

Chapter 3 - VSS at Non-Clinic Settings

Institutions and community groups (organisers) may invite the Private Doctors to provide outreach vaccination service for eligible groups in the community. It is the prime responsibility of the Private Doctor to give due consideration to the safety and liability issues in vaccination service at non-clinic settings. The Private Doctor shall ensure the quality vaccination service delivered to Scheme Participants is up-to-standard. The Private Doctor is overall responsible for the vaccination activity.

The following sections highlight the roles and responsibilities of the Private Doctors, as well as areas to pay attention to when offering vaccination services to Scheme Participants under VSS at non-clinic settings. Please refer to other sections in this Guide for the other requirements and logistics under VSS.

3.1 Preparation before conducting outreach vaccination activity

3.1.1 Administrative procedures required by the Private Doctor

- (1) Ensure you have registered eHealth, joined Primary Care Directory or Primary Care Register and VSS (see **Section 2.1** of Chapter 2). Indicate that you will provide outreach vaccination activities in the IT platform. Be sure you have received confirmation of enrolment before providing subsidised service. Activity conducted without prior enrolment would not be reimbursed.
- (2) Check the health education materials, if any, to ensure the information provided by the Private Doctor or organiser regarding vaccination service is correct. The use of logos of the Government (such as DH, CHP and VSS) without prior permission of the Government on any materials issued by the Private Doctors or organiser is prohibited.
- (3) The Private Doctor shall submit the completed *Notification on Vaccination Activity at Non-Clinic Settings Form* (see Section 4.2 of Chapter 4) to the Government at least 7 days prior to the vaccination activity. The Private Doctor shall notify the Government of any changes to the activity or cancellation of the activity in written. The Government shall have no obligation to pay the Private Doctor any Subsidy for any Vaccination administered in an activity which is conducted without prior notification / updates.

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- (4) Private Doctors shall follow instructions of the Government, which may include but not limited to:
- *Provide supplementary information to the satisfaction of the Government*
 - *Cease provision of service*
 - *Amend plan*
- (5) The Environmental Protection Department (EPD) may conduct surprise inspections on outreach activity for compliance to the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354O of the laws of Hong Kong) and any other applicable laws and regulations in regards to clinical waste control.
- (6) The Government, at its discretion, may select activities to conduct onsite inspection of the services provided (see **Section 3.5** of Chapter 3 for a checklist of items during onsite inspection).

3.1.2. Vaccine purchase

According to the Pharmacy and Poisons Ordinance (Cap. 138), vaccines should be prescribed by a Registered Medical Practitioner.

(1) Vaccine ordering

- (a) Obtain a good estimation of the number of Scheme Participants at the outreach activities and pre-order sufficient vaccines for the outreach activities.
- (b) Pre-ordering vaccines well ahead of time directly from the vaccine manufacturer/ pharmaceutical supplier(s) is recommended.
- (c) **Special note on reading package insert for use and dosage of vaccines**

There are different brands and preparations of seasonal influenza vaccine available in the market. Special attention should be paid to the package insert, in particular the registered indications, age-range, recommended dosage and route of administration (e.g. intramuscular, subcutaneous, intranasal). It is important to use the registered vaccine in accordance to the recommendations on the drug insert.

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- (d) Expired vaccines must NOT be administered to Scheme Participants. Seasonal influenza vaccine of the previous season should have been disposed of and should not be retained for the next season. Expired vaccines should be labeled clearly, be removed from the refrigerator immediately and be disposed of according to guidelines from the Environmental Protection Department (EPD) (https://www.epd.gov.hk/epd/english/environmentinhk/waste/guide_ref/guide_cwc_sub1.html).
- (2) COVID-19 vaccines can be co-administered with, or at any time before or after, SIV (including inactivated influenza vaccine and live attenuated influenza vaccines) under informed consent. If clients or parents of children wish to space out COVID-19 vaccine with live attenuated vaccines, an interval of 14 days is sufficient. (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_coadministration_of_covid19_vaccine_with_other_vaccines_in_hong_kong_11_aug.pdf)

Please refer to Appendix H – Vaccination Guide for Co-Administration of Seasonal Influenza Vaccine and COVID-19 Vaccines at Same Visit

- (3) Vaccine transport and cold chain maintenance

Please refer to **Chapter 6** for requirements and recommendations.

3.1.3. **Choice of vaccination venue**

- (1) Find out if there are any restrictions at the desired vaccination venue for outreach vaccination activities.
- (2) The Private Doctor shall conduct due diligence to ensure the vaccination venue is safe, well lit, ventilated and clean. Adequate and separate areas should be arranged for:
- (a) Waiting
 - (b) Registration;
 - (c) Administration of vaccination;
 - (d) Observation after vaccination; and
 - (e) Emergency treatment.

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- (3) The Private Doctor shall exercise extra caution before choosing the following as venue of vaccination:
- Food room (Kitchen)
 - Food premises in operation (restaurant in business)
 - Location for storing / handling flammable, explosive, or any other hazardous materials
 - Conveyance (Vehicle, ship, aircraft)
 - Aerosol generating facility, particulate generating facility or area down-wind to that
 - In vicinity to vehicle traffic, in Public Transport Interchange, or on railway platform
 - Outdoor areas without shelter
 - Nuisance facility and its immediate surrounding
- (4) The vaccination venue should have enough space for any emergency treatment or resuscitation. Depending on the size of venue, the number of individuals the event can safely cater differ. Private Doctors shall follow instructions of the Government, which may include but not limited to:
- *Provide supplementary information to the satisfaction of the Government*
 - *Cease provision of service*
 - *Amend plan*
- (5) Please refer to the following for more details about the infection control guidelines at <https://www.chp.gov.hk/en/resources/346/index.html> .
- (6) The Private Doctor should pre-arrange with the occupant of the outreach vaccination venue to secure a suitable temporary storage area for the clinical waste, in case clinical waste generated cannot be collected by a licensed clinical waste collector or delivered to Chemical Waste Treatment Centre (CWTC) by a healthcare professional on the same day after the vaccination activities. For details, please refer to the “**Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities**” provided by EPD in **Appendix G**.

