



Saudi Arabia National Cancer Institute (SANCI)

Saudi National Cancer Institute Coronavirus Disease 2019

(COVID-19) Caregiver and

Facility Clinical Practice Guidelines

By SANCI COVID-19 Task Force

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The following guidelines are for all cancer care givers and cancer centres/ departments to guide the practice during the COVID-19 Pandemic.

These guidelines should be used as a supplement to the general guideline published by the Saudi Center for disease prevention and control (Weqaya).

General Preparation:

- Educate the staff how to detect patients with COVID-19 symptoms and signs.
- Establish center COVID-19 steering team.
- Establish screening procedures for all patients and companions as per your hospital internal policy and procedure (IPP).
- Implement international standard precautions.
- Provide personal protective equipment (PPE) with enough quantities.
- Encourage routine non-95, surgical masking for all patients and staff treating high volume patients (Nurses and radiation therapist).
- Do N95 fitting test for all medical staff.
- Assign staff to obtain COVID-19 testing for patients according to ministry of health (MOH) current testing guidelines.
- Identify call center or contact number to refer patients, their families and staff when appropriate.
- In case of lock down Provide all staff and patients on treatment with official permits acceptable to checkpoint officers for transportation during curfew from residence to healthcare facility and back

Facilities preparation:

- Limit access to one point of entry.
- Restrict visitors, vendors and ancillary services from accessing patients care area.
- Provide and identify virtual support services.
- Establish triage stations at entrance for Day units 'outpatients' clinics, and radiation therapy units.
- Maintain distance of 1.5 meter apart at front desks and during the screening of staff and patients before they enter patients care area.
- Prepare and redesign the chairs in waiting area to maintain physical separation of at least 1.5-meter distance.
- Re-design infusion suite to a private space with 1.5 meter distance.
- Use available curtains as a barrier between patients.



- Suspend all on-site/ in person group and patient activities and switch to virtual meetings when needed
- Virtual Tumour Boards can be utilized for challenging cases that require necessary multidisciplinary coordination.

Patient Appointments:

- Postpone routine follow-up visits of patients not on active cancer treatment.
- Postponing all non-urgent surgical, dental and invasive/interventional procedures .
- Provide refill mechanism for patients on maintenance therapies such as mailing or drive through
- Provide virtual clinics with unified phone number, websites, social platform for patient seeking support.
- Adapt telemedicine for patients not requiring a physical exam.
- Educate your staff to conduct and document telephonic and telehealth interactions with patients.

Prevention:

- Cancer centres should limit access to the facility to one point of entry.
- Assign screening team.
- All staff, patients and visitors should be screened outside the facility for:
 - History of travel in the past 14 days internationally or from high-risk areas as per Saudi MOH updated list.
 - History of fever and flulike symptoms.
- Measure temperature using infrared thermometer for all patients and staff entering patient care areas at the entry point.
- Instruct the patient to call if they develop fever, flulike symptoms (cough, sore throat).
- Contact the patient the day prior to appointment for acute respiratory infection (ARI) screening symptoms of cough, sore throat, fever, or other flu-like symptoms, travel outside the country or high-risk regions or exposure to COVID-19 confirmed cases.
- Deny entry of visitors in any treatment area.
- Ask the watcher / companion to wait outside treatment area or return after treatment.
- In case of medical necessity for watcher as for children, limit it for identified healthy watcher per admission in single room .
- The watcher should remain inside the patient room during the patients' stay and should not be allowed to leave the room without permission by the charge nurse and should not leave the hospital without written permission from the treating



consultant.

- Use signage and visualization of symptoms for all patient/visitors, as well as patient education materials and illustrations of proper hygiene for infection prevention and symptoms to report.
- Rapidly isolate patients with suspected infection in a designated exam room or other private area with the door closed and provide the patient with a facemask until more thorough testing can be conducted.
- All staff should adhere to Standard Precautions.
- Use a N95 respirator or facemask, gown, gloves, and eye protection as per your hospital IPP.
- Establish a plan of action for patients that present with suspected infection. Limit the exposure of vulnerable care providers to high risk patients (fever, respiratory symptoms) and high-risk areas emergency (ER)



Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

- According to Kingdom of Saudi Arabia (KSA) center of disease and control (CDC) (<https://covid19.cdc.gov.sa/>) (Appendix 1 & 2) and United States (US) CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>) as follow:

Risk factors	Exposure category	Recommended monitoring for covid-19 (until 14 days after last potential exposure)	Work restrictions for asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	Should not deal or mix directly with unexposed cancer patients or cancer caregiver for 14 days after last exposure
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	Should not deal or mix directly with unexposed cancer patients or cancer caregiver for 14 days after last exposure
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	Should not deal or mix directly with unexposed cancer patients or cancer caregiver for 14 days after last exposure
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Should not deal or mix directly with unexposed cancer patients



			or cancer caregiver for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Should not deal or mix directly with unexposed cancer patients or cancer caregiver for 14 days after last exposure
HCP PPE: Not wearing eye protection	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	Should not deal or mix directly with unexposed cancer patients or cancer caregiver for 14 days after last exposure
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	Should not deal or mix directly with unexposed cancer patients or cancer caregiver for 14 days after last exposure

HCP=healthcare personnel; PPE=personal protective equipment

The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient) or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).



