

# **COVID-19 Vaccination Programme – Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings**

## **Outreach Guide for Secondary Schools, Primary Schools, Kindergartens, Kindergarten-cum- Child Care Centres (KG-cum-CCCs) and Child Care Centres (CCCs)**

Updated in September 2022

## A. PLANNING FOR VACCINATION SCHOOL OUTREACH

1. The “COVID-19 Vaccination Programme – Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings” (“VSS at Non-Clinic Settings”) will be enhanced and the “COVID-19 Vaccination Programme – Vaccination Subsidy Scheme (VSS) School Outreach” will be integrated into “VSS at Non-Clinic Settings” (“VSS School Outreach”), starting from 23 August 2022. The VSS School Outreach will be terminated after 2 September 2022.
2. In order to increase COVID-19 vaccination, the Government has decided to lower the threshold of One off Outreach allowance for VSS non-clinic setting from 30 to 10 participants to encourage enrolled VSS doctors to conduct outreach activities. This enhancement will benefit kindergartens, kindergarten-cum-child care centres and child care centres, primary and secondary schools. However, schools may still liaise with their service doctors to conduct outreach activities of less than 10 participants if mutually agreeable.
3. For details on planning and arrangements of “VSS at Non-Clinic Settings”, please also refer to the Guidelines on Arranging Outreach COVID-19 Vaccination Activities through Vaccination Subsidy Scheme (VSS) ([https://www.chp.gov.hk/files/pdf/covid19vss\\_guidelinesforschooloutreach\\_eng.pdf](https://www.chp.gov.hk/files/pdf/covid19vss_guidelinesforschooloutreach_eng.pdf)). If the vaccination team provides the vaccination for free and does not request extra charge from school, the school does not need to conduct tendering or quotation exercise when choosing a doctor. Schools are reminded to stay clear of associating with any improper financial (or advantage) transactions when choosing your service doctor.
4. Schools (including KG/CCCs, primary schools and secondary schools) may invite doctors enrolled in “VSS at Non-Clinic Settings” to provide outreach vaccination service for eligible groups in the school. “List of Doctors providing COVID-19 Vaccination at Non-Clinic Setting” could be found on CHP website at [https://www.chp.gov.hk/files/pdf/list\\_vssdr\\_covid\\_non\\_clinic\\_eng.pdf](https://www.chp.gov.hk/files/pdf/list_vssdr_covid_non_clinic_eng.pdf)
5. Schools should adequately communicate with their stakeholders in accordance with its school-based mechanism, including teachers and school staff, students and parents/guardians to estimate the number of participants planned to get vaccinated.

6. To provide vaccination as far as possible, even it is a follow up vaccination activities, please inform all parents again and remind them to check if the students are due for vaccination. No matter they have joined the school outreach vaccination activities before or not, all eligible persons may join this time. The vaccination activities would cover the first, second or additional doses for all the eligible persons (including students, teachers and school staff, parents/guardians), provided that the [dose interval](#) is correct and there is no contraindication. For number of doses required for different group of persons (different age group/ recovered person/ immunocompromised person), please refer to <https://www.covidvaccine.gov.hk/en/recommendedDoses>.
7. The schools concerned should collect all the consent forms and confirm the number of vaccines before the day of vaccination and submitted to the doctor on the day of vaccination.
  - Distribute the consent form (ANNEX A) to parents/guardians. Remind them to read the (1) Vaccination Fact Sheet for Sinovac "CoronaVac vaccine" and (2) FAQs before making the application (The factsheet and FAQs can be reached through the link /QR code on the consent form.). The consent form may be updated from time to time, please download from [https://www.edb.gov.hk/attachment/en/sch-admin/admin/about-sch/diseases-prevention/edb\\_20220124\\_eng\\_consent.pdf](https://www.edb.gov.hk/attachment/en/sch-admin/admin/about-sch/diseases-prevention/edb_20220124_eng_consent.pdf).
  - Collect and check the signed consent forms to ensure they have been completed fully.
  - Arrange the consent forms having “consent” for vaccination by class and student class number in ascending order
  - Minor participants (i.e. aged below 18) other than the students of the participating school(s) are also required to complete the consent form.
  - Adults are not required to sign a consent form. The vaccination team will obtain verbal informed consent from them at the site of vaccination and record the informed consent of the vaccine recipient by inserting his/her ID card on the spot.