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3.1.4. Provision of adequate information to Scheme Participants

- (1) Provide Scheme Participants (or parents/ guardians) with essential information on the vaccines to ensure that they understand
 - (a) aims of the vaccination;
 - (b) contraindications and precautions of the vaccine;
 - (c) possible side-effects of vaccination; and
 - (d) their eligibility for subsidised vaccination including eHealth registration requirement for persons aged 18 or above.
- (2) If practicable, the Private Doctor may provide health talks to Scheme Participants or their parents/guardians on the vaccine before vaccination.
- (3) Participation in the Government's vaccination subsidy schemes is voluntary. Sufficient time should be allowed for Scheme Participants to consider if they would like to join. Related information is available from CHP website (<https://www.chp.gov.hk/en/features/17980.html>).
- (4) Make the vaccination co-payment transparent to Scheme Participants, parents/ guardians before providing service. An SMS about co-payment charged would be sent by the system to Scheme Participants after vaccination.
- (5) For children who are below 9 years old and have never received seasonal influenza vaccination, and will receive the first dose in the outreach vaccination activity, inform or advise the parents about the arrangement of the second dose.
- (6) Inform Scheme Participants that the Government may contact randomly selected Scheme Participants (or parents/ guardians) for information verification.
- (7) Make available copies of *Vaccination Subsidy Scheme - Consent Form* for vaccine recipients/parents/guardians to fill in, in case they cannot use e-Consent

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3.1.5. Checking eligibility and obtaining consent (see Section 2.6 of Chapter 2)

- (1) It is the responsibility of the Private Doctors to ensure that the relevant documents are collected and checked before administering vaccines via the IT platform.
- (2) Check the symbol on the Hong Kong Identity Card of the Scheme Participant(s) before Vaccination; and if the symbol of the Hong Kong Identity Card of the person to receive the vaccination is 'C' or 'U', ascertain that such Scheme Participant's permission to stay in Hong Kong as granted by the Government will not have been expired by the time when he receives Vaccination.
- (3) Use of Smart ID Card Reader for e-Consent for adults using Hong Kong Identity Card

e-Consent for SIV/ PV is for adult Scheme Participants (18 years old or above) inserting the valid Hong Kong Identity Card into the smart card reader which will capture the card face data.

For those presenting a Smart Hong Kong Identity Card issued before 26 November 2018 were no longer supported by the smart card reader, Private Doctors should input the personal particulars of the Scheme Participant to the system manually.

Persons who do not use the ID card for insertion into the smart card reader should use paper consent forms. For persons below 18 years old and mentally incapacitated persons, they should use the paper consent forms.

Before vaccination, the Private Doctor should display the "eConsent under the Vaccination Subsidy Scheme" Notice (available at <https://www.chp.gov.hk/en/features/45851.html>), explain to Scheme Participants and obtain consent for receiving subsidised vaccination under VSS, registering eHealth or eHS(S) (as the case may be) account if such account has not been created and agreeing on the Statement of Purpose of Collection of Personal Data; and document in relevant check box of IT platform.

- (4) For person under 18 years of age/ persons with intellectual disability/ persons mentally incapacitated
 - (a) Parents/ guardians acting on their behalf must complete legibly a *Vaccination Subsidy Scheme – Consent Form* (see **Section 4.2** of Chapter 4). In order for minor/ person with intellectual disability/ person mentally incapacitated to receive vaccination, a *Vaccination Subsidy Scheme – Consent Form* duly completed and signed by his/ her parent/ guardian should be submitted.

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- (b) If an adolescent is 18 years old or above and is attending a secondary school in Hong Kong, please collect a photocopy of the student handbook or student card from the parent to prove the adolescent's eligibility under VSS.

(5) For ALL eligible groups

- (a) Check the Scheme Participant's identity document against *Vaccination Subsidy Scheme – Consent Form* and confirm his eligibility to receive subsidised vaccination including eHealth registration status for persons aged 18 or above. Please refer to **Appendix A, C and D** for the identity documents accepted for HK resident status, Registration Card for PID or Notification Letter of Successful Application of Disability Allowance for PDA, etc.
- (b) Keep a copy of the document on eligibility as necessary. The original format of the *Vaccination Subsidy Scheme – Consent Form* must be kept. Any alteration of the format may result in failure to reimburse the concerned subsidy.
- (c) The Private Doctor has the responsibility to ascertain availability of subsidy in the IT platform for the Scheme Participant and verify the Scheme Participant's past vaccination history and recent vaccination record in the eHealth or eHS(S) before providing vaccination.
- (d) Claims will not be reimbursed if vaccination is provided to a person who has already received the doses of vaccine allowed under the Programme.
- (e) The Private Doctor cannot make claims of any vaccination that he/ she provided to himself/ herself, or to his/ her child or ward.
- (f) The Private Doctor has the responsibility to ensure that the Scheme Participant has duly signed and completed *Vaccination Subsidy Scheme – Consent Form* of vaccine. The particulars in the *Vaccination Subsidy Scheme – Consent Form* should include the following:
 - (i) The name of the Private Doctor responsible for the vaccination activity and submitting reimbursement claim;
 - (ii) The place of vaccination;

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- (iii) The Private Doctor's signature to confirm a Scheme Participant's eligibility for SIV or PV vaccination, including pregnancy status, intellectual disability status, specified chronic medical condition or high-risk condition; and
- (iv) The signature and name of the Scheme Participant/ witness/ parent/ guardian.
- (g) If there are any changes made to data recorded in the particular section on pneumococcal vaccination on the *Vaccination Subsidy Scheme – Consent Form* (e.g. presence of high-risk condition or not, PCV13, PCV15 or 23vPPV having been administered), subsequent to signing by the Scheme Participant, the amendments should be countersigned by Scheme Participant as well.
- (h) Vaccination should be given to Scheme Participant after the *Vaccination Subsidy Scheme – Consent Form* is duly signed and completed. Please refer to **Section 2.6** of Chapter 2 for the points to note before administration of the vaccine.

3.1.6. Pre-arrange health assessment for the Scheme Participants

- (1) Health assessment before administration of vaccines
 - (a) Health assessment should be done before administration of vaccine.
 - (b) *Health Assessment Form* completed by Scheme Participants should be collected and checked (see **Section 4.2** of Chapter 4 or visit the CHP website).
 - (c) Obtain vaccination history and check *Health Assessment Form* completed by the Scheme Participant to screen for any contraindications or precautions to the vaccines to be administered.
 - (d) eHealth or eHS(S) vaccination record, previous vaccination card/ record, including the type of seasonal influenza vaccine (SIV) and/ or type of pneumococcal vaccine (PCV13, PCV15 or 23vPPV) that has been given before, if any should be checked.
 - (e) Presence of specified chronic medical conditions or high-risk conditions of Scheme Participants before administration of SIV or PCV15, if any, should be confirmed by the Private Doctor.

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- (f) The package insert, with recommendation, vaccine dosage, route of administration and expiry date should be checked before administration.

3.1.7. Planning for professional staffing and necessary equipment

- (1) Vaccination administration is a medical procedure that carries risks. **The Private Doctor should be present at the venue during the vaccination activity; or else, he/she should be personally and physically reachable in case of emergency.** The Private Doctor shall keep a log on a daily basis regarding his/her attendance to the place of service. The Private Doctor shall attend the place of service once a day to ensure everything in order. The Private Doctor, if unable to attend to the place of service on a particular day, shall refrain from providing service.
- (2) For the safety of Scheme Participants, vaccination shall be administered by qualified healthcare professionals or by trained personnel under the Private Doctor's personal supervision.
- (3) The Private Doctor should:
 - (a) Arrange sufficient number of qualified/ trained healthcare personnel to provide service and medical support: Provide at least 1 doctor/ registered nurse/ enrolled nurse to provide supervision on-site and at least 1 staff member who is 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.
 - (b) If co-administration of SIV and COVID-19 vaccination is planned in the outreach activity, please ensure all staff who are well trained to handle various vaccines at the same time properly. Please refer to Appendix H – Vaccination Guide for Co-Administration of Seasonal Influenza Vaccine and COVID-19 Vaccines at Same Visit.
 - (c) The Private Doctor/ his qualified personnel should keep training up-to-date and under regular review.
 - (d) Exercise effective supervision over the trained personnel who cover his duty.
 - (e) Retain personal responsibility for the treatment of the patients.

