

Version 1. April 10th, 2020

Survey on oncological care organization during COVID-19 outbreak

Please answer each question.

If you don't know/don't have the info or if you are not the right person to answer, please indicate NA.

Please feel free to indicate any additional comment.

Part 1. Protective measures before the admission to the hospital

Do you have a preselection of patients who are allowed to come to the hemato/oncological clinic/hospital before admission with the aim to have a different pathway for COPVID-19-positive/suspect cases?

1. Clinical symptoms assessment by phone call:

	YES	NO	NA
Before consultations			
Before day care unit			
Before overnight hospitalisations			

2. Clinical symptoms by an interactive online platform:

	YES	NO	NA
Before consultations			
Before day care unit			
Before overnight hospitalisations			

3. By a naso- or oro-pharyngeal swab test:

	YES	NO	NA
Before consultations			
Before day care unit			
Before overnight hospitalisations			

If YES, who will be tested?

- Suspicious cases
 All cases
 NA (see above)

If YES, how long does it take until the result is available?

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4. CT of chest in asymptomatic patients:

	YES	NO	NA
Before consultations			
Before day care unit			
Before overnight hospitalisations			

if YES, for which patients?

.....

5. When entering the hospital, do you perform a clinical check (symptoms) before:

	YES	NO	NA
Entering the consultation room			
Entering the day care unit			
Entering the overnight stay hospitalization			

6. Do you use other procedures?

- YES
 NO
 NA

If YES, please clarify:

.....

Part 2. Patients' education

Do you educate patients on the following topics?

7. To contact hemato/oncological department if they develop symptoms potentially related to COVID-19 infection

- YES
 NO
 NA

8. To avoid visits to hemato/onco logical department if they present any symptom potentially related to COVID-19 the day of consultation, day care unit visit or overnight stay

- YES
 NO
 NA

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Part 3. Permission to attend to consultations/hospitalizations for family members

9. Do you allow family members to attend:

	YES	NO	NA
To consultations			
To day care admissions			
To overnight hospitalisations			

10. If YES, but only for some family members, please clarify under which circumstances and which part of the hospital:

	YES	NO	NA
If the patient is unable to enter alone			
In case of a new diagnosis			
If bad news has to be announced			
For terminally ill patients			

If any other condition, please clarify:

.....

Part 4. General measures for risk reduction (in addition to social distancing and hand washing)

11. Surgical mask for patients:

- YES
 NO
 NA

If YES:

- For all
 In specific situations. Please clarify:
 NA

12. Surgical mask for health care providers:

- YES
 NO
 NA

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If YES:

- For all
- For some healthcare providers . Please clarify:
- NA

13. Non sterile gloves for physicians for physical examinations of patients:

- YES
- NO
- NA

14. Non sterile gloves for nurses for any patient care with direct patient contact

- YES
- NO
- NA

15. Any other personal protective materiel?

- YES
- NO
- NA

If YES, please clarify:

- FFP2/3. Please clarify in which situation:.....
- Plastic eye protection. Please clarify in which situation:.....
- Other. Please clarify:.....

16. More frequent disinfection:

	YES	NO	NA
Consultation room			
Day care unit			
Hospitalisation unit			

17. Most consultations are by phone or video:

- YES
- NO
- NA

18. Deletion of physical examination in most asymptomatic patients:

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- YES
- NO
- NA `

If physical examination, is focused on symptoms or of known site of metastasis?

- YES
- NO
- NA `

19. Deletion of routine blood pressure control except if clinically indicated:

- YES
- NO
- NA `

20. Reduction of frequency of blood sampling compared to previous standard patient care by at least 25%:

- YES
- NO
- NA `

21. Reduction of CT scan for tumor response evaluations by at least 25%:

- YES
- NO
- NA `

Part 5. General organization of the center

22. Does your center have specific COVID Units separated from non-COVID Units

- YES
- NO
- NA `

23. Can you confirm that nurses or medical staff from your department never participate to COVID-positive patients care (night or weekend for example)?

- YES
- NO
- NA `

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24. Do you have a specific patient pathway for COVID-negative and COVID-positive/suspect oncological cases?

- YES
- NO
- NA `

25. Do you have a specific day care unit for COVID-positive/suspect cases?

- YES
- NO
- NA `

If YES, is a member of your team in charge of this unit?

- YES
- NO
- NA `

26. Do you have a specific overnight oncological section for overnight stay of COVID-positive/suspect cases?

- YES
- NO
- NA

If NO, are these patients mixed in the same unit with COVID-negative patients?

- YES
- NO
- NA

27. Are patients with suspected or confirmed Covid infections transferred to standard COVID-positive sections?

- YES
- NO
- NA

If YES, please clarify if and how you are still involved in care of these patients:

.....

28. At start of Covid crisis has part or full oncology department moved to another location?

- YES

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- NO
 NA

If YES, please give short details

.....

29. Do you have specific rooms for work-up while waiting for COVID-test results in your department?

- YES
 NO
 NA

If YES, please clarify where:

.....

30. Do you have specific rooms for work-up while waiting for COVID-test result only in the COVID Unit?

- YES
 NO
 NA

Part 6. Multidisciplinary team meetings/activities

31. Do you perform all meetings as visioconference?

- YES
 NO
 NA

32. Are multidisciplinary team members other than physicians and nurses still allowed to see patients?

	YES	NO	NA
In consultations			
In day care unit			
In hospitalisation unit			

If YES, who is allowed and where?

.....

33. Do these other team members manage all problems now over phone?

- YES

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- NO
- NA

Part 7. Health care staff management and risk reduction

34. In your Institution is required self-isolation at home for at least 1 week if a staff member presents fever?

- YES
- NO
- NA

35. In your Institution is required self-isolation at home if any staff member lives with a family member in self isolation?

- YES
- NO
- NA

36. For healthcare professional tested positive, return to work is allowed after 7 days if no fever since 3 days and no remaining respiratory symptoms?

- YES
- NO
- NA

If NO, negative naso- or oro-pharyngeal swab test is needed?

- YES
- NO
- NA

37. In your Institution there is any other specific role for self-isolation?

- YES
- NO
- NA

If YES, please clarify:

.....

Part 8. Antibody testing

38. Can you offer antibody testing to health care workers?

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- YES
- NO
- NA

If YES:

- as research project
- as routine practice
- NA

39. Can you offer antibody testing to patients Yes 9 no 12 NA

- YES
- NO
- NA

If YES:

- as research project
- as routine practice
- NA

Part 9. Specific measures in the hospitalisation unit

40. Only private rooms are now used?

- YES
- NO
- NA

41. There is a major decrease in palliative care admissions?

- YES
- NO
- NA

42. Do you transfer chemotherapy to day care unit in all patients?

- YES
- NO
- NA

If NO, in more patients than in the past?

- YES
- NO
- NA

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43. Weekly testing of patients by naso- or oro-pharyngeal swab test (in addition to test at time of admission) is planned?

- YES
- NO
- NA

44. Weekly testing of staff by naso- or oro-pharyngeal swab test is planned?

- YES
- NO
- NA

45. Admission is limited to patients with a negative oropharyngeal swab test?

- YES
- NO
- NA

46. Do you discuss with most patients option not going to the intensive care unit and not being supported in case of severe complications but accepting to die early?

- YES
- NO
- NA