Management of cancer patient during (COVID-19) outbreak:

The decisions should be individualized after considering the overall goals of treatment, the patient's current oncologic status and treatment tolerance as well as their general medical condition and the status of (COVID-19) in your region

- **1. General management outlines for patients with no COVID19 infection**
- For patients without known COVID-19 infection, it is likely more important to initiate or continue systemic cancer treatment than to delay or interrupt treatment due to concerns about potential COVID-19 infection.
- Intentional postponing of adjuvant chemotherapy or elective surgery for stable cancer should be considered in endemic areas.
- Stronger personal protection provisions should be made for patients with cancer or cancer survivors.
- Reduce of patients' access to radiotherapy facility by adopting hypo-fractionated regimens when possible; use palliative medical treatments at home, instead of radiotherapy, delay non-urgent and deferrable radiotherapy treatments (e.g., adjuvant radiotherapy of breast and prostate cancers) and postpone therapies for benign and functional diseases.
- Postpone all routine follow up and survivorship clinics for 3 -6 months
- Define treatment priority level according to the expected outcome (see appendix 3)

- **2. General outline of management cancer patients confirmed to have COVID-19 infection:**
- All cancer patient confirmed to have COVID-19 should be admitted to the designated hospital in your region (see Appendix1) in coordination with command and control center for 14 days irrespective of the severity of symptoms.
- Delay anti-cancer treatment till the patient recover completely from COVID-19 base on being asymptomatic for at least 72 hours and two negative swabs.
- Assigned designated team to deal with these cases and this team should not mix with other cancer care giver or unexposed cancer patients for 14 days after last exposure.
- Consult infectious disease specialist.

Follow Saudi Center for disease prevention and control /MOH management guideline and expert advice under supervision of Infectious diseases consultants.



Links and References:

- 1- Saudi Center for disease prevention and control Coronavirus Resources.
- 2- World Health Organization Coronavirus Resources.
- 3- Clinical Oncology Coronavirus Resources.
- 4- American Society of Therapeutic Radiology Coronavirus Resources.
- 5- British Columbia Cancer Care Program Coronavirus Resources.
- 6- National Comprehensive Cancer Network Coronavirus Resources.
- 7- Cancer Council South Australia Coronavirus Resources.
- 8- <https://covid19.cdc.gov.sa/wp-content/uploads/2020/03/Coronavirus-Disease-2019-Guidelines-v1.2.pdf.pdf>
- 9- <https://www.astro.org/Daily-Practice/COVID-19-Recommendations-and-Information/COVID-19-FAQs#q8>
- 10- <https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19>
- 11- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
- 12- [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30096-6/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30096-6/fulltext)
- 13- <https://doi.org/10.1016/J.ijrobp.2020.03.007>
- 14- Filippi AR, Russi E, Magrini SM, Corvò R, COVID-19 outbreak in northern Italy: first practical indications for radiotherapy departments, IJROBP (2020)
- 15- WHO Risk assessment and management of exposure of health care workers in the context of COVID-19
- 16- [http://www.bccancer.bc.ca/health-professionals/clinical-resources/provincial-cancer-clinical-management-guidelines-in-pandemic-situation-\(covid-19\)](http://www.bccancer.bc.ca/health-professionals/clinical-resources/provincial-cancer-clinical-management-guidelines-in-pandemic-situation-(covid-19))
- 17- <https://www.mja.com.au/journal/2020/212/10/managing-haematology-and-oncology-patients-during-covid-19-pandemic-interim>
- 18- <https://jnccn.org/view/journals/jnccn/aop/article-10.6004-jnccn.2020.7560/article-10.6004-jnccn.2020.7560.xml>



Appendix 1

Appendix1 : Coronavirus-Disease-2019-Guidelines

<https://covid19.cdc.gov.sa/wp-content/uploads/2020/03/Coronavirus-Disease-2019-Guidelines-v1.2.pdf.pdf>

Appendix 2 : guide-to-covid-19-surveillance-case-definitions-and-disposition/

<https://covid19.cdc.gov.sa/professionals-health-workers/quick-guide-to-covid-19-surveillance-case-definitions-and-disposition/>

Appendix3 : KING FAISAL SPECIALIST HOSPITAL & RESEARCH CENTRE ONCOLOGY CENTRE GUIDELINES FOR PRIORITY MANAGEMENT DURING COVID-19 ENDEMIC

<https://www.shc.gov.sa/Documents/PR/KFSH.pdf>