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- (f) Note that improper delegation of medical duties to non-qualified persons transgresses accepted codes of professional ethical behaviour 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**).
- (4) The Private Doctor should also ensure there are adequate trainings/ briefings before the vaccination activity starts to:
 - (a) All personnel on the logistic of the vaccination activities on that day, infection control practice and safety concerns.
 - (b) Relevant staff on the details/ requirements of services to be provided.
 - (c) Video on how to pack a cold box and activity arrangement are available on the CHP website (<https://www.chp.gov.hk/tc/features/102010.html>) for health care personnel's information.
- (5) Vaccination equipment should be well prepared beforehand and should have the expiry date checked, including
 - (a) 70-80% alcohol-based hand rub for hand hygiene;
 - (b) alcohol pads/swabs for skin disinfection before vaccination;
 - (c) dry clean gauze/non-woven balls for post vaccination compression to injection site;
 - (d) needles of appropriate length and gauge;
 - (e) sharps box(es) (1 for each vaccination station);
Visit the following website to obtain more information for the specification of sharps box.
<https://www.epd.gov.hk/epd/clinicalwaste/file/doc03.pdf>
 - (f) emergency equipment (Please see 3.1.9 for details);
 - (g) forms/ vaccination cards as necessary; and
 - (h) other accessories and stationery as indicated
- (6) For appropriate needle length and injection technique, please find detailed information in the following:

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- (a) Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings – Module on Immunisation Chapter 3. Revised edition 2019
(https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework/pre_care_for_child.html); and
 - (b) 14th Edition Epidemiology and Prevention of Vaccine-Preventable Diseases, the “Pink Book,” Chapter 6 Vaccine Administration.
https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-6-vaccine-administration.html?CDC_AAref_Val=
- (7) Personal Protective Equipment (PPE)
- (a) Personal protective equipment should be used as indicated. Staff should ensure the availability of PPE on site, provided either by the site service or by bring along with them. Please refer to Personal Protective Equipment Section of ICB Infection Control Guidelines for PPE indications and usage
(<https://www.chp.gov.hk/en/resources/346/365.html>)

3.1.8. ***Planning for clinical waste handling and disposal***

- (1) Regulation of clinical waste control is under the purview of EPD. All clinical waste generated should be properly handled (including proper package, storage and disposal) in accordance with the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354O of the laws of Hong Kong) and any other applicable laws and regulations. For details, please refer to the **EPD's Code of Practice (CoP) for the Management of Clinical Waste for Small Clinical Waste Producers**
(http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).
- (2) **At least 7 days before** the outreach vaccination activities, the Private Doctors should:
 - (a) obtain a premises code for outreach service from EPD, if they do not have it;
 - (b) pre-arrange with a licensed clinical waste collector to collect clinical waste or a healthcare professional to deliver clinical waste to the Chemical Waste Treatment Centre (CWTC) after the vaccination

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activities as soon as possible; and

- (c) pre-arrange with the outreach vaccination venue to provide suitable area for temporary storage of clinical waste, if the waste could not be collected or delivered on the date of vaccination.
- (3) For details of handling of clinical waste generated from outreach vaccination activities, please refer to the **“Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** provided by EPD in **Appendix G**, or contact EPD at 3178 9356 for any enquiries.

3.1.9. Preparation of emergency situation (Video on the related preparation is available at <https://www.youtube.com/watch?v=It3tMplmTVk&feature=youtu.be>)

- (1) The Private Doctor should arrange qualified personnel, who are 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.
- (2) The Private Doctor should keep training of personnel responsible for emergency management up-to-date and under regular review.
- (3) Ensure all emergency equipment with age-appropriate parts for Scheme Participants in the emergency kit (e.g. Bag Valve Mask, BP monitor and syringes & needles suitable for IMI adrenaline administration) is sufficient, and emergency drugs (e.g. 1:1000 adrenaline for injection or adrenaline in pre-filled pen/auto-injector) are registered in Hong Kong and not expired.
- (4) In general, the following items must be brought to the vaccination venue:
 - At least three numbers of registered Adrenaline in pre-filled pen or auto-injector (appropriate dosage)/ Adrenaline injection (1:1000 dilution);
 - At least three 1ml syringes; AND
 - At least three 25-32mm needles.
- (5) Keep written protocol and training material for reference.
- (6) The Private Doctor is highly preferred to be present at the vaccination venue

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and should be **personally and physically reachable in case of emergency.**

- (7) Please refer to **Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation**

(https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework/pre_care_for_child.html)

or **Appendix F** for Monitoring and Management of Adverse Events Following Immunisation.

- (8) The Private Doctors are encouraged to report any suspected adverse events following immunisation which are serious (even if the reaction is well-known), non-serious but deemed medically significant by the healthcare professional, or unexpected, to the Pharmacovigilance Unit of the Drug Office, Department of Health, to facilitate assessment process.

- (9) Further information and Adverse Drug Reaction (ADR) report form are available at the following link:

https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/adr_report_form.html

3.2 On day of vaccination activity

3.2.1. Professional staffing and necessary equipment

- (1) Vaccination administration is a medical procedure that carries risks. **The Private Doctor should be present at the venue during the activity; or else, he/she should be personally and physically reachable in case of emergency.**
- (2) The Private Doctor should arrange sufficient number of qualified/ trained healthcare personnel to provide service and medical support, as specified in **Section 3.1.7** of Chapter 3.
- (3) *The Private Doctor should equip computers for outreach activities. They should use card reader to collect eConsent whenever HKID card is presented, or manual entry via computer (with consent form) for other documents, for all outreach vaccination activities.*
- (4) *The Private Doctor should handle claim submission on site so as to ensure that vaccine recipients can receive the SMS message on co-payment immediately.*
- (5) The Private Doctor should arrange and check the expiry date of vaccination equipment as specified in **Section 3.1.7** of Chapter 3.
- (6) If co-administration of SIV and COVID-19 vaccination is planned in the outreach activity, please pay particular attention to collect of appropriate consent from Scheme Participants/ parents/ guardians on respective vaccines and co-administration in advance. On the day of vaccination, clear segregation of Scheme Participants and booths administering different types of vaccines; and support the service doctors on proper vaccine and vaccination record handling. Vaccination booths that provide only influenza vaccines should be segregated from booths that provide both influenza vaccines and COVID-19 vaccines. Please refer to Appendix H – Vaccination Guide for Co-Administration of Seasonal Influenza Vaccine and COVID-19 Vaccines at Same Visit

