

**COVID-19 Vaccination Programme –
Vaccination Subsidy Scheme (VSS)
School Outreach**

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

February 2022 (Updated)

A. PLANNING FOR VACCINATION SCHOOL OUTREACH

1. Inform parents about the details of COVID-19 Vaccination Programme - Vaccination Subsidy Scheme (VSS) School Outreach (Primary Schools and Kindergartens)
2. Estimate the number of participants - 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.
3. In view of overwhelming demand on the COVID-19 vaccination, the Government has decided to **lower the threshold of joining COVID-19 Vaccination Programme - Vaccination Subsidy Scheme (VSS) School Outreach (Primary Schools and Kindergartens) from 150 to 100 participants, including students, staffs and students' parents and family members**, in order to allow more schools to participate in the programme. Schools can also liaise with other nearby schools and kindergartens to join the COVID-19 Vaccination Programme VSS School Outreach so that more participants can receive vaccination.
4. To speed up the preparation, **schools may submit an application to the Education Bureau (EDB) for the COVID-19 Vaccination Programme VSS School Outreach, as soon as they have an estimated number of participants of 100 or above, while they are still collecting the consent forms from the parents and information of the participants.**
5. The EDB will match and assign a doctor for the schools concerned. Schools should liaise with the assigned doctors for the detailed arrangements for outreach vaccination.
6. Collect consent forms –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.)

- 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
 - For minor participants (i.e. aged below 18) other than the students of the participating school(s), please also advise them to complete the consent form. Adults are not required to sign a consent form. The vaccination team will obtain verbal consent from them before vaccination.
7. If the participants cannot reach an estimated number of 100 or above, schools can contact the doctors on the list of “Guidelines on Arranging Outreach COVID-19 Vaccination Activities through Vaccination Subsidy Scheme (VSS)” on their own to arrange on-site vaccination.

B. PREPARATORY WORK FOR THE VACCINATION ACTIVITIES

Date	Preparatory Work
Preparation	
<p>2 weeks, or at least 5 working days, before vaccination</p>	<ol style="list-style-type: none"> 1. 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 2. Schedule the dates for vaccination <ul style="list-style-type: none"> ● Check and confirm there is no other vaccination activities within 14 days before and after the scheduled vaccination date. Remind participants NOT to get other vaccination. ● The recommended schedule of Sinovac vaccine consists of 2 doses and they should be administered at least 28 days apart 3. Liaise with the vaccination team to discuss the arrangements for vaccination on the vaccination day, including: <ul style="list-style-type: none"> ● Confirm the starting time, workflow, venue setting, resources and manpower arrangements (ANNEX B). <ul style="list-style-type: none"> - 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. - 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.. - Work out a contingency plan for special conditions, e.g. school suspension due to inclement weather or outbreak of diseases, etc. ● Provide vaccination team with the necessary support for temporary storage of clinical waste (ANNEX C)

<p>At least 2 days before vaccination</p>	<p>4. Distribute “<i>Notice to Parent</i>” to the parents of the participants (ANNEX D) and remind them of the following:</p> <ul style="list-style-type: none"> ● Remind students to bring along their original 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) ● Remind students to have breakfast or lunch on the vaccination day ● Remind students to wear clothes such that the upper arm can be exposed easily for vaccination <p>5. 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</p>
<p>About 1-2 day before vaccination</p>	<p>6. Inform the vaccination team of the updated list of vaccine recipients</p> <p>7. Confirm the time and arrangement with the assigned doctor</p>
<p>On the Day of Vaccination</p>	
<p>Before the starts of the vaccination activity</p>	<p>8. 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 (ANNEX E)</p> <p>9. 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.</p> <p>10. Inform the vaccination team before the vaccination activity starts if a consented student is unable to receive vaccination due to individual circumstances, for example, absence or sickness</p>

