SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE
SIOP
INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY

MAKING GLOBAL CONNECTIONS

SPECIAL ISSUE

NEWSLETTER OF THE SIOP PODC NURSING WORKING GROUP

Vol. 3, Special issue | JUNE 2020

COVID-19 stories from around the world

COVID-19 has disrupted our normal ways of caring for pediatric oncology patients. Inside, how nurses around the world have adapted and risen to these new challenges.

letter from the co-editors

January marked the beginning of a year-long celebration of the nursing profession. Our journey to celebrate the Year of the Nurse is very different than what we expected. We are all dealing with the challenges of the COVID-19 pandemic for our patients and families as well as for ourselves and our families.

It is not an easy time in the world.

Since the beginning of the pandemic, nurses have been recognized as heroes and applauded for their contributions. We felt that it was important to create a special edition of the Making Global Connections Newsletter of the SIOP PODC Nursing working group.

Please take the time to read the inspiring stories and experiences of your pediatric oncology nursing colleagues from around the world, collected during May of 2020. There are many similarities, but also differences in the care we are providing to our patients and families. As pediatric oncology nurses, we have risen to the challenges during the COVID-19 pandemic and need to acknowledge the successes of our hard work and dedication. Let's continue to recognize, appreciate, and celebrate each other as nurses, colleagues, and friends.

A big virtual hug,

Linda Abramovitz (USA), Liz Sniderman (USA) and Elianeth Kiteni (Tanzania)
Co-editors
Making Global Connections Newsletter

letter from siop podc nursing co-chairs

2020 is the WHO designated International Year of the Nurse and Midwife; now also the year of COVID-19. This junction could not be timelier, as the courageous work of nurses, including pediatric oncology nurses, in face of the pandemic honours the 200th anniversary of Florence Nightingale's birth. She would be proud of you.

SIOP PODC Nursing is trying to bring the nursing community together during this unprecedented time by sharing information and knowledge. We are uploading and sharing resources via the Cure4Kids group, and have continued our regular monthly educational meetings (3rd Thursday of each month).

Currently, the PODC Nursing working group's membership includes 176 nurses, representing 43 countries. Every day, we have more nurses joining. New members are always welcome, please encourage your colleagues to come join our community. (Go to https://cure4kids.org/ums/home/groups/detail/?groups_id=338 and click the **Subscribe** button to join!).

This year, the SIOP Annual Congress will be held virtually. Please stay tuned for more information on the official SIOP website. We hope to hold our SIOP PODC, nursing and breakout sessions, with more details available soon. We hope to "see" you there!

Now, more than ever, our community of pediatric oncology nurses must stay connected, share experiences, and support each other. Be kind to yourselves, stay safe, and know we will be together again soon.

Yuliana Hanaratri (Indonesia) and Liz Sniderman (USA)
Co-chairs
SIOP PODC Nursing

in their words: stories from the bedside

TEARS OF COVID 19: Experience at Uganda Cancer Institute in-patient

KEMIGISHA MISK, Uganda Cancer Institute

What began as a story from China Wuhan ends up a reality in Uganda.

All started as rumors about a strange disease killing people in China. I did not pay much attention to it since it was a distant nation from mine. As a pediatric ward and institute at large, we were caught off guard.

I remember, the president announced closure of public transport system by 10 pm yet it was 9pm and I was still on evening duty. It struck me hard because I use public transport. I had very ill patients so could not leave ward since night staff had not reported. I had to sleep on the ward overnight, though unplanned.

By God's grace, I managed to get transport to home the following day. Administration was puzzled as only staff with personal vehicles could report for duty. Wards were left with skeleton staff: one person per 12-hour shift. A three shift duty was scaled down to two shifts. Staff, patients and caretakers all had no ideas of what was to befall them.

The first two weeks after lock down were the most difficult times, everyone panicking to see family safety. Some staff were laid off, only essential staff were allowed to continue with duties but still with few numbers. Ward workload tripled, one nurse taking on duties of three nurses and doctor's duties since they also faced similar challenges of transport. This went on for two months from March to May.

Districts all over the country put up transport system for patients so this saw wards flooding with patients. The hospital provided meals to patients, but cooks had no transport. Receiving a meal became a guess. Remember, food markets had also closed. I remember one day, I shed tears after realizing children had gone hungry for two days without meals. Yet they were on strong chemotherapy regimen. All looked exhausted; I equally could not help since I had only Ug.1000 for my breakfast.

We have experienced many challenges like ward filled beyond capacity, delays to reach hospital, shortage in supplies like blood products, reduced number of staff, to mention but a few.