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3.2.2. Vaccination procedure and infection control practice

(1) Health assessment before administration of vaccines

- (a) Pre-arrange health assessment for Scheme Participants as in Section 3.1.6 of **Chapter 3**.
- (b) On the vaccination day, completed health assessment form and eHealth or eHS(S) vaccination record, previous vaccination card/ record should be available onsite if possible and could be checked again for suitability for vaccination. Vaccinators should check the Scheme Participants' identity via the IT platform.
- (c) Health care professionals should assess whether there are any contraindications or precautions to the vaccines to be administered.
- (d) Confirm presence of specified chronic medical conditions and high-risk conditions of the Scheme Participants before administration of SIV or PCV15 and Consent obtained.
- (e) Fully inform the Scheme Participant/ parent/ guardian/ carer the vaccine(s) to be given and make sure he/ she understands the vaccination procedure.
- (f) If co-administration of SIV and COVID-19 vaccination is planned, please pay particular attention to collect appropriate consent from Scheme Participants/ parents/ guardians on respective vaccines and co-administration in advance.
- (g) Explain to Scheme Participant or carer the possible adverse reactions (ADRs) and the appropriate actions to take.

(2) Checking of vaccines

- (a) As basic requirement, checking of vaccines and rights of medication administration should be adopted, including:
 - (i) 3 checks: when taking out the vaccine from storage, before preparing the vaccine and before administering the vaccine
 - (ii) 7 rights:
 - The right patient;
 - The right vaccine or diluent;

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- The right time (e.g. correct age, correct interval, vaccine not expired);
- The right dosage (Confirm appropriateness of dose by using current drug insert as reference.);
- The right route, needle length and technique;
- The right site (Please refer to Table 1 and 2 below for injection site and needle size); and
- The right documentation (e.g. Document the name of Scheme Participant, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card).

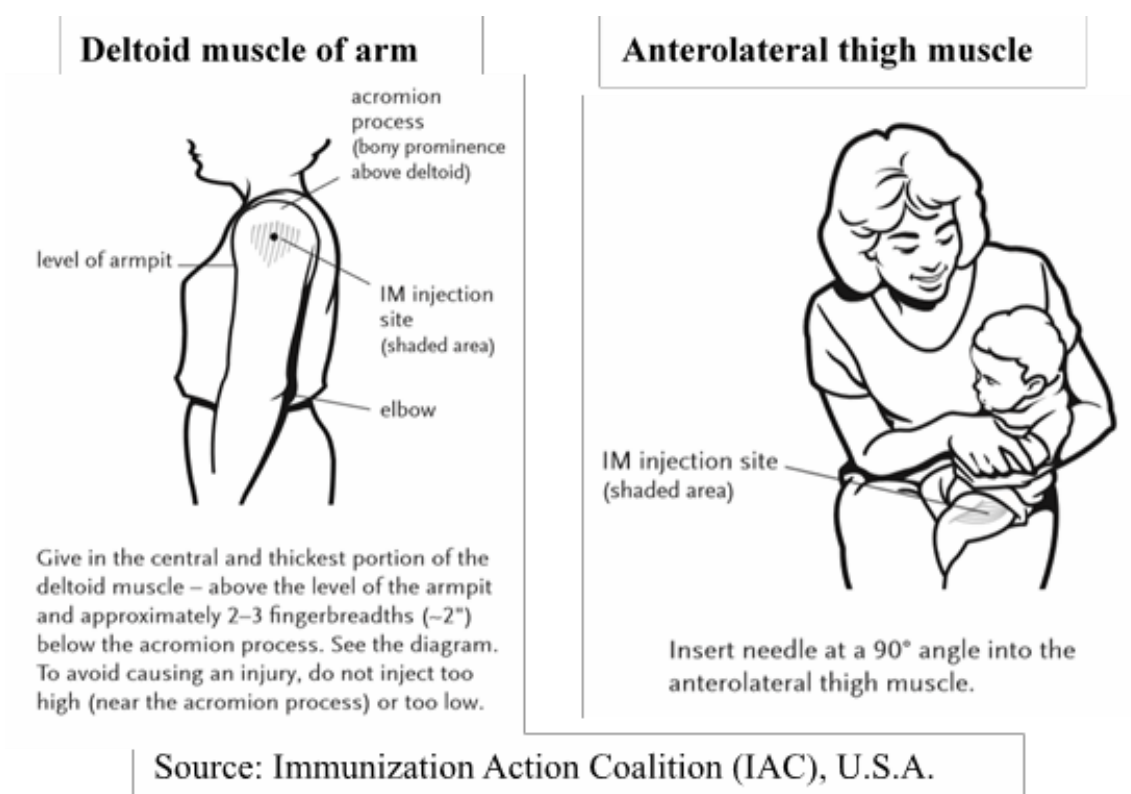
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Table 1. Intramuscular injection site and needle size

Intramuscular (IM) injection:		
Use a 22-25 gauge needle. Choose the injection site and needle length appropriate to the person's age and body mass. The needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue.		
Age	Needle length	Injection site
Infants (1-12 months)	25mm	Anterolateral thigh muscle
Toddlers (1-2 years)	16*-25mm	Deltoid muscle of arm
	25-32mm	Anterolateral thigh muscle
Children and teens (3-18 years)	16*-25mm	Deltoid muscle of arm
	25-32mm	Anterolateral thigh muscle

* A 16mm needle may be used only if the skin is stretch tight, subcutaneous tissue is not bunched and injection is made at a 90-degree angle.

Source: Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation



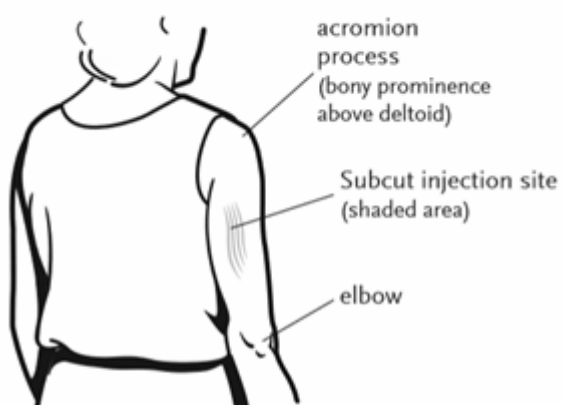
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Table 2. Subcutaneous injection site and needle size

Subcutaneous (SC) injection: Use a 23-25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.		
Age	Needle length	Injection site
Infants (1-12 months)	16mm	Fatty tissue over anterolateral thigh muscle
Children 12 months older, and adolescents	16mm	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps

Reference: Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation

Fatty tissue over triceps



Insert needle at a 45° angle into the fatty tissue overlying the triceps muscle. Make sure you pinch up on the subcutaneous tissue to prevent injection into the muscle.

Fatty tissue over anterolateral thigh muscle



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

(b) For more details on vaccination and injection techniques, please refer to Section 3.4 of Chapter 3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation.

