式	醫生提供疫苗模式
接種場次	<input type="checkbox"/> 第一劑 <input type="checkbox"/> 第一劑(第二次到校, 只適用於中小學) <input type="checkbox"/> 第二劑(只適用於小學及幼稚園/幼兒中心)	<input type="checkbox"/> 第一劑 <input type="checkbox"/> 第一劑(第二次到校, 只適用於中小學) <input type="checkbox"/> 第二劑(只適用於小學及幼稚園/幼兒中心)
疫苗種類及學生同意接種人數	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生
疫苗種類及學生實際接種人數	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生

丙部：非學生接種疫苗資料 (只須填寫合資格獲資助接種季節性流感疫苗的人士*)

提供疫苗模式	<input type="checkbox"/> 於外展當日另外自行提供疫苗讓學校員工和學生家庭成員自費接種
疫苗種類及實際接種人數	<input type="checkbox"/> 注射式: _____ 名合資格獲資助人士 <input type="checkbox"/> 噴鼻式: _____ 名合資格獲資助人士

*有關獲資助接種季節性流感疫苗的資格, 請參閱 <https://www.chp.gov.hk/tc/features/107880.html>

由醫療機構職員填寫		由學校職員填寫	
簽署 :		簽署 :	
姓名 :		姓名 :	
職位 :		職位 :	
電話 :	醫療機構蓋印	電話 :	學校蓋印



5. Handling of clinical waste

- Discard the used syringes and uncapped needles **directly into sharps box.**
- Place the sharps box on a flat, firm surface and at an optimal position **near the injection staff.**
- Dispose sharps box when the disposable sharps reach the **warning line (70-80%)** for maximum volume.
- Seal up sharps box afterwards for proper disposal. (Please refer to guidelines of the Environmental Protection Department)
- Complete the **Clinical Waste Temporary Storage Handover Note** (Appendix 8.19 of **2024/25 SIVSOP Doctors' Guide**, if temporary storage at schools is required.)

衛生署
2025/26 季節性流感疫苗學校外展計劃
公私營合作外展隊
醫療廢物暫存轉交記錄

注意事項：

- 此表格只適用於持牌醫療廢物收集商未能於到校疫苗接種活動後即時收集醫療廢物的情況下使用，參與外展的醫療機構及學校均應保留此表格的正／副本。
- 請醫療機構職員將利器收集箱牢固地關上盒蓋密封，然後存放於上鎖及已適當標示的儲物櫃內，留待持牌醫療廢物收集商到學校收集。
- 請學校職員將利器收集箱全數交予收集人員，核對重量後，於醫療廢物運載記錄上簽署及蓋印作實。

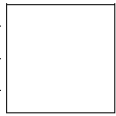
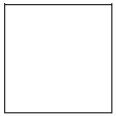
甲、聯絡資料

- 參與計劃醫生姓名：(中文／英文) _____
- 服務提供者號碼： _____
- 所屬醫療機構名稱：(中文／英文) _____
- 學校名稱：(中文／英文) _____
- 學校編號： _____
- 轉交日期： _____
- 預計利器收集箱收集日期： _____

乙、醫療廢物轉交詳情：

疫苗接種場次 (只適用於小學及幼稚園幼兒中心) (For Primary Schools and KG/CCC only) (請在適當的位置加上“✓”號)	利器收集箱 數量
<input type="checkbox"/> 接種第一劑(第一天) <input type="checkbox"/> 接種第一劑(第二天) (小學適用) <input type="checkbox"/> 接種第二劑	_____個

丙、醫療機構及學校簽署及蓋印

由醫療機構職員填寫		由學校代表填寫	
簽署：_____	 醫療機構蓋印	簽署：_____	 學校蓋印
姓名：_____		姓名：_____	
職位：_____		職位：_____	
電話：_____		電話：_____	

6. Emergency management

a) Staff

- Arrange qualified personnel with emergency management qualifications on-site such as **Basic Life Support**.
- Keep training up-to-date and under regular review.
- The PPP doctor is highly preferred to be present at the vaccination venue; he/she should be **personally and physically reachable** in case of emergency.