Patients and attendants were encouraged to observe safety measures like handwashing, wearing facemasks, social distancing. As the saying goes, "old habits never die", few or none of these people adhered to medical advice. When interacting with some of them, they told me that they had surrendered their lives to God to decide on their fate. They were more worried about hunger killing them before the coronavirus. Sometimes I would personally forget to put on a mask. I would remember when almost finishing ward rounds.

I remember one caretaker telling me "God designed me with a huge nose and wide nostril to consume as much air as I can. Why should I distort God's design?" exclaimed the caretaker. With exception of hand sanitizing, other measures have not been fully adhered to.

As time went on, with the support of the hospital, we got used to the new system and stress levels came down. As a unit we kept readjusting to fit into the new system brought about by the pandemic. I hope with time, we shall resume our normal life.

in their words: stories from the bedside

Delivering pediatric oncology nursing care despite Covid-19: Experience

NDAGIRE MARIAM, Uganda Cancer Institute

I first heard about Covid 19 in December last year. I never thought it would reach my country. Little did I know that life as we knew it was about to change.

The first coronavirus patient in Uganda was diagnosed towards the end of March 2020. This saw the government take drastic measures to try and mitigate its spread. This saw the closure of public transport and later private cars, and putting in place a partial lock down with curfew. The question in my mind and my colleagues was “how were our patients supposed to reach hospital’. How were we supposed to reach the hospital? This put most of us in a state of uncertainty. Yes, health workers were allowed to continue going to their work places, but how were we supposed to get there? Thank God the Uganda Cancer Institute administration quickly responded by putting in place a hospital shuttle system.

The first two weeks was the hardest, this saw a reduction in our patient numbers in the OPD, missed appointments, late coming of both staff and patients, and a complete disruption of the work schedule. I remember we asked a patient why he was arriving after 4pm for a regular visit, and the parent informed us that he had been riding a bicycle since 5am in the morning just to bring in his son for chemotherapy. This broke my heart. Both father and son were so exhausted. I remember a mother who had to carry her child on her back, and walk for more than 3 hours just bring in her girl for chemotherapy, yet she had to walk back and be home before the 7pm curfew. Or another 14-year-old girl who has to also walk to and from the hospital just to get her treatment.

Later patients started coming again in big numbers, but with luggage and bedding because they didn’t have the means to get back home. This saw the ward and hostels getting crowded. We could not chase them away. Yet again the hospital responded by offering to transport them back home.

Children do not understand social distancing, they don’t understand why their favorite nurse doesn’t want to hug them today. Or why they can’t get a high five from you for being brave. You fear to contract the virus. But you also don’t want to disappoint your little patients.

I have had to live in constant fear of contacting the virus and perhaps infect my family. My 4-year-old boy who always gives me hugs when I get home now instead just says “mummy is from hospital, she is dirty, we can’t hug her”. It not easy being the only person leaving home to go to work during a lock down, you feel your neighbors are looking at you weirdly, worried you might bring the virus to the neighborhood.

Covid 19 has also taught us a lot. We have learnt to be more flexible, multi-tasking, to think "outside the books", we have adapted to a new system of working. I believe we are now a stronger team.

We have had to up our game on health education of our patients and parents especially on hand washing and use of masks.

I thank God we don’t have any cases of cancer patients with coronavirus.

The journey ahead is still long and uncertain, a lot needs to be done. But am confident the lessons learnt from this era will go a long way to influence the face of pediatric oncology nursing in Uganda.

Mariam Ndagire RN, BScN PGD
Senior Nursing Officer
Pediatric Department
Uganda Cancer Institute

in their words: stories from the bedside

Stories from Wuhan, China: PPE and Portable Backpacks

XIULI QIN, Tongji Hospital

Picture 1: Drawing pictures on PPE

Picture 2: The sweaty suit, inside PPE

To relieve the children's nervousness, our medical staff drew some beautiful pictures in our protective garments (see Picture 1). Children liked these pictures very much and wanted to play with us because they feel funny and happy when they saw the pictures.

The weakness of the protective garment is its poor breathability, so the nurses felt stuffy and sweat a lot during the work (see Picture 2).

Medical staff were required to carry an interphone during the shift in the isolation ward. Sometimes, the staff needed to bring some other tools with them as well. However, the protective garment doesn't have any pockets to hold interphone and tools.

I sewed some portable backpacks, stitch by stitch, in my hotel room with the recycled outer packing fabric (see Picture 3). My medical team felt the portable backpacks were very helpful to hold their tools (see Picture 4).

