

**Haematology / Oncology Patient who has covid requiring outpatient treatment**

Patient with Confirmed diagnosis of COVID 19 on PCR testing  
 – re-swab after 10 day period of isolation period  
 COVID Swab result?

Positive – Is the patient Immunosuppressed as per PHE definitions see appendix 2

Negative

Yes

NO

Check treatment decision with treating clinician. Continue treatment? Remind clinician to obtain enhanced consent  
 Document on chemocare

Check treatment decision with clinicians. Continue SACT?  
 Document on chemocare

Patient can be treated in the main day unit as usual

Patient can be treated in the main day unit as usual. Follow usual protocol on presentation of new symptoms that may indicate covid-19 infection or neutropenic sepsis – see appendix 1

Yes

NO

Yes

NO

Patient to be treated in a red room on COVID positive pathway:

- Haematology Day Unit Brighton – phlebotomy room or handover room.
- PRH oncology haematology day unit : Side room/clinic room
- Sussex cancer centre – OPA trolley bay 1.

Nursing Team:

- ensure enhanced consent received re additional risk and document on chemocare
- Follow PPE guidance for treating high risk patients
- Encourage patient follows IPC guidelines especially in regards to shared toilet facilities

Coordinator/floordinator to consider:

- Is the red room free on date required?
- Where will patient have their pre-treatment bloods test taken?
- Room is reported for a deep clean after treatment.
- Continue to use Red room until patient is swab negative.
- Swab patient weekly until negative
- Bank staff booked / arrange for cover from CNS team to monitor patient – discuss in redeployment huddle or contact Cancer Matron (Sarah Randall or Lisa Thomas-Brooks) If no staff available – consider delay – inform clinician – raise to Lead cancer

Delay treatment as advised by clinician  
 Arrange weekly swab  
 Patient will require negative swab to be treated in main area.  
 If patient remains positive and decision made to receive treatment, treat in red room and follow red pathway.  
 Document all swab results and clinician decisions on chemocare  
 Follow usual protocol on presentation of new symptoms that may indicate covid-19 infection or neutropenic sepsis – see appendix 1

Arrange weekly swab  
 Treat on red pathway until negative PCR swab  
 Follow usual protocol on presentation of new symptoms that may indicate covid-19 infection or neutropenic sepsis – see appendix 1

## Haematology / Oncology Patient who has covid requiring outpatient treatment

### Appendix 1: protocol for symptoms that may be indicative of covid-19 infection

- If patient develops COVID 19 symptoms, advise patient to arrange a swab via GOV.uk website.
- Advise to self isolate until swab result known. If negative resume treatment. If positive re start covid +ve pathway
- Ask patient to notify the unit if they get a positive COVID swab and to follow the pathway for a COVID positive patient.
- If patient has a temperature of 37.5c or above they still MUST call the 24 hour helpline for advice.  
(? COVID related or ?neutropenic sepsis)
- Helpline nurse to follow neutropenic sepsis pathway.
- Nurse to inform A&E 2B area (Red zone) that the patient has confirmed COVID 19 infection on PCR testing .  
Extension number: 64265/64419.
- Advise patient when they arrive at A&E to enter the department via the door marked 2B.

### Appendix 2 – PHE immunosuppression definitions

- immunosuppression due to acute and chronic leukaemias and lymphoma (including Hodgkin's lymphoma)
- severe immunosuppression due to HIV/AIDS ([British HIV Association advice](#))
- cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
- being under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma and other plasma cell dyscrasias
- having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
- having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
- those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
- those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
- those who are receiving or have received in the past 12 months immunosuppressive biological therapy (such as monoclonal antibodies), unless otherwise directed by a specialist
- those who are receiving or have received in the past 3 months immunosuppressive therapy including:
  - adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week
  - adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
  - adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
  - children on high doses of non-biological oral immune modulating drugs