## B. PREPARATORY WORK FOR THE VACCINATION ACTIVITIES

Date	Preparatory Work
<b>Preparation</b>	
<b>2 weeks, or at least 5 working days, before vaccination</b>	<ul style="list-style-type: none"> <li>● <u>Arrange Date of Vaccination</u></li> <li>● Inform the assigned doctor of the estimated number of participants at least 5 working days before the vaccination day so that the doctor can order the vaccines and make manpower arrangements.</li> <li>● COVID-19 vaccines can be co-administered with, or at any time before or after, any other vaccines including live attenuated vaccines under informed consent. If clients / parents of children wish to space out COVID-19 vaccine with live attenuated vaccines (e.g. Measles, Mumps, Rubella &amp; Varicella (MMRV) Vaccine; Live Attenuated Influenza Vaccine (LAIV)), an interval of 14 days is sufficient.</li> <li>● If co-administration of seasonal influenza vaccination (SIV) and COVID-19 vaccination is planned in the outreach activity, please work closely with the service doctor and ensure that the doctor will provide staff who are well trained to handle various vaccines at the same time properly. Please pay particular attention to collect appropriate consent from parent/ guardians on respective vaccines and co-administration in advance. On the day of vaccination, please ensure clear triage of students and arrangements of booths administering different types of vaccines; and provision of support to the service doctors on proper handling of vaccine and vaccination record. Vaccination booths that provide only influenza vaccines should be segregated from booths that provide both influenza vaccines and COVID-19 vaccines.</li> <li>● <u>Liaise with the vaccination team to discuss the arrangements for vaccination on the vaccination day, including:</u></li> </ul>

	<ul style="list-style-type: none"> <li>● Confirm the starting time, workflow, venue setting, resources and manpower arrangements <b>(ANNEX B)</b>.</li> <li>● The vaccination venue should be well lit, ventilated and clean. Adequate and separable areas should be arranged for vaccine recipients (a) to wait, (b) to register, (c) to receive vaccination, (d) to rest and stay under observation after vaccination, and (e) to provide emergency treatment if necessary.</li> <li>● Prepare electricity supply for computers and printers (computers and printers to be brought by the vaccination team) and required resources, such as benches, chairs, cushions, and rubbish bins, etc..</li> <li>● Work out a contingency plan for special conditions, e.g. school suspension due to inclement weather or outbreak of diseases, etc.</li> <li>● Provide vaccination team with the necessary support for temporary storage of clinical waste <b>(ANNEX C)</b>.</li> </ul>
<b>At least 2 days before vaccination</b>	<ol style="list-style-type: none"> <li>1. Distribute “<i>Notice to Parent</i>” to the parents of the participants <b>(ANNEX D)</b> and remind them of the following: <ul style="list-style-type: none"> <li>● Remind students to bring along their <b>original</b> copy of identity documents and student handbook or student card with photo for identification on the vaccination day. (For example, KG students can wear their name badges with photo.)</li> <li>● Remind students to have breakfast or lunch on the vaccination day.</li> <li>● Remind students to wear clothes such that the upper arm can be exposed easily for vaccination.</li> </ul> </li> <li>2. Watch for any conditions that may affect the number of vaccine recipients , e.g. outbreak of infectious diseases or other sudden events /activities, which cause consented students unable to receive the vaccines on the vaccination day, and update the list of vaccine recipients accordingly.</li> </ol>

