

Chapter 3 - VSS at Non-Clinic Settings

Institutions and community groups (organisers) may invite enrolled VSS doctors to provide outreach vaccination service for eligible groups in the community. It is the prime responsibility of the enrolled doctor in-charge of the arrangement (the doctor)/ healthcare provider and the organiser to give due consideration to safety and liability issues when providing vaccination service at non-clinic settings to ensure quality vaccination service delivered to recipients. The doctor is overall responsible for the vaccination activity.

The following sections highlight the roles and responsibilities and areas that should be noted when offering vaccination services to eligible persons under VSS at non-clinic settings. Please refer to other sections in this Guide for the other requirement and logistics under VSS.

3.1 Preparation before conducting outreach vaccination activity

3.1.1 Administrative procedures required by the doctor

- (1) Ensure you have joined Primary Care Directory and VSS (see **Section 2.1** of Chapter 2). Indicate that you will provide outreach vaccination activities in the application form (see **Section 4.1** of Chapter 4) or by adding a practice for outreach vaccination using the Change Form (see **Section 4.2** of Chapter 4). Be sure you have received confirmation of enrollment before providing subsidised service.
- (2) Check the health education/ promotion materials, if any, to ensure the information provided by the doctor or organiser regarding vaccination service is correct. The use of logos of DH, CHP and VSS without prior permission of DH on any materials issued by the participating doctors is prohibited.
- (3) Once confirmed the plan of vaccination activity, the doctor should submit the completed *Notification on Vaccination Activity at Non-Clinic Settings Form*

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(see **Section 4.2** of Chapter 4) to CHP **at least two weeks prior** to the vaccination activity. The Form is available from CHP website (<https://www.chp.gov.hk/en/features/45851.html>).

- (4) CHP would notify Environmental Protection Department (EPD) the time and venue of the vaccination activity at non-clinic setting using the *Notification on Vaccination Activity at Non-Clinic Setting Form*. EPD may conduct surprise inspections on outreach activity for compliance to the Waste Disposal (Clinical Waste) (General) Regulation in regards to clinical waste control.
- (5) Staff of CHP may randomly 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).
- (6) Inform CHP should there be a change in service fee by using *Change Form* (see **Section 4.2** of Chapter 4) (available at CHP website at <https://www.chp.gov.hk/en/features/45851.html>).

3.1.2. Vaccine purchase

According to the Pharmacy and Poisons Ordinance (Cap. 138), vaccines should be prescribed by the doctor.

- (1) Vaccine ordering
 - (a) Obtain a good estimation of the number of recipients at the outreach activities and pre-order sufficient vaccines for the outreach activities.
 - (b) Pre-ordering vaccines well ahead of time (i.e. several months before the start of the VSS) directly from the vaccine manufacturer/ pharmaceutical supplier(s) is recommended. Pre-ordering may start in April or May. Vaccines usually need to be ordered by May to June every year to secure the supply.
 - (c) DH will not take part in ordering vaccine for VSS doctors for reasons such as shortage of vaccine or delayed arrival.
 - (d) **Special note on age registered for use and dosage of vaccines**

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There are different brands and preparations of seasonal influenza vaccine available in the market. Special attention should be paid to the product 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.

- (e) Expired vaccines must NOT be administered to clients. 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, removed from the refrigerator immediately and 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, live attenuated influenza vaccines and recombinant influenza vaccine) 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_othCOVIDer_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 the venue's Terms of Use have any restrictions on outreach vaccination activities.
- (2) The vaccination venue should be safe, well lit, ventilated and clean.

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Adequate and separate areas should be arranged for:

- (a) Waiting
 - (b) Registration;
 - (c) Administration of vaccination;
 - (d) Observation after vaccination; and
 - (e) Emergency treatment if necessary.
- (3) The vaccination venue should have enough space for any emergency treatment or resuscitation if necessary.
- (4) Please refer to the following for more details about the infection control guidelines at <https://www.chp.gov.hk/en/resources/346/index.html> .
- (5) The doctor should pre-arrange with the outreach vaccination venue to provide 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**.