(https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework

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(3) Infection control practice

(a) Infection control practice must be complied by all personnel.

(b) Please also see **section 3.1.3** of Chapter 3.

(c) 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, before every session or whenever visibly soiled. Leave for 15-30 minutes, and then rinse with water and keep dry. For metallic surface, disinfect with 70% alcohol.

(d) Personal Protective Equipment (PPE) Personal protective equipment should be used as indicated. Staff should ensure the availability of PPE on site, provided either by the site service or by bring along with them. Please refer to Personal Protective Equipment Section of ICB Infection Control Guidelines for PPE indications and usage (<https://www.chp.gov.hk/en/resources/346/365.html>).

(e) Safe injection practices and sharps handling

(i) The staff should adhere to basic aseptic technique for the preparation and administration of parenteral medications.

(ii) Sharps injury, especially involving disposable needles, are well-known risks in all healthcare settings. Safe handling, use and disposal of sharps are necessary to prevent injury and the possible transmission of bloodborne diseases, including hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

(iii) The general principles of prevention of sharps injury are listed in the CHP guidelines “Prevention of Sharps Injury and Mucocutaneous Exposure to Blood and Body Fluids” at: https://www.chp.gov.hk/files/pdf/prevention_of_sharps_injury_and_mucocutaneous_exposure_to_blood_and_body_fluids.pdf

(iv) Postexposure management involves provision of first aid, reporting,

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risk assessment and counselling. It is important that healthcare facilities should have a protocol in place. 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

- (v) For details, please refer to **section 5.5 of Guide to Infection Control In Clinic Setting.** (https://www.chp.gov.hk/files/pdf/guide_to_infection_control_in_clinic_setting.pdf).

(f) Additional infection control measures when administering LAIV

- (i) There is no requirement or recommendation for wearing full personal protective equipment. Healthcare providers should follow standard precautions, wear surgical mask and gloves when administering intranasal vaccines because of the increased likelihood of coming in contact with a patient's mucous membranes and body fluids. Healthcare providers should also change their gloves between patients in addition to performing hand hygiene. Administration of LAIV is not considered an aerosol-generating procedure and thus, the use of an N95 or higher-level respirator is not recommended.

(g) Hand hygiene and use of glove

- (i) Hand hygiene practice should be adopted and strictly followed during vaccination procedure.
- (ii) 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 1 below - CHP poster of “7 steps on hand hygiene”)

Figure 1 - CHP poster of “7 steps on hand hygiene”



- (iii) Clean hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.
- (iv) When hands are not visibly soiled, clean them with 70-80% alcohol-based handrub is also effective.
- (v) When using alcohol-based handrub, apply a palmful of handrub (ensure adequate volume) into the palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry.
- (vi) Medical gloves use by health care workers (HCWs) is recommended to reduce the risk of contaminating HCWs' hands with blood and other body fluids, and reduce the risk of germ dissemination to the environment and of transmission from the HCWs to the patient and vice versa, as well as from one patient to

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another.

- (vii) Medical 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.
- (viii) 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).
- (ix) Use a new alcohol prep/ alcohol swab for skin disinfection and allow the site to DRY completely before vaccination, and use a new dry clean gauze/non-woven ball for post vaccination compression of injection site.
- (x) Wipe the vaccination area from centre outwards, without touching the same area repeatedly.
- (xi) DO NOT self-prepare cotton wool in a container with alcohol as it will be contaminated with the hand and environmental bacteria.

(4) Vaccine preparation

- (a) Some of the vaccines need to be shaken well before administration. (Refer to product insert for recommendation)
- (b) Vaccines in prefilled syringes may contain an air bubble. (Please refer to the product insert for whether the air bubble should or should not be expelled). Caution should be taken when expelling air from prefilled syringe as it may cause loss of volume, and therefore not giving the Scheme Participant the full dose.
- (c) The vaccine should be inspected visually for particulate matter, defect and/or discoloration before vaccination.
- (d) For vaccine requiring reconstitution, the vaccine should be reconstituted immediately before administration.

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(5) Administration and injection technique

Before administration of vaccine, healthcare providers should position the child properly. Please refer to Figure 2 for positions to prepare for vaccination.

- (a) For infants and toddlers: parent/ carer holds the child on parent/ carer's lap.
- (b) For older children: parent/ carer holds the child on parent/ carer's lap or have the child standing in front of the seated parent/ carer.

Figure 2 - Proper positions of holding a child during injection



家長扶抱兒童接種疫苗時的正確姿勢

Proper Position of Holding a Child during Injection

注射部位： 手臂

Injection Site : Upper Arm

3 幼童 – Toddler



4 學前兒童 – Pre-schooler



緊按肩膀
Hold your child's
shoulder tightly

緊捉手肘
Hold your child's
arm tightly

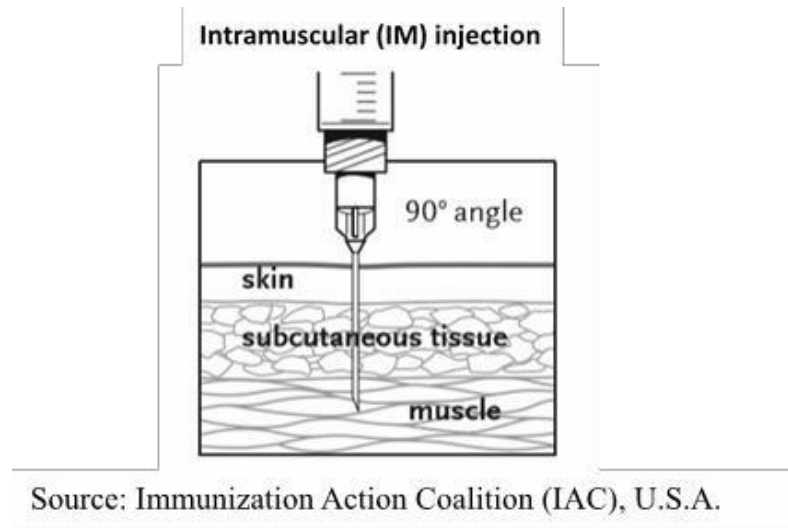
以大腿緊夾兒童的小腿
Hold your
child's legs between
your thighs tightly

(By courtesy of Family Health Service, Department of Health)

(c) Administration by the Intramuscular (IM) Route

Technique

- (i) As there is no large blood vessels in the 2 routinely recommended IM site (deltoid muscle of the arm and anterolateral thigh muscles), aspiration before injection of vaccines is not necessary.
- (ii) Multiple injections given in the same extremity should be separated by a minimum of 1 inch.
- (iii) The skin should be spread between the thumb and forefinger to avoid injection into subcutaneous tissue.
- (iv) Fully insert the needle at 90-degree angle into the muscle and inject the vaccine into the muscle.

