

NCCP advice on the management of patients scheduled for cancer surgery, in response to the current novel coronavirus (COVID-19) outbreak

Current events surrounding the COVID-19 outbreak are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.

Consistent with:

- **The National Cancer Strategy (NCS) 2017 – 2026, Cancer surgery continues to take place in the designated cancer centres**
- **The National Action Plan for COVID crisis (see link below), cancer services should continue in accordance with the National Cancer Clinical Guidelines**
- **The advice from the National Clinical Programme in Surgery where cancer surgery is included in urgent scheduled surgical conditions**
<https://www.rcsi.com/dublin/coronavirus/surgical-practice>

The NCCP appreciates and acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result will implement this advice based on their own unique circumstances.

This advice is based on current information and will be updated as necessary.

1 NPHET, HSE and DoH advice:

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHET), the HSE and the DoH. Information is available at:

- HSE HPSC - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>
- HSE Coronavirus (COVID-19) - <https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- DoH Coronavirus (COVID-19) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>
- Ireland's National Action Plan in response to COVID-19 (Coronavirus) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>

2 Patients scheduled for Surgery

Consider contacting patients to ascertain their COVID-19 exposure status, 24-48 hours prior to their planned attendance for elective surgery. This will also act to reassure those without exposure that their surgery will proceed as planned. NCCP will work in collaboration with the National Clinical Programme in Surgery and Acutes Hospital Division regarding the impact of Covid 19 on the surgical pathways.

3 Underlying Principles for the Surgical Oncology

Underlying principles are

- a. Emergency surgery will at all times be prioritised.
- b. All decisions to provide or defer surgery will be based on clinical judgement and an individual risk assessment.

23/03/2020 please see www.hse.ie/coronavirus

- c. Up-to-date infection prevention and control guidance will be followed at all times, with the support of local IPC teams.
- d. Consider the current infrastructure of the Theatres, ICU/HDU and surgical bed capacity.
- e. Many complex cancer surgeries will require ICU/HDU support routinely. There is a small risk of postoperative complications requiring return/admission to ICU/HDU in (usually) the first week.
- f. Separation of the location of emergency from elective operations within the same hospital group will allow cancer surgery work to continue at the cancer centre.
- g. It is critical to maintain the MDT process for clinical decision making and consideration of all options during this crisis.

4 Patient and COVID-19 exposure

In terms of COVID-19 exposure patients may:

a. Have confirmed COVID-19 disease

Defer surgical intervention until COVID-19 test results are negative unless based on clinical judgement and risk assessment you consider the surgical intervention to be essential (e.g. emergency surgery for acute bowel obstruction, spinal cord compression etc). If proceeding with surgery, closely follow the specific infection prevention and control recommendations, within the unit and regarding travel to the unit

b. Have suspected COVID-19 disease as per the HPSC algorithms

Patients should be tested in line with the HPSC algorithm and if possible defer surgical intervention until test results are available. If based on clinical judgement and risk assessment immediate surgical intervention is required, closely follow the infection prevention and control recommendations as if they are a patient with confirmed disease.

c. Have been defined as a 'close contact'¹ as per the HPSC definition but have no symptoms

These patients will have been advised to limit their contact with others for 14 days and to self-monitor for symptoms. Closely follow infection prevention and control guidance.

d. Have had no known exposure

These patients should continue with their scheduled surgical intervention.

5 Infection Prevention and Control (IPC) Considerations

Consult the most up-to-day information for health care professionals on the [HPSC website](#) and link with your local infection prevention and control team for specific advice.

¹ CLOSE CONTACTS:

Any individual who, within the past 14 days, has had greater than 15 minutes face-to-face (<2 metres* distance) contact with a laboratory confirmed case, in any setting.

Further details on the definition of close contacts is available here - <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/>

*A distance of 1 metre is generally regarded as sufficient to minimise direct exposure to droplets however, for Public Health purposes, a close contact definition of 2 metres has been specified.

Review practices within the unit now, to reduce the risk from a patient with unknown Covid-19.

This may include such measures as requesting all patients use the available hand sanitiser on arrival, asking patients to turn up no more than 15 minutes before their appointment, spacing within the waiting area, not to be accompanied within the unit. Review the clinic room set up to identify changes that can be made to aid cleaning and minimise risk of cross-infection, e.g. moving surplus supplies or equipment to storage areas.

For covid-19 patients, those with suspected covid-19 and those who are close contacts, consider:

IPC precautions

If a unit needs to treat a patient with known or probable COVID-19, follow the guidance on the HPSC website - as at 10.03.20 this is "[Interim Infection Prevention and Control Precautions for Possible or Confirmed 2019 novel Coronavirus \(2019 nCoV\), Middle East Respiratory Syndrome Coronavirus \(MERS- CoV\) and Avian Influenza A in Healthcare Settings v2.0 11.02.2020](#)"

This includes advice on correct use of personal protective equipment (PPE); standard, contact and droplet precautions; waste and environmental cleaning/ disinfection; including specific advice in relation to treatment rooms and equipment.