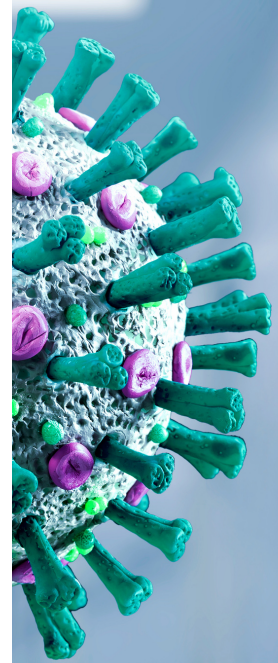


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Visitor Policy Guidelines for Ambulatory Cancer Care During the COVID-19 Pandemic



Illinois Cancer
Collaborative



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The Illinois Cancer Collaborative (ILCC)

The Illinois Cancer Collaborative (ILCC) is a first-of-its kind, multidisciplinary statewide partnership of Illinois hospitals working together to improve the safety and quality of care for cancer patients across Illinois during, and after, the COVID-19 pandemic. Our vision is to engage providers to deliver patient-centered, high-quality cancer care across Illinois. If you are interested in joining the ILCC, please visit our webpage at ilcancer.org and contact us at info@ilcancer.org.

The ILCC COVID-19 Working Groups and Consensus Guidelines

Providers and institutions throughout Illinois are experiencing difficulty with the lack of evidence and recommendations from numerous sources for cancer care during the COVID-19 pandemic. In response, the ILCC convened three multidisciplinary working groups of experts to pool their experience, expertise, and knowledge in regard to safe and optimal care of cancer patients during the pandemic. The results are the ILCC Consensus Guidelines for COVID-19 Cancer Care in three areas: Colorectal Cancer, Lung Cancer, and Visitor Policies for Ambulatory Cancer Care. The goal of these guidelines is to provide a single source for hospitals, clinics, and practices to support safe and optimal care for cancer patients statewide during this unprecedented pandemic.

These guidelines represent the consensus recommendations of the members of the Illinois Cancer Collaborative COVID-19 Operations Working Group and do not represent endorsement or approval by their individual institutions.

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Purpose and Guiding Principles

The purpose of this document is to offer consensus guidelines related to visitor policies in cancer center ambulatory settings when safety measures are implemented related to masking, hand sanitizing and social distancing under facility, city, state or federal guidance or mandates during the COVID-19 pandemic. These consensus guidelines were developed in response to the lack of a single, best, evidence-based guideline to hospitals, clinics, and practices providing ambulatory care to cancer patients.

The working group prioritized an approach to recommendations regarding ambulatory care visitor policies that could adapt to constantly changing and dynamic local constraints, yet still provide safe and optimal necessary care to cancer patients. These guidelines are intended to offer guidance regarding maintaining a safe environment for clinicians, staff, cancer patients, and visitors while addressing and supporting their personal needs

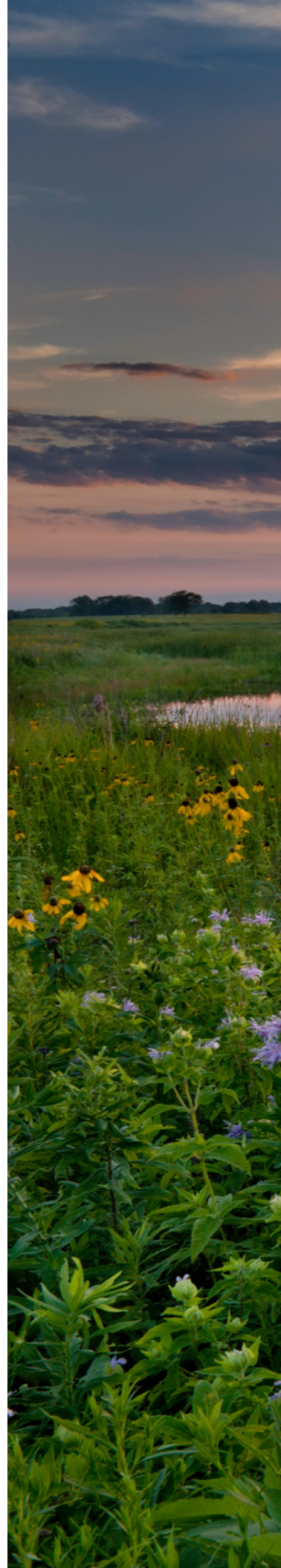
Rationale and Motivation

- Protect cancer patients, who are at higher risk for complications related to COVID-19.[1]
- Protect clinicians and staff from exposure to COVID-19. Clinician and staff exposures are not only a risk to their own health, but subject cancer patients to additional risk due to the need for quarantine and time off work that could lead to shortages of care providers.