<p>During the vaccination activity</p>	<p>11. Responsible teachers should accompany students to the vaccination venue, assist in identifying students and maintain order. (Please only bring the consented students to the vaccination venue.)</p> <p>12. Remind students to bring along their original copy of identity documents and student handbook or student card with photo for identification. (For example, KG students can wear their name badges with photo)</p> <p>13. Distribute the signed consent forms to each student and arrange them to line up for vaccination.</p> <p>14. Maintain order and support the vaccination team for vaccination as necessary.</p>
<p>Upon completion of the vaccination activity</p>	<p>15. After completion of vaccination, arrange the students to stay in the observation area for 30 minutes.</p> <p>16. If recipients have adverse reactions after vaccination, inform the healthcare professionals immediately for assessment and treatment to them.</p> <p>17. Schools should keep a proper list of vaccine recipients, including the vaccinated students, parents and teachers. After vaccination, schools should duly complete EDB's form (i.e. Annex 2 of the letter issued by the EDB on 21 January 2022) and return to the respective school development sections/ Joint Office for Kindergartens and Child Care Centres of EDB within 5 working days for data analysis.</p>

ANNEX A

Sample of the Consent Form

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:
 - https://www.covidvaccine.gov.hk/pdf/COVID19VaccinationFactSheet_CoronaVac_ENG.pdf (1)
 - https://www.covidvaccine.gov.hk/pdf/FAQ_children_adolescents_ENG.pdf



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

(2)

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"> If the vaccine recipient has Hong Kong Identity Card (HKIC), please fill in information of the HKIC. 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. 	
<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.: _____ Date of Issue: _____ / _____ / _____ (dd/mm/yyyy)	_____ ()
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue: _____ / _____ / _____ (dd/mm/yyyy)	R: _____
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.: HKSAR Document of Identity No. (Beginning with "D") : Date of Issue: _____ / _____ / _____ (dd/mm/yyyy)	D: _____
<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: _____

ANNEX A

Sample of the Consent Form

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"/> First dose	<input type="checkbox"/> Second 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.

Rev. 1/2022

Page 2 of 4

ANNEX A

Sample of the Consent Form

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 st Dose	2 nd Dose
eHS(S) Transaction No. ONE TRANSACTION NUMBER ONLY (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; and
 - (f) 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

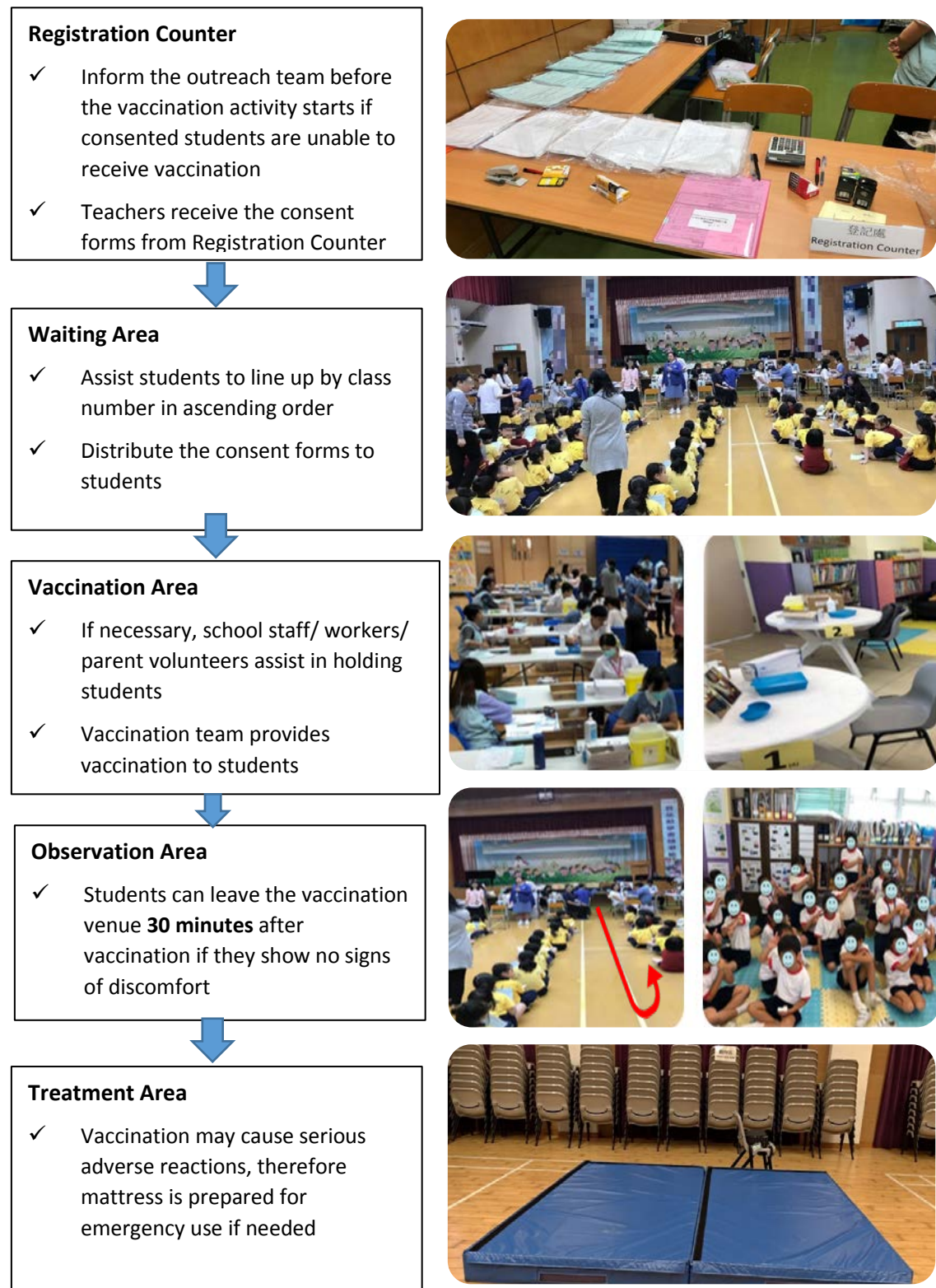
3. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