3.1.4. Provision of adequate information to vaccine recipients

- (1) Provide vaccine recipients (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 vaccination subsidy.
- (2) If practicable, the doctor may provide health talks to vaccine recipients or their

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parents/guardians on the vaccine before vaccination day.

- (3) Participation in the Government's vaccination subsidy schemes is voluntary. Sufficient time should be allowed for recipients 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 service fee transparent to recipients, parents/guardians before providing service.
- (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 recipients that DH may contact randomly selected vaccine recipients (or parents/guardians) for information verification.

3.1.5. Checking eligibility and obtaining consent

- (1) It is the responsibility of the doctors to ensure that the relevant documents are collected and checked before administering vaccines.
- (2) Use of Smart ID Card Reader for e-Consent for adults using Hong Kong Identity Card

e-Consent for SIV/ PV is for adult vaccine recipients (18 years old or above) inserting the valid Hong Kong Identity Card into the smart card reader which will capture the card face data and recorded in the eHealth System (Subsidies) [eHS(S)].

Persons who do not use the ID card for insertion into the smart card reader should continue to use paper consent forms as in 2022/23 season. For persons below 18 years old and mentally incapacitated persons, they should use the paper consent forms. The relevant forms are available at (<https://www.chp.gov.hk/en/features/45851.html>).

Before vaccination, doctors should display the “eConsent under the Vaccination Subsidy Scheme” Notice (English version: https://www.chp.gov.hk/files/pdf/econsent_eng.pdf ; Chinese version: https://www.chp.gov.hk/files/pdf/econsent_chi.pdf) in your clinic, explain to recipients and obtain verbal consent for vaccination and consent to use subsidy for vaccination and consent for collection of personal data; and document in relevant check box of eHS(S).

- (3) For person under 18 years of age/ persons with intellectual disability/ persons

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mentally incapacitated

- (a) Parents/ guardians acting on their behalf must complete legibly a *Consent to Use Vaccination Subsidy Form* (see **Section 4.2** of Chapter 4) that permits the doctor to provide vaccine recipients' personal data to the Government, Hospital Authority or other relevant healthcare personnel for processing of reimbursement claims. Any adult accompanying a minor/ person with intellectual disability/ person mentally incapacitated to receive vaccination should submit a *Consent to Use Vaccination Subsidy Form* duly completed and signed by his/ her parent/ guardian.

- (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.

(4) For ALL eligible groups

- (a) For **VSS School Outreach (Extra charge allowed)** at secondary schools, primary schools, kindergartens (KG), kindergarten- cum-child care centres (KG-cum-CCC), child care centres (CCC) and special schools in Hong Kong), **all** students, irrespective of their Hong Kong resident status, are eligible to receive subsidised vaccines. For non-Hong Kong residents, a photocopy of document should be kept by the doctors for record tracing or inspections if required.
- (b) Check the eligible person's identity document against *Consent to Use Vaccination Subsidy Form* and confirm his eligibility to receive VSS subsidy. Please refer to **Appendix A, C and D** for the identity documents accepted for HK resident status, Registration Card for PID, Notification Letter of Successful Application of Disability Allowance for PDA, Self-Declaration Form for Standard Rate of 100% Disabled or Requiring Constant Attendance under CSSA Scheme, etc.
- (c) Keep a copy of the document on eligibility as necessary. The original format of the *Consent to Use Vaccination Subsidy Form* must be kept. Any alteration of the format may result in failure to reimburse the

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concerned subsidy. System generated filled out Form is also acceptable.

