

**Seasonal Influenza Vaccination/ Pneumococcal Vaccination
under Vaccination Subsidy Scheme**

CLINICAL INCIDENT NOTIFICATION FORM

Notification Form for Suspected Clinical Incident
<p>Points to note:</p> <ul style="list-style-type: none"> - Clinical incident is defined as any events or circumstances that caused injury to vaccine recipients or posed risk of harm to vaccine recipients in the course of provision of clinical service. - Clinical incident could be notified by VSS doctor and his/ her clinic staff - Notification should be made as soon as possible (by phone to the PMVD at 2125 2299, and followed by fax or email of the written notification form, within the same working day upon discovery of (suspected) incident - A follow up full investigation report by the VSS Doctor should be submitted within 1 week upon discovery of (suspected) incident

To: VSS Office, PMVD, CHP

Fax: 2713 9576

Email: vacs@dh.gov.hk

Case Number (assigned by VSS Office) _____

I. Brief Facts						
Name of VSS Clinic 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 VSS clinic <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 next page)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and lot number of vaccine involved

<p>Summary of the incident: <i>(including what happened, how it happened, preliminary assessment and immediate remedial 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 align="center">II. Reporter's Information</p>						
<p>Name (in Full) Dr/ 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 organization /service provider:</p> <p>_____</p>						
<p>Name of enrolled doctor: _____</p>						
<p>Date (dd/mm/yyyy): _____ Time (24 hr format): _____</p>						

Classification of level of Injury

Level of Injury	<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>
------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------