Cancer Program – Operational COVID-19 Planning

Contents

Introduction

The proposal below is based on a risk stratification model (low, intermediate and high). Under each category, several components have been identified and details provided regarding focus, entrances, screening points, signage, communication and access (all internal and external stakeholders). Some assumptions have been made with regards to the definitions associated with the risk stratification levels. These were adopted from the WRH Pandemic Planning Manual (Nov 2008) ***[Appendix 1]***. The geographic boundaries associated with each risk level was determined internally by the team.

Low Risk

Phase 3 Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
Outside of Erie St. Clair Region

Focus

- Signage, Communication and Screening if symptomatic. Limiting exposure for non-patient facing staff

Entrances

- All entry points into the Cancer Centre will remain open

Screening Points

- Passive screening only; in alignment with WRH IPAC signage

Signage

- WRH IPAC signage

Communication

- NPR package to incorporate appropriate IPAC messaging
- Call waiting messaging to reflect passive screening messaging and precautions as per WRH IPAC messaging

Access

- Staff
  - RNs/RPNs/NPs
  - Physicians
  - Nursing attendants
  - NPR Clerks
  - Clinic Clerks
  - Care Room Clerks
  - Admitting Clerks
  - LHIN Coordinator
  - Drug Access Coordinators
  - Health Records
  - Social Workers
  - Dietitians
  - Clinical Trials
  - Clinical Trials Navigator

- Pharmacy
- Regional Non-Union - NR
- Radiation Therapists
- Dosimetrists
- Accelerator Techs
- Physicists
- Physics Assistants
- Management
- Secretaries/Admin staff
- VP/Director
- OBSP Clerks
- Genetic Counsellor
- DAP RNs/RPNs
- Housekeeping Staff

- Trainees – RNs, Residents, SW and Dietetic Interns, RT students, others
- Volunteers
- Foundation – NR
- Patients – under low risk protocol, all patient appointments to mostly follow usual process
  - New consults
  - Follow/up
  - Well follow/up – *select patients to receive alternative contact by Physician or RN/NP via phone (except patients on trials)*
  - Exam prior to chemo – *select patients to receive alternative contact by Physician via phone (except patients on trials)*
  - Chemotherapy/Immunotherapy
  - Blood Transfusions and supportive therapy
  - CT Sim
  - Radiation therapy
  - Emergency on-call radiation treatment (after hours and weekend)
  - Radiation treatment follow up (Treatment Reviews)
  - Injection Clinic
  - Procedures (BM, ITs)
  - PSO (SW, Dietitian, Lymphedema)
  - Palliative consults
  - Palliative follow up
  - Lab
  - DI
  - Pharmacy

Intermediate Risk

Phase 4 Small cluster(s) with limited human-to-human transmission, but spread is highly localized suggesting the virus is not well adapted to humans)
Within Erie St. Clair but not Windsor-Essex

Focus

- Active Screening, implementation of access restrictions, implementation of priority based protocols across program

Entrances

- <u>Open Entrance Points- with screening station</u>
  - Main floor link to main hospital (by Chemo suite) open ONLY to patient who require lab work or for staff to access Lab (Blood bank)
  - Main WRCC (Alsace Entrance) lobby entrance – for patients ONLY
  - Kildare side entrance - for staff screening and access ONLY

- Closed Entrances
  - Basement link to main hospital (By radiation treatment area)
  - MRI area link to radiation treatment area
  - All other side staff entrances

Screening

- Main floor link to main hospital (by Chemo suite) – Patients and staff accessing lab
- Main WRCC (Alsace Entrance) lobby entrance – Patients ONLY
- Kildare side entrance for staff screening and access – Staff ONLY

Signage – IPAC signage

Communication

Implement visitation/accompaniment policies

- NPR staff to change communication plan re: bringing accompanying members
- Appropriate communication to patients and staff affected by intermediate risk protocols following pandemic planning clinical guidelines from CCO ***[Appendix 2 P.15-17]***