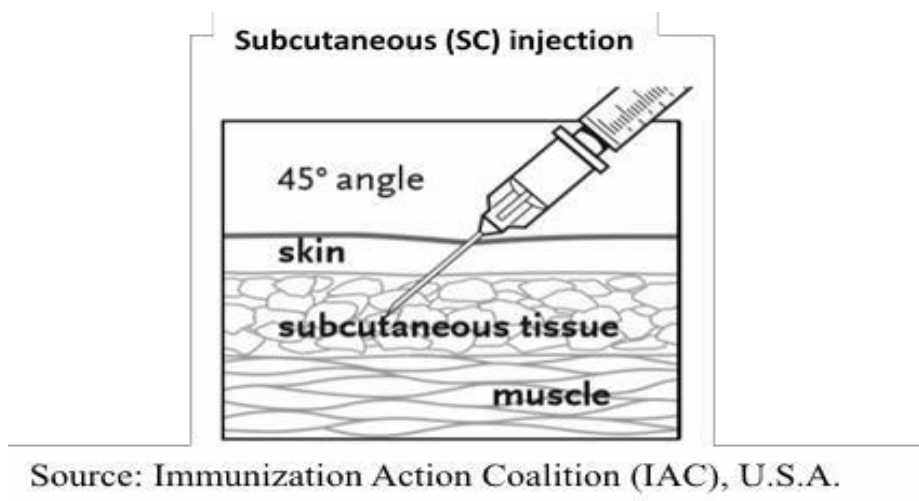


- (v) Withdraw the needle and apply light pressure to the injection site with a piece of dry non-woven ball or gauze to stop bleeding when the injection is completed. Instruct the client or parent/ guardian to apply pressure gently for 1 to 2 minutes over the injection site or till bleeding stops.
- (vi) Always refer to the drug insert for complete vaccine administration information.

(d) Administration by the Subcutaneous (SC) Route

Technique

- (i) Insert needle at 45-degree angle to the skin. To prevent injection into the muscle, pinch up the subcutaneous tissue and inject the vaccine into the subcutaneous tissue.
- (ii) Withdraw the needle gently and apply light pressure to the injection site with a piece of dry non-woven ball or gauze to stop bleeding when the injection is completed. Instruct the client or parent/guardian to apply pressure gently for 1 to 2 minutes over the injection site or till bleeding stops.



- (iii) Always refer to the drug insert for complete vaccine administration information.

(e) Administration by the Intranasal Route

The current live attenuated influenza vaccine (LAIV) should be administered by the intranasal route.

Technique (for intranasal route)

- (i) There is a special sprayer provided to administer the vaccine. A plastic clip on the plunger divides the dose into two equal parts.
- (ii) The Scheme Participant should be in an upright seating position with head tilted back and with support from provider's hand. Ask the Scheme Participant to breath normally.
- (iii) Remove the rubber tip protector. Place the tip of the sprayer just inside the nostril.



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

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- (iv) With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
- (v) Pinch and remove the dose-divider clip from plunger.



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

- (vi) Administer remaining vaccine in the other nostril.
- (vii) Dispose the sprayer in a sharps box.
- (viii) Always refer to the drug insert for complete vaccine administration information.

(6) Prevention of sharps injuries to healthcare workers

To avoid sharps injuries, healthcare providers should:

- (a) Ensure that the Scheme Participant is adequately prepared for the procedure;
- (b) Do not bend, break, manipulate or manually remove needles before disposal;
- (c) Avoid recapping needles. If a needle must be recapped, use a needle recapping device or single-handed scoop technique;
- (d) Place the sharps box within arm's reach (preferably in a secured area) to allow for easy disposal of sharps;
- (e) Discard used sharps and glass ampoules immediately after use in the location where they were used and dispose them into a robust sharps box that is leak and puncture resistant; and

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- (f) Seal and replace sharps container when the container is three quarters full.
- (g) For details, please refer to **section 5.5 of Guide to Infection Control In Clinic Setting**.
(https://www.chp.gov.hk/files/pdf/guide_to_infection_control_in_clinic_setting.pdf).

(7) Documentation

- (a) All vaccination given should be clearly documented on a vaccination log to be kept in the Private Doctor's clinic/ medical organisation. The vaccination log should include:
 - (i) Name list of all Scheme Participants receiving vaccination;
 - (ii) Name of vaccine given together with the lot number and expiry date;
 - (iii) The date of vaccination; and
 - (iv) Names of personnel who administered the vaccine/ the doctor responsible.
- (b) This information can also be recorded on the *Health Assessment Form* (see Section 4.2 of Chapter 4).
- (c) The vaccination record should be kept in a database for record in case record tracing or inspection in the future is needed.
- (d) Please note that the Government may request the Private Doctor to submit the vaccination record for checking when necessary.
- (e) Vaccination record will be uploaded to the Scheme Participant's eHealth if the Scheme Participant has registered eHealth. Otherwise, self-held vaccination card should be issued to the Scheme Participants (or parent/ guardian) after vaccination. The card should include the name of Scheme Participant, type/ name of vaccine given, date of vaccination and name of vaccination service provider.

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- (f) Keep original Vaccination Subsidy Scheme – Consent Forms and vaccination records in clinic for 7 years.
- (8) Post vaccination observation
 - (a) Keep Scheme Participants under observation in the venue for at least 15 minutes to and provide treatment if an immediate adverse event occurred. For details, please refer to Appendix F: an extract of **Chapter 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation about Monitoring and Management of Adverse Events Following Immunisation**
(https://www.healthbureau.gov.hk/phcc/rfs/english/reference_framework/pre_care_for_child.html)
 - (b) Provide a telephone number to Scheme Participants or their parents/guardians for enquiries concerning vaccination.
- (9) Reporting vaccine adverse reaction
 - (a) Adverse drug reaction (ADR) reporting is important for vaccine safety surveillance and programme monitoring. Health care professionals are therefore encouraged to report suspected serious or unexpected ADR. Serious ADR is defined as an adverse reaction which:-
 - (i) is fatal;
 - (ii) is life-threatening;
 - (iii) results in or prolongs hospitalisation;
 - (iv) causes persistent incapacity or disability; or
 - (v) causes birth defects.
 - (b) The Private Doctors are encouraged to report any suspected adverse events following immunisation which are serious (even if the reaction is well-known), non-serious but deemed medically significant by the healthcare professional, or unexpected, to the Pharmacovigilance Unit of the Drug Office, Department of Health, to facilitate assessment process.

