



Title	COVID Vaccination Process for Patients receiving Cancer Treatments, Immunosuppressed, Renal & Pre-Operative Patients
Document Type	SOP
Version number	1.3
Approval/Issue date	20/02/2021
Review dated	31/12/2021
Approved by	Dr J Chalmers
Owner/Person Responsible	Fiona Mann
Developed by	Fiona Mann/J Chalmers
Reviewed by	F Mann/C Faldon
Healthcare Inequality Impact Assessed (statutory for policies)	N/R

STANDARD OPERATING PROCEDURE

COVID Vaccination process for patients receiving cancer treatments, immunosuppressed, renal & pre op patients.

Objective/scope	The aim of this document is to provide guidance for staff ensuring patients receiving cancer treatments; immunosuppressed, renal & pre-op patients receive COVID vaccinations.
Tasks – Clinical staff	<ul style="list-style-type: none"> • Charge Nurse or Consultant identify & compile list of any of the above patients requiring vaccination. • Email list to : Vacc.HubSupervisors@borders.scot.nhs.uk
Tasks – Vaccination Programme Operational Manager	<ul style="list-style-type: none"> • Notify Vac Hub of clinic availability by 3pm the day before
Tasks – Hub Supervisors	<ul style="list-style-type: none"> • Vac Hub to contact patient with appointment in either OPD at weekly Tues clinic (staffed by 1 nurse from the Hub) or at the next available community clinic. • Hub will also allocate appt for 2nd immunisation. • Notify nurse booked for Tuesday, of clinic list.
Pre op patients	<ul style="list-style-type: none"> • Pre-op patients should have 2nd immunisation, 10 weeks after 1st dose.
Immunosuppressed patients	<ul style="list-style-type: none"> • Patients are all in shielding category – should have had vaccination at GP practice or at community clinic. • Any patient in this category who has not had their 1st vaccination – clinician to contact Hub to have patient added to clinic list • 2nd immunisation should be given 21 days apart with the Pfizer vaccine and 28 days apart with the AZ vaccine. See extract from Green Book below.
Dialysis patients	<ul style="list-style-type: none"> • GP Practices have vaccinated all their dialysis patients –EMIS PCS recall system.
Patients receiving cancer treatments	<ul style="list-style-type: none"> • Patients receiving systemic anticancer therapy (SACT) should be considered as having “planned immunosuppressive therapy”. Guidance from the UK Chemotherapy Board says: “If there is sufficient time between the decision to start treatment and the start date, vaccination should take place during this window when the patient has intact immune function. ... Where timing (e.g. in planned adjuvant chemotherapy) would allow both doses (i.e. the second dose given at week 3 or 4 depending on the product) to be given before commencing chemotherapy...” • This can be organised by the clinician contacting the Hub to have patient added to clinic list or by completing the form from the CMO letter of 9 March 2021 and forwarding this to the Hub – attached.

<p>Green Book Chapter 14a COVID-19 – SARS-CoV-2</p>	<p>Individuals with immunosuppression may not make a full immune response to vaccination. As there is no evidence on response in immunosuppressed individuals there is also no evidence upon which to base advice on the optimal timing of delivery. Specialists may advise their patients based on their knowledge and understanding of their immune status and likely immune response to vaccination, but should also consider the risk from COVID-19 and the patient’s likelihood of exposure. The small number of patients who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy (ideally at least two weeks before), when their immune system is better able to make a response. Where possible, it would also be preferable for the 2-dose schedule to be completed prior to commencing immunosuppression. This would entail offering the second dose at the recommended minimum for that vaccine (three or four weeks from the first dose) to provide maximum benefit that may not be received if the second dose was given during the period of immunosuppression.</p>
<p>CMO referral</p>	<p>See Annex B</p>

Annex B COVID-19 Vaccination Referral Form

REFERRAL FOR COVID-19 VACCINATION

For Health Board Contact Details, please see the accompanying list

Date of Referral:			
Referring Clinician Name:		Email:	
Responsible Consultant/GP:		Specialty:	
Referring Hospital/ GP Practice:			
Patient Name:			
CHI:			
Telephone Number:			
Reason for Vaccine Priority (Please do not refer if already on priority groups 4 or 6)			
<ul style="list-style-type: none"> Awaiting Transplant: Commencing Immunosuppressive Therapy: High risk Haematology patients not already on groups 4 or 6 Other ... 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		
If new treatment/surgery, anticipated start date:			
Need for second dose before 12 weeks? Preferred timeframe (eg. 3/4 weeks)?	YES <input type="checkbox"/> NO <input type="checkbox"/> _____		
If contacting to expedite second dose only:			
<ul style="list-style-type: none"> Date of first dose: 	_____		
<ul style="list-style-type: none"> Preferred timeframe for second dose 	_____ weeks		
Any other comment:			
Please note that you should send your referral for vaccination to the Health Board of your patient's residence rather than where the person is attending for clinical care			

Validation date	Date of implementation
Review period	TBC
Authors	Fiona Mann, Senior Charge Nurse