

COVID-19 Stream Response Plan Cancer Services

SUSTAIN - TIER 0

SUSTAIN - TIER1

SUSTAIN - TIER 2

SUSTAIN - TIER 3

RBWH and Northlakes Health Precinct			
<p>Wards</p> <ul style="list-style-type: none"> 5C (29 beds+ 5 radiation isotope bed) maintain as is, single rooms can be used 6AS (27 beds) business as usual <p>Clinics (RBWH and Northlakes)</p> <ul style="list-style-type: none"> Business as Usual <p>DTU Treatments (RBWH and Northlakes)</p> <ul style="list-style-type: none"> RBWH (11 beds, 13 Chairs): Business as Usual Northlakes (2 beds, 8 Chairs): Business as Usual <p>Radiation Treatments</p> <ul style="list-style-type: none"> Business as Usual 	<p>Wards</p> <ul style="list-style-type: none"> Ward 5C Adult BMT (34 beds: 12 Transplant + 17 Haematology beds +5 radiation isotope) Business as Usual - Not to be used for COVID-19 patients Ward 6AS Oncology and Haematology (27 beds) Business as Usual except Cryopreservation of all donors prior to planned BMT Note: 5C has 6 isolation rooms. <p>Clinics (RBWH and Northlakes)</p> <ul style="list-style-type: none"> As per Tier 0 Prepare processes to enable suspension of accepting Category 3 OPD referrals when advised. <p>DTU Treatments (RBWH and Northlakes)</p> <ul style="list-style-type: none"> As per Tier 0 Prepare processes to enable suspension of Category 3 and 6 surgery, medical and non-emergency dental procedural activity when advised <p>Radiation Treatments</p> <ul style="list-style-type: none"> As per Tier 0 	<p>Wards</p> <ul style="list-style-type: none"> Ward 5C (34 beds) COVID-19 cancer care patients that cannot be outlied will be treated in 5C in radiation rooms (radioactive thyroid patients will be moved to isolation rooms in 5C, and PDR brachytherapy converted to HDR) Ward 6AS Oncology and Haematology (27 beds) Closure of patient lounges Defer admissions for sub-specialty consultations All IHT's require Departmental Director approval Promote HITH (or day-care-based) treatment options Close You Can Centre <p>Clinics (RBWH and Northlakes)</p> <ul style="list-style-type: none"> Defer non-treatment reviews or replace with telehealth consultation (see new Medicare item numbers) Category 1 and urgent category 2 only when directed by the CE All OPD patients wear level 1 surgical masks in waiting rooms Virtual appointments where able Prioritise transfer of care of existing patients between institutions <p>DTU Treatments* (RBWH and Northlakes)</p> <ul style="list-style-type: none"> RBWH (11 beds, 13 Chairs): Limit non-essential treatments, such as supportive cares (hormone therapies etc (estimated 10-15% DTU activity) Northlakes (2 beds, 6 Chairs) Limit non-essential treatments, such as supportive cares (hormone therapies etc (estimated 10-15% DTU activity) <p>Radiation Treatments* (5 linacs)</p>	<p>Wards</p> <ul style="list-style-type: none"> Ward 5C (34 beds) As per sustain Tier 2 Ward 6AS Oncology and Haematology (27 beds) As per Sustain Tier 2 <p>Clinics (RBWH and Northlakes)</p> <ul style="list-style-type: none"> As per Sustain Tier 2. <p>DTU Treatments* (RBWH and Northlakes)</p> <ul style="list-style-type: none"> RBWH (11 beds, 13 chairs): Defer palliative treatments, then those treatments with low likelihood of cure – decisions based on prioritisation meetings with relevant clinical staff (as per SCAcN guidelines) Northlakes (2 beds, 6 Chairs) Defer palliative treatments, then those treatments with low likelihood of cure – decisions based on prioritization meetings with relevant clinical staff (as per SCAcN guidelines) <p>Radiation Treatments* (5 linacs)</p>