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- (c) The Adverse Drug Reaction (ADR) report form are available at the following link:
https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/adr_report_form.html

(10) Emergency management

- (a) Vaccination may cause untoward reactions. Some Scheme Participants may even develop allergic reactions to the vaccines. Failure to give timely intervention may result in serious consequences.
- (b) The Private Doctor is highly preferred to be present at the vaccination venue; he/she should be **personally and physically reachable in case of emergency**.
- (c) Should anaphylaxis happen after vaccination:
- (i) call ambulance;
 - (ii) inform the Private Doctor (on site or via phone) immediately, and seek advice and approval on adrenaline administration if appropriate;
 - (iii) use bag valve mask to assist ventilation (give oxygen if available); and
 - (iv) monitor blood pressure and pulse every 5 minutes and stay with patient until ambulance arrives.
 - (v) If no improvement within 5 minutes - seek advice from the Doctor (on-site or via phone) for approval on repeat dose of adrenaline injection (maximum 3 doses in total) if appropriate

(11) Handling of clinical waste (Video on the related management is available at <https://www.youtube.com/watch?v=gbphrC3DsG8&feature=youtu.be>)

- (a) Clinical waste generated (e.g. used needles, intranasal sprayer, syringes and non-woven balls fully soaked with blood) must be properly handled and disposed of according to the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354O of the laws of Hong Kong) and any

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other applicable laws and regulations. Alcohol swabs and non-woven balls slightly stained with blood, which are not clinical waste by legal definition, should also be properly handled and disposed of as general refuse.

- (b) Used syringes, needles and other sharp instruments should be disposed directly into sharps box(es) and properly sealed by the proprietary closure. The sharps box(es) should be placed on a flat, firm surface and at an optimal position near to the staff providing vaccination.
- (c) For details, please refer to the **“Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** provided by EPD in **Appendix G**.

(12) Complaint Management

- (a) Complaints and feedback are taken as opportunities to improve the VSS, and complaint management is one of the internal control measures to monitor the performance of the VSS. A complaint management mechanism is established to receive and handle complaints properly and coordinate appropriate follow-up or remedial actions in a timely manner.
- (b) Definition of Complaint and Feedback:
 - i. A complaint is defined as an expression of dissatisfaction by individuals with policy or services, or the way in which the policy is implemented or service is delivered.
 - ii. Feedback includes communication initiated by individuals that cannot be classified as a complaint, request for assistance, or an enquiry.
- (c) Private Doctors shall develop a robust system for handling of complaints falling under its purview. Private Doctors shall immediately report to the Government any complaints of clinical incidents or professional misconduct and to submit written reports and take other follow-up actions in respect of the reported incident or complaint as may be, and by the deadlines, directed by the Government, to the satisfaction of the Government
 - i. All written complaints shall be acknowledged within ten (10) calendar days after receipt; and
 - ii. A substantive reply shall be issued within thirty (30) calendar

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days after receipt of the complaint as far as possible. For complicated cases requiring longer processing time, the complainant should be kept informed of the progress of the case and the reasons why a longer time is needed to provide a substantive reply and, if possible, the estimated time frame.

- (d) Private Doctors shall refer complaints outside of their purview to the Government for handling, such as those concerning the design of the VSS and policy set by the Government.

- (e) Handling of Personal Data

All complaints should be handled in strictest confidentiality, including the personal data of the complainants. Any disclosure of content of the complaint should be confined to related parties and on a need-to-know basis to facilitate the investigation. All staff members should comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486) and the Code on Access to Information when handling requests from members of the public.

(13) Management of vaccination clinical incidents (e.g. incorrect vaccine administered or breach of cold chains).

- (a) Incident is defined as an irregular or exceptional event that may adversely affect the patient care or the quality or safety of the services provided to Scheme Participants.
- (b) Clinical incident is defined as any events or circumstances that caused injury to Scheme Participants or posed risk of harm to Scheme Participants in the course of provision of clinical service. The Private Doctor should have plans to handle clinical incidents (e.g. incorrect vaccine administered). Appropriate actions should be taken, including inform the Scheme Participants/ parents/ guardians as appropriate and make necessary arrangements.
- (c) The Private Doctor should attend all clinical incident immediately, assess severity, provide appropriate interventions and investigations. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of the Private Doctor/ clinic.
- (d) Explain to the Scheme Participant/ parent/ guardian timely.

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- (e) Record the Scheme Participant's condition and treatment provided
 - (f) Following all necessary immediate interventions, the Private Doctor should inform the Government at the earliest possible at 2125 2299, followed by the Incident Reporting Form. The form should be returned to the Government through email with password protection of the file within 24 hours after incident identification.
 - (g) Summary of the incident, with factual account of the incident, preliminary assessment, immediate actions taken, impact on the Scheme Participant(s)/ service provision, potential cause of the incident, initial investigation results as well as the contingency arrangement / remedial actions taken should be included in the notification form.
 - (h) Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the vaccination team should work closely with the Government to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.
 - (i) Management of breaching of cold chain (Please see Chapter 6)
- (14) Management of vaccination non-clinical incidents (e.g. breach of personal data privacy)
- (a) Incident is defined as an irregular or exceptional event that may adversely affect the patient care or the quality or safety of the services provided to Scheme Participants.
 - (b) All other incident which cannot be classified as clinical incident should be classified as non-clinical incident.
 - (c) The Private Doctor should have plans to handle non-clinical incidents (e.g. service interruption or suspension caused by facilities, environment, equipment, manpower, drugs and medical consumables). Appropriate actions should be taken, including inform the Scheme Participants/ parents/ guardians as appropriate and make necessary arrangements.

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- (d) The Private Doctor should attend all non-clinical incident immediately, assess severity, and provide appropriate interventions and investigations. Clear documentation of incident and interventions, including but not limited to remedial action taken, should be done according to the practice of VSS doctor/ clinic.
- (e) Explain to the Scheme Participant/ parent/ guardian timely.
- (f) Record the remedial action taken
- (g) Following all necessary immediate interventions, the Private Doctor should inform the Government at the earliest possible at 2125 2299, followed by the Incident Reporting Form. For non-clinical incidents categorised as major severity, the form should be returned to the Government through email with password protection of the file within 24 hours after incident identification. For non-clinical incidents categorised as moderate, minor severity or others, the form should be returned after incident identification.
- (h) Summary of the incident, with factual account of the incident, preliminary assessment, immediate actions taken, impact on the Scheme Participant(s)/ service provision, potential cause of the incident, initial investigation results as well as the contingency arrangement / remedial actions taken should be included in the notification form.
- (i) Depending on the severity of the incidents, disclosure to the public may be needed. In such cases, the vaccination team should work closely with the Government to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.

(15) Plans for Various circumstances

- (a) Have plans of the following situations and make records. Inform Scheme Participants/ parents/ guardians as appropriate, as soon as possible and make necessary arrangements.
 - (i) Failed injection attempt

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- (ii) A child refused injection on-site
- (iii) A client has contraindications to vaccination
- (iv) A client is not fit for vaccination
- (v) Others (e.g. adverse event following vaccination)

3.3 Upon completion of vaccination activity

3.3.1 Management of unused/ surplus vaccines

- (1) Unused/surplus vaccines should be properly disposed or returned to the vaccine-storing refrigerator in the doctor's clinic/ medical organisation as soon as possible.
- (2) To transport unused/surplus vaccines, cold box(es) equipped with ice packs and insulating materials (e.g. bubble wrap or Styrofoam) should be used.
- (3) Vaccine temperature should be monitored continuously using a temperature data logger/ maximum-minimum thermometer during vaccine transport.
- (4) For details, please refer to **Section 6.4 in Chapter 6**.