b) Equipment

- Protocol for emergency management
- Emergency kit equipment should include, but not limited to:
 - Bag-Valve-Mask (**age-appropriate size**)
 - BP monitor (**age-appropriate cuffs**)
 - **At least three Registered Adrenaline auto injector/ ampoules (1:1000 dilution)**
 - Syringes and needles suitable for IMI adrenaline administration
(**at least three 1 ml syringes with three 25-32mm needles**)
- Keep sufficient stock



c) Area

- Designate an area for emergency treatment (with mattress)

Monitoring and Management of Adverse Events Following Vaccination
(Appendix F of 2024/25 Vaccination Subsidy Scheme (VSS) Doctors' Guide)

7. Handling of Vaccination incidents

- Record the student's condition and manage immediately.
- Explain to the teacher and parents timely.
- Notify PMVD ASAP at 2125 2128.
- Submit *Clinical Incident Notification Form* (Appendix 8.22) to PMVD via email within the same day.
- Submit *Clinical Incident Investigation Report* (Appendix 8.23) to PMVD via email within 7 days.



7. Handling of Vaccination incidents

Sample of Clinical Incident Notification Form

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

To: PMVD, CHP
Fax: 2984 9608
Email: sivop@dh.gov.hk

From: _____ (Name of Medical Organization)
Name: _____ (Name of Enrolled Doctor)
Tel: _____
Date: _____

Case Number (assigned by PMVD): _____

Receiving time (To be filled by PMVD): _____

Notification Form for Suspected Clinical Incident (To be completed by organisation / service provider)

Points to Note
(for Medical operator):

- 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 PPP vaccination team
- Notification should be made as soon as possible (by phone to the PMVD at 2125 2128) And followed by this written Clinical Incident Notification Form
- The completed form should be returned to the PMVD by email (sivop@dh.gov.hk) as soon as possible and within the same day of the incident.
- A follow up full investigation report by the enrolled doctor of the PPP vaccination team should be submitted to the PMVD by email within 1 week upon discovery of (suspected) incident.

I. Brief Facts

Name of School: _____

Date of incident (dd/mm/yyyy): _____ Time (24 hr format): _____

Place of occurrence: ☐ In the School
☐ Others, please specify: _____

Stage of care when incident occur ☐ Pre-vaccination
☐ During vaccination
☐ Post-vaccination

Number of vaccine recipient(s) affected: _____

Demographics of clients affected:

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

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME CLINICAL INCIDENT NOTIFICATION FORM

(RESTRICTED)

Summary of the incident: (including what happened, how it happened, and what actions were taken etc.)

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

II. Reporter's Information

Name (in Full) : Mr / Ms/ Dr: _____ Post: Please tick the appropriate box below:

☐ Doctor

☐ Nurse

☐ Other healthcare professionals, please specify: _____

Email: _____

Name of organisation/ service provider: _____

Name of enrolled doctor: _____

Date: _____ (dd/mm/yyyy) Time (24 hr format): _____

Classification of level of Injury

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

7. Handling of Vaccination incidents

Sample of Clinical Incident Investigation Report

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME CLINICAL INCIDENT INVESTIGATION REPORT

(RESTRICTED)

To: PMVD, CHP
Fax: 2984 9608
Email: pivop@dh.gov.hk

From: _____ (Name of Medical Organization)
Name: _____ (Name of Enrolled Doctor)
Tel: _____
Date: _____

Case Number (assigned by PMVD): _____

Clinical Incident Investigation Report

(To be completed by the enrolled doctor of the PFP vaccination team)

Points to Note: - Report should be made within 1 week upon discovery of the incident

I. Brief Facts

Name of School involved: _____						
Date of incident (dd/mm/yyyy): _____				Time (24 hr format): _____		
Place of occurrence: <input type="checkbox"/> In the School <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: (including what happened, how it happened)

SEASONAL INFLUENZA VACCINATION SCHOOL OUTREACH PROGRAMME 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: _____

8. 2nd Dose Preparation

- Check the consent form for the **vaccination history** provided by the parents/guardians in addition to the record on eHS(S)
- The vaccination record on eHS(S) may not show all vaccination history, e.g. the vaccine recipient may have received seasonal influenza vaccination overseas / through self payment by private doctors and it will not be shown on eHS(S)
- If the vaccination history provided by parents/guardians and the eHS(S) records are inconsistent, please clarify with the parents/ guardians.