- (c) The doctor has the responsibility to ascertain availability of subsidy in the eHS(S) for the eligible person and verify the eligible person's past vaccination history and recent vaccination record in the eHS(S) before providing vaccination.
- (d) Claims will not be reimbursed if vaccination is provided to a person who has no subsidy available in his/ her eHealth (Subsidies) Account.
- (e) The doctor cannot make claims of any vaccination that he/ she provided to himself/ herself.
- (f) The doctor has the responsibility to ensure that the recipient has duly signed and completed *Consent to Use Vaccination Subsidy Form* before the administration of vaccine. The particulars in the *Consent to Use Vaccination Subsidy Form* should include the following:
 - (i) The name of the doctor responsible for the vaccination activity and submitting reimbursement claim;
 - (ii) The place of vaccination; and
 - (iii) The doctor's signature to confirm a recipient's eligibility for PCV13 or PCV15 vaccination or pregnancy status.
 - (iv) The signature and name of the recipient/ witness/ guardian
- (g) If there are any changes made to data recorded in the particular section on pneumococcal vaccination on the *Consent to Use Vaccination Subsidy Form* (e.g. presence of high-risk condition or not, PCV13, PCV15 or 23vPPV having been administered), subsequent to signing by the recipient, the amendments should be countersigned by recipient as well.
- (h) With effect from 20 October 2023, the eHS(S) screen for vaccination input will pre-set a "tick" in the box of joining eHealth (醫健通). VSS doctors and clinic staff must ask for consent from vaccine recipients to join eHealth and should remove the "tick" if recipient does not give

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consent. Please note that joining eHeath is optional for vaccine recipients and does not affect one's eligibility to receive subsidised vaccination. The screen cap is attached for your easy reference.

Claim

1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3. Complete Claim

Enter Details

Account Information **Vaccination Record**

Document Type: Hong Kong Identity Card

Name: CHAN, CC

HKIC No. / Symbol: C892XXX(X) / A

Date of Birth / Gender: 01-01-1950 / Male

Date of Issue: 01-01-01

Claim Information

Practice: CHAN TAI MAN Clinic (22)

Scheme: Vaccination Subsidy Scheme (Provide vaccination services at non-clinic setting)

Service Date: 10-10-2023

Category: ☐ Elders ☐ Persons with Intellectual Disability ☐ Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA

Contact No. (Please provide a contact number which can receive Hong Kong SMS notification)

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

Cancel **Claim**

Privacy Policy | Important Notices | System Maintenance

- (i) Vaccination should be given to recipient after the *Consent to Use Vaccination Subsidy 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.

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3.1.6. Pre-arrange health assessment for the recipients

- (1) Health assessment before administration of vaccines
 - (a) Health assessment should be done before administration of vaccine.
 - (b) *Health Assessment Form* completed by recipients should be collected and checked (see **Section 4.2** of Chapter 4 or visit the CHP website <https://www.chp.gov.hk/en/features/45851.html>).
 - (c) Obtain vaccination history and check *Health Assessment Form* completed by the recipient to screen for any contraindications or precautions to the vaccines to be administered.
 - (d) 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 high-risk conditions before administration of PCV13 or **PCV15**, if any, should be confirmed by the doctor.
 - (f) The drug 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. **DH recommends that the 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.**
- (2) For the safety of vaccine recipients, vaccination should be administered by qualified healthcare professionals or by trained personnel under the doctor's personal supervision.
- (3) The doctor should:

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- (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 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 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.
 - (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 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 vaccination skills 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

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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/cotton wool 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:

- (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/pho/rfs/english/reference_framework/pre_care_for_child.html); and

- (b) 13th Edition Epidemiology and Prevention of Vaccine-Preventable Diseases, the “Pink Book,” Chapter 6 Vaccine Administration.
<https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html>

- (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>)

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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. 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) (http://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf).
- (2) **At least 2 weeks before** the outreach vaccination activities, 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 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 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 doctor should keep training of personnel responsible for emergency management up-to-date and under regular review.

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- (3) Ensure all emergency equipment with age-appropriate parts for vaccine recipients 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 doctor is highly preferred to be present at the vaccination venue 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/pho/rfs/english/reference_framework/pre_care_for_child.html)
or **Appendix F** for Monitoring and Management of Adverse Events Following Immunisation.
- (8) Doctors are encouraged to report any suspected adverse events following immunization 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_reportin_g/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. **DH recommends that the 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 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 doctor should arrange and check the expiry date of vaccination equipment as specified in **Section 3.1.7** of Chapter 3.
- (4) 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 recipients/ parents/ guardians on respective vaccines and co-administration in advance. On the day of vaccination, clear segregation of recipients 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

3.2.2. Vaccination procedure and infection control practice (Video on vaccination skills is available at <https://www.youtube.com/watch?v=MP1pudsGFP4&feature=youtu.be>)

- (1) Health assessment before administration of vaccines
 - (a) Pre-arrange health assessment for recipients as in Section 3.1.6 of **Chapter 3**
 - (b) On the vaccination day, completed health assessment form and eHS(S) vaccination record, previous vaccination card/ record should be available onsite if possible and could be checked again for suitability for

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vaccination. Vaccinators should check the recipients' identity with at least two personal identifiers (e.g. Name and HKID number or Date of Birth) against the *Consent to Use Vaccination Subsidy Forms*.