3.3.2 Disposal of Clinical Waste

- (1) All clinical waste generated should be properly handled and disposed in accordance with the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354O of the laws of Hong Kong) and any other applicable laws and regulations
- (2) Upon completion of vaccination activities, used sharps box(es) should be properly sealed by the proprietary closure.
- (3) Clinical waste must not be collected or disposed of together with municipal solid waste or other types of wastes.
- (4) Clinical waste must be collected and transported by licensed clinical waste collectors to CWTC. A list of licensed clinical waste collector can be found in EPD website: (<http://epic.epd.gov.hk/EPICDI/clinicalwaste/list/>).
- (5) The Private Doctors may deliver the clinical waste to CWTC. They may ask their employees who are also healthcare professional to deliver the waste on their behalf. A waste collection licence is not required for such delivery of clinical waste. However the waste delivery is subject to the requirements specified in the Regulation. For details, please see **Appendix G(A)**.
- (6) The Private Doctors are recommended to arrange collection or delivery of clinical waste on the same day of the outreach vaccination activities, otherwise the venue must provide a suitable area for temporary storage of clinical waste generated at the venue, until it is collected by a licensed

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collector or delivered by a healthcare professional.

- (7) The temporary storage area should be a cabinet dedicated for storage of clinical waste only, accessible by authorised persons only, away from the area of food preparation and storage, and properly locked and labelled.
- (8) The Private Doctors shall bring the Clinical Waste Temporary Storage Handover Form (see **Appendix G(C)**) to the activity venue and complete the form with the venue representative. Both the Private Doctor and the venue representative should keep a copy of the completed form for record.
- (9) The Private Doctors shall liaise with the venue representative on the proper storage, collection and/or delivery arrangement of the clinical waste. When the clinical waste is collected by a licensed collector or delivered to CWTC by a healthcare professional, doctors or his/her representatives (e.g. a staff of the venue with the Private Doctor's consent) shall sign on the clinical waste trip tickets. The Private Doctor's representative shall pass the Waste Producer Copy (pink in colour) of the trip ticket to the Private Doctor for retention.
- (10) The Private Doctors must **not** remove any clinical waste from the venue to their own clinic or any other places for storage, except to CWTC.
- (11) EPD may conduct unannounced inspection to ensure clinical waste generated in outreach vaccination activities is properly handled and disposed.
- (12) For details, please refer to the **“Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated from Outreach Vaccination Activities”** provided by EPD in **Appendix G**, or contact EPD at 3178 9356 for any enquiries.

3.3.3 Submitting claims through the IT platform

- (1) **Claims should only be made after vaccination has been given.**
- (2) The Private Doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the Scheme Participant's self-held vaccination card, vaccination record to be kept in the Private Doctor's clinic, clinical notes/ *Vaccination Subsidy Scheme – Consent Form*, and eHealth or eHS(S) account.

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- (3) Since the signing of the *Vaccination Subsidy Scheme – Consent Form* does not equate receiving vaccination, the Private Doctor who accesses the Scheme Participant's eHealth or eHS(S) account has a duty to ensure that vaccination has indeed been provided before submitting a claim.
- (4) It is required to log in the IT platform for online submissions of claims under VSS. Claims should be submitted **IMMEDIATELY**, and in any case **WITHIN SEVEN CALENDAR DAYS** (vaccination day is regarded as day 1) after the delivery of vaccination service (both days inclusive) for online processing for reimbursement.
- (5) The Private Doctor should make claims immediately after the vaccination is provided to the Scheme Participants for timely recording to prevent double dosing. This will ensure Scheme Participant can receive the SMS message on Co-payment timely.
- (6) For making reimbursement claims for vaccination at non-clinic settings, claims should only be submitted under the practice specially created in the IT platform.
- (7) The Private Doctor should select the appropriate type of venue in the IT platform when submitting the reimbursement claims.
- (8) Staff of the Government may contact the Scheme Participants and/ or their parents/ guardians for information verification during procedures of post-payment checking (See **Appendix E**).
- (9) The organiser should have a system in place to record clearly whether a Scheme Participant named in the *Vaccination Subsidy Scheme – Consent Form* or on the participant list has actually received the vaccination on the scheduled day.

3.3.4 **Record keeping**

- (1) The number of persons who can access personal data should be limited, to protect against indiscriminate or unauthorized access, processing and use.
- (2) In accordance with the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354O of the laws of Hong Kong) and any other applicable laws and regulations, the Private Doctors must keep the clinical waste

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disposal records, which may include the Waste Producer Copy (pink in colour) of the clinical waste trip ticket, for 12 months from the date of consignment/delivery. The Private Doctors shall produce the record to EPD for inspection when so required.

- (3) Keep record of disposal of vaccines including the date of disposal, quantity, lot number and receipt of disposed vaccines by appropriate agency.

3.3.5 **Submitting vaccination report**

The Private Doctor is required to submit a completed *Vaccination Report (On Vaccination Day)* (available at CHP website) within seven days after the completion of the activity. To avoid delay in reimbursement, the completed report should be submitted to the Government as soon as possible.

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3.4 Checklist of inspection on VSS outreach vaccination activities

3.4.1 Venue setting and staff support

- (1) Waiting area
- (2) Registration area
- (3) Vaccination area
- (4) Observation area
- (5) Area for emergency treatment
- (6) Number and Qualification of the on-site staff(s) handling vaccination
- (7) Whether on-site doctor is present at the venue of the activity.
- (8) Who is the Basic Life Support provider

3.4.2 Vaccine and vaccination procedures

- (1) Packing, transporting and/ or receiving vaccine onsite
- (2) Cold chain maintenance (packing, temperature, maximum-minimum thermometer or data logger)
- (3) Name of vaccine(s) and expiry date
- (4) Vaccination equipment (Alcohol pads/ swabs and gauzes/ non-woven balls)
- (5) Sharps handling (sharps box(es))
- (6) Health assessment before vaccination (vaccination history and allergic history) (verbal or using a form)
- (7) 3 Checks – Procedures of vaccine checking
- (8) 7 Rights – Vaccine administration
- (9) Infection control practice (hand hygiene, disinfection and care of injection site)
- (10) Emergency preparation and age-appropriate sized equipment (Bag Valve Mask, at least three numbers of registered Adrenaline in pre-filled pen/auto-injector or 1:1000 Adrenaline injection, at least three numbers of 1 ml syringes, Blood Pressure monitor and Protocol for emergency management)

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3.4.3 Documentation

- (1) *Vaccination Subsidy Scheme – Consent Form*
- (2) Health Assessment Form
- (3) eHealth or eHS(S) record checking
- (4) Vaccination card
- (5) Vaccination record

3.4.4 Others

- (1) Disposal of clinical waste
- (2) Handling of temperature excursions

The above checklist are by no means exhaustive. Please refer to all Chapters of VSS Doctors' Guide for a comprehensive understanding of doctors' participation in VSS.