

## touchPANEL DISCUSSION

Protecting your patients and  
yourself during COVID-19: A  
practical guide for cancer nurses

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An expert panel discussion  
recorded in August 2020

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# Changes to cancer care working practices during the COVID-19 pandemic



Cancer care centres have had to reorganize systems to make them ‘pandemic proof’ and preserve high standards of care for patients with cancer

## Health care staff at increased risk of infection

- Need for rapid COVID-19 testing
- Reduction of work-force due to self-isolation

## Demands on care capacity

- Operating room and/or ICU capacity taken up by patients with COVID-19, so diminished capacity for elective or emergency cancer surgery

## Restructuring cancer care during the pandemic

## Clinical activities adapted to keep dedicated cancer facilities COVID-free

- Web-based/phone consultation
- Essential appointments only
- Restriction of visitors
- Adaptation of treatment regimens
- Addressing increased concerns/queries from patients

**Regional/national collaborations** to share provision of care for patients with cancer

Protocols need to be able to change to reflect the rapidly changing COVID-19 situation

# Challenges of balancing provision of cancer care and infection prevention



Cancer nurses face unique challenges to balance provision of life-saving cancer care and mitigating the risks of COVID-19.<sup>1</sup> For example:

- **Allocation of PPE and managing potential shortages:** for example, increased use of PPE by HCPs treating patients with COVID-19 limits available resources, including for oncology nurses who administer chemotherapy<sup>1</sup>
- **Adjusting to a different patient care approach:** a shift to virtual communication by telemedicine has associated challenges including mitigation of privacy issues (who else is present on call?)<sup>1</sup>
- **Difficulty of diagnosis of COVID-19 infection in patients with cancer:** clinical signs of COVID-19 infection are non-specific, especially in patients with cancer where occurrence of infection is highly prevalent<sup>2</sup>
- **Keeping cancer wards COVID-19 free:** avoid mixing patients who are suspected or tested COVID-19-positive with patients who are COVID-19-free patients<sup>2</sup>

HCPs, healthcare professionals; PPE, personal protective equipment

1. Catlin N. *Oncology Times*. 2020;42:11–18. 2. Raymond E, et al. *Target Oncol*. 2020;15:249–259.

# Mental health and psychosocial considerations for nurses during the COVID-19 outbreak

Feeling under pressure is a likely experience for nurses during the COVID-19 outbreak<sup>1</sup>

“Nurses and other health care providers are **making difficult decisions**, both at work and at home”<sup>2</sup>

“Nurses may experience **avoidance** by their family or community owing to **stigma or fear**”<sup>1</sup>

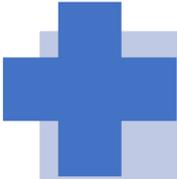


**Concerns/anxiety about transmission of COVID-19:** anxiety induced by the risk of personal contamination is often an added stress factor associated with the care of patients suffering from cancer<sup>3</sup>

The COVID-19 outbreak is a **unique and unprecedented scenario for many workers**, particularly if they have not been involved in similar responses<sup>1</sup>

# Self-care strategies to mitigate stress

Nurses should recognize that stress and the feelings associated with stress do not reflect inability to do the job or weakness – managing mental health and psychosocial well-being is as important as managing physical health



## Use helpful coping strategies

- Ensure sufficient rest and respite during work or between shifts
- Eat sufficient and healthy food
- Engage in physical activity
- Stay in contact with family and friends
- Seek support from colleagues and/or a manager

## Avoid using unhelpful coping strategies

- Use of tobacco, alcohol or other drugs

# Supporting cancer healthcare workers during the COVID-19 pandemic

- Protecting staff from chronic stress and poor mental health during the pandemic means that they will have a better capacity to fulfil their roles<sup>1</sup>
  - Provide good quality communication and accurate information updates to all staff
  - Rotate workers from higher-stress to lower-stress functions
  - Partner inexperienced workers with more experienced colleagues – the buddy system helps to provide support, monitor stress and reinforce safety procedures
  - Ensure that outreach personnel enter the community in pairs
  - Initiate, encourage and monitor work breaks
  - Implement flexible schedules for workers who are directly impacted or have a family member affected by a stressful event
  - Build in time for colleagues to provide social support to each other

## Occupational safety and patient outcomes<sup>2</sup>

- A strong safety culture with good working conditions positively impacts patient outcomes
- Clear standards, defined roles and tasks is paramount and strong leadership with a focus on a healthy working environment



Ensure that staff are aware of where and how they can access mental health and psychosocial support services and facilitate access to such services<sup>1</sup>

1. WHO. 2020. Available at: [www.who.int/docs/default-source/coronaviruse/mental-healthconsiderations.pdf?sfvrsn=6d3578af](http://www.who.int/docs/default-source/coronaviruse/mental-healthconsiderations.pdf?sfvrsn=6d3578af) (accessed June 2020). 2. Sturm H, et al. *PLoS ONE*. 2019;14:e0209487.

# Overview of ESMO-adapted recommendations for cancer care during the COVID-19 pandemic

## **Mandatory health education to be provided for all patients with cancer, including:**

- Avoid crowded places
- Wear PPE when you attend hospital for visits and treatments
- Correctly wash your hands according to WHO indications
- Do not have contact with friends and relatives with COVID-19 symptoms or living in endemic zones
- Guarantee social distancing with all people: protect yourself to protect others

## **Intensive measures should be undertaken to avoid nosocomial spread:**

- Strict and safe triaging procedures to assess any COVID-19 symptoms and the urgency and necessity of hospitalization
- Establish “checkpoint areas”, screening for early detection of potentially infectious persons
- Clinical staff responsible for the checkpoint area should be trained and wear PPE
- Individuals with COVID-19 or other emerging infections requiring isolation must be placed in a private exam room as soon as possible
- Individuals with suspected COVID-19 should be tested and transferred to COVID-19 dedicated areas

# Overview of ESMO-adapted recommendations for cancer care during the COVID-19 pandemic

## Management recommendations for patients on active treatment include:

- Reduce outpatient visits to the safest and most feasible level without jeopardizing patient care
- Patients receiving oral treatment who can be monitored remotely should be provided at least three courses of medication to reduce access to the hospital
  - Blood monitoring can be done in local labs
- Implementation of telemedicine services
- Delay of all follow-up visits
- More intensive surveillance during treatment for patients with lung cancer or who received previous lung surgery, and for older patients or those patients with other comorbidities