

12 March 2021 - Clinical Workstream updates

Contents:

1. **Post Vaccination Axillary Lymphadenopathy and Mammography**
2. **Vaccinating people with learning disabilities who are unable to wear a mask**
3. **Social distancing in all vaccination services**
4. **Infection Prevention Control Assurance checklist**
5. **Update on the use and provision of Steret alcohol wipes**
6. **Consent within the vaccination process**
7. **Position statement: vaccinating people registered with a GP in Wales in COVID-19 vaccination sites in England**
8. **Sharing innovations**

1. **Post Vaccination Axillary Lymphadenopathy and Mammography**

A recent [BMJ article](#), reported that advice in the US is that breast screening appointments should be scheduled to take place before women receive a first dose of COVID-19 vaccine or 4 to 6 weeks after the second dose where possible. This is due to the potential reaction of enlarged lymph nodes (lymphadenopathy) on the side of the vaccination, which could cause unnecessary concern. This has also been picked up by the UK press. For the vaccines approved for use in the UK, the frequency from the trials is estimated to be less than 1%.

Within England, breast screening service personnel have been advised to be aware of the potential for enlarged nodes following a COVID-19 vaccination. **However, the advice regarding the scheduling of mammograms has not altered. There is currently no requirement for women to be advised to wait for a period of time following a COVID-19 vaccination before attending a screening appointment.**

Primary care clinical staff are to be aware of this potential transient side effect, which may affect both male and female patients. Guidance for mammography clinics is that women with noted lymphadenopathy at screening must always be recalled for assessment even if they report recent vaccination. Primary care staff are advised that it may be helpful to determine whether a COVID-19 vaccination has taken place, its date and the arm in which this was given. As above, lymphadenopathy due to vaccination is considered to be transient, lasting a few days only.

2. Vaccinating people with learning disabilities who are unable to wear a mask

In follow-up to the message in the Clinical Bulletin 1 March 2021 we have been asked for guidance on how we can minimise the infection risk when vaccinating people with learning disabilities who are unable to wear a mask.

Consideration needs to be given as to the best place to offer a vaccine to a patient with a learning disability. Some patients will be more comfortable being vaccinated in a more appropriate environment than a vaccine centre and this should be considered on an individual basis.

For patients presenting at a vaccination centre, we have liaised with MENCAP and we believe it is a reasonable adjustment to offer a queue jump to patients with a learning disability who are unable to wear a mask. This reasonable adjustment may also apply to other situations where patients are unable to wear a mask and needs to be risk assessed on an individual basis.

Clearly, all patients should undertake each step of the pathway, but consideration should be made as to whether all stages can occur in a single location without the need to queue. It is important to remember that patients with a learning disability can find being rushed an additional challenge so patient contact could be longer than usual. Many of these patients have been shielding so the risk may be lower than the general population, but it is important that clinic staff continue to protect themselves with PPE and social distancing and undertake individual risks assessment to determine the appropriate action.

For further information on communicating with people with a learning disability and autistic people, please see:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-vaccination-training/>

3. Social Distancing in all Vaccination Services

It is still essential that attending patients are asked if they have COVID-19 symptoms prior to entering the building. However, due to asymptomatic cases, social distancing is still one of the most successful interventions in preventing Coronavirus transmission. Attention is drawn to the *COVID-19: Guidance for maintaining services within health and care settings Infection prevention and control recommendations* which states that physical distancing of 2 metres is considered standard practice in all health and care settings, unless providing clinical or personal care and wearing appropriate PPE.

The full guidance is available [here](#).

The standard 2 metres applies to all vaccination services and can only be relaxed when providing clinical or personal care and where the clinician is wearing a fluid resistant surgical mask.

Any sites needing floor-stickers should call the normal supplies helpdesk (Unipart) and request them. Your request will be fulfilled on your next consumables delivery as long as it is made at least 48 hours in advance of delivery.

4. Infection Prevention Control Assurance Checklist

A simple Assurance Sheet has been developed to assist the Nursing Manager/Clinical Leader in identifying any main risks for COVID-19 transmission within the Vaccine Centre. It is not designed as a comprehensive IPC checklist and needs to be used in conjunction with other tools to manage other IPC risks. The sheet has been developed in recognition that the Nursing Manager/Clinical Leader has oversight of a large and potentially unfamiliar workforce and a simple tool could be helpful in ensuring safety is maximised.

The tool is not mandatory and can be amended to suit the local situation. To maximise the benefit of the tool we advise that the Assurance Sheet is completed prior to opening the doors to the public. Once staff are in position, by walking through the patient pathway, the Nursing Manager/Clinical leader can ask key staff the relevant questions and make the necessary observations. Any non-compliance can then be amended at the point of observation.

A link to the tool is available [here](#).

5. Update on the use and provision of Steret alcohol wipes

This communication supersedes the previous Steret wipe communication issued on 10 February 2021 entitled: Use and provision of Steret Alcohol Wipes for COVID-19 Vaccination Programme

Steret alcohol wipes are provided as part of the COVID-19 vaccine consumables. These wipes are provided on a 1 wipe per 1 dose basis for the AstraZeneca vaccine and a 1 wipe per 1 dose, plus 1 for the diluent for the Pfizer vaccine. E.g. for every 8/10 doses (dependant on vial size) of AZ vaccine you will receive 8/10 Steret wipes and for every 6 doses of Pfizer you will receive at least 7 wipes as part of your vaccine consumables delivery.

These wipes are a critical item for vaccinating and should only be used for the purpose for which they have been provided.

Steret alcohol wipes have two purposes in relation to COVID-19 vaccines:

- 1) To cleanse the top and shoulders of 5mL ampoule of preservative free sodium chloride 0.9% prior to drawing it up to add to the concentrate vaccine (Pfizer vaccine only).
- 2) To cleanse the vaccine vial stopper every time a dose of vaccine is drawn up. (Pfizer and AZ vaccines).

Please see the updated [document here](#) on NHS Futures.

6. Consent within the vaccination process

Colleagues are reminded of the need to secure consent for individuals receiving both first and second doses of the COVID-19 vaccination. Please see further information about gaining consent within the vaccination programme [here](#) on NHS Futures.

7. Position statement: vaccinating people registered with a GP in Wales in COVID-19 vaccination sites in England

People who are registered with a GP in Wales, whether they live in England or Wales, **and meet the Joint Committee on Vaccination and Immunisation (JCVI) criteria**, can get their COVID-19 vaccine at a vaccination site in England. This is likely to apply to people living close to the England-Wales border. This is in line with existing reciprocal healthcare arrangements between England and Wales: <https://www.england.nhs.uk/ourwork/part-rel/x-border-health>

Similarly, a health and social care worker who works in England and is registered with a GP in Wales, can get their COVID-19 vaccine at a vaccination site in England. [Please see full position statement here.](#)

8. Sharing innovation

The Clinical Workstream is interested to hear from colleagues across the Vaccination Programme about innovation being delivered in the system. This may be in response to a challenge that you faced or a new way to introduce a new aspect of your vaccination service. We would want to support sharing of your innovation widely with colleagues to help individuals and teams with their improvement work as we move into future phases of activity. Please contact Clinical Advisor, Ethel Changa at e.changa@nhs.net with a short summary of your work, any photos that you think would be helpful and contact details.

END