

**POSITION STATEMENT TITLE:** ISNCC COVID-19 Position Statement

Date Drafted: **March 14, 2020**

Date Approved by Board of Directors: **April 2, 2020**

**INTRODUCTION**

The 2019 novel coronavirus disease (COVID-19), caused by infection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is a new virus of global health significance. SARS-CoV-2 is recognized as typical of a lineage B betacoronavirus which was identified in the samples of bronchoalveolar lavage fluid from a confirmed patient.<sup>1</sup> COVID-19 has a high transmission capability as well as significant morbidity and mortality. Some patients with cancer will be at higher risk of health complications from COVID-19, especially if they are immunocompromised.<sup>2</sup> On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. Screening, careful self-protection and system-wide strategies are essential for the prevention and control of COVID-19. Nurses are at the forefront of addressing the COVID-19 pandemic.

**PURPOSE**

To advocate for COVID-19 prevention and control strategies for cancer patients, their families/ non-family caregivers, and nurses caring for them.

**BACKGROUND**

Since December 2019, an outbreak of coronavirus (SARS-CoV-2) infection has spread around the world. The WHO declared the 2019 novel coronavirus disease (COVID-19) a pandemic.<sup>3</sup> SARS-CoV-2 can spread from person-to-person by droplet and contact transmission.<sup>4</sup> It is reported that the virus can be transmitted when someone is exposed to high concentrations of aerosol in a relatively close environment for a long time.<sup>5</sup> The identification and management of patients as early as possible are crucial to control the further spread of COVID-19 by managing the source of infection and cutting off the transmission route.<sup>6</sup> Older people and people with certain pre-existing conditions, including a suppressed immune system, are at higher risks to develop COVID-19 and need more intensive care.<sup>7-8</sup>

Cancer patients undergoing a range of treatments are a susceptible group at higher risk of developing severe infections<sup>9</sup>. If infected with COVID-19, some patients may need to have their cancer treatment suspended.<sup>10</sup> Delaying or modifying cancer treatment is an option only after discussion with the oncologist as such changes may have implications for treatment outcomes.

Additionally, the occupational safety of healthcare providers, especially nurses who are in close contact with patients is a significant concern. The provision of appropriate personal protective equipment (PPE) is essential to enable nurses to continue to provide the required nursing care. The challenges faced by nurses continue to intensify as the potential risk of infection and the burden of COVID-19 on health systems increase.<sup>11</sup> COVID-19 prevention and control strategies for cancer patients and nurses is a top priority for all health systems.



## **POSITION**

The International Society of Nurses in Cancer Care (ISNCC) is committed to promoting the prevention and control of COVID-19 to minimize the risk to cancer patients and nurses. ISNCC is committed to advocating to ensure the role of the nurse in the prevention and control of COVID-19 is optimized for the benefit of cancer patients, because nurses:

- are at the front-line of providing health services for people affected by cancer and in community and public education efforts relating to infection control;
- provide evidence-based care, which includes measures to ensure infection control, as well as comprehensive physical and psychological support for cancer patients at risk of or diagnosed with COVID-19;
- are at higher risk of exposure to COVID-19 due to the close contact they have with patients in their day to day nursing work.

### **For cancer patients**

- Cancer patients are in a high risk patient group and are more susceptible to be infected by COVID-19 due to impaired immune function;
- Cancer patients and their families can experience increased stress related to fear of infection, delayed cancer treatment, and death from COVID-19;
- Cancer patients diagnosed with COVID-19 can experience a range of symptoms and infection-related responses that require appropriate clinical and supportive care interventions.

### **For nurses**

- Sufficient numbers of trained nurses are vital to ensure the resilience of healthcare services when facing complex public health challenges.<sup>12</sup>
- Nurses provide a unique service to patients and are at the front line of this public health emergency.<sup>13</sup> Recognition of nurses' significant contribution to addressing this pandemic is required by government and non-government organizations, including the allocation of appropriate resources to support the nursing workforce.
- Nurses should be involved in the development of policies and programs relating to COVID-19.
- Nurses' safety is essential, including access to and appropriate use of properly fitted PPE when caring for patients suspected or diagnosed with COVID-19.<sup>13</sup>
- Nurses can develop medical device related pressure injury with ongoing use of some PPE. It is necessary to take related precautions to avoid this problem and implement counter measures.
- Nurses across the world have demonstrated exceptional commitment and compassion in their response to the COVID-19 pandemic. Proper assessment and management of the psychological health of nurses during and after the pandemic is essential.<sup>14</sup>



## RECOMMENDATIONS

[WWW.ISNCC.ORG](http://WWW.ISNCC.ORG)