Picture 3: Sewing the backpacks, stitch by stitch

Picture 4: Nurse carrying a portable backback

in their words: stories from the bedside

Experiences from two paediatric oncology units in the UK: Belfast and Leeds

BERNIE MCSHANE (Belfast) and KATE HARDY (Leeds)

Thanks to Rachel Hollis for her contritbution to these stories

For both teams their primary focus was of course on the impact of children and families.

Kate from Leeds reflects that for the nursing team general day to day care hasn't really changed a huge amount. "Children are still getting all of their treatment, getting diagnosed, residing for long periods of time on the ward, and unfortunately still requiring palliative care. What has changed for us is we have to do all of this care behind a mask, not easily able to show empathy or kindness or even touches of support. Our eyes are learning to become even more expressive!" The play team in Leeds helped to make PPE a little more child friendly.[RH1] In Belfast too it was recognized that "PPE was often scary for the younger children and one of their very talented doctors helped by co-producing a video with some of the children, which was shared widely, and a great success!"

Bernie from Belfast also recognized that *for children with cancer who perhaps had just gone back to school after their initial treatment, they found themselves back in that 'bubble' where they only saw their family missed company of peers and longed for normality. Whilst they have been able to cope with the lockdown better than the rest of us this was still very disappointing.*

For those in hospital, there were challenges too. In common with most other units in the UK, children were only allowed to see one parent and no other family members. This was hard for children, but even harder for their families, with one parent usually resident on the ward.

In Leeds through the support of 'Candlelighters' (a local charity), the team were able to provide a weekly laundry service and snack boxes for all families. "*Resident parents are being fed by the hospital and even though this is hospital food it does help reduce yet another worry! The families have been amazing and adjusted very quickly with minimal grumbles to the changes fully understanding the reasons why all the restrictions are in place. We ultimately want to try and protect them as well as ourselves as best we can.*"

In Belfast, "*children coming into hospital first went to a different ward to be tested for Covid swab and stayed there until the result came back. If they needed to go to theatre, then they had to go without their parent. This was frightening, and something that nurses had fought against for years. Play specialists did their best to ease the fear by preparing them and accompanying them, but it was not the same as the familiar hug of a parent.*"

In Belfast, as in many units in the UK, children mark the end of treatment by ringing a special bell, and often have a party with friends and family on the unit. One little girl who finished her treatment last week had a special party laid on by the nursing team!

Kate and Bernie were both concerned at the potential impact of COVID-19 on staff working on their units; they "were *worried about their own families at home in case they put them at risk of Covid 19. They worried some of their colleagues would be off sick and therefore not be enough specialised staff to care for the children who needed treatment*".

In Leeds, the pediatric team was asked to help support the adult side of the hospital in opening up extra beds should this be needed. *This was a lot of ask of staff in already uncertain times but there were lots of willing volunteers who put aside their fears of the unknown to step forward and help out. Luckily due to extensive forward planning this wasn't needed and they were soon deployed back to the ward knowing that they had done their part.*

Kate reflects that some positive changes have come about which should improve care into the future. The team is trying to get children home as soon as possible and changing some established ways of working. Some consultations are being done remotely, and some children are able to have more chemotherapy such as vincristine at home to prevent a trip to hospital.

in their words: stories from the bedside

Pandemic preparedness and response in Argentina

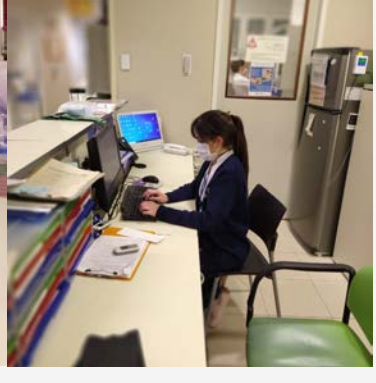
MARIANA DURAÑONA (Hospital Universitario Austral)

Living in Argentina, we were able to see how the COVID-19 pandemic affected other countries and we understood that we had a unique opportunity to prepare. I think the time was well spent, continually updating ourselves and being attentive to how the measures taken in other countries turned out. Still, it was difficult to start emptying hospitals to make room for what was coming.

Before this pandemic, laughter was heard from children in the hallways, who came with their parents to carry out the chemotherapy treatments, arrived at the day hospital, where they could take off their mask and play and interact with each other. That was changed by only allowing them to enter with one companion, not allowing them to use the same games and everyone now uses masks: children, parents and the health care personnel.

We had to learn to connect with our eyes, to understand children only with what their eyes express. They look sad and tired, unable to finish understanding everything that happens. A teenage patient told me “it is as if everyone was neutropenic, with low defenses, because everyone has to stay home”. How true… But in turn, she was already finishing her treatment and the idea was she would have a little more freedom, but now she does not know when it will be possible.