<b>About 1-2 day before vaccination</b>	<ol style="list-style-type: none"> <li>3. Inform the vaccination team of the updated list of vaccine recipients.</li> <li>4. Confirm the time and arrangement with the assigned doctor.</li> </ol>
<b>On the Day of Vaccination</b>	
<b>Before the starts of the vaccination activity</b>	<ol style="list-style-type: none"> <li>5. Set up the venue and prepare the workflow with reference to “Health Advices to Schools for the Prevention of Coronavirus Diseases” issued by the Centre for Health Protection (<b>ANNEX E</b>).</li> <li>6. Vaccination team will be responsible for arranging the vaccine delivery to the school. School staff should assist to arrange a safe and cool area for vaccine storage.</li> <li>7. Inform the vaccination team <b><u>before the vaccination activity starts</u></b> if a consented student is unable to receive vaccination due to individual circumstances, for example, absence or sickness.</li> </ol>
<b>During the vaccination activity</b>	<ol style="list-style-type: none"> <li>8. Responsible teachers should accompany students to the vaccination venue, assist in identifying students and maintain order. (Please <b>only</b> bring the consented students to the vaccination venue.)</li> <li>9. Remind students to bring along their <b>original copy</b> of identity documents and student handbook or student card with photo for identification. (For example, KG students can wear their name badges with photo.)</li> <li>10. On the day of vaccination, the accompanying teacher or staff should assist in identifying students. For children less than 3 years old, if the parent / guardian cannot accompany the child on the day of vaccination, the accompanying teacher or staff</li> </ol>

	<p>should be responsible in clearly indicating the identity of each child.</p> <p>11. Distribute the signed consent forms to each student and arrange them to line up for vaccination.</p> <p>12. Maintain order and support the vaccination team for vaccination as necessary.</p>
<b>Upon completion of the vaccination activity</b>	<p>13. After completion of vaccination, arrange the students to stay in the observation area according to the vaccination team's advice. Usually, recipients should be observed for 15 minutes. Those with a history of allergy to any injections/vaccines or anaphylaxis due to any causes should be observed for 30 minutes.</p> <p>14. If recipients have adverse reactions after vaccination, inform the healthcare professionals immediately for assessment and treatment to them.</p> <p>15. Schools should keep a proper list of vaccine recipients, including the vaccinated students, parents and teachers.</p> <p>16. If some participants are not vaccinated that day, the vaccination team will issue a notification (Annex F) to inform the parents/guardians of the reason and to follow up. Please assist the vaccination team to pass the notification to the relevant parents/guardians.</p>

Sample of the Consent Form as at August 2022.

\*The consent form may be updated from time to time, please download the latest version at

[https://www.edb.gov.hk/attachment/en/sch-admin/admin/about-sch/diseases-prevention/edb\\_20220124\\_eng\\_consent.pdf](https://www.edb.gov.hk/attachment/en/sch-admin/admin/about-sch/diseases-prevention/edb_20220124_eng_consent.pdf)

## CoronaVac – Inactivated Vaccine (Vero Cell) (Sinovac)

### Consent Form for the COVID-19 Vaccination Programme – Primary Schools and Kindergartens



Note: Please complete this form in BLOCK letters using black or blue pen and put a “✓” in appropriate boxes and \*delete as appropriate.

- All vaccine recipients should bring the (1) ORIGINAL COPY of the relevant identity document on the day vaccination AND (2) Student handbook or student card with photo.
- Please read the (1) Vaccination Fact Sheet and (2) FAQs on the following websites:  
(1) [https://www.covidvaccine.gov.hk/pdf/COVID19VaccinationFactSheet\\_CoronaVac\\_ENG.pdf](https://www.covidvaccine.gov.hk/pdf/COVID19VaccinationFactSheet_CoronaVac_ENG.pdf) (1)  
(2) [https://www.covidvaccine.gov.hk/pdf/FAQ\\_children\\_adolescents\\_ENG.pdf](https://www.covidvaccine.gov.hk/pdf/FAQ_children_adolescents_ENG.pdf) (2)

#### Part 1. Personal Details of Vaccine Recipient (as indicated on identity document)

Personal Information	
School Name: _____ Class: _____ Class No.: _____	
Name: _____ (English) (surname) (given name)	
(Chinese) (surname) (given name)	
Date of Birth: ____/____/____ (DD/MM/YYYY) Gender: _____	
Identity Document (Please put a “✓” in the box and fill in the document number as appropriate)	
<ul style="list-style-type: none"> <li>If the vaccine recipient has Hong Kong Identity Card (HKIC), please fill in information of the HKIC</li> <li>If the vaccine recipient does not have HK Identity card, please fill in the Hong Kong Birth Certificate Registration No.; but if the vaccine recipient was not born in Hong Kong, please fill in the relevant identity document number</li> </ul>	
<input type="checkbox"/> Hong Kong Identity Card No.:	_____ ( )
Date of Issue: ____/____/____ (dd/mm/yyyy)	HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	_____ ( )
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with “RM” / “RS”):	<input type="checkbox"/> R _____
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.: HKSAR Document of Identity No. (Beginning with “D”):	<input type="checkbox"/> D _____
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.:	_____ ( )
Permitted to remain until: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports):	_____
HKSAR Visa / Reference No.:	____ - _____ - ____ ( )
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	____/____
<input type="checkbox"/> If the recipient is not the holder of the above documents, please enclose a copy of other identity document.	Document number: _____



