

## Oncology Screening and Treatment for COVID-19

Approved 04.07.2020 16:00

Exposure to Known COVID-19 - **Asymptomatic** (IE nursing home with exposure at facility/family member with positive case within residence/staff member at their place of employment)

1. **Staff PPE**– Gown, face shield, facemask, gloves (extended use)
2. Screening:
  - a. Each person is screened at the entrance using the COVID-19 Employee and Visitor Screening Questionnaire. If screening is positive, follow steps below.
  - b. If patient calls to report symptoms or COVID exposure, follow steps below.
3. RN triage and assess for potential symptoms and determine level of exposure prior to patient arrival
  - a. Did patient have contact with a COVID positive person?
  - b. Was COVID positive person masked/unmasked?
  - c. Was patient masked/unmasked during encounter?
4. Discuss with physician – patient treatment timeline/deadline
  - a. If able, quarantine patient based on CDC guidelines.
  - b. If unable, follow the steps below.
5. Evaluate if patient can be treated at an alternative time (IE end of day, weekend, less busy time)
6. Patient will be instructed to apply facemask upon entry.
7. Patient taken directly to private infusion room or an area away from other patients. (RN to coordinate check in with infusion room appointment coordinator – patient does not need to present to check-in)
  - a. If the patient sees the MD or has labs, staff present to the room patient will be treated in. (Lab staff to present only if needed – RN to draw labs off central line or peripherally
  - b. Infusion room RN to complete assessment and draw labs.
8. For room set up, use rover for scanning meds. Door to remain closed.
9. RN staff to communicate terminal clean needed to EVS upon patient discharge. Room door remains shut.

### **NEW Positive Symptoms (fever/cough/etc.) – physician does not suspect COVID-19**

1. **Staff PPE with symptomatic patient** – Gown, face shield, facemask, gloves (extended use)
2. Screening:
  - a. Each person is screened at the entrance using the COVID-19 Employee and Visitor Screening Questionnaire. If screening is positive, follow steps below.
  - b. If patient calls to report symptoms or COVID exposure, follow steps below.
3. Patient will be instructed to apply facemask upon entry.
4. RN assess symptoms and potential contact with COVID suspected individuals.
5. Notify physician.
6. If neutropenic fever is suspected and patient needs full workup, per physician direction, send to designated location per business unit for work up and possible admission.

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7. If patient needs to be seen, room directly into exam room/infusion room based on patient final destination. Physician only visit will go in an exam room in the unused exam room hallway. If infusion room, patient roomed in designated infusion room and physician assesses patient in room.
8. Evaluate if patient can be treated at an alternative time (IE end of day, weekend, less busy time)
9. Patient taken directly to private infusion room. (RN to coordinate check in with infusion room appointment coordinator – patient does not need to present to check in.)
  - a. If the patient sees the physician or has labs, staff presents to the private room to perform cares. (Lab staff to present only if needed).
  - b. Infusion room RN to complete assessment and draw labs.
10. For room set up, place pump outside the room (if able) (extension tubing needed). Use rover for scanning. Door to remain closed.
11. When patient leaves the room, the room would need a terminal clean.
12. RN staff to communicate terminal clean needed to EVS upon discharge. Room door remains shut.

### **Positive Symptoms (fever/cough/etc.) – physician does suspect COVID**

1. **Patient would not enter the cancer center.**
2. RN triage and assess for potential symptoms and determine level of exposure prior to patient arrival
  - a. Did patient have contact with a COVID positive person?
  - b. Was COVID positive person masked/unmasked?
  - c. Was patient masked/unmasked during encounter?
3. Discuss next treatment/monitoring steps with physician. If COVID testing becomes available for oncology patients, steps 2 and 3 will be modified. If an ALH patient, RN to call Antigo Respiratory Clinic or identify other path with physician.
4. RN team to monitor patient chart and notify physician when/if patient cleared. Once cleared, arrange for treatment as indicated. If patient has respiratory symptoms, they would be provided a mask upon entry to cancer center.
5. If patient would need treatment, we will have further discussion as patient will likely not be treated due to symptoms/active infection.

### **Positive COVID**

1. **Patient would not enter the cancer center.**
2. If they are outpatient and need further care (ie labs) appropriate arrangements would be made.