### For cancer patients

- Minimize travel, decrease unnecessary outdoor activities, and maintain social distancing.
- Keep the home environment clean and well ventilated.
- Pay attention to hand hygiene, and wash hands with soap and water for at least 20 seconds, following WHO guidelines for clean hands. Use hand sanitizer when washing hands is not possible.
- Maintain a healthy lifestyle including getting enough sleep, exercising at home regularly, and ensuring adequate and balanced nutrition.
- Verify any clinic appointments and hospitalizations with your healthcare providers to minimize possible exposure.
- Strengthen communication with your health care staff through online means or by phone when possible.
- Do self-screening for any signs of infection including fever, cough, dyspnea, fatigue, myalgia, anorexia, sputum production. Seek medical advice for any abnormal signs or symptoms.
- Acquire reliable information regarding the pandemic situation and follow local or regional official guidance.
- Communicate regularly with family, friends, and healthcare professionals by phone or on-line means to facilitate social support
- Implement strategies that will help to reduce anxiety or worries about the COVID-19 pandemic, such as obtaining reliable information, talking with health care professionals, or seeking psychological support services where required.

### For nurses

- Keep informed about measures to ensure prevention and control of COVID-19 by accessing advice and evidence from relevant government and health care authorities.
  - Screen cancer patients for COVID-19 before they enter healthcare facilities. Screening should include: 1) travel history; 2) presence of COVID-19 related symptoms.
  - If infection is suspected, follow procedures established by healthcare authorities and individual workplaces.
  - For patients with COVID-19, implement evidence-based care plans which ensure early identification of deterioration and implementation of relevant clinical and supportive care interventions.
  - Ensure that all nurses have access to and are trained to use appropriate PPE including gowns, respirators, and gloves. This includes strict adherence to protocols to avoid possible contamination and infection when putting on (don) and taking off (doff) PPE.
  - Measures should be taken to reduce medical device related pressure injury in nurses, including proper selection of PPE, periodic assessment of surrounding skin, and application of hydrocolloid/soft silicone/film dressings if required.
  - Continue to assess the psychological status of cancer patients and implement strategies to address any signs of distress (i.e., anxiety, depression, and anticipatory grief) related to the COVID-19 pandemic.
  - Implement self-care strategies and seek support where required to promote the wellbeing of nurses in this evolving healthcare crisis.
-



## REFERENCES

1. Li LQ, Huang T, AUID- Oho, Wang YQ, Wang ZP, Liang Y, Huang TB, Zhang HY, Sun WM, Wang YP. 2019 novel coronavirus patients' clinical characteristics, discharge rate and fatality rate of meta-analysis. J Med Virol 2020.
2. Liang W, Guan W, Chen R. et al. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. Lancet Oncol, 2020; 21(3):335-7.
3. WHO. Coronavirus disease 2019 (COVID-19) Situation Report-51. [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_10](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10)
4. Wang Y, Wang Y, Chen Y, Qin Q, AUID- Oho. Unique epidemiological and clinical features of the emerging 2019 novel coronavirus pneumonia (COVID-19) implicate special control measures. J Med Virol 2020 .
5. Cai J, Sun W, Huang J, Gamber M, Wu J, He G. Indirect Virus Transmission in Cluster of COVID-19 Cases, Wenzhou, China, 2020. Emerg Infect Dis 2020; 26.
6. Hellewell J, Abbott S, Gimma A, Bosse NI, Jarvis CI, Russell TW, Munday JD, Kucharski AJ, Edmunds WJ, Funk S, Eggo RM. Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts. Lancet Glob Health 2020 .
7. Coronavirus Disease 2019 (COVID-19). [www.cdc.gov](http://www.cdc.gov)(accessed March 13rd, 2020).
8. National Health Commission of the People's Republic of China main website. <https://www.nhc.gov.cn><https://www.nhc.gov.cn>(accessed March 3rd, 2020).
9. Liang W, Guan W, Chen R, Wang W, Li J, Xu K, Li C, Ai Q, Lu W, Liang H, Li S, He J. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. Lancet Oncol 2020; 21:335-337.
10. Zhang H, Huang Y, Xie C. The Treatment and Outcome of a Lung Cancer Patient Infected with SARS-CoV-2. J Thorac Oncol 2020 .
11. Adams JG, Walls RM. Supporting the Health Care Workforce During the COVID-19 Global Epidemic. JAMA 2020 .
12. Catton H. Global challenges in health and health care for nurses and midwives everywhere. Int Nurs Rev 2020; 67:4-6.
13. Ong S, Tan YK, Chia PY, Lee TH, Ng OT, Wong M, Marimuthu K. Air, Surface Environmental, and Personal Protective Equipment Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient. JAMA 2020 .
14. Huang JZ, Han MF, Luo TD, Ren AK, Zhou XP. [Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19]. Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi 2020; 38:E001.

## RESOURCES LINKS

- World Health Organization (2020) Novel Coronavirus page. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Centers for Disease Control and Prevention (2020). <https://www.cdc.gov>
- International Council of Nurses (ICN) (2020). <https://www.icn.ch/>
- Oncology Nursing Society: <https://www.ons.org/coronavirus>
- National Comprehensive Cancer Network COVID19 Resources: <https://www.nccn.org/covid-19/default.aspx>