

COVID-19 Testing and PPE Guidance for Cancer Patients

General testing guidelines:

1. COVID-19 testing should only be performed if it changes patient management
2. Testing may be repeated if high clinical suspicion and previously negative test.

Whom to test:

1. A patient with symptoms or signs consistent with COVID-19.
 - a. Symptoms include: Fever (including subjective fever and chills), cough, shortness of breath, sore throat, body aches, or loss of taste or smell.
2. Patients for whom universal COVID-19 testing is currently considered (this list will change over time based on community COVID-19 prevalence, indication, and testing availability):
 - a. Prior to OR/IR/endoscopy or biopsy procedure, if test result will change patient management
 - b. Prior to hematologic transplant or CART therapy
 - c. Prior to (each) admission for scheduled inpatient chemotherapy treatment
 - d. Prior to initiating a new systemic anti-neoplastic therapy regimen (oral or administered)
 - e. Prior to initiation of a course of radiation therapy
3. Screening of asymptomatic patients with positive household contacts may be performed if the test would alter patient management.
 - a. Caveat: a negative COVID-19 test on one day does not exclude a patient being positive on a subsequent day, if the patient is within the incubation period of exposure.
4. In COVID-19 positive patients whose symptoms have resolved, prior to return to clinic or starting anti-cancer treatment. Two COVID-19 negative tests at least 24 hours apart.

Testing Logistics:

1. Symptomatic patients
 - a. If calling from home
 - i. If patient reports respiratory distress or loss of consciousness, direct to 911 or Emergency Department
 - ii. Otherwise, schedule for evaluation and testing in the Cancer Urgent Care Clinic where POC testing will be utilized
 - b. If presenting to the ambulatory Cancer Clinic
 - i. Request evaluation by Cancer Urgent Care where POC testing will be utilized
 - c. If already admitted
 - i. Testing using inpatient RML test.
 - ii. The “rapid” (POC) COVID-19 test is available on a limited basis for situations for which testing is time sensitive and would change immediate clinical management.

2. For ambulatory patients who previously tested positive for COVID-19 for whom testing is being performed prior to discontinuation of isolation and PPE
 - a. 1st COVID RNA test should be scheduled in either Cancer RN Urgent Care or COVID Drive Through Clinic using RML test 3-4 days prior to anticipated need for treatment or return to cancer clinic
 - b. If 1st test is negative, 2nd test may be scheduled on the same day as anticipated treatment or clinic visit in Cancer RN Urgent Care using the POC test

3. Patient without COVID symptoms
 - a. Requiring unscheduled admission for another indication
 - i. Request testing by Cancer Urgent Care or Infusion Room using POC test prior to admission
 - b. Requiring scheduled admission for any indication, treatments or procedure that requires prior COVID testing
 - i. Schedule for COVID testing using RML test 48-72 hours prior to admission in either Cancer RN Urgent Care or COVID Drive Through Clinic
 - ii. Same-day COVID testing via POC can be done by exception

When to discontinue isolation and full PPE in the ambulatory setting:

1. For Person Under Investigation (PUI)
 - a. Negative COVID test
AND
 - b. Alternative source for symptoms identified
 - i. Alternative sources of symptoms could include but are not limited to:
 1. Cough in afebrile patient with chronic cough due to COPD or cancer that has not recently worsened
 2. Alternative source of infection in febrile patient (UTI, post-operative infection, positive blood cultures)
2. For patients with previously positive COVID test
 - a. Complete resolution of symptoms
AND
 - b. 2 negative COVID tests at least 24 hours apart
 - i. Contact infection control at x23060 to request removal of the EPIC COVID positive flag
3. For asymptomatic patients with a high-risk exposure (typically a household member who is sick) and negative COVID test. Advise to quarantine 14 days if possible and monitor for symptoms. If need to come to clinic before 14 days, no need to isolate, use standard precautions so long as remain asymptomatic.

Appropriateness of treatment/chemotherapy/radiotherapy for confirmed COVID-19

Assessment of initiating or continuing anti-cancer therapy for cancer patients who are diagnosed with COVID should be done on a case by case basis with assessment of risk and benefit, ideally as discussed and documented in a multi-disciplinary tumor board. Ideally, patient's symptoms should have resolved and have two negative COVID-19 tests performed at least 24 hours apart.

Return to clinic for confirmed COVID-19

Ideally, patients who have a confirmed diagnosis of COVID-19 should wait to return to clinic in person until their symptoms have resolved for a minimum of 3 days AND at least 1 month after COVID-19 diagnosis.

Use telehealth as a bridge to clinical care if able.

Maintain COVID-19 precautions until patient is tested for COVID-19 x2 negative, then can discontinue precautions.