University of Maryland Radiation Oncology Operational Guidelines – Last Updated 3/26/20

Dosimetry Staffing:

Beginning Monday, 3/16/20 on site staffing will be as follows:

- 1 photon dosimetrist on site at each photon clinic
- 4 dosimetrists on site at proton center
- All others will work from home. Will rotate on-site people but some who specialize in procedures will come in on those days.

On 3/17/20, staffing modified to:

- 1 dosimetrist at main photon clinic due to high number of emergency patients and on-site procedures.
- All other photon dosimetrists working from home.
- At proton center have 2 on-site dosimetrists and the remainder work from home.

Phys Staffing:

Beginning Monday, 3/16/20 on site staffing will be as follows:

- 1 phys on site for all photon centers
- 2 phys on site for proton center
- additional phys on site for special procedures (SIRT, GK, brachy etc).
- All others will work from home. WIll rotate on-site people but some who specialize in procedures will come in on those days.

Plan for Reduced Therapy Staffing:

We are currently not planning to break patients at this point in time (if they become a PUI or are positive). If we have reduced staffing we will close a machine down (or close it down early) so as to maintain 2 therapists per machine (or treatment room for protons). We will also implement shifting patients across our photon sites if needed as all of our photon clinics are beam matched. So if we have a site that has to shut down or shut down early, we have the ability to offer uninterrupted treatment at another photon site.

Follow Ups:

Effective Monday, 3/16/20 we will be implementing a new process for routine follow up patients in an effort to minimize patient and staff exposures.

What will happen:

- Each week physicians and NPs will review their follow up schedule for the next 1-2 weeks.

- Physician/NP to review schedule and decide which patients must be seen (in person versus which can be telehealth) and which patient appointments can be delayed (per clinically appropriate decision making)

    - Ex: 5 year survivor of breast cancer returning for yearly follow up can be deferred; 12 week follow up for lung cancer patient receiving chemoRT cannot be deferred

- For patients who need to be seen: the front desk will contact the patient the day before their visit to screen them for respiratory symptoms/fever. These screens must be adapted as more information is obtained. If these symptoms are present, patient appointment will be deferred for 2 weeks. Change in appointment due to COVID-19 should be documented as such.

- For patients whose appointments are going to be delayed: the patient will be contacted by a nurse/MA and screened for any symptoms. Scripting will be provided:

    - "Hi Ms/Mr. X. You have an appointment scheduled with Dr. X on XX. We are calling to find out how you are doing? We would like to delay your appointment for 3 months in light of the on-going Coronovirus and our commitment to protecting all of our patients and staff."
    - If on screen, any potentially concerning symptoms are identified, these will be discussed with the provider and a decision can be made regarding the timing of the appointment.

- Any patient appointment delays MUST be documented in EPIC through a telephone encounter.

MD staffing:

(email to docs):

I anticipate we will have challenges with staffing our practices, both in terms of potential people infected and the impact of school closures etc. I ask that you contact me immediately if you become sick (whether COVID or not) so that I can address staffing across our practices. I also ask that you contact me if you are in a situation where you are unable to come to work due to lack of child care. Dr. XX will serve as my back up.

With expected shortages in staffing I may need to do the following to ensure patient care delivery:

- Only have one physician at a site
- Pull you from your research/administrative day to cover the clinic
- See another provider's patients
- Pool resources for special procedures (cover another site)
- Ask you to come in to cover even though you may have had approved time off

I will do my best to respect approved time off and schedules but ask that we support one another through this time.

Managing patients:

The department has developed a plan on how to manage COVID-19 positive patients as well as a potentially infected patient as per below. This process has been discussed with the appropriate hospital leadership and will be subject to change as we gain more information to ensure the safety of our patients and staff.

COVID-19 positive patient OR if patient has a COVID-19 positive family member:

- Patient should be moved to end of day treatment. This should continue for 14 days after positive diagnostic test.
- Patient should wear mask
- Patient should be isolated to a room while waiting for treatment (not in waiting room). This room should not be used by other oncology patients for the rest of the day. Room to be cleaned at end of day.
- Staff should wear appropriate protective equipment (droplet precautions)
- Treatment table and room should be wiped down
- if patient is a palliative patient and the clinical team determines that there is an acceptable medical alternative, RT treatment can be discontinued at the discretion of the treating physician
- No visitors
- Follow up patient visits should be deferred for at least 2 weeks. This must be documented in EPIC.

PUI (person/patient under investigation):

- Patient and visitor (if present) should wear mask
- Staff should wear appropriate protective equipment (droplet precautions)
- If patient tests positive, revert to process above
- If patient tests negative, patient should continue to wear mask until respiratory symptoms have resolved
- Radiation Oncology will not be offering COVID-19 testing.
- Follow up patient visits should be deferred for at least 2 weeks. This must be documented in EPIC

In addition, we are implementing the following:

- All patients including under-treatment patients should be screened daily for symptoms. This should occur PRIOR to patient coming back to treatment/clinic area. Please use hospital-approved screening process.
- If a patient screens positive (see above)
- We are currently evaluating our follow up treatment paradigm and will update the Department soon.