**Part 2: Consent to Administration of COVID-19 Vaccination**

☐ I consent to (a) the administration of COVID-19 Vaccination to my child / my ward \* under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my child/ my ward's \* clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

**Part 3: Particulars of COVID-19 Vaccination**

Note: A consent form is required for each dose of vaccination

A. Type and Dose Sequence of COVID-19 vaccination (Put a "✓" in the most appropriate box)

CoronaVac – Inactivated Vaccine (Vero Cell) (Sinovac)				
<input type="checkbox"/> 1 <sup>st</sup> dose	<input type="checkbox"/> 2 <sup>nd</sup> dose	<input type="checkbox"/> 3 <sup>rd</sup> dose	<input type="checkbox"/> 4 <sup>th</sup> dose	<input type="checkbox"/> Others, please specify: _____ dose

B. CoronaVac should not be given to persons with the following conditions

If the vaccine recipient has the following condition(s), please ✓ in the appropriate <input type="checkbox"/> .	Vaccine Recipient has the following condition(s):
● History of allergic reaction to CoronaVac or other inactivated vaccine, or any component of CoronaVac (active* or inactive* ingredients, or any material used in manufacturing process);	<input type="checkbox"/>
● Previous severe allergic reactions to the vaccine (eg, acute anaphylaxis, angioedema, dyspnea, etc.);	<input type="checkbox"/>
● Severe neurological conditions (eg, transverse myelitis, Guillain-Barré syndrome, demyelinating diseases, etc.);	<input type="checkbox"/>
● Uncontrolled severe chronic diseases; (Note: Common chronic diseases include diabetes, hypertension and coronary heart disease, etc. If your chronic disease is stable, you should receive the vaccine for protection because chronically-ill persons have a higher risk of serious illness or death from COVID-19 infection. If you are unsure about your condition, or if there is a recent change in your disease/ recent adjustment of drugs/ recent need for referral, etc, please discuss with your family doctor or attending doctor the appropriate time for vaccination.)	<input type="checkbox"/>

\* Including inactivated SARS-CoV-2 Virus (CZ02 strain), aluminium hydroxide, disodium hydrogen phosphate dodecahydrate, sodium dihydrogen phosphate monohydrate, and sodium chloride.

**Part 4: Declaration and Signature**

To be completed by parent / guardian

I have read and I understood the information in the Vaccination Fact Sheet for the COVID-19 vaccine particularised in Part 3, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 138), and agree on behalf of my child / ward\* to receive the COVID-19 vaccine particularised in Part 3. I have had the opportunity to ask questions and all of my questions were answered to my satisfaction. I also fully understood my obligation and liability under this consent form and the Statement(s) of Purpose of Collection of Personal Data.

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Additional information if the vaccine recipient is aged between 6 months and less than 3 years: I understand that the use of CoronaVac (Sinovac) Vaccine on children aged between 6 months and less than 3 years old is not listed in the approved package insert of the CoronaVac authorized under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K). This is an off-label use allowed in the Government programme under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap.599K) , having regard to the advice from panel(s) / committee(s) of experts appointed by the Government upon review of the current and anticipated epidemic situation, as well as the relevant efficacy and safety data available. The person who prescribes, dispenses or is responsible for the administering of the vaccine to my child / ward\* acts in accordance with the Government's direction in the Government programme.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination to my child / my ward \* under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my child / my ward's \* clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

I declare the information provided in this form is correct.

I agree to provide my child / my ward's\* personal data in this form for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I understand that the Government may contact me to verify the information and the arrangement of the vaccination.

For Smart Identity Card holder: I agree to authorise the Healthcare Providers / public officers to read my child / my ward's\* personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] saved in the chip embodied in my/ my child / my ward's\* Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".