Scope

- Ambulatory Clinics
- Infusion Centers
- Radiation Oncology

1. Liang W, Guan W, Chen R, et al. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. *The Lancet Oncology*. 2020;21(3):335-337.



Guidelines

Number of Visitors

It is highly recommended that no (zero) in-person visitors be allowed with a patient during their appointment or treatment in ambulatory cancer care areas until normal (pre-pandemic) operations can be safely resumed (i.e., [Phase 5 of the Restore Illinois COVID-19 pandemic plan](#)).

The zero-visitor recommendation is intended to reduce the risk of COVID-19 exposure and transmission for both cancer patients and care providers.

- Infusion centers are strongly urged to consider a no visitor policy throughout the pandemic due to limitations on space to safely care for patients and [USP800 safety guidelines](#).
- Alternative methods of communication for visitors should be encouraged and provided for all patients (see Page 7).
- Exemptions to a zero-visitor policy can be considered on a local basis, but should be clearly defined and consistently enforced (see Page 7).
- Expansion to a one (1) visitor policy can be considered as state and local policies and resources (e.g., waiting room and care area space limitations), and COVID-19 community prevalence, permits.

Criteria for expansion to a one-visitor policy should be clearly defined at each local institution and consistently applied.

Alternatives to In-Person Visitors

- Whenever possible, alternative methods of communication for remote attendance of companion visitors should be encouraged and provided for all patients, particularly when no in-person visitors are allowed.
- Resources for teleconferencing or videoconferencing should be provided for patients, as local resources allow.
- Patients should also be allowed to use their own devices (e.g., cellular phone, FaceTime, WhatsApp, Skype, etc.) to allow for a companion visitor to attend the visit remotely.

Exemptions to Number of Visitors

- Exemptions to the limited number of visitor policies can be developed with the input of clinicians, staff, and patients at the local level.
- Any exemptions to the visitor policy should be clearly defined and consistently enforced.
- Examples of exemption criteria:
 - An in-person visitor will be allowed if:
 - a. The visitor is of driving age, or older, AND
 - b. The patient has one of the following conditions or situations:
 - i. [Medical debilitation](#)
 - ii. [Cognitive issues](#)
 - iii. New Patient Appointments
 - iv. Teaching Appointments

Enforcement and Escalation of Visitor Policies and Exemptions

- A clear chain-of-command should be developed for enforcement and escalation for both patient and provider/staff questions and issues related to visitor policies.
- Providers and staff should be provided with standardized, scripted responses to common questions and issues that arise in relation to the visitor policies and exceptions.
 - *Examples from member hospitals are provided on the [ILCC website](#).*

Communication of Visitor Policies

- A plan for both internal (to providers and staff) and external (to patients and the public) communication should be developed to clearly and consistently define the current visitor policy, rationale for the policy (protection of patients and providers), exemptions, and the appeal/escalation process.
- Examples of opportunities for internal communication:
 - a. Email to affected stakeholders (e.g., scheduling and check-in personnel, clinical teams)
 - b. Flyers
 - c. Staff meeting announcements
 - d. Leadership rounding
- Examples of opportunities for external communication:
 - a. Appointment scheduling
 - b. Patient portal
 - c. Appointment reminder
 - d. Check-in
 - e. Flyers
 - f. Signage
 - g. After visit summaries
 - h. Text messages

Examples from member hospitals are provided on the [ILCC website](#).

Appendix

Supplemental Resources

Resources from members hospitals (e.g., signage, scripting, email templates, etc.) are available on the ILCC website at ilcancer.org.

The ILCC offers co-branding of all patient resources for use at your hospital or cancer center. Email your request along with your institution's logo to the ILCC Coordinating Center at info@ilcancer.org.

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