

NCCP advice on the management of patients attending a Rapid Access Clinic (Symptomatic Breast Disease, Prostate, Lung), 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 Action Plan for COVID crisis (see link below), Rapid Access Clinics for urgent referrals should continue in accordance with the National Cancer Clinical Guidelines.

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 is an evolving situation. 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 attendance at the Rapid Access Clinic (symptomatic breast disease, prostate, lung)

Consider contacting patients to ascertain their COVID-19 exposure status, 24-48 hours prior to their planned attendance for an appointment. This will also act to reassure those without exposure, that their appointment will proceed as planned. Consider implementing a process for virtual clinics as appropriate.

3 Underlying Principles for the Rapid Access Clinics

Underlying principles are

- a. All decisions to provide or defer an appointment will be based on clinical judgement and an individual risk assessment
- b. Up-to-date infection prevention and control guidance will be followed at all times, with the support of local IPC teams
- c. Consider the current infrastructure of the Rapid Access Clinic facilities, take into consideration cohorting these clinics in separate facilities if possible

- d. Consider reducing Clinic attendance numbers to assist with adherence to diagnostic capacity and Covid-19 advice on Social distancing
- e. Consider the use of virtual clinics for review patients as appropriate

3.1 Symptomatic Breast Clinic

- Urgent referrals: It is recommended to continue with urgent referrals.
- Non-urgent referrals: Non-urgent referrals should be triaged to determine scheduling of appointments and clinic attendance, which may be delayed due to the current Covid-19 Crisis.

3.2 Lung cancer Rapid Access Clinics

- Urgent referrals: It is recommended to continue with urgent new referrals,.
- Surveillance: The patient cohort who remain on proactive surveillance (such as patients with lung nodules) should be triaged.

3.3 Prostate cancer Rapid Access Clinics

- Urgent referrals: It is recommended to continue with urgent new referrals.
- Surveillance: The patient cohort who remain on proactive surveillance (such as patients with High Grade Pins) should be triaged.

4 Patient and COVID-19 exposure

In terms of COVID-19 exposure patients may:

a. **Have confirmed COVID-19 disease**

Defer clinic visit until COVID-19 test results are negative unless based on clinical judgement and risk assessment you consider the clinic visit to be essential (e.g. diagnostic results). If proceeding with clinic visit, 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 clinic visit until test results are available. If based on clinical judgement and risk assessment immediate clinic visit 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. Defer for 14 days unless clinical judgement and risk assessment you consider the clinic visit to be essential, if proceeding with clinical visit closely follow the infection prevention and control recommendations.

d. **Have had no known exposure**

These patients should continue with their clinic visit.

20/03/2020 please see www.hse.ie/coronavirus

5 Infection Prevention and Control (IPC) Considerations

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

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, 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.

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.