

Global COVID-19 Resource Center:Morocco Follows Standards to Protect Pediatric Oncology Patients, Families

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The North African country of Morocco recorded its first positive case of COVID-19 on March 3. When that day came, preparations were already well underway. It's believed that all the early cases came from outside the country due to our close contact with European countries such as Italy, Spain and France. During the week of March 9-15, Morocco put in place strict measures to contain the spread of the epidemic. Thus, flights to several countries and maritime links with Spain and France were suspended.

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On March 19, the government declared a state of health emergency and restricted circulation in Morocco, declaring this as the only way to keep the coronavirus pandemic under control. The positive case number stood at 63 cases on this date.

The Ministry of Health and hospital administration created a screening and triage team at the hospital's entrance to take temperature and history from all individuals entering the hospital grounds. The Ministry of Health suspended visiting hours and some operations scaled down to decongest the hospital grounds and facilitate social distancing.

Morocco has six pediatric oncology units that together take care of about 1,000 new cases per year. As soon as the first COVID-19 cases appeared, these units took the necessary measures to adapt to the situation and its progress, thus necessitating weekly updates and readjustment of the measures taken. The speed and responsiveness of our government has significantly reduced our stress level and allowed us to control and direct our response strategy.

We're taking precautions to protect health care providers, following the same principle and recommendations used for disruptions during an airplane flight where adults are asked to put on their oxygen masks before putting them on for children. We reduced the number of non-essential staff, such as teachers and school volunteers, and encouraged telehealth for connecting with psychologists.

We adjusted the work rhythm to establish 24-hour shifts and we make sure that the teams do not encounter each other. If a staff member of a team is considered potentially positive for COVID-19, we must protect the other team members. Providing enough PPE was difficult at the beginning and it was mainly NGOs that supplied us. It has gotten better as the government set up local production processes. We trained everyone how to dress in the COVID unit.

The hospital set up a space to isolate patients suspected of COVID-19 infection until the COVID team decides if he/she will be tested. We only test those who are suspected to have COVID-19. We reduced the number of patients by delaying follow-up appointments for those in remission and also use telehealth capabilities. We established a WhatsApp group to share information. We adapted protocols at the beginning of the pandemic based on a lack of recommendations available. We just used our knowledge about alternatives and logical choices.

As we prepared patient safeguards, the most important question we considered was to understand the major risk to patients, as well as how to prevent abandonment. These safeguards include:

- Ensure that we have enough handwashing stations across the facility while providing families with soap and hand sanitizer.
- All staff and parents are required to wear a face mask at all times. We provide masks for the patients and parents to wear outside the rooms.
- We only allow one accompanying person per patient and the pediatric oncology unit has banned visitors.
- The inpatient area allows only one patient per room.
- Telehealth is available for outpatient patients 24 hours a day.

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Providing support to patient families is important. The Ministry of Health made ambulances available to transport pediatric oncology patients. We provide food for accompanying caregivers. Not all of the family housing is available, but the one that remains open keeps a reduced number of patients with the use of protection measures.

Communication and accurate information are important. In addition to connecting all centers through WhatsApp groups, we publish guidelines for parents, update our website and avoid fake news. We also participate in webinars and use Zoom for multidisciplinary meetings.

As of late May, Morocco reported about 7,000 new cases of COVID-19, but no cases within the pediatric oncology patients and no positive parents or staff members. This is an unheard-of situation that is unexpected and impossible to prevent. It is what can be called a “Black Swan” event.

We are dealing with the situation in real-time but trying to have a vision for the future. The role of NGOs was crucial at the beginning of the crisis. Short term, the impact surely will be huge: delayed and undiagnosed patients, as well as treatment abandonment.

What can we gain? The knowledge of how to prevent future drug shortages, the identification of new partnerships, promotion of better infection preventions, establishing teleconsultation and telehealth capabilities, and a regained confidence in our health care system while also empowering caregivers.

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