Still, we must remain encouraged and hopeful that we will once again share toys, activities, laughs and hugs.



in their words: stories from the bedside

Adapting Chemotherapy Training to an Online Course

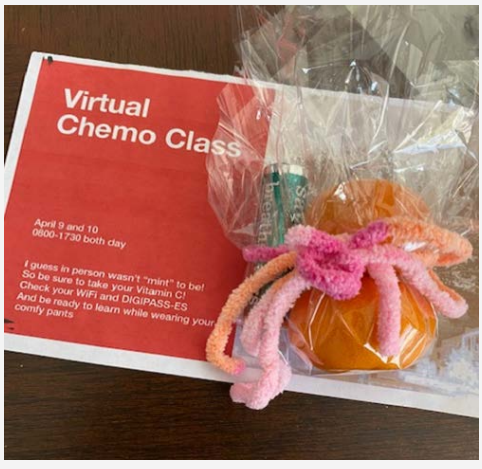
SARA JUDD & SHELLY TOLLEY (Primary Children's Hospital)

Because of COVID-19, we have not been able to meet in person for nursing education classes. At Primary Children's Hospital in Salt Lake City, Utah, we trained six nurses to become APHON Chemotherapy/Biotherapy providers in April virtually using WebEx. We have two other courses set in June and July, and we will continue this approach to teaching until we can meet together for classes.

We delivered the books, pre-test, sticky notes, highlighters, and little care package to every participant's home. As instructors, we taught from our own homes and took turns presenting course content. We did experience some minor technical issues, but we were able to follow the agenda. Every attendee passed the course!

Conducting the course virtually was certainly different. It also had its benefits because nurses attending the course were quite engaged. They had to pay attention because we randomly called on each one of them to answer questions throughout each section! The chat feature in WebEx allowed nurses to send their questions right away, and we could address them together as a group. During in-person classes, participants may hesitate to ask questions until later on.

We appreciated the opportunity to get back to simplicity in caring for patients and focusing on what is important. It's been quite remarkable to extend our abilities and get creative in the midst of uncertainty and challenging times even beyond this course. There is so much possibility during impossible times.



Thanks to Lauri Linder for her contritbution to these stories

in their words:
stories from the bedside

A lot has changed in Hanoi, Vietnam

Nguyễn Thị Thu Hằng, Nguyễn Thị Thơ, & Nguyễn Thị Ngọc
(Vietnam National Children's Hospital)

A lot of things have changed in our oncology department during the Covid-19 pandemic.

SCREENING PATIENTS FOR COVID-19

We must control the health of the patients and their families (Signs: Cough, Fever, Shortness of breath) and epidemiology (passing through or coming from areas where Covid-19 patients are present).
If they have any of the listed signs or symptoms or exposure from affected area, we will direct the patient to the special isolation area.

In addition to the expertise of taking care of patients, we have to assign each other for screening and control the health of patients/families of patients in 3 areas/locations. This includes hospital gates, area in front of elevator doors to departments, and in front of doors of each department every day. Although this work is hard, it brings safety for patients and the medical staff who are working in the department. We feel safer when we take care of our patients.

SUSPECTED PATIENTS WITH COVID-19

Up to now, our department has not recorded any cases of COVID 19. However, there are many times we have to work in the environment as if there are COVID 19 patients because our patients are in the stage of suspicion, waiting for test results. We have to isolate patients immediately and staff must wear full PPE as if caring for a COVID19 patient.

ALWAYS BE POSITIVE

Although working in the stage of COVID 19 is very stressful, we always create happy moments for ourselves. To ensure safety at work, we made masks and manufactured disposable face shields for Covid-19 response.

in their words: stories from the bedside

Supporting patients as COVID-19 hits hard in Italy

SIMONE MACCHI (Fondazione IRCCS Istituto Nazionale dei Tumori di Milano)

The outbreak of the severe respiratory syndrome coronavirus 2 (also known as SARS-CoV-2 or COVID-19) in Italy began on February 20, 2020, with the epicenter in Lombardy region and in the Milan area, a few weeks after the epidemic in China's Wuhan-Hubei province was first reported. Despite the dramatic situation of the general population in Lombardy, only few pediatric cancer patients have tested positive for the virus, and severe COVID-19 related illnesses have been rare.

Over an 8-week period (from Italian outbreak on 21st February to 15th April, 2020 in Lombardia (Italian epicenter and one of the worst-hit areas in Europe) we had 63,098 of positive cases (40% of all Italians affected) and 11,384 deaths. In the same period, Lombardia pediatric onco-hematology centers registered 4,485 accesses: 286 patients were tested for COVID-19, 21 were positive (12 asymptomatic and 9 with symptoms). Cancer treatment was modified in 10 cases. This confirms that pediatric cancer patients developing severe COVID-19 related illness are rare, suggesting that anticancer treatments can continue with no major adjustments.