<p>Clinical Trials</p> <ul style="list-style-type: none"> ▪ Business as Usual <p>Bone Marrow Transplant</p> <ul style="list-style-type: none"> ▪ Cryopreservation of all donors prior to planned BMT <p>BreastScreen Queensland</p> <ul style="list-style-type: none"> • Business as usual <p>Breast Cancer Family Clinic</p> <ul style="list-style-type: none"> ▪ Business as Usual <p>Investigations (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ Business as Usual <p>Blood Management (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ Business as Usual 	<p>Clinical Trials</p> <ul style="list-style-type: none"> ▪ As per Tier 0 <p>Bone Marrow Transplant</p> <ul style="list-style-type: none"> ▪ As per Tier 0 <p>BreastScreen Queensland</p> <ul style="list-style-type: none"> ▪ As per Tier 0 <p>Breast Cancer Family Clinic</p> <ul style="list-style-type: none"> ▪ As per Tier 0 <p>Investigations (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ As per Tier 0 <p>Blood Management (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ As per Tier 0 	<ul style="list-style-type: none"> ▪ Defer or shorten new palliative +/- selected non-palliative radiation treatments <p>Clinical Trials</p> <ul style="list-style-type: none"> ▪ Cease recruitment to all observational / registry / non-interventional studies ▪ Selective recruitment to interventional studies ▪ Replace follow-up assessments (patient not on treatment) with telehealth ▪ On-site monitoring only for active treatment patients <p>Bone Marrow Transplant</p> <ul style="list-style-type: none"> ▪ As per Sustain Tier 1. ▪ Defer non urgent ASCT <p>BreastScreen Queensland</p> <ul style="list-style-type: none"> ▪ Suspend all screening when directed by Chief Executive ▪ Finalise outstanding reading and assessments <p>Breast Cancer Family Clinic</p> <ul style="list-style-type: none"> ▪ Defer new case referrals to BCFC. <p>Investigations (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ Defer non-essential investigations, including routine re-staging radiology and non-urgent Bone Marrow Aspirate and Trepine Biopsy (BMAT's) (as per PQ guidelines) ▪ Defer admissions for non-critical investigations <p>Blood Management (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ Tighten transfusion thresholds (Hb <80; platelets <10) and utilise routine tranexamic acid in thrombocytopenic patients ▪ Consider S/C IVIG implementation for patients on IV therapy 	<ul style="list-style-type: none"> ▪ Defer palliative radiation treatments then those treatments with low likelihood of cure – decisions based on prioritisation meetings with relevant clinical staff (as per SCaCN guidelines) <p>Clinical Trials</p> <ul style="list-style-type: none"> ▪ Cease recruitment to all studies ▪ Cease follow-up assessments for non-treatment patients ▪ Cease all monitoring visits (active and non-non-active treatment patients) <p>Bone Marrow Transplant</p> <ul style="list-style-type: none"> ▪ As per Sustain Tier 1 ▪ Defer ASCT ▪ Defer allogeneic SCT based on prioritisation meetings with relevant staff <p>BreastScreen Queensland</p> <ul style="list-style-type: none"> ▪ As per Sustain Tier 2. <p>Breast Cancer Family Clinic</p> <ul style="list-style-type: none"> ▪ Defer non-essential investigations for BCFC <p>Investigations (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ As per Sustain Tier 2 <p>Blood Management (RBWH and Northlakes)</p> <ul style="list-style-type: none"> ▪ Tighten outpatient transfusion thresholds (Hb <70; platelets <10) and utilise routine tranexamic acid in thrombocytopenic patients ▪ Implement S/C IVIG implementation for patients on IV therapy
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TPCH

<p>Ward</p> <ul style="list-style-type: none"> • 1F (nominal allocation of 4 beds) Lung and Colon – Business as Usual <p>Clinics</p> <ul style="list-style-type: none"> ▪ Business as Usual 	<p>Ward</p> <ul style="list-style-type: none"> • As per tier 0 <p>Clinics</p> <ul style="list-style-type: none"> • As per tier 0 • Prepare processes to enable suspension of accepting Category 3 OPD referrals when advised 	<p>Ward</p> <p>Ward 1F (nominal allocation of 4 beds) Lung and Colon</p> <ul style="list-style-type: none"> ▪ Implementation of whole-of-ward PPE (including closure of patient lounges) ▪ Promote HITH or day care based treatment options <p>Clinics</p> <ul style="list-style-type: none"> ▪ Defer non-treatment reviews or replace with telehealth consultation (see new Medicare item numbers) ▪ Category 1 and urgent category 2 only when directed by the CE 	<p>Ward</p> <p>Ward 1F (nominal allocation of 4 beds) Lung and Colon</p> <ul style="list-style-type: none"> ▪ As per Sustain Tier 2 <p>Clinics</p> <ul style="list-style-type: none"> ▪ As per Sustain Tier 2
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<p>DTU Treatments (7 chairs)</p> <ul style="list-style-type: none"> Business as Usual <p>Investigations</p> <ul style="list-style-type: none"> Business as Usual <p>Blood Management</p> <ul style="list-style-type: none"> Business as Usual 	<p>DTU Treatments (7 chairs)</p> <ul style="list-style-type: none"> As per tier 0 Prepare processes to enable suspension of Category 3 and 6 surgery, medical and non-emergency dental procedural activity when advised <p>Investigations</p> <ul style="list-style-type: none"> As per tier 0 <p>Blood Management</p> <ul style="list-style-type: none"> As per tier 0 	<ul style="list-style-type: none"> All OPD patients wear level 1 surgical masks in waiting rooms Prioritise transfer of care of existing patients between institutions <p>DTU Treatments* (7 chairs)</p> <ul style="list-style-type: none"> Limit non-essential treatments, such as supportive cares, hormone therapies etc <p>Investigations</p> <ul style="list-style-type: none"> Defer non-essential investigations <p>Blood Management (RBWH and Northlakes)</p> <ul style="list-style-type: none"> Tighten transfusion thresholds (Hb <80; platelets <10) and utilise routine tranexamic acid in thrombocytopenic patients Consider S/C IVIG implementation for patients on IV therapy 	<p>DTU Treatments* (7 chairs)</p> <ul style="list-style-type: none"> Defer palliative treatments, then those treatments with low likelihood of cure – decisions based on prioritization meetings with relevant clinical staff (as per SCaCN guidelines) <p>Investigations</p> <ul style="list-style-type: none"> As per Sustain Tier 2 <p>Blood Management</p> <ul style="list-style-type: none"> Tighten outpatient transfusion thresholds (Hb <70; platelets <10) and utilise routine tranexamic acid in thrombocytopenic patients Implement S/C IVIG implementation for patients on IV therapy
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Redcliffe

