

NCCP advice on the management of patients undergoing radiation oncology treatment, in response to the current novel coronavirus (COVID-19) pandemic

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**Current events surrounding the COVID-19 outbreak are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.**

**This is an evolving situation. This advice is based on current information, it is additional to the advice of the NPHET, the HSE and the DoH, and will be updated as necessary.**

**The NCCP acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result will implement this advice based on their own unique circumstances.**

**The purpose of this advice is to maximise the safety of patients and make the best use of HSE resources, while protecting staff from infection. It will also enable services to match the capacity for cancer care to patient needs if services become limited due to the COVID-19 pandemic.**

**Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment.**

## 1 NPHET, HSE and DoH advice:

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHET), the HSE and the DoH. Information is available at:

- HSE HPSC - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>
- HSE Coronavirus (COVID-19) - <https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- DoH Coronavirus (COVID-19) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>
- Ireland's National Action Plan in response to COVID-19 (Coronavirus) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>

## 2 Knowledge of patient's COVID-19 exposure risk prior to attending

Consider contacting patients to ascertain their COVID-19 exposure status, 24-48 hours prior to their planned attendance for treatment. This will also act to reassure those without exposure, that their treatment will continue as planned.

Patients should be re-assessed on a daily basis for any symptoms or history of contact, throughout their course of radiotherapy.

### 3 Radiotherapy may be given as follows:

- As per standard protocols
- A hypo-fractionated schedule is preferred
- Treatment deferred or stopped as per local recommendation
- Aim to prioritise curative category 1 cases and emergency radiation therapy.

Any change in fractionation should be approved by the local planning meeting or be based on a pre-agreed fractionation schedule.

Any changes to treatment protocol including deferral/ interruption should be discussed with patient.

Planning meetings are essential in this phase of the COVID-19 outbreak.

If a planning meeting is not possible sign off of the protocol should be in consultation with another consultant.

### 4 Communication with radiation oncology patients

1. Communicate with patients and support their mental wellbeing, signposting to charities and support groups where available, to help alleviate any anxiety and fear they may have about COVID-19.
2. Communication with the patient should be documented in the patient's notes.
3. Patients should have the opportunity to discuss and consider the following when suggested by their Consultant:
  - Proposal for a treatment deferral or treatment break
  - Modifications to their treatment to reduce the risk of COVID-19 infection
4. Patients who continue to attend for treatment should be:
  - Triaged prior to commencing treatment
  - Advised to follow the relevant parts of the guidance of the NPHET, the HSE and the DoH
  - Advised to attend appointments without family members or carers unless approved by the Radiation Oncology centre
  - Informed as to the steps being taken in the hospital to reduce the risk of infection by:
    - Minimising face to face contact by offering virtual consultations
    - Minimising the number of patients and time spent in waiting rooms.

## 4 Principles underlying treatment decisions

Underlying principles are

- a. Emergency radiotherapy will at all times be prioritised (e.g. treatment for spinal cord compression)
- b. Effectiveness of radiation treatment can be significantly impacted by interrupting the schedule
- c. Delay in commencement of treatment is reasonable and is preferable to an interruption during the course
- d. All decisions to treat or defer will be based on clinical judgement and an individual risk assessment.
- e. Decisions on deferral or interruption of treatment discuss at per review MDT/Planning meeting if needed.
- f. Up-to-date infection prevention and control guidance will be followed at all times, with the support of local IPC teams. Please refer to 'NCCP guidance on the use of PPE by medical professionals when managing patients requiring radiotherapy in response to the current novel coronavirus (COVID-19) outbreak' for more detail.

## 5 Patient and COVID-19 exposure

In terms of COVID-19 exposure patients may:

### a. Have confirmed COVID-19 disease

Where possible, defer treatment until the patient is clinically recovered and no longer infectious (defined as 14 days since onset of first symptoms and 5 days fever free), unless based on clinical judgement and risk assessment you consider treatment to be essential (e.g. radiotherapy emergency or radical definitive treatment). If proceeding with treatment, closely follow the specific infection prevention and control recommendations, within the unit and regarding travel to the unit.

### b. Have suspected COVID-19 disease as per the HPSC algorithms

Patients should be tested in line with the HPSC algorithm and if possible defer treatment until test results are available. If test result is delayed, or there is a high suspicion of COVID-19 despite negative test result, then manage the patient as if they have confirmed COVID-19 and consider them to be infectious until 14 days since onset of first symptom and 5 days fever free. If based on clinical judgement and risk assessment immediate treatment is required, closely follow the infection prevention and control recommendations as if they are a patient with confirmed disease.

### c. Have been defined as a 'close contact' as per the HPSC definition but have no symptoms.

Ensure that these patients are triaged clinically each day, prior to treatment. These patients will have been advised to limit their contact with others for 14 days for 14 day since their last contact and to

self-monitor for symptoms. If they haven't started their treatment, delay treatment until the 14 days has passed. If they have already started or if you judge treatment to be essential, closely follow infection prevention and control guidance.

**d. Have had no known exposure**

These patients should continue with their scheduled treatment, as clinical indicated. Please refer to 'NCCP advice on radiation therapy capacity escalation plan in response to the current COVID 19 pandemic' for more detail.

## 6 Infection Prevention and Control Considerations

Consult the most up-to-day information for health care professionals on the [HPSC website](#) and link with your local infection prevention and control team for specific advice.

Review practices within the unit now, to reduce the risk from a patient with unknown COVID-19.

This may include such measures as requesting all patients use the available hand sanitiser on arrival, asking patients to turn up no more than 15 minutes before their appointment, spacing within the waiting area, not to be accompanied within the unit. Review the treatment room set up to identify changes that can be made to aid cleaning and minimise risk of cross-infection, e.g. moving surplus supplies or equipment to storage areas.

For COVID-19 patients, those with suspected COVID -19 and those who are close contacts, consider:

**a. How the patient will be transported to/from hospital and the treatment area**

COVID-19 patients, those with suspected COVID-19 and those who are close contacts should not be using shared transport. A risk assessment should be made with the support of your IPC team, and specific advice sought as to appropriate precautions during travel to and entrance to the unit.

## **b. IPC precautions during treatment**

If a unit needs to treat a patient with known or probable COVID-19, follow the guidance on the [HPSC website](#).

This includes advice on correct use of personal protective equipment (PPE); standard, contact and droplet precautions; waste and environmental cleaning/disinfection; including specific advice in relation to treatment rooms and equipment. Please refer to 'NCCP guidance on the use of PPE by medical professionals when managing patients requiring radiotherapy in response to the current novel coronavirus (COVID-19) outbreak' for more detail.

## **7 Guideline Development Group**

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