

COVID-19: In-patient Transfers to the Sussex Cancer Centre

Aim:

To provide a safe physical transfer pathway for all BSUH Suspected/ Positive COVID ward based patients who need to attend the Sussex Cancer Centre (SCC) for radiotherapy treatment and return journeys.

Objective:

Monday – Friday

To request that the patient transport/ ambulance service provide a safe transfer method for RSCH in-patients to the SCC - when a patient is 'Red' - Suspected/ Positive COVID

1. Stretcher (extension of service)
 - i. we cohort allocated times for these patients are at the end of the Radiotherapy clinic list – approx. 17.30-18.30 week days
 - ii. Appointments are approximate 30mins long
2. wheel chair (new service request)
 - i. we cohort allocated times for these patients are at the end of the Radiotherapy clinic list – approx. 17.30-18.30 week days
 - ii. Appointments are approximate 30mins long

Weekend Emergency On call - as above for the hours between 9.00-16.00 if required

Patients will be Priority level 1 and 2 see below and full details in Appendix 1:

*Specialty guides for patient management during the coronavirus pandemic
Clinical guide for the management of cancer patients during the coronavirus pandemic
17 March 2020 Version 1*

Radiation therapy

Categorisation of patients

Priority level 1

- Patients with category 1 (rapidly proliferating) tumours currently being treated with radical (chemo) radiotherapy with curative intent where there is little or no scope for compensation of gaps.
- Patients with category 1 tumours in whom combined External Beam Radiotherapy (EBRT) and subsequent brachytherapy is the management plan and the EBRT is already underway.
- Patients with category 1 tumours who have not yet started and in whom clinical need determines that treatment should start in line with current cancer waiting times.

Priority level 2

- Urgent palliative radiotherapy in patients with malignant spinal cord compression who have useful salvageable neurological function.

Risk of doing – using ambulance resource's for additional transfer tasks

Risks of not doing – wheel chair transfers - significantly increasing the risk of spreading the COVID virus to the immunosuppressed patient population receiving cancer treatment within the SCC by using the usual porter route via the chemo department lift through the chemo patients waiting room the platform lift (not a standard lift) and then into radiotherapy.

Consideration has been given to the revised infection control measures required when moving patients between green and red areas I feel this alternative ambulance supported transfer method is the safest way to provide a transfer to our building for wheelchair transfers.

Current service: ambulance transfer of all stretcher patients from RSCH wards to the Sussex Cancer Centre 9.00-16.30 as we have no access due to the 3 t's building project.

RSCH In Patient	Green	Time allocation	Red	Time allocation
Trolley	Ambulance transfer	9.00-16.30	Ambulance transfer	17.30-18.30 + Weekend
Wheel Chair	Chemo Lift access	8.00-18.30	Ambulance transfer	17.30-18.30 + weekend

Appendix 1:

Specialty guides for patient management during the coronavirus pandemic

Clinical guide for the management of cancer patients during the coronavirus pandemic

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Radiation therapy

Categorisation of patients

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Priority level 2

- Urgent palliative radiotherapy in patients with malignant spinal cord compression who have useful salvageable neurological function.

Priority level 3

- Radical radiotherapy for Category 2 (less aggressive) tumours where radiotherapy is the first definitive treatment.
- Post-operative radiotherapy where there is known residual disease following surgery in tumours with aggressive biology.

Priority level 4

- Palliative radiotherapy where alleviation of symptoms would reduce the burden on other healthcare services, such as haemoptysis.

Priority level 5

- Adjuvant radiotherapy where there has been complete resection of disease and there is a <20% risk of recurrence at 10 years, for example most ER positive breast cancer in patients receiving endocrine therapy.
- Radical radiotherapy for prostate cancer in patients receiving neo-adjuvant hormone therapy.