<p>Wards</p> <ul style="list-style-type: none"> Ward 5 East General Medicine (home ward) and Oncology (32 beds)- Business as Usual (Allocation of beds when patients require inpatient stay) <p>Clinics</p> <ul style="list-style-type: none"> Specialist Outpatient Services: <ul style="list-style-type: none"> Level 3 (8 Rooms) Category 1 and Palliative Care Level 4 Oncology patients <p>DTU Treatments (Oncology – 9 Chairs, 1 bed)</p> <ul style="list-style-type: none"> Business as Usual <p>Investigations</p> <ul style="list-style-type: none"> Business as Usual <p>Blood Management</p> <ul style="list-style-type: none"> Business as Usual 	<p>Wards</p> <ul style="list-style-type: none"> As per Tier 0 <p>Clinics</p> <ul style="list-style-type: none"> As per Tier 0 Prepare processes to enable suspension of accepting Category 3 OPD referrals when advised <p>DTU Treatments (Oncology – 9 Chairs, 1 bed)</p> <ul style="list-style-type: none"> As per Tier 0 Prepare processes to enable suspension of Category 3 and 6 surgery, medical and non-emergency dental procedural activity when advised <p>Investigations</p> <ul style="list-style-type: none"> As per Tier 0 <p>Blood Management</p> <ul style="list-style-type: none"> As per Tier 0 	<p>Wards</p> <ul style="list-style-type: none"> Implementation of whole-of-ward PPE (including closure of patient lounges) Promote HITH (or day-care-based) treatment options <p>Clinics</p> <ul style="list-style-type: none"> Defer non-treatment reviews or replace with telehealth consultation (see new Medicare item numbers) Category 1 and urgent category 2 only when directed by the CE All OPD patients wear level 1 surgical masks in waiting rooms Prioritise transfer of care of existing patients between institutions <p>DTU Treatments* (Oncology – 9 Chairs, 1 bed)</p> <ul style="list-style-type: none"> Limit non-essential treatments, such as supportive cares (hormone therapies etc (estimated 10-15% DTU activity) <p>Investigations</p> <ul style="list-style-type: none"> Defer non-essential investigations <p>Blood Management</p> <ul style="list-style-type: none"> Tighten transfusion thresholds (Hb <80; platelets <10) and utilise routine tranexamic acid in thrombocytopenic patients 	<p>Wards</p> <ul style="list-style-type: none"> As per Sustain Tier 2 <p>Clinics</p> <ul style="list-style-type: none"> As per Sustain Tier 2 <p>DTU Treatments* (Oncology – 9 Chairs, 1 bed)</p> <ul style="list-style-type: none"> As per Sustain Tier 2 <p>Investigations</p> <ul style="list-style-type: none"> As per Sustain Tier 2 <p>Blood Management</p> <ul style="list-style-type: none"> Tighten outpatient transfusion thresholds (Hb <70; platelets <10) and utilise routine tranexamic acid in thrombocytopenic patients Implement S/C IVIG implementation for patients on IV therapy
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Notes: * **DTU**: COVID-19 allocation of chairs/beds is based on staff availability and patient cases and decisions are determined on a week to week basis. **Radiation Treatment**: COVID-19 planning for linacs takes into account staff availability, patient complexity and number of cases. These inputs will dictate whether dedicated sessions are used versus isolation of whole machines.