This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

Signature of Parent / Guardian\*: \_\_\_\_\_

Name of Parent / Guardian\* (in English): \_\_\_\_\_

Relationship: \_\_\_\_\_

HKID/ Other Identity Document

- Document Type and Document No. of Parent/ Guardian\*: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by Healthcare Provider (Not required for Community Vaccination Centre)		
	1 <sup>st</sup> Dose	_____ Dose
eHS(S) Transaction No. <b>ONE TRANSACTION NUMBER ONLY</b> (if applicable)	T _____ - _____ - _____	T _____ - _____ - _____
Date of Vaccination		
Name of Doctor		

#### Statement of Purpose of Collection of Personal Data

The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive vaccination.

#### **Purpose of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) checking with relevant government departments and organisations on the status of receiving COVID-19 vaccine;
  - (b) informing relevant government bureaux or departments and organisations for arranging vaccination and follow up after the vaccination;
  - (c) for creation, processing and maintenance of an eHealth (Subsidies) account, and the administration and monitoring of the COVID-19 vaccination programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
  - (d) transferring to the Department of Health and relevant organisations collaborated with the Government (including the University of Hong Kong) for continuous monitoring of the safety and clinical events associated with COVID-19 Vaccination under the COVID-19 Vaccination Programme;
  - (e) for statistical and research purposes;
  - (f) preventing, protecting against, delaying or otherwise controlling the incidence or transmission of the COVID-19 disease, including contact tracing; and
  - (g) any other legitimate purposes as may be required, authorised or permitted by law.

#### **Classes of Transferees**

2. The personal data you provided will be transferred to the Government and may also be disclosed by the Government to its agents, other organisations, and third parties for the purposes stated in paragraph 1 above, if required.

#### **Access to Personal Data**

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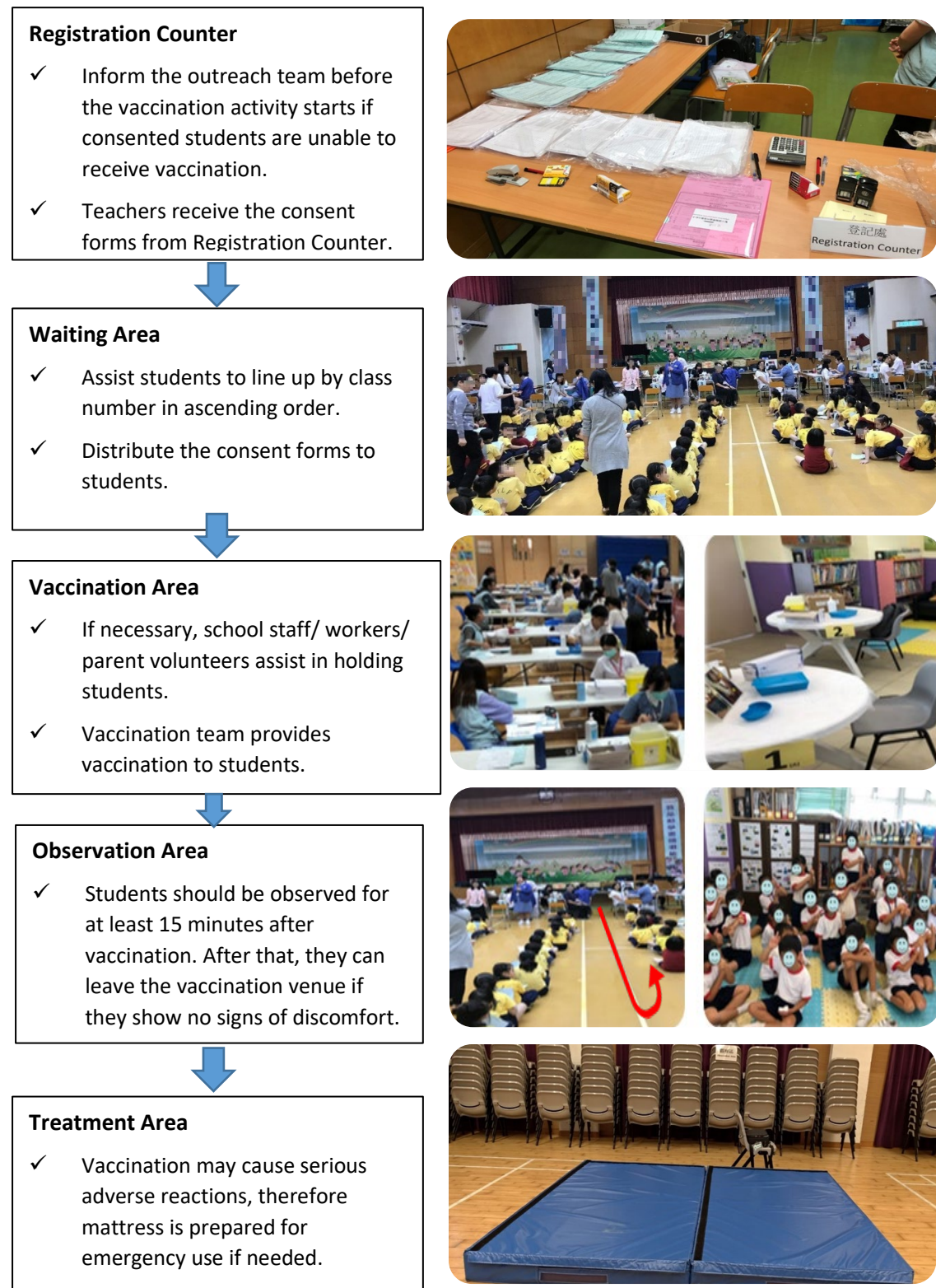
3. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

