

COVID-19 Brief

coronavirus



Here is the brief for Thursday 10 December 2020.

COVID-19 vaccine – update The peer vaccinator programme in ARI is now underway – thank you to Graeme and Elaine for allowing us to share this photo from one of the first peer immunisations carried out today. The peer vaccination scheme will roll out to Woodend and Dr Gray's early next week.



Clinics – Aberdeen City/Aberdeenshire/Moray Health & social care staff in Aberdeen City, Aberdeenshire and Moray are now invited to request a COVID vaccination appointment. **Please consult the list below carefully and ensure you fill in the appropriate form.** Those working in General Practice, Community Pharmacy, Dental Practices and Opticians are part of the planned programme and can enrol for an appointment via the relevant HSCP online request facility.

- All staff based on the **Woodend** site should use [this form](#).
- All other **Aberdeen City HSCP** should use [this form](#)
- All staff working in **Aberdeenshire HSCP** should use [this form](#)
- All staff working in **Moray HSCP** should use [this form](#)

Clinics in ARI will commence on Monday (14/12) and information about the clinics in Royal Cornhill will also be circulated to staff there on Monday (14/12).

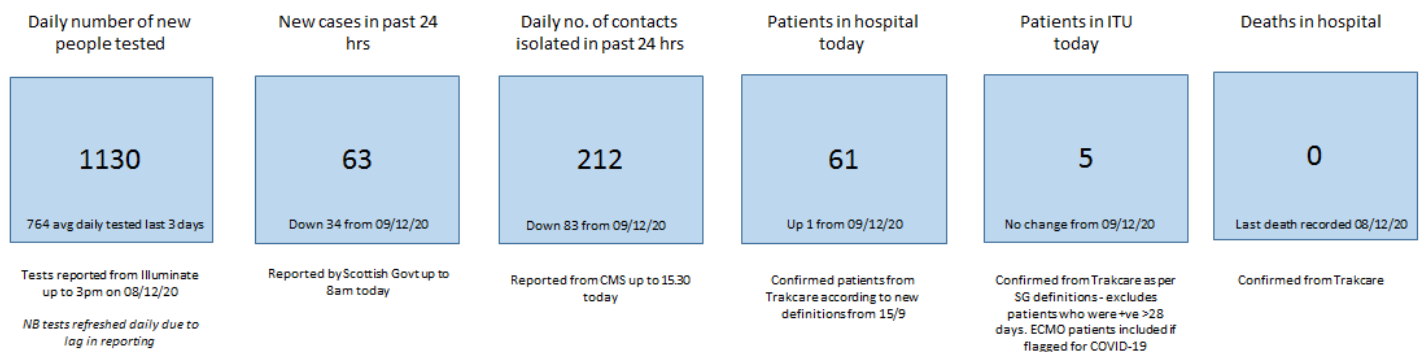
For the supply of the first vaccine available being received in December the priority NHS Grampian has been given is to vaccinate care home residents and care home staff, long term patients in hospital over the age of 80 and health and social care staff. As the supply available to vaccinate health and social care staff is limited this month, Boards have been advised to focus on vaccinating staff working in patient facing roles and anyone over the age of 60, as older adults are more at risk of becoming very unwell with COVID.

We continue to plan on the basis that a second COVID vaccine will be approved and available in early January. As the vaccine supply increases every staff member will have the opportunity to be vaccinated if they choose. For the next few weeks priority will be given to those currently working in patient facing roles so please don't worry if you don't receive an appointment immediately. After such a difficult year we know that many of you will want to have the vaccine as soon as possible. Everyone on the Programme is focussed on achieving this as quickly as we can subject to vaccines being allocated to us.

Comparative Risk As the vaccine is rolled out there will be side effects. As we all know in health care no medicine or intervention is without some risk. Most topical is the report in the press today of two allergic reactions (neither occurred in Scotland and both people are understood to be well following treatment). We will also hear reports that turn out not to be side effects; but events that co-occur with vaccination. As we all know just because two things occur at the same point it does not mean that one causes the other. When we are making the personal choice to be vaccinated, we are not comparing, 'no intervention with no risk', against, 'vaccination with risk'. We are comparing the risk of what may happen to us without vaccination (and if you are minded to the community at large) with the risk of vaccination.