- (c) Health care professionals should assess whether there are any contraindications or precautions to the vaccines to be administered.
- (d) Confirm presence of high-risk conditions before administration of PCV13 or PCV15 and complete and sign on the relevant parts of the *Consent to Use Vaccination Subsidy Form*.
- (e) Fully inform the vaccine recipient/ 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 recipients/ parents/ guardians on respective vaccines and co-administration in advance.
- (g) Explain to vaccine recipient 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;
 - 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;

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- 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 recipient, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card.)

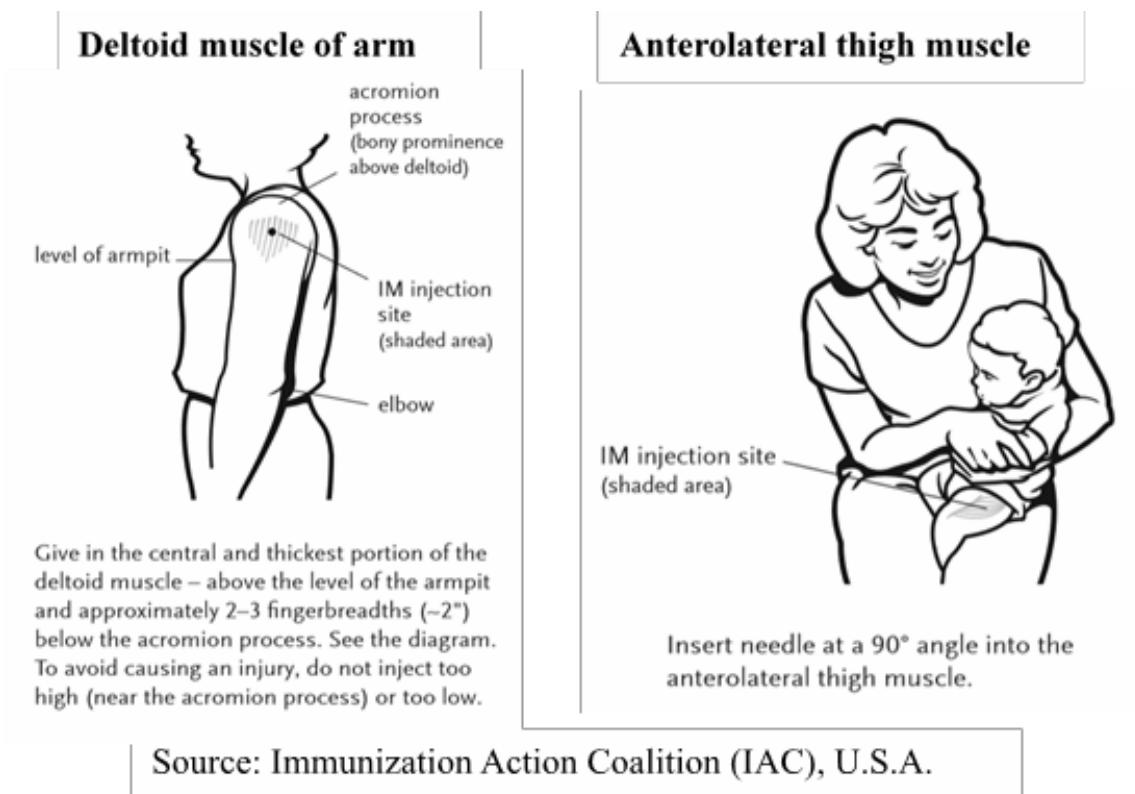
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Table 1. Intramuscular injection site and needle size