9. Quality Assurance Inspections

- Venue setting
- Cold-chain management
- Vaccination procedure and techniques
- Emergency equipment preparation
- Clinical waste management



Observations and Recommendations

Areas	Observations	Recommendations
Venue setting	<ol style="list-style-type: none">1. Mixing consent and non-consent students in the same activity venue2. Mixing vaccinated and non-vaccinated students in the same venue	<ol style="list-style-type: none">1. Only allowed consent students to stay in the vaccination room2. Clear segregation<ul style="list-style-type: none">- by signage, partition- by supporting staff
Cold chain management	<ol style="list-style-type: none">1. Temperature of the fridge/cold box for vaccine storage was not closely monitored2. Absent of appropriate temperature monitoring device for cold-chain management.	<ol style="list-style-type: none">1. Monitoring the temperature for vaccine storage with max-min thermometer/data logger

Observations and Recommendations

Areas	Observations	Recommendations
Vaccination procedure and technique	<ol style="list-style-type: none">1. Improper identity and consent form checking2. Improper positioning of students3. Improper hand hygiene technique	<ol style="list-style-type: none">1. Checking at least two identifiers and eligibility of recipient before vaccination <i>- in particular 2nd dose</i> <i>- check information in both eHS(S) and consent form</i>2. Give instruction to parents on positioning properly3. Adhere to 5 moments and 7 steps of hand hygiene technique

★ Strictly Adhere 3 checks and 7 rights for vaccine administration ★

Observations and Recommendations

Areas	Observations	Recommendations
Emergency equipment preparation	<ol style="list-style-type: none"> 1. Expired Adrenaline 2. Inappropriate syringe and needle 3. No age-appropriate BP cuff / BVM 	<ol style="list-style-type: none"> 1. Check and prepare size and age appropriate emergency equipment before activity
Clinical wastes management	<ol style="list-style-type: none"> 1. Overfilled sharps box 2. Inappropriate storage area 	<ol style="list-style-type: none"> 1. Change new sharps box when 70-80% filled 2. Adhere to the EPD guidelines and regulations

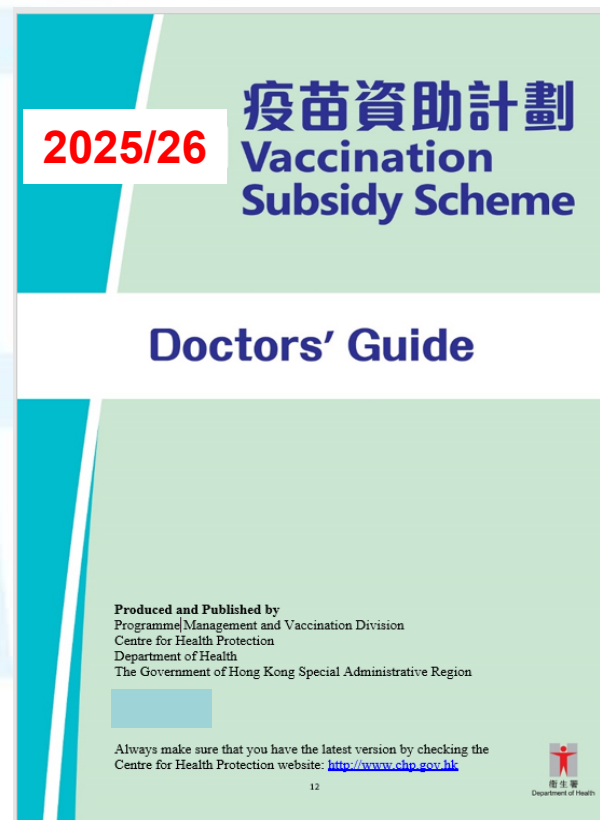
Please read and follow **both guides** when providing outreach vaccination activities
Check the **latest version** at CHP website <http://www.chp.gov.hk>

SIVSOP Doctors' Guide

For 2025/26

Seasonal Influenza Vaccination
School Outreach
Programme
(SIVSOP)

Applicable to both
“Government Supply Vaccine Mode”
and
“Doctor Supply Vaccine Mode”



Thank You!