For example, in recent weeks, estimates of how many people have active infection are around 1/100 of the whole population. Total deaths from COVID have been approximately 1/1000 of the population in the UK, though risk of death increases with age. Of those aged 18-49 who have had COVID, 10% have symptoms lasting longer than 28 days. Whereas the risk of adverse reactions to vaccines with significant side effects have historically been reported to 1-2 in millions of doses; many of these concentrated in those (as it seems from the cases reported in the press) where the risks are known or a manageable as a potential side-effect. Therefore, at an individual level, when we are making judgements, it can be helpful to think about and compare, the total risks and benefits (to ourselves, patients and general public).

Grampian figures Local data for today is shown below. If you are interested in the situation elsewhere in Scotland, click [here](#) to see all the data published by Public Health Scotland.



Face fit testing – time is running out! As highlighted in previous briefs, there are two models of FFP3 mask (3M 1863 & 3M 8833) which will no longer be available from early next year. Suitable alternatives have been procured. However, if you are only face fit tested on the above masks, you **MUST** come forward for retesting without delay. The organisation has set a deadline of completing retesting by 24 December and additional resource is in place to make this possible. In addition, records suggest there remain a significant number of staff who have attended Face Fit training since March and do not have a pass on any model of mask. If this is you, you are also strongly encouraged to make an appointment for retesting. You can do this by emailing gram.face-fit-appointment-hub@nhs.scot.

Remember, airborne precautions are required when Aerosol Generating Procedures are being undertaken for medium (amber) and high-risk (red) pathways, as well as for patients who have other infectious agents transmitted via the droplet or airborne route. These precautions including the wearing of FFP3 masks, so it is vital staff are appropriately tested and trained in their use.

NHS Near Me user community Near Me teams and VC staff have set up a new Team for users. We will use this to provide information and updates. Users can ask questions that will be answered either by Near Me support staff (or other users). You can join the Team by clicking on 'Join or create a team' and enter the code: 0ebhe7m. You can continue to access support using existing email addresses and telephone numbers.

Update for HealthRoster users As previously communicated, Adobe Flash Player will no longer be supported after 31 December 2020. Flash Player is used in a number of systems, including the current version of HealthRoster. In order to continue using HealthRoster, all users are required to individually download an update on the machine(s) they use to access HealthRoster. IT have made this available as a quick and easy download. Please click [here](#) (intranet link, networked devices only) for instructions to take this download, and to see the new link for HealthRoster. **It is essential that all HealthRoster users follow the instructions in the guide and begin accessing HealthRoster via the new link as soon as possible, and certainly by 18th December 2020. We cannot guarantee continued access to HealthRoster beyond 18th December for users who do not access HealthRoster via the Extended Support link.** Please share this message with relevant colleagues. The EOL system is unaffected by this change.

Thought for the day Today sees the start of the Jewish festival of Hanukkah. Hanukkah comes from (and apologies to any Hebrew scholars reading) the Hebrew verb ‘to dedicate’ and this set me thinking about the dedication that you have all shown this year. Whether you stayed with your usual colleagues, joined a new team, made the quick shift to home working, or switched into a completely new role, the dedication to a shared cause was clear to see. It remains clear to see every day, in the speed with which you have adapted to each new challenge, the pride you take in working in health & social care, the amazing care you offer each and every day. We have been pushed and tested like never before in 2020. We have all found new reserves of strength and, conversely, we have all had days when we wondered if we could take much more. We are still standing, though inevitably changed by what we have experienced. Our dedication has seen – and will keep seeing – us through.

If you are celebrating tonight and over the next eight days, Chag Sameach!

Items for the brief? If you have something you would like to be considered for inclusion in this brief, please send this to gram.communications@nhs.scot. Messages should be clearly marked as ‘Daily brief – for consideration’. Please be aware that space is limited, and items are prioritised based on subject matter and relevance to all staff groups.