



# ASOHNS

The Australian Society of Otolaryngology Head and Neck Surgery

**Statement from ASOHNS dated 22 March 2020**, please read all the way to the end.

This is in addition to the guidance sent on Friday 20 March, so please read thoroughly.

## **ASOHNS GUIDELINES ADDRESSING THE COVID 19 PANDEMIC**

The Australian Society of Otolaryngology, Head and Neck Surgery is aware of the serious threat and implications of the COVID 19 pandemic. The society continues to monitor the daily progress of the pandemic and its impact on the community.

The Society is regularly reviewing the evolving scientific information related to the virus and in particular, the threat it poses to its members and its trainees.

Today the executive, in conjunction with representatives from council and the chair of the board have constituted a COVID 19 Committee. This committee will comprise the President, the Vice President, the Immediate Past President, the Secretary and the CEO. This committee will meet regularly and respond to enquiries from members, represent the interests of the community at large and the interests of its members and its trainees. The committee will provide regular updates and guidelines and links to informative resources.

The international experience to date suggests that oto-rhino laryngologist, head and neck surgeons are among the most susceptible health professional group to the COVID 19 virus. There have been recent reports of one death and two ventilated members of the otolaryngology, head and neck surgical community in the United Kingdom. There have been reports of the dissemination of infection from a patient of unknown COVID 19 status to 14 members of an endoscopic skull-base surgical team in China. There are also reliable reports of multiple deaths in ENT surgeons in Italy, Iran and China.

These recent events have added to the information that the executive has had to consider. The following guidelines have been formulated with the interests of members and trainees, their families and their medical, nursing and allied health colleagues in their workplace, and patients in mind.

### **IMPLICATION FOR PATIENTS**

Patients will only be provided with time-sensitive or emergent care

- This includes both office-based and surgical care
- The Society recognises that “time sensitivity” and “urgency” is determined by individual surgeons, recognising that surgeons need to be aware of the potential risks to both themselves and to their staff
- This judgment must always take into account each individual patient’s medical condition, social circumstances, and needs.

## **IMPLICATION FOR MEMBERS**

It is imperative that members are aware that individual decisions made have potential risks to both themselves and their staff.

### In Private Practice

- Delay all routine elective clinic visits
- Where possible use telephone and video consults and be familiar with criteria for specialist Medicare billing item numbers
- Use PPE and masks, particularly when performing endoscopy
- Delay elective and non-urgent admissions
- Delay inpatient and outpatient elective surgical and procedural cases
- When providing time-sensitive or emergent care undertake precautions such as using P2 N95 masks and adhering to anaesthetic standards advised by the ASA. Ensure that staff providing post-operative care undertake precautions
- Although not absolutely definitive, preoperative COVID 19 testing and knowledge of COVID 19 status may assist in surgical plan and post-operative care. In the absence of confirmed COVID 19 negative status (by 2 tests more than 24 hours apart), it should be assumed that patients are COVID 19 unknown and should be treated as though they are positive.

### In Public hospital practice

- Undertake only Emergency and Urgent Category 1 cases, such as cancer, threatened airway and bleeding
- Delay all routine elective clinic visits
- Where possible use telephone and video consults
- Divide teams to minimise contact and risk of transmission of virus
- Although not absolutely definitive, preoperative COVID 19 testing and knowledge of COVID 19 status may assist in surgical plan and post-operative care
- It is important that members unite and work with the general population, medical community and regulatory agencies to minimize the risk of the COVID 19 virus transmission from human to human in order to limit the development of new cases.
- It is emphasised that this strategy provides the best chance to not overwhelm facilities with a limited supply of hospital beds, ICU beds, ventilators, and other critical supplies.
- Disposable medical supplies and protective equipment are scarce, where protection cannot be guaranteed, procedures must be avoided, as we must conserve these for use where they are needed most.
- Avoid congregation and ensure social distancing and the 1.5m rule
- All clinical and academic meetings should be conducted using electronic applications

## **IMPLICATIONS FOR TRAINEES**

The COVID 19 pandemic will have significant implications to training. It will limit clinical experience in managing outpatients, ward inpatients and training in surgical skills.

At all times the safety and well-being of trainees is important. At all times ensure you are in a safe working environment. The guidelines provided by ASOHNS relating to COVID 19 also apply to trainees. Where there is a shortage of PPE, do not perform any upper airway examinations.

If you have any concerns about the safety of your working environment, please contact the SET Program Administrator, ASOHNS.

Evidence regarding COVID 19 as it relates to pregnancy is still being collected. We strongly recommend that pregnant trainees should not continue to work at this time.

Specific implications to training include:

- The possibility that competencies may not be met and that time spent in training may be increased.
- The possibility that new applications to the training program will not be considered for the year beginning 2021.
- The final fellowship examinations will be cancelled in May 2020 by RACS and a decision on the September 2020 fellowship examination will be made in June.
- Above all maintain self-safety utilising PPE when consulting and performing procedures
- Apply ENT UK tracheostomy guidelines
- Delay all non-urgent emergency hospital procedures

## SUMMARY

These are surreal and challenging times for all. The Society will try to address issues as best we can pre-emptively. Necessarily, it will respond to the issues identified as this epidemic evolves. It will continue to represent the interest of its members and already has contacted state and federal jurisdictions as well as the office of the Chief Medical Officer.

Our current position is to recommend **“Limiting all non-essential planned surgeries and procedures, until further notice”** based on preservation of needed resources and the safety of patients and medical personnel.

Above all stay safe, practice social distancing, regular hand hygiene and the 1.5 m rule.

Let’s work together and support each other.