Access

- Staff
  - RNs/RPNs/NPs
  - Physicians
  - Nursing attendants
  - NPR Clerks
  - Clinic Clerks
  - Care Room Clerks
  - Admitting Clerks
  - LHIN Coordinator – NR * with appropriate approvals and resourcing
  - Drug Access Coordinators - NR * with appropriate approvals and resourcing
  - Health Records
  - Social Workers
  - Dietitians
  - Clinical Trials
  - Clinical Trials Navigator – NR * with appropriate approvals and resourcing
  - Pharmacy
  - Regional Non-Union - NR
  - Radiation Therapists
  - Dosimetrists
  - Accelerator Techs
  - Physicists
  - Physics Assistants
  - Management
  - Secretaries/Admin staff
  - VP/Director
  - OBSP Clerks – NR * with appropriate approvals and resourcing
  - Genetic Counsellor – NR – urgent referrals only
  - DAP RNs/RPNs - NR * with appropriate approvals and resourcing
  - Housekeeping Staff
- Trainees – RNs, Residents, SW and Dietetic Interns, RT students, others - NR
- Volunteers – NR
- Foundation – NR

- Patients – under intermediate risk protocol, priority based pandemic planning clinical guidelines from CCO ***[Appendix 3 for Systemic and Appendix 4 for Radiation]***
  - New consults
    - ✓ All priority A & B patients to be scheduled
    - ✓ Priority C patients to be deferred
  - Follow/up
    - ✓ All priority A & B patients to be scheduled
    - ✓ Priority C patients to be deferred
  - Well follow/up – select patients to receive alternative contact by Physician or RN/NP via phone (except patients on trials)
  - Exam prior to chemo – select patients to receive alternative contact by Physician via phone (except patients on trials)
  - Chemotherapy/Immunotherapy
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C patients to be deferred except patients on oral hormone therapy especially in the adjuvant setting
  - Blood Transfusions
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C patients to be assessed over the phone
  - Supportive therapy
    - ✓ Priority A to be scheduled
    - ✓ Priority B and C patients to be assessed and care deferred as appropriate
  - CT Sim
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C to be deferred
  - Radiation therapy
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C to be deferred
  - Emergency on-call radiation treatment (after hours and weekend)
    - ✓ Priority A only
  - Radiation Treatment Reviews
    - ✓ All priorities (A, B & C) to continue as per usual
  - Injection Clinic
    - ✓ All priorities, defer to community service providers
  - Procedures (BM, ITs)
    - ✓ Priority A and B to be scheduled as per usual
  - PSO (SW, Dietitian, Lymphedema)

- ✓ Priority A and B patients to be seen in person, all other appointments to be conducted by phone
- Palliative consults
  - ✓ Priority A only
  - ✓ Priority B and C to be assessed by phone
- Palliative follow up
  - ✓ Priority A only
  - ✓ Priority B and C to be assessed by phone
- Lab
  - ✓ All lab work for Priority A & B (Rad and Sys) will be done by Chemo Suite RN in a designated area. Specimens will be transported to the lab in batches by designated staff
- DI
  - ✓ Priority A & B to be scheduled as per usual process
  - ✓ Priority C to be reviewed by Oncologist and access limited
- Pharmacy
  - ✓ Retail pharmacy to be closed to general public and WRH staff and restricted only to Priority A and B cancer patients for specific treatment prescriptions

High Risk

Phase 5 Large cluster(s), but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not be fully transmissionable (substantial pandemic risk) & Phase 6 Phase 6 Pandemic: increase and sustained transmission in the general population.
Within Windsor-Essex

Focus

Active Screening, continued access restrictions, implementation of priority based protocols across program, implementation of designated isolation protocols (designated clinics/spaces)

Entrances

- Open Entrance Points- with screening station
  - Main floor link to main hospital (by Chemo suite) open ONLY to patient who require lab work or for staff to access Lab (Blood bank)
  - Main WRCC (Alsace Entrance) lobby entrance – for patients ONLY
  - Kildare side entrance - for staff screening and access ONLY
- Closed Entrances
  - Basement link to main hospital (By radiation treatment area)
  - MRI area link to radiation treatment area
  - All other side staff entrances