Initially my fears were focused on the fact that Italy was, after China, the first country to face this unknown disease. I did not feel completely ready, I was worried about my health, that of my young patients, that of my family and I also felt concerned about my elderly parents. My doubts and my major concerns were how would we counter this virus.

In the days following the outbreak, the pediatric oncology centers continued to develop oncological treatments, and thanks to the implementation of hygienic measures to minimize the risks of infections such as restricting access to the unit, accurate hand washing and the use of personal protective equipment (surgical masks and gloves) by patients, caregivers and staff, there have been few COVID-19 positive patients.

Moreover, I was also concerned about the reactions of adolescent cancer patients, for I feared I would be unable to support them in this emergency. The reading of Dr. Andrea Ferrari's paper (see below) made me understand that, due to their pre-existing condition of isolation for cancer treatment, these young patients are already definitely prepared to face the COVID-19 emergency. After all, cancer patients have always been used to social distancing due to their immunodeficiency and they already have experience with online interactions through social networks and video calls.

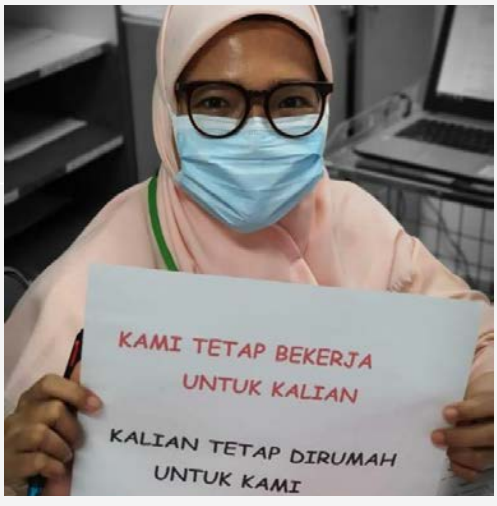
Ferrari A, Silva M, Pagani Bagliacca E, Veneroni L, Signoroni S, Massimino M. A New Video Tumorial by Young Cancer Patients Dedicated to COVID-19 Pandemic and Lockdown (Re: J Adolesc Young Adult Oncol. [Epub ahead of print]; DOI: 10.1089/jayao.2020.0008). J Adolesc Young Adult Oncol 2020 Apr 30.

in their words: stories from the bedside

Caring for Pediatric Cancer during COVID-19 in Jakarta, Indonesia

NOOR SITI NOVIANI INDAH SARI (Dharmais Cancer Hospital)

Dharmais Cancer Hospital, as a COVID-19 referral hospital in Jakarta quickly responded to the outbreak of COVID-19 with policies and regulations for caring for children with cancer. On the inpatient service, we limit the child's companion to allow only one caregiver/parent to look after the child because there is one room available for four patient beds. Other regulations which parents and children follow are wearing masks, hand hygiene practices, and social/physical distancing. Eliminating visitor and volunteers either for visiting hours and several plays, educational activities for children as adjusted regulation during global pandemic of COVID-19 also affects the condition of child care in undergoing treatment in the hospital. Nurses need to be creative to have time for children and families so that the impact of hospitalization can be minimized.



Cancer treatments, chemotherapy or radiotherapy continue to run according to each patient's protocol for children in stable condition. When a child experiences several chemotherapy side effects, followed by fever and cough, our team will consult a pulmonologist to determine if it is a COVID-19 infection. If the results of the COVID rapid test is non-reactive, it will be repeated after 7 days. If the first rapid test shows reactive results, the child will be treated in isolation room and the nurses wear PPE level three (complete set). While on the ward service, all the nurses use PPE level 2 (surgical mask and gown).

The application of PPE at the beginning of the outbreak was a difficult time due to limited resources but gradually we had access as needed. The inpatient department have a sense of worry regarding this situation but we have been responsible of our duties and have increased our awareness to control and manage infectious diseases. We hope that the global pandemic will end soon and we want to return to normal. Sometimes we feel tired and hypoxic wearing masks for the whole day. Soon, we hope everyone can see our smiling and caring expressions for each other.

in their words: stories from the bedside

Adjustments to care in Jakarta, Indonesia

ELNINO TUNJUNGSARI

(Dr. Ciptomangunkusumo National Hospital)

The Covid-19 pandemic hit Indonesia at the end of February 2020. Awareness about the pandemic spreading has become a hot topic since the disease had infected 100 people in a couple of days in Jakarta, the capital of Indonesia and the impact on our hospital was no exception. The hospital soon established some policies and guidelines to prevent disease spread among health care providers, patients and family members. Dr. Ciptomangunkusumo National Hospital is a national referral hospital in the capital city Jakarta. Our patients, children with cancer and family are more vulnerable to the Covid-19 infection. The risk of transmission is higher for those who are travelling back and forth with public transportation and staying at home shelter together.