**Enquiries**

4. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:  
Executive Officer (Programme Management and Vaccination Division)  
Address: Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon  
Telephone No.: 2125 2045

## ANNEX B

*A schematic diagram illustrates an example of vaccination venue setup and logistics on the vaccination day (for schools' reference)*

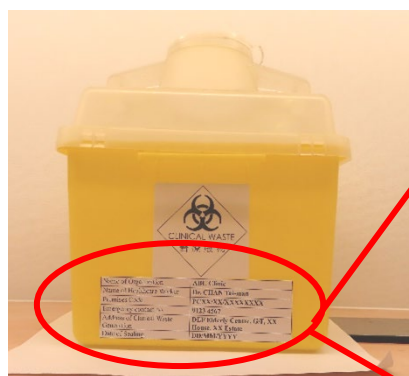




## ANNEX C

### *Temporary storage of clinical waste*

The vaccination team would schedule the collection of clinical waste on the same day as far as possible. If collection cannot be arranged on the vaccination day, the medical organisation/ private doctor or Department of Health should inform school **at least 2 weeks** in advance for the details of arrangement. School **must** provide lockable cabinet(s) for temporary storage of the sharps boxes (size 26 x 25 x 17 cm each; **Figure 1**).



<b>Name of Organisation/ Healthcare Worker</b>	XXX Clinic/ Dr XXX
<b>Emergency Contact No.</b>	XXXX XXXX
<b>Address of Clinical Waste Generation</b>	XXX School, XXX Road.
<b>Premises Code</b>	PC02/XX/XXXXXXXXXX
<b>Date of Sealing</b>	DD/MM/YYYY

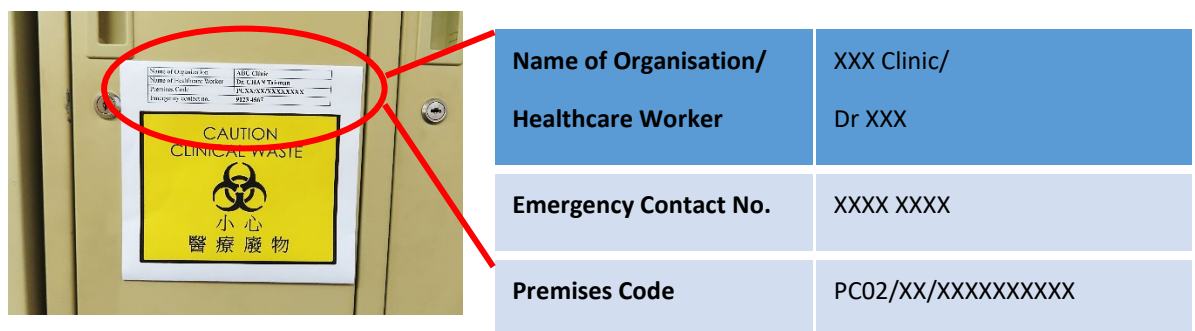
**Figure 1:** Example of a sharps box

Clinical waste collection will be arranged approximately within 2 weeks after the completion of each dose.