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



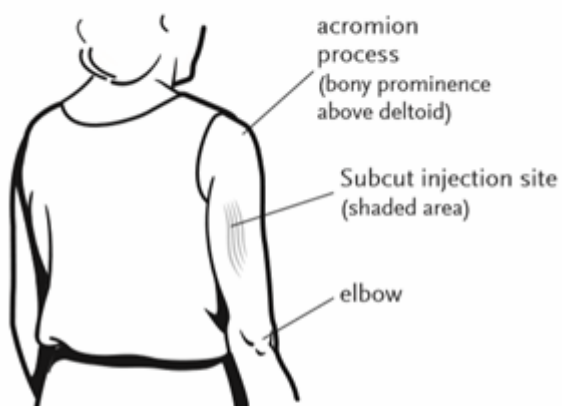
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Table 2. Subcutaneous injection site and needle size

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/pho/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 especially high-touch areas, with bleach* at least twice daily or whenever visibly soiled. Leave for 15-30 minutes, and then rinse with water and keep dry.
 - (i) *Bleach containing 5.25% sodium hypochlorite. Properly dilute the bleach to achieve appropriate concentration as follows:
 - 1:99 diluted household bleach (mixing 1 part of 5.25% bleach with 99 parts of water) is used for general household cleaning and disinfection.
 - 1:49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water) is used for surfaces or articles contaminated with vomitus, excreta and secretions.
 - 1:4 diluted household bleach (mixing 1 part of 5.25% bleach with 4 parts of water) is used for surfaces or articles contaminated with blood spillage.
 - (ii) For more information on the use of bleach, please refer to the following guideline:
https://www.chp.gov.hk/files/pdf/the_use_of_bleach.pdf.
- (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).

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- (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, 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/cotton wool 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 recipient 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

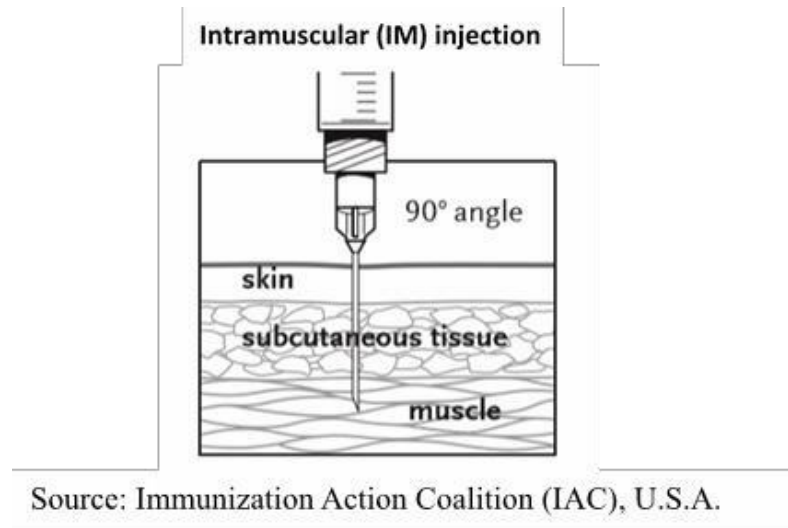
以大腿緊夾兒童的小腿
Hold your
child's legs between
your thighs tightly

(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.