Paediatric oncology nurses have a vital role to decrease the transmission of the virus. The hospital created policies but the nurses have the responsibility to educate and make sure the patient and family members understand and comply with the policies. We are always reminding, educating patients and family to wear masks, perform good hand hygiene, avoid crowds, keep physical distancing (1-2 meters), and minimize the visitation to hospital. Exceptions to this policy include treatment for emergency conditions, scheduled treatment and examination (chemotherapy, radiotherapy, laboratory, and others).
Under this difficult situation, we should not postpone patient's visit to hospital to get their treatment or examination. When a patient and their family come to the hospital, they have to go through simple screening to assess for signs and symptoms of Covid-19. Cancer treatment is held until the screening test has proven that they do not have Covid-19 infection. If Covid positive, the nurse will refer and transfer them to the Emerging and Re-Emerging Infection Disease Team to do a further examination and care in Covid isolation ward (infection isolation ward with the special team infection disease).

A mother of a patient said, "I can't help to not to go to the hospital because my daughter still feel nausea and has no appetite after chemotherapy, and the visitation schedule is still long." We have to consider that hospital is a grey zone, it can be green, yellow, or even red zone although there is separated covid-19 unit. The oncology team decide to provide an online consultation to minimize the visitation and to determine whether the child and family should go to the hospital or manage the symptoms from home with supervision from the team. Medical staff call the family and ask several questions to clarify issues before the patient is admitted to the ward. This is a safer approach. The medical staff will postpone the treatment schedule for the patient or family members who have symptoms. But if the symptoms are moderate to severe, they should come to the hospital to have further treatment. At this time, it is not an easy task for us to work like this, but together we can get through this. Someday we can look at our smiling faces again (without a mask!), we just hang on a little bit longer.

The two stories from nurses in Indonesia were edited by Yuliana Hanaratru

in their words: stories from the bedside

Impact of COVID-19 in Tanzania

ROSELYNE ACHIENG, DAVID MAKUNJA, and VERONICA MAGESSA (Muhimbili National Hospital)

On the left is an imported PPE with WHO quality and on the right is a local made PPE produced by MNH which has been qualified by Tanzania Medicine & Medical Devices Authority (TMDA)

It has been three months now since first case for COVID 19 was confirmed and announced in Tanzania on 16th March 2020. With regard and reflection from what we have seen from high income countries with strong health systems; fear, worry and anxiety has been all over the country. The government through Ministry of health has been doing massive awareness to the community on COVID -19 including mode of transmission and effective ways of prevention. The community at large has been practicing the hand washing, social distancing as well as use of mask.
Availability of PPE has been noted to be one of the biggest challenge all over the world in this COVID – 19 pandemic disease putting more health workers at the risk of contacting the Corona virus. However, our hospital has managed **to produce and still producing a local qualified PPE** which are being used by staff looking after COVID – 19 patients all over the country. This has helped to tackle the crisis at national level and being a good **source of income** for the hospital.

Moreover, our hospital in collaboration with charity organisation dedicated in caring children with cancer (Tumaini la Maisha) has been **protecting staff** at the unit by making sure that every staff have been provided with N95 face mask, Vitamin D, hand sanitisers, meals, transport, local made face mask and aprons. Furthermore, Tumaini la Maisha (TLM) bought **autoclave machine** for sterilizing used N95 face mask and **washing machine** for washing local made apron, masks as well as staff's scrubs so as to contain the virus. We found this as a benefit on improving quality of care we are offering to our patients.
Nurses and other health workers has been **effectively practising infection prevention measures** such as frequent and proper hand washing, proper use of PPE while caring children with COVID -19, **proper triaging of suspected patients** as well as effective provision of health education to parents and guardians. Also parents/guardians are being provided with local made face mask, vitamin D, thermometers, and hand sanitisers. They have been practicing social distance measure and frequent hand washing. This marks the proper **understanding of the health education** that they have been provided frequently especially on preventive measures.