## ANNEX C

### *Specifications of cabinet for clinical waste storage*

- The cabinet should only be used for storage of clinical waste and must be lockable.
- The cabinet must be located in a covered place, which is unaffected by weather.
- The outside of the cabinet must be labelled by the medical organisation/ private doctor or Department of Health with the name of the medical organisation/ private doctor, emergency contact number and premises code, etc. (**Figure 2**).
- Depending on the number of vaccinated students and vaccination personnel, the cabinet should be able to contain about 6-8 sharps boxes (size: 26 x 25 x 17 cm for each box).



**Figure 2:** Example of warning sign and label on a cabinet for clinical waste storage

## ANNEX D

### *Sample of Notice to Parents*

Notice  
Vaccination under COVID-19 Vaccination Programme  
– Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings

\_\_\_\_\_  
(Date of issue)

To: Parents consenting their children for vaccination,

Our school has received your consent for COVID-19 vaccination for your child under the above Programme. Our school will arrange vaccination team to provide COVID-19 vaccination at our school on (Date of vaccination).

Please check if your child is due for vaccination. In addition, please kindly remind your child on the day of vaccination to:

1. Bring along (1) original copy of identity document and (2) student handbook or student card with photo
2. Have breakfast in the morning
3. Wear clothes such that the arm can be exposed easily for vaccination

Please inform our school immediately for any queries about the above arrangement.

(Please be punctual for vaccination at the time specified by the school; latecomers will not be entertained)

Principal/Teacher in charge: \_\_\_\_\_



## **ANNEX E**

### *Infection Control Measures*

For details, please read Health Advices to Schools for the Prevention of Coronavirus diseases at [https://www.chp.gov.hk/files/pdf/advice\\_to\\_school\\_on\\_prevention\\_of\\_nid\\_eng.pdf](https://www.chp.gov.hk/files/pdf/advice_to_school_on_prevention_of_nid_eng.pdf)

- (a) Where applicable, students may be scheduled to have vaccination in school.
- (b) They should be arranged in batches to receive vaccination separately.
- (c) All attending students and staff should wear a mask and practice hand hygiene.
- (d) All need to keep appropriate distancing (at least one meter apart) at waiting area, vaccination area, queue and other activities if any.
- (e) The venue for vaccination should be kept well ventilated.
- (f) The venue should be cleaned and disinfected with 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), left for 15-30 minutes, and then rinsed with water and wiped dry. For metallic surface, disinfect with 70% alcohol. The procedure should be performed after one session, i.e. in this particular setting, performed after morning and afternoon session respectively.

## Annex F:

### Template of Notification to Parents

Date \_\_\_\_\_

Dear Parents/ Guardians of \_\_\_\_\_ (Name of Student/ Class),

**Coronavirus Disease 2019 (COVID-19) Vaccination Programme**  
**Under the Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings**  
**Notification to Parents – COVID-19 Vaccination Has Not Been Given**

The school has arranged a vaccination team from our medical organisation to provide COVID-19 vaccine to students at your child's school today.

After the assessment, the vaccination team did not vaccinate your child because\* your child:

- ☐ was absent from school
- ☐ had physical discomfort (please specify: \_\_\_\_\_)
- ☐ refused vaccination
- ☐ was not due for the next dose
- ☐ others (please specify: \_\_\_\_\_)

When appropriate, please arrange for your child to be vaccinated at an appropriate vaccination venue as soon as possible.

- For appointment arrangements, please refer to the following website:  
<https://www.covidvaccine.gov.hk/en/programme>
- For frequently asked questions on COVID-19 vaccination for Children and Adolescents, please refer to:  
[https://www.covidvaccine.gov.hk/pdf/FAQ\\_children\\_adolescents\\_ENG.pdf](https://www.covidvaccine.gov.hk/pdf/FAQ_children_adolescents_ENG.pdf)

Name of Medical Organisation : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

\*Vaccination team please tick the appropriate ☐