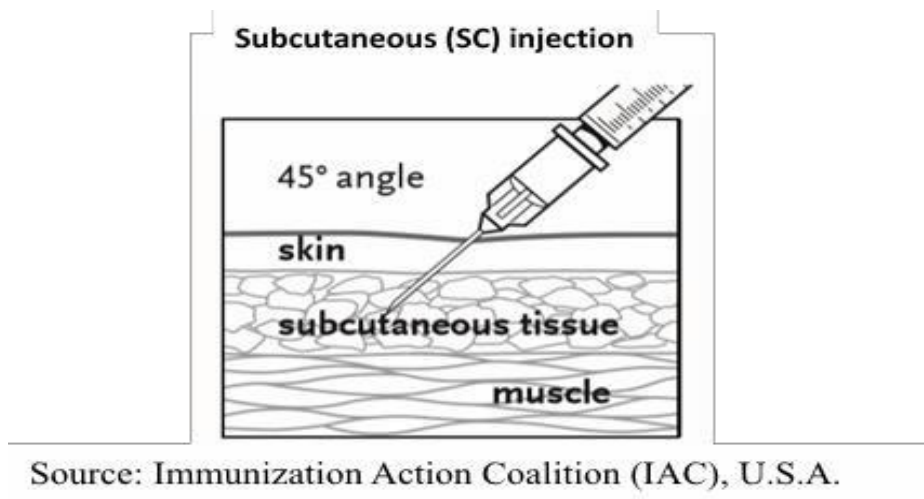


- (v) Withdraw the needle and apply light compression to the injection site for several seconds with a new dry clean gauze/ swab.
- (vi) Always refer to the drug insert for complete vaccine administration information.

(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 and apply light compression to the injection site for several seconds with a new dry clean gauze/cotton wool ball.



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- (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 recipient should be in an upright seating position with head tilted back and with support from provider's hand. Ask the recipient 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

- (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.



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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 recipient 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 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
- (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 doctor's clinic/ medical organisation. The

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vaccination log should include:

- (i) Name list of all recipients 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 CHP may request the doctor to submit the vaccination record for checking when necessary.
- (e) Self-held vaccination card should be issued to the vaccine recipients (or parent/ guardian) after vaccination. The card should include the name of vaccine recipient, type/ name of vaccine given, date of vaccination and name of vaccination service provider.
- (f) Keep original *Consent to Use Vaccination Subsidy Forms* and vaccination records in clinic for 7 years.
- (8) Post vaccination observation
- (a) Keep recipients 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/pho/rfs/english/reference_framework/pre_care_for_child.html)

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- (b) Provide a telephone number to recipients 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) Doctors are encouraged to report any suspected adverse events following immunization 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.

- (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 recipients may even develop allergic reactions to the vaccines. Failure to give timely intervention may result in serious consequences.
- (b) The doctor is highly preferred to be present at the vaccination venue; he/she should be **personally and physically reachable in case of emergency.**

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- (c) Should anaphylaxis happen after vaccination:
 - (i) call ambulance;
 - (ii) inform the 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 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 cotton wool balls fully soaked with blood) must be properly handled and disposed of according to the Waste Disposal (Clinical Waste) (General) Regulation. Alcohol swabs and cotton wool 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) Management of vaccination incidents (e.g. incorrect vaccine administered or breaking of cold chains).
 - (a) 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.

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- (b) VSS doctor should have plans to handle clinical incidents (e.g. incorrect vaccine administered). Appropriate actions should be taken, including inform the recipients/ parents/ guardians as appropriate and make necessary arrangements.
- (c) VSS doctor should attend all clinical incident immediately and provide appropriate interventions. Clear documentation of clinical assessment and interventions, including but not limited to medications used, should be done according to the practice of VSS doctor/ clinic.
- (d) Explain to the recipient/ parent/ guardian timely.
- (e) Record the recipient's condition and treatment provided.
- (f) Following all necessary immediate interventions, the VSS doctor should inform the PMVD at the earliest possible at 2125 2299, followed by the Clinical Incident Notification Form (Section 4.2 of Chapter 4 (<https://www.chp.gov.hk/en/features/45838.html>)). The form should be returned to the PMVD by fax or email with password protection of the file within the same day of occurrence of the incident.
- (g) Summary of the incident, with preliminary assessment and immediate remedial actions should be included in the notification form.
- (h) The VSS doctor should conduct a full investigation of the medical incident and submit the Clinical Incident Investigation Report (Section 4.2 of Chapter 4(<https://www.chp.gov.hk/en/features/45838.html>)) to the PMVD within 7 days from the occurrence of the incident.
- (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 PMVD to investigate, provide necessary information, and get prepared for press announcements or other actions as necessary.
- (j) Management of breaching of cold chain (See Chapter 6)

(13) Plans for Various circumstances

- (a) Have plans of the following situations and make records. Inform recipients/ parents/ guardians as appropriate, as soon as possible and make necessary arrangements.

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- (i) Failed injection attempt
- (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.
- (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) 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) 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 collector or delivered by a healthcare professional.

