Clinical Guidance Notice (Interim) to Accommodate COVID-19 Working Practice

Clinical Issue	**Community Administration of Corticosteroid Joint Injections in Adults during COVID-19 Pandemic** *Note: This guidance replaces v3.0 published on 26th March 2021*
Target Audience	General Practitioners and Community Service Providers

Clinical Guidance
The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or carer. Where a patient makes a choice contrary to clinician advice this should be clearly documented.
	An individual risk assessment should be undertaken for all patients presenting; this should include a discussion about the risks relating to COVID-19.
	
	Corticosteroid injections, for defined indications (Appendix 1), are recommended for individuals who have:
	• completed a course of COVID-19 vaccination more than 2 weeks ago AND
	• significant disease activity and/or intrusive and persisting symptoms, and there are no appropriate alternatives.
	
	Note: Unvaccinated individuals should be urged to complete a COVID-19 vaccination course and only injected in exceptional circumstances.
	
	General Principles
	• Do not inject if joint infection has not been clinically excluded.
	• Use other modalities of pain control (further guidance in Appendix 1):
	  ○ Splintage
	  ○ Analgesics
	  ○ Anti-inflammatories
	  ○ Exercise based therapy
	• Discuss benefits and risks with the patient to arrive at a shared decision.
	
	Before the appointment
	• No corticosteroid injection for the first 2 weeks after a COVID-19 vaccination.
	• Provision of written information (where possible to include a consent form) and advice relating to temporary immunosuppression and coronavirus related uncertainty.
	
	Prior to and at the appointment
	• Follow normal practice to exclude people with suspected infection.
	• Written consent including discussion of risks relating to temporary immunosuppression and coronavirus related uncertainty.
	
	Procedure
	• Adhere strictly to local infection control policies, including cleaning and use of personal protective equipment (PPE) as required.
	• Use the minimum effective dose for defined indications listed in Appendix 1.
	
	Post-injection
	• Advise all individuals to strictly adhere to current government guidance on social distancing and the principles face/hands/space.

Contact for Further Information	Usual routes for access to advice and guidance should be followed.

Rationale for Decision	• There is concern that steroids can increase the risk from COVID-19.
	• The potential impact of any theoretical immunological suppression that may be associated with exogenous corticosteroid treatments in an asymptomatic patient incubating coronavirus at the time or in future is currently unknown.
	• Conversely, steroid injections can:
	  ○ provide benefit for several months and in certain conditions may provide long-term symptom resolution.
	  ○ avoid the need for surgery or delay it for a substantial period.
	• Prioritisation of clinical need balancing the benefit of intervention against the risks in consideration of the available evidence for use.
	• COVID-19 vaccine provides significant protection from COVID-19 infection at 10-14 days after a single dose.
	• A two week interval between corticosteroid injection and COVID-19 vaccine enables patients to mount the best response to the vaccine.

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Executive Approval	Clinical Commissioning and Executive Committee: 22nd July 2021 (original guidance approved 24th August 2020)
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Communication Method	CCG Website and TeamNet
Resources (not exhaustive)	1. Joint Injections with Steroid during Coronavirus Pandemic. Charlie Docker, WAHT July 2020 2. National Guidance: Clinical guide during the COVID-19 pandemic for the management of patients with musculoskeletal and rheumatic conditions who are: already taking corticosteroids, or require initiation of oral/IV corticosteroids, or require an intra-articular or intra-muscular corticosteroid injection. 20 November 2020 v3 3. Electronic Medicines Compendium 4. National Guidance: Principles for COVID-19 Vaccination in Musculoskeletal and Rheumatology for Clinicians 5. Regulatory approval of Pfizer/BioNTech vaccine for COVID-19 6. Regulatory approval of COVID-19 Vaccine AstraZeneca 7. Preprint report: Early effectiveness of COVID-19 vaccination with BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on symptomatic disease, hospitalisations and mortality in older adults in the UK: a test negative case control study" 8. PHE monitoring of the effectiveness of COVID-19 vaccination
Notes	• Consider audit of practice • Report any adverse outcomes via Datix or local reporting system • National guidance on the COVID-19 vaccination programme is available here • Local advice for the COVID-19 vaccination programme is available on the CCG website

Appendix 1: Defined Indications for Corticosteroid Joint Injection (CJI) Administration in the Community during COVID-19

Joint	Indication	Management	CJI Administration By
Knee	**Non-Osteoarthritis Pain**	1st Line: Regular analgesia, modified exercise, risk factor management 2nd Line: Refer to mainstream physiotherapy 3rd Line: Corticosteroid* injection	Trained GP, physiotherapist, or secondary care
	Osteoarthritis	1st Line: Regular analgesia, modified exercise 2nd Line: Refer to mainstream physiotherapy 3rd Line: Corticosteroid* injection	
Hand	**Carpometacarpal Osteoarthritis**	1st Line: Consider splint, rest, analgesia 2nd Line: Refer to mainstream physiotherapist (hand specialist where available) 3rd Line: Corticosteroid* injection	Trained GP or physiotherapist
	Trigger Digit	1st Line: Consider splint 2nd Line: Corticosteroid* injection (only where active trigger) 3rd Line: Refer to secondary care	
Wrist	**Carpal Tunnel Syndrome**	1st Line: Wrist splints 2nd Line: Corticosteroid* injection *Note: Nerve conduction studies not necessary unless both these treatment modalities have failed or for severe symptoms if diagnosis is in doubt*	Trained GP, physiotherapist or secondary care
Shoulder	**Frozen Shoulder**	1st Line: Ice, rest, analgesia 2nd Line: Refer to mainstream physiotherapy 3rd Line: Corticosteroid* injection *Notes: If pain predominates, consider earlier injection to speed recovery and rehabilitation* *Where stiffness predominates, do not inject and refer to mainstream physiotherapy*	Trained GP or physiotherapist
	Osteoarthritis	1st Line: Regular analgesia, modified exercise 2nd Line: Refer to mainstream physiotherapy 3rd Line: Corticosteroid* injection if pain predominates	Trained GP or physiotherapist
	Acromioclavicular Joint Pain	1st Line: Ice or heat, rest, analgesia 2nd Line: Refer to mainstream physiotherapy 3rd Line: Corticosteroid* injection	Trained GP or physiotherapist
	Subacromial Pain		

* Minimum effective dose of methylprednisolone or triamcinolone with local anaesthetic

Corticosteroid Joint Injections (CJI) for the following Indications are Restricted to Specialist Administration and should not be undertaken in General Practice at this time:

Joint	Indication	Management	CJI Administration By
Ankle	**Chronic pain post-trauma/ Osteoarthritis**	1st Line: Regular analgesia, modified exercise 2nd Line: Refer to mainstream physiotherapy or podiatry for biomechanics 3rd Line: Corticosteroid* injection	Trained physiotherapist, podiatrist or secondary care
Foot	**Morton's Neuroma**	1st Line: Regular analgesia, correct footwear 2nd Line: Refer to podiatry for biomechanics 3rd Line: Corticosteroid* injection	
	Osteoarthritis	1st Line: Conservative management 2nd Line: Refer to mainstream physiotherapy 3rd Line: Corticosteroid* injection	
	Plantar Fasciitis	1st Line: Regular analgesia, calf stretches and iced bottle massage to plantar aspect of foot 2nd Line: Refer to podiatry for biomechanics 3rd Line: Corticosteroid* injection	

* Minimum effective dose of methylprednisolone or triamcinolone with local anaesthetic

Notes:

1. Corticosteroid injections for Hip Osteoarthritis will continue to be offered in secondary care
2. Corticosteroid injections for all other indications should not be offered at this time