Rad Onc town hall:

(email):

On Tuesday, March 17th at noon, we will be hosting a live video/phone session where all faculty and staff are invited to participate. We will be available to answer any and all questions regarding COVID-19, its impact to our patients/staff/families.

Please see further details on Monday, regarding conference call information. Questions can be submitted via Zoom's live chat functionality. For faculty and staff who are unable to participate, please submit questions to your supervisor or XX. We will also be recording this session.

We look forward to addressing any questions or concerns you may have.

Update: 3/18/20

Below are a few brief updates:

1. We will continue to hold a weekly "COVID drop in session". Please look for these appointments on your calendars.
2. Follow ups: XX has officially come out with a policy for canceling all routine appointments for patients between now and April 3rd. This will be reassessed every two weeks. While we have already implemented this, more direct guidance is now available. For all providers, please continue to work with your front desk to reschedule patients as appropriate.
3. It is apparent from today's drop in session that there is heterogeneity in how some of the system hospitals are managing. We are making attempts to clarify this information. Please do not hesitate to contact XX or me, if you notice discrepancies so that we can help to resolve them.
4. At the present time, Radiation Oncology will not be implementing masks or temperature screening for employees. This will be subject to change as we get more information from incident command.
5. Please talk to your patients about their COVID risks and encourage them to engage in social distancing etc.
6. Dr. XX is spearheading a potential telehealth program for providers. If needed we hope to be able to implement at appropriate locations in roughly 2 weeks' time.
7. Please contact Dr. XX and/or XX if you have a positive patient or a PUI. This is in an effort to provide support to your staff and center as well as the Department as a whole.
8. A patient letter and tips sheet were distributed to Ops managers at all sites. Please pass these out to patients.
9. All questions from yesterday's drop in session have been raised up to Senior Leadership at XX.

Update: 3/25/20

- Clinical Experience: we have had several patients who were deemed PUIs who we have treated using the algorithms above. Thus far (and fortunately!) all have tested negative. Treating even a PUI has caused significant anxiety for staff. One thing that is clearly critical is reviewing procedures with staff on a routine basis. I'm sure our NY/Seattle colleagues can attest to this! We have implemented telehealth for follow ups but have not initiated this for consults yet. We have decided not to move forward with OTVs until further CMS clarification is provided. One thing to know is that patients will lie about symptoms to bypass screening questions. All patients are screened daily prior to treatment for symptoms. Any patient with symptoms is masked and removed from waiting room area and isolated to an exam room. We had a patient who lied about symptoms on a day of routine treatment who ended up in the ICU 6 hours later. Be vigilant. As a result of this experience, we are having each doc talk to patients during OTVs to educate the patients that we can continue treatment with symptoms (as long as not in critical condition). Teleworking for appropriate divisions has worked well.

- ENT Scoping procedures: for all scoping procedures, physicians should wear mask with face shield for protection. For any suctioning procedures where particles can be aerosolized, N95/PARP should be used.

- GYN procedures: historically our practice has performed gown/glove/facemask/eye protection for tandem and ring/ovoid or interstitial procedures but for cylinders we have not used the same PPE. Per reports, viral shedding can occur thru stool and possibly vaginal mucosa (possibly accounting for some newborn infections). As a result we will now move forward with the same PPE with cylinders.

Update 3/26/20:

3rd town hall session hosted today by Zoom, attended by ~80.

Clinical practice updates:

- Hope Lodge/Ulman house have decided to close. Alternative housing plans developed for patients including using "virtual pantry donation dollars" or paid transportation when appropriate.

- Additional plans for treating PUIs/COVID + patients: If we get in scenario where we have PUIs and COVID+'s, then PUIs will be treated first with a complete wipe down followed by COVID + pts. For therapists, you will have 1-2 'dirty' therapists and 1 'clean' therapist. "Dirty therapists" will attend to patient and touch patient. "Clean therapist" will stay outside of room and use treatment console. During actual treatment/imaging, "Dirty therapists" will remain gowned/gloved/masked so as to conserve supplies. They will stand outside the treatment area but in a space that will not be contaminated. If any concerns of contamination occur, area will need to undergo terminal clean.

- If staff members become COVID+ and develop subsequent immunity, they will preferentially treat PUIs and COVID+ patients once released back to clinic (per HR regulations). This will further limit concerns for additional staff infections.

- Leadership has developed an employee/faculty tracking sheet for those who are out and/or have been tested. This will help assess staffing levels.