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Conclusions: In the context of grave threats to their physical and mental health, people living with cancer need help from nurses to prioritise their health, cope with isolation-related suffering, and identify effective preventive behaviours.

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CN30 Quick WBC using POCT to cancer patients in chemotherapy to avoid hospitalization and risk of COVID-19 exposure in the public

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Background: During the complete Corona lockdown of Denmark from March 11 2020 we established a test facility outside – but in a close distance of – the oncological ward making use of the HemoCue devices. The purpose of this was to provide a quick test of the Neutrophil blood counts of the patients, give the possibility of avoiding hospitalization within the oncological ward, and thereby reduce the risk of COVID-19 infection, both among the hospitalized patients and staff.

Methods: Feverish patients received in an area outside of the ward. Vital parameters e.g. blood pressure, pulse, saturation, respiration frequency and temperature measured by the nurse who subsequently extracts blood to the HemoCue apparatus. HemoCue measures the differentiation of white blood cells using a few drops of capillary blood. The doctor analyses the results, evaluates the general condition and decides the need of hospitalization. If admission to the ward is indicated, full blood test is required as well as assessment of COVID19 and isolation. Patients with neutrophils at a minimum of 1.0 and proper general condition are discharged, treated with empiric antibiotics and are monitored by daily phone calls by the caregiver.

Results: Patients with neutrophils at a minimum of 1.0 and proper general condition were discharged, treated with empiric antibiotics and are monitored by daily phone calls by the caregiver – instead of being hospitalized until the results of a traditional blood test was known. This new setup has provided the possibility of avoiding hospitalization within the oncological ward of feverish patients with no need for hospital treatment.

Conclusions: This new setup has provided the possibility of avoiding hospitalization within the oncological ward of feverish patients with no need for hospital treatment. This is thanks to the rapid blood test results by using PoC technology. This setup has contributed to reduce the risk of COVID-19 infection in the oncological ward, and thereby it has provided better safety against COVID-19 infection during the both pandemic for hospitalized cancer patients and the medical staff.

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CN31 Oncology nurses' experience in German and French-speaking Switzerland during the COVID-19 pandemic

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Background: The COVID-19 outbreak forced healthcare providers to adapt the clinical practice routines. In Switzerland, oncology care has been adjusted following national and international recommendations and guidelines. Two Swiss oncology associations collaborated to organize webinars to enable oncology nurses to share their experience with the COVID-19 pandemic.

Methods: Ten nursing experts and managers from different cancer settings (outpatient, hospital, rehabilitation, and community) participated at two webinars held in April and May 2020. The discussions were organized along four questions: 1) How changed COVID-19 oncology nursing practice? 2) What tools do nurses need to support patients? 3) What would nurses additionally need? 4) Which further supporting tools / guidelines and actions would be needed?.

Results: Among the main themes discussed, the remote consultation for SARS-CoV-2 negative and positive patients was the most prominent one. Another very important

issue was the personal protective equipment (PPE) for nurses and patients. Some experts and participants described shortness of appropriate PPE as a main challenge. For all experts, but particularly those working in hospitalized units, the visiting restrictions were mentioned as a very difficult and emotionally challenging situation. One center used diaries and many video devices to support hospitalized patients affected by restricted visiting policies to keep in touch with their families. Further, nurses expressed the need for regularly updated evidence-based recommendations related to COVID-19 nursing care, and the need for appropriate tools and resources adapted to COVID-19 context.

Conclusions: All participants suggested organizing regular webinars to foster the exchange on lessons learned and helpful strategies. The demand to find solutions has facilitated new intra- and extra-hospital communication on current practices.

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CN32 University Hospital Ghent Cancer centre nurse-led e-health support in cancer care during the SARS-CoV-2 pandemic: Results of a single centre observation

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Background: The University Hospital Ghent Cancer Center offers specialised cancer nurse-led support for cancer care services in the hospital to optimise comprehensive care and psychosocial support for patients with cancer and their loved ones. Beside face-to-face consultations this includes telephone and e-mail helpline services answered by specialised cancer nurses. These services offer general and specific cancer care information, education and psychosocial support. For specific questions, this service offers comprehensive triage and referral to other members of the multidisciplinary cancer care team or specific care services. During the SARS-CoV-2 pandemic face-to-face consultations were scaled down to protect all patients.

Methods: The observation period was from March to May 2020 during the SARS-CoV-2 pandemic. A team of specialised cancer nurses are in charge of the nurse-led support in the hospital. The rapid response from the hospital task force supported and made it possible to contact patients by telephone or conference call, in the hospital or through home-based work situation. The observations were evaluated using the registrations in the electronic patient file.

Results: During the observation period nurse-led face-to-face consultations were in total reduced with 28%. The fall backs in contacts was noted in all types of cancer. We observed reduced contacts during hospitalisation (-7%), outpatient clinic (-8%) and consultations (-12%). The lowest fall back was observed in face-to-face support during radiotherapy (-1%). In response of reduced in hospital activities we observed a significant increase in telephone contacts (+26%).

Conclusions: In addition of face to face nurse-led consultations, telemedicine and E-health tools could provide cancer patients a safe way to continue receive nurse-led support providing information, education and psychosocial support, especially during a pandemic. Unfortunately, telemedicine and E-health protocols in cancer care are often absent or under-developed. To provide evidence based, high quality nurse-led telemedicine more research and development is needed to implement comprehensive E-health cancer care protocols for nurses.

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CN33 Level and stress factors among nursing professionals of the units with onco-haematological patients diagnosed of COVID-19

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Background: The difficulties in offering quality nursing care to oncohematological patients hospitalized by COVID-19 during the pandemic may have generated added stress for the nursing professionals at the Institut Català d'Oncologia, requiring them to pay special attention to their emotional support needs.

Trial design: This study aims to find out the stress level of the professionals from the Institut Català d'Oncologia who have been working in the units with patients infected with COVID-19 and the stress factors that have increased it. Through a validated scale,