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

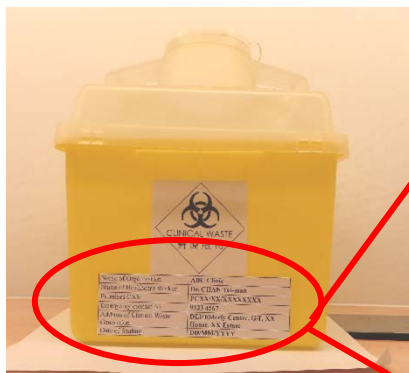
A schematic diagram illustrates an example of vaccination venue setup and logistics on the vaccination day



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**).



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

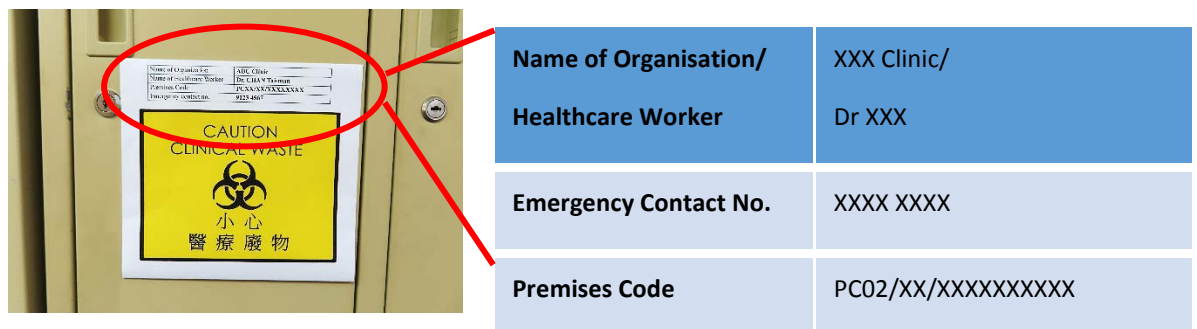


Figure 2: Example of warning sign and label on a cabinet for clinical waste storage

ANNEX D

Sample of Notice to Parents

Notice
COVID-19 Outreach Vaccination

(Date of issue)

To Parents/ Guardians of _____
(Name of Vaccine Recipient)

The Government will arrange vaccination team to provide 1st/ 2nd dose COVID-19 outreach vaccination at our school on (Date of vaccination). Please kindly note the following remarks:

1. Please inform our school immediately if your child has received other vaccine(s) within 14 days (please specify the type of vaccine and date and reason of vaccination)
2. Bring (1) **original copy** of Hong Kong Identity Card or relevant identity document on the day vaccination AND (2) student handbook or student card with photo
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the upper arm can be exposed easily for vaccination

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

- (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.