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- (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) 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 doctor and the venue representative should keep a copy of the completed form for record.
- (9) 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 doctor's consent) shall sign on the clinical waste trip tickets. The doctor's representative shall pass the Waste Producer Copy (pink in colour) of the trip ticket to the doctor for retention.
- (10) 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 Mr. Wong of EPD at 3178 9356 for any enquiries.

3.3.3 Submitting claims through the eHealth System (Subsidies)

- (1) **Claims should only be made after vaccination has been given.**
- (2) The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the recipient's self-held vaccination card, vaccination record to be kept in the doctor's clinic, clinical notes/ *Consent to Use Vaccination Subsidy Form*, and eHealth (Subsidies) Account.
- (3) Since the signing of a *Consent to Use Vaccination Subsidy Form* does not equate receiving vaccination, the doctor who accesses the recipient's eHealth (Subsidies) Account has a duty to ensure that vaccination has

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indeed been provided before submitting a claim.

- (4) The doctor is highly recommended to make claims immediately after the vaccination is provided to the eligible persons for timely recording to prevent double dosing.
- (5) It is required to log in the eHealth System (Subsidies) for online submissions of claims under VSS. Claims have to be submitted **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.
- (6) For making reimbursement claims for vaccination at non-clinic settings, claims should only be submitted under the practice specially created in eHealth System (Subsidies).
- (7) The doctor should select the appropriate type of venue in the eHealth System (Subsidies) when submitting the reimbursement claims.
- (8) Staff of DH may contact the vaccine recipients 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 recipient named in the *Consent to Use Vaccination Subsidy 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, doctors must keep the clinical waste 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. 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.

3.4 The Vaccination Subsidy Scheme (VSS) School Outreach (Extra charge allowed)

To increase seasonal influenza vaccination uptake rate amongst school-aged children, and to facilitate schools to arrange outreach vaccination, CHP launch the 2023/24 Seasonal Influenza Vaccination (SIV) School Outreach (Free-of-charge). VSS School Outreach (Extra charge allowed) is part of the regular VSS outreach which will run in parallel.

3.4.1 Eligible persons and vaccines to be used

- (1) Students of participating secondary schools, primary schools, kindergartens (KG), kindergarten-cum-child care centres (KG- cum-CCC), child care centres (CCC) and special schools in Hong Kong are eligible.
- (2) As part of VSS, the VSS School Outreach (Extra charge allowed) will cover the types of seasonal influenza vaccines recommended by the Scientific Committee on Vaccine Preventable Diseases (SCVPD) and are registered and supplied for use in Hong Kong, i.e. injectable inactivated influenza vaccines (quadrivalent), and a nasal live attenuated influenza vaccine (LAIV) (quadrivalent).
- (3) COVID-19 vaccines can be co-administered with, or at any time before or after, SIV (including inactivated influenza vaccine, live attenuated influenza vaccines and recombinant influenza vaccine) 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

3.4.2 Doctors' Enrolment

- (1) Participating doctors of VSS School Outreach (Extra charge allowed)
 - (a) must be VSS doctors
 - (b) have their names and contact information made available to school under the “The List of Doctors Providing Vaccination at Outreach Settings under VSS” on the CHP website

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(<https://www.chp.gov.hk/en/features/101414.html>).

3.4.3 Doctors' Roles and Responsibilities

- (1) Same as regular VSS outreach, participating doctors:
 - (a) are overall responsible for the vaccination activity.
 - (b) should observe the Code of Professional Conduct and fulfill the roles and responsibilities as those when providing service under VSS clinics or regular VSS outreach.
 - (c) provide safe and quality seasonal influenza vaccination outreach vaccination service (see details in **Section 3.1- 3.5 of Chapter 3**), including:
 - (i) need to liaise with the school to fix the vaccination date and venue and for logistics of the activity. The vaccination date is suggested to be at least one week apart from the day of vaccination activity organised by the School Immunization Team of DH under the Childhood Immunization Schedule.
 - (ii) once the vaccination date is confirmed, participating doctors need to inform CHP using the existing Notification Form (**See Section 4.2 of Chapter 4**)
 - (iii) adequate preparation before outreach activity (same as section **3.1** of Chapter 3)
 - (iv) Infection Control (see details in **Section 3.1- 3.2** of Chapter 3),
 - (v) adequate preparation, quality vaccination service and follow-up issues after vaccination (same as section **3.2 and 3.3** of Chapter 3)
 - (d) follow the procedures for claiming subsidy as those for other eligible groups under VSS.
 - (e) CHP might conduct on-site inspection to ensure the DH's requirements are fully met.
 - (f) The Department of Health advises schools to take the following precautionary measures to minimize the risk of contracting and spreading COVID-19. Please refer to the Health Advice to Schools for the Prevention of Coronavirus disease (COVID-19)