With all mentioned above we count them as the positive impact of the pandemic on our care provision to children with cancer admitted at our hospital. However, there has been also some negative impact that has been experienced during this time. The government through ministry of health created separate centres for treating all confirmed COVID -19 cases. Our hospital has sent confirmed cases to these centres. When some of our oncology kids are sent to these centre; doctors and nurse from our unit has to go there daily to look after those children. This created a **work overload** at our unit due to few number of staff we have. For those patients admitted to the COVID centres, they **felt discriminated** since they were isolated.
Furthermore, we have seen how the **outpatient clinic has been affected** by the pandemic. Normal outpatient clinic has been changed to only attend those children who come in sick and only those who are due for chemotherapy.

In conclusion, during this pandemic period we have experienced more positive impacts as compared to negative impact. We continue to tackle the challenges day by day and hope for the best as we continue providing care.

in their words: stories from the bedside

Boston Children's Hospital responds to COVID-19

COLLEEN NIXON (Boston Children's Hospital)

In mid-January 2020, the first or what would be come daily; Boston Children's Hospital (BCH) Administrator Advisory Duty (AOD) update was sent to all staff about the institute's response to the novel coronavirus (2019-nCoV). Initially patients and visitor were asked typical travel-screening questions and recommendations about isolation precautions were developed. It was not long after, the CDC issued travel warning to avoid all non-necessary travel to China. Any BCH staff returning from China needed to contact the occupational health before returning to work. The true impact this virus would have on daily life still felt very far away from Boston.

This was the message until the beginning of March, where at this point covid-19 had spread to 68 countries, including the USA. In early March, there had only been one confirmed case in the state of Massachusetts (MA); however, you could feel the increased preparation that was occurring. New policies were created for PPE usage, there were changes in visitor guidelines (only 2 caregivers at the bedside), student placements (medical and nursing) were stopped, in-person meetings were cancelled, employee travel restrictions were put into place, social distancing was put into place, staff who were able to work at home were asked to this; restaurants and schools were cancelled. These precautions were put into place to flatten the curve. I think most of us were hopeful if we followed "the rules" this would be all over with by June.

Unfortunately, a little more than two weeks later (end of March) there were almost 800 confirmed covid-19 cases in MA and BCH had seen 4 positive tests, from this point on, the numbers kept increasing. As new information was being discovered policies were being changed regularly. This was at times confusing to staff on the frontline, but it was imperative the most to date information was communicated in order to keep frontline staff, patients and families as safe as possible. Nursing leadership on the inpatient hematology/oncology unit instituted a daily 3pm, "covid-19 huddle." A zoom line was set up in order to all staff to call in to listen to any updates/clarifications and have the opportunity to ask questions. This huddle, which lasted less than 10 minutes everyday, was invaluable for staff to keep the lines of communication open and clarify any changes or questions about covid-19 practice.

Continued on next page

Boston Children's Hospital responds to COVID-19 (continued)

Despite the interventions, and more testing did become available, the number of new cases of covid-19 continued to rise until April 24th, when new cases peaked at almost 5,000 in one day. At that same time BCH had seen close to 60 covid+ patients. Since that peak, new covid-19 cases have overall been on a downward trend, yet, a little more than a week after a national holiday, we saw a spike in new cases to 3800. Testing continues for all BCH admissions, pre-operatively, as well as any hematology/oncology/stem cell transplant patient with new fever +/- neutropenia and patients who present with respiratory symptoms.

Covid-19 hit the Boston area hard, with more than 102,00 cases diagnosed and more than 7,200 deaths. A large majority of people, who died in the state, were adults over the age of 70, representing 86% of the deaths in MA. This does not mean that pediatric patients have not been affected by covid-19, as there is a now the new concern for the development of Pediatric Multisystem Inflammatory Syndrome that is emerging. These patients include: anyone aged < 21 years presenting with fever (>38.0C for ≥24 hours), laboratory evidence of inflammation, and evidence of clinically severe hospitalized illness such as single or multi-organ dysfunction (shock, cardiac, renal, hematologic, gastrointestinal or neurological disorder); and no evidence of alternative plausible diagnoses; and SARS-CoV-2 PCR, serology, or antigen positive or PCR negative with COVID-19 exposure in the past 4 weeks prior to onset of symptoms.

As the state of MA begins to slowly open back up, it is important to not let our guard down. Everything that was done when the virus first made its impact still needs to be kept in place. Working together as one, and clear communication of what is know about this virus is essential to keeping our patients/families, as well as ourselves healthy until a vaccine is available.

in their words: stories from the bedside

Navigating COVID-19 in Lahore, Pakistan

AMNA HABIB
(The Children's Hospital &
The Institute of Child Health)

In this crisis, I am concerned about the personal well-being of the parents. I especially worry about the mothers who face very hard times psychologically, as well as financially.

It's almost complete lock down of public transport in the country for the last three months. Most of our patients travel from distant, peripheral areas for treatment. More than 90% of families use public transport for clinic appointments and chemotherapy administration.
Some of our patients travel from across the border- they are stressed about where they will live and the financial burden as well.

