

IOIBD Recommendations: Best Practice Guidance for Adult Infusion Centers during the COVID 19 Pandemic

from:

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Center Guidance*

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Aim: provide practical
guidance for adult
infusion center
operations

Health and safety of
patients and
personnel-top priority

Guidance document
focuses on*

(i.e. Guidance should be
implemented in the context
of national/local public
health guidelines)

Patients

Personnel

Clinic Operations

General

Category	Main recommendations INFUSION CENTER GUIDANCE re COVID-19 and IBD date: 06 May 2020
Patients	<ol style="list-style-type: none"> 1. Pre-screen for symptoms/exposure 24-48 hours before scheduled infusion 2. Self isolate if respiratory sx, anosmia, abrupt change in gastrointestinal symptoms 3. If positive SARS-COV-2 infection, schedule infusion only after a negative swab, or 2 weeks after symptoms resolve 4. Patients must come unaccompanied when possible
Clinic	<ol style="list-style-type: none"> 1. Staff pooling 2. Separate from other departments/patients 3. Rescreen patients and temperature check at check-in 4. Social distancing and hygiene: 2 m between staff/patients, between patients; clean chairs between patients 5. Personnel protection: gloves and surgical masks. Where applicable full personal protection equipment including N95 masks and waterproof gown should be readily available 6. Patients should use nose-mouth masks 7. To limit contact time in clinic consider: <ol style="list-style-type: none"> a) Rapid infusion protocols b) Switching any pre-meds to injectable or oral c) Take premeds at home as required 8. Update contact details at each visit to facilitate contact tracing in event a patient is/becomes SARS-COV2 positive
Personnel	<ol style="list-style-type: none"> 1. Daily personal symptom assessment, health statement and temperature check 2. Glove removal and hand washing between patient encounters 3. Log off where personnel is working /has worked if individual works in multiple locations
General	<ol style="list-style-type: none"> 1. Infusion clinic-an essential service 2. Prioritize SARS- COV2 tests for personnel and patients 3. Postpone/avoid unnecessary laboratory/TDM tests 4. Provide COVID-IBD related information (no hard copies) 5. Provide access to guidance/help/support lines 6. Extend operating hours to accommodate infusions 7. Home infusions are discouraged due to safety issues, medical and logistic efficiency <p>https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/</p>