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(https://www.chp.gov.hk/files/pdf/advice_to_school_on_prevention_of_nid_eng.pdf)

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3.4.4 Claiming of subsidy

- (1) Procedures for claiming subsidy are the same as those for other eligible groups under regular VSS, doctors are reminded to:
 - (a) check vaccination record before providing vaccination.
 - (b) create eHealth (Subsidies) Accounts for those who have no validated eHealth (Subsidies) Accounts.
 - (c) input the student personal identity information and select the vaccine provided (i.e. IIV, RIV or LAIV).
 - (d) select the venue for providing the vaccination (i.e. PID Institutions (institutions of persons with intellectual disabilities), Secondary School, Primary School or Kindergarten/ Child Care Centre).
 - (e) submit the claim.
 - (f) subsidy claims have to be submitted within 7 CALENDAR DAYS (vaccination day is regarded as day 1) from the day of vaccination.
 - (g) keep a photocopy of the student handbook or student card for persons aged over 18 but studying secondary schools.
 - (h) remember to put down the name of the secondary school / primary school/ kindergarten under “place of vaccination” on the *Consent to Vaccination Subsidy Form*.
 - (i) to submit the copies of Two Way Permit and Recognizance, Form No. 8 to CHP for manual validation

Screen illustration of submitting claims for VSS school outreach under eHealth System (Subsidies):

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eHealth System (Subsidies) - Claim - Internet Explorer

WONG, TAI KWOK SAU

Home Inbox Logout

01/12/2016 12:29:35

Claim

1. Search eHealth (Subsidies) Account>>> 2. Enter Details 3. Complete Claim

Enter Details

Account Information Vaccination Record

Document Type Hong Kong Identity Card

Name TAI, MING KIT (戴路杰) Date of Birth / Gender 20-01-1983 / Female

HKIC No. BB245XXX(X) Date of Issue 08-06-06

Claim Information

Practice WONG TAI KWOK SAU Clinic (1)

Scheme Vaccination Subsidy Scheme
(Provide vaccination services at non-clinic setting)

Service Date 01-12-2016

Category ☐ Pregnant Women
☐ Persons with Intellectual Disability
☒ Persons receiving Disability Allowance

Type of Documentary Proof ☐ Approval Letter for Disability Allowance

Place of Vaccination Please select...

Subsidy

☐ QIV-DA 2016/17

☐ TIV-DA 2016/17

Community Centre
District Council / LegCo Member's Office
Elderly Centre
Kindergarten / Childcare Centre
PID Institution
Primary School
Owners' Corporation / Mutual Aid Committee
Others

Select Primary School or Kindergarten/ Childcare Centre / PID Institution

Select the vaccine type

Privacy Policy | Important Notices | System Maintenance

100%

衛生署 12
Department of Health

3.5 Checklist of inspection on VSS outreach vaccination activities (Video on the required items to be brought to vaccination venue is available at <https://www.youtube.com/watch?v=L0cABMgrrtII&feature=youtu.be>)

3.5.1 *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

3.5.2 *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/ cotton wool 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

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pen/auto-injector or 1:1000 Adrenaline injection, at least three numbers of 1 ml syringes, Blood Pressure monitor and Protocol for emergency management)

3.5.3 Documentation

- (1) Consent to Use Vaccination Subsidy Form
- (2) Health Assessment Form
- (3) eHS(S) record checking
- (4) Vaccination card
- (5) Vaccination record

3.5.4 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.