Screening

- Main floor link to main hospital (by Chemo suite) – Patients and staff accessing lab
- Main WRCC (Alsace Entrance) lobby entrance – Patients ONLY
- Kildare side entrance for staff screening and access – Staff ONLY

Signage

IPAC signage

Communication

Implement visitation/accompaniment policies

- NPR staff to change communication plan re: bringing accompanying members
- Appropriate communication to patients and staff affected by high risk protocols following pandemic planning clinical guidelines from CCO ***[Appendix 2 P.15-17]***

Access

- Staff
  - RNs/RPNs/NPs
  - Physicians
  - Nursing attendants
  - NPR Clerks – NR * with appropriate approvals and resourcing
  - Clinic Clerks – Limited # of staff on site
  - Care Room Clerks
  - Admitting Clerks
  - LHIN Coordinator – NR * with appropriate approvals and resourcing
  - Drug Access Coordinators – NR * with appropriate approvals and resourcing
  - Health Records
  - Social Workers – 2 on site; 1 IP and 1 OP, rest on call and working from home with appropriate approvals and resourcing
  - Dietitians – 1 on site, working from home with appropriate approvals and resourcing
  - Clinical Trials – 1 on site, working from home with appropriate approvals and resourcing
  - Clinical Trials Navigator – NR * with appropriate approvals and resourcing
  - Pharmacy
  - Regional Non-Union – NR
  - Radiation Therapists
  - Dosimetrists
  - Accelerator Techs – on call
  - Physicists – 1 covering early shift, 1 covering late, other 2 plan checks at home
  - Physics Assistants – NR
  - Management
  - Secretaries/Admin staff – Work from home
  - VP/Director
  - OBSP Clerks – NR * with appropriate approvals and resourcing
  - Genetic Counsellor – NR – urgent referrals only
  - DAP RNs/RPNs - NR * with appropriate approvals and resourcing
  - Housekeeping Staff
- Trainees – RNs, Residents, SW and Dietetic Interns, RT students, others - NR
- Volunteers – NR

- Foundation - NR
- Patients – under high risk protocol, priority based pandemic planning clinical guidelines from CCO ***[Appendix 3 for Systemic and Appendix 4 for Radiation]***
  - New consults
    - ✓ All priority A & B patients to be scheduled
    - ✓ Priority C patients to be deferred
  - Follow/up
    - ✓ All priority A & B patients to be scheduled
    - ✓ Priority C patients to be deferred
  - Well follow/up – select patients to receive alternative contact by Physician or RN/NP via phone (except patients on trials)
  - Exam prior to chemo – select patients to receive alternative contact by Physician via phone (except patients on trials)
  - Chemotherapy/Immunotherapy
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C patients to be deferred except patients on oral hormone therapy especially in the adjuvant setting
  - Blood Transfusions
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C patients to be assessed over the phone
  - Supportive therapy
    - ✓ Priority A to be scheduled
    - ✓ Priority B and C patients to be assessed and care deferred as appropriate
  - CT Sim
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C to be deferred
  - Radiation therapy
    - ✓ Priority A to be scheduled
    - ✓ Priority B including patients on current treatment to be scheduled
    - ✓ Priority C to be deferred
  - Emergency on-call radiation treatment (after hours and weekend)
    - ✓ Priority A only
  - Radiation Treatment Reviews
    - ✓ All priorities (A, B & C) to continue as per usual
  - Injection Clinic
    - ✓ All priorities, defer to community service providers
  - Procedures (BM, ITs)
    - ✓ Priority A and B to be scheduled as per usual
  - PSO (SW, Dietitian, Lymphedema)

- ✓ Urgent patients ONLY
- Palliative consults
  - ✓ Priority A only
  - ✓ Priority B and C to be assessed by phone
- Palliative follow up
  - ✓ Priority A only
  - ✓ Priority B and C to be assessed by phone
- Lab
  - ✓ All lab work for Priority A & B (Rad and Sys) will be done by Chemo Suite RN in a designated area. Specimens will be transported to the lab in batches by designated staff
- DI
  - ✓ Priority A & B to be scheduled as per usual process
  - ✓ Priority C to be reviewed by Oncologist and access limited
- Pharmacy
  - ✓ Retail pharmacy to be closed to general public and WRH staff and restricted only to Priority A and B cancer patients for specific treatment prescriptions

Designated Isolated Rooms/Space

Current exam rooms on the lobby level (LL) to be designated spaces.