I had a chance to interview a client, who was in need of a blood transfusion. The parent took the child back to their native city to get him transfused as the transport affected the donor's ability to travel to the hospital from another city. It was so stressful. Meanwhile, due to the pandemic the importation of medications is highly affected, and the department is facing shortages of some chemotherapy agents and anti-fungals.

Moreover, I am worried for my colleagues, friends and family. At our institution, a few of our inpatient services are minimized but unfortunately our oncology patients cannot wait. These children need immediate treatment and workup. Our doctors and nurses are performing their duties in rotational shifts. Despite all the precautions, doctors and nurses are getting infected by the deadly virus. Whenever I go back home after my shift, I want to hug my mother and loved ones, but I must always maintain a certain distance.

SELF-CARE FOR NURSES

self-care is not selfish

Michele Casey (Children's Hospital of Westmead) is a Clinical nurse Consultant in Sydney, Australia. Michele has been an active member of SIOP and PODC. Recently, as a panelist on a "Self-care for Pediatric Oncology Nurses during COVID-19" webinar, Michele shared her story and thoughts on self-care.

As interviewed and collated by Linda Abramovitz

WHAT IS SELF-CARE?

- Includes knowledge, skills, and attitudes that support your mental health and well-being: "A process of discovery"
- An evolving journey over a person's lifetime: "During my 30 years as a nurse, I have practiced self-care in different ways. It has changed over time and is interwoven with my family life cycle, going from a single person to a married couple, and now as a working mother of two"
- Knowing what type of self-care works best for you: "There is often a common theme of your preferences as you become more aware of the best way to fuel your own needs first"
- Types of self-care: physical, mental, emotional, spiritual, and play

"As a nurse during COVID times, we have been asked to work differently. Sometimes it is a lot different from what we are used to doing. An important thing to think is the strength of our skills & nursing practice. From a strength-based model, everything is achievable."

Michele's Self-care Tips

Loving Kindness Meditation (TaraBrach.com)
22 minutes and 10 second meditation, each morning

Walking for 1 hour each day
These are my "steps" outside of work in the early morning or evening

Clinical supervision
This is a core component of my self-care for over the last 15 years. This allows me time to debrief about my work to a nursing psychologist. I talk about my feelings and emotions about events at work. This gives the psychologist and myself an opportunity to reflect, highlight and enhance the strengths of my practice

Family dinner each week
My husband and 2 university-aged sons have a set dinner together once a week

Learning the French language
I started learning French before SIOP in Lyon, France. I have continued my lessons through the pandemic. It has been a great distraction!

Adopt a check in buddy at work

The Global COVID-19 Observatory and Resource Center for Childhood Cancer

The Global COVID-19 Observatory and Resource Center for Childhood Cancer is for health care professionals focused on pediatric cancer. The resource provides a way for providers to collaborate, connect and find the latest information on COVID-19 as it relates to childhood cancer.

covid19childhoodcancer.org

RESOURCE LIBRARY

Access an expanding set of informational resources.

Learn More

COVID-19 REGISTRY

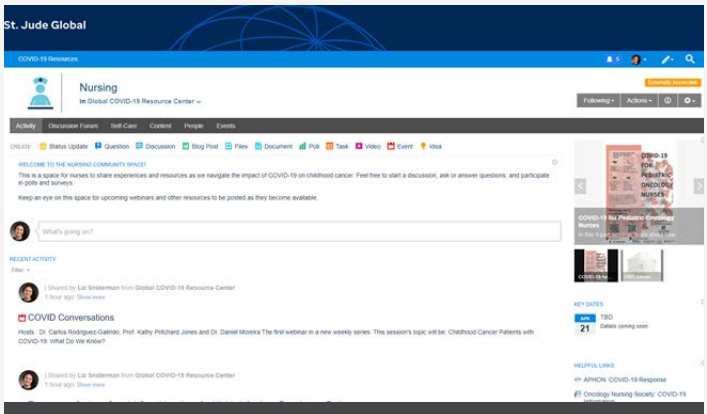
Contribute and mine COVID-19 data in pediatric cancer.

Access Data

COLLABORATION SPACE

Connect with other global healthcare providers.

Connect Online



Access the **Nursing Community**:

https://www.stjudeglobalalliance.org/groups/covid-19/projects/nursing

In the Nursing Community, you can access resources for COVID-19 (including self-care resources), read blog posts, view past and upcoming webinar, and connect with other nurses!

St. Jude Children's Research Hospital

SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE
INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY

A collaboration of St. Jude and SIOP