- Patients exhibiting symptoms upon screening will be localized to the palliative exam room (LL)
- Patients with a positive travel history will be localized to the LL radiation exam rooms (Dr. Springer's and Yousuf's area)
- Additional isolation rooms will be designated based on need starting from the ground floor up.
  - Radiation – 6 (GF) available rooms
  - Chemo Suite – 4 (Level 1) available rooms
  - Systemic – 19 (Level 1) available rooms

In the event that a hospital determines that it is no longer safe to offer a cancer service they should inform OH-CCO to initiate a re-referral process for priority A and B patients.

In the case of required re-referral OH-CCO will:

- Provide clinical guidance on priorities
- Support region-to-region or provincial conversations about potential capacity pressures and broader strategies

The following is considered out of scope for OH-CCO:

- Provide advice or coordinate re-referral on specific patients.

RASCI matrix for re-referral of priority A and B patients

	CCO	RCP	Hospital
Provide clinical guidance on priorities for re-referral, vs deferral	Responsible	Informed	Informed
Identify patient requirements based on guidelines and hospital policy	Informed	Supporting	Responsible
Facilitate discussions re: re-referral within region based on patient requirements and clinical guidelines	Informed	Responsible	Supporting
Facilitate discussions re: re-referral across regions or provincially	Responsible	Supporting	Informed
Facilitate re-referral (provider-to-provider communications re specific patients)	Informed	Supporting	Responsible

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Appendices

Appendix 1 – WRH Pandemic Manual

Pandemic Manual #9 11-27-08a.docx

Appendix 2 – OH-CCO Pandemic Planning Clinical Guideline for Patients with Cancer

OH-CCO Pandemic Planning Clinical Gu

Appendix 3 - Systemic treatment patient populations' priorities A, B and C

Priority	***Description***	***Examples***
Priority A	Those patients being treated who have aggressive tumours, Patients with life-threatening situations. Some patients already receiving treatment.	Some leukemias, lymphomas, CNS, or transplant. Leukemic leucostasis, or medical emergencies such as febrile neutropenia and hypercalcemia.
Priority B	The majority of patients requiring chemotherapy will be priority B. For patients starting therapy, recognizing that there are little to no data supporting long delays, this will be a judgement call for each patient. Patients already receiving therapy will need to be assessed as to whether they require ongoing treatment and should be considered Priority A. Those patients that can possibly wait weeks before continuing treatment	

	should be considered Priority B.	
Priority C	Patients receiving oral hormone therapy, especially in the adjuvant setting. Patients receiving follow up care Patients on IV bisphosphonates if that is the only IV treatment required.	

Appendix 4 - Radiation patient populations priorities A, B and C

Priority	***Description***	***Examples***
Priority A CCO Priority Categories 1 and 2	All emergency and urgent patients where alternative management to radiotherapy is not possible, Patients with rapidly progressing, potentially curable tumours. Patients already on treatment.	Patients with cord compression not amenable to surgery would need to be treated but patients with bone pain might be able to be managed temporarily with adjustments to pain medication.
Priority B CCO Priority Category 3	All other patients with cancer needing radiotherapy. Within this priority level, subcategories would be determined using the local priority methodology (as described above). Patients should be followed by telephone where possible to ensure they have not progressed to Priority A.	
Priority C	Includes the rare patient with benign	

	disease needing radiation treatment, such as pituitary adenoma and meningioma. It may be possible to delay these cases until the pandemic is over. Referral information will be reviewed by the oncologist or designate and a decision made as to whether their consultation can be delayed. Patients on follow up should be grouped into low risk and high risk, and the low risk patients rescheduled to an appointment after the pandemic is over. Telephone follow up for high risk cases should be utilized as far as possible.	