

PLASTIC SURGEONS, TRAINEES AND COVID-19

The Australian Society of Plastic Surgeons 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. We are aware of the significant impact and threat this disease poses to healthcare workers and particularly our members and trainees. There is increased susceptibility to the virus when dealing with surgery around the head and neck and during any airway manipulation (intubation, extubation, endoscopy, etc).

The situation locally and internationally is changing daily, so it is imperative for members to keep up to date with national, state, local & individual hospital recommendations.

Treat every individual / staff / patient as if they are a potential carrier, no matter the history and thus practice social distancing and regular hand hygiene. Community spread is now significant, many without any obvious positive contacts. Many carriers may be asymptomatic and current recommendations for testing are restrictive. There are false negatives with testing of up to 15%, depending on when the test was performed.

IMPLICATION FOR MEMBERS

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

- Delay all routine elective clinic visits
- Where possible use telephone and video consults and be familiar with criteria for specialist Medicare billing item numbers
- Become familiar with appropriate donning and doffing of personal protective equipment (PPE). Ensure you have been fit tested for an appropriate respirator P2/N95
- Use PPE and masks, particularly when performing procedures or examinations around the head and neck
- Delay all elective and non-urgent admissions and procedures
- Undertake only cases deemed emergency or urgent. Consider the urgency of every case/procedure before proceeding. Always think whether the patient/procedure could be managed with less risk, eg. topical therapies, radiotherapy, local anaesthetic only procedures, splinting
- When providing time-sensitive or emergent care undertake precautions such as using eye protection and a surgical mask or P2/N95 masks in high risk patients or procedures and adhering to anaesthetic standards advised by the ASA. Ensure that staff providing post-operative care also undertake appropriate precautions

- Limit the number of staff in theatre to only those that are required, where possible avoid unnecessary assistants, registrars, residents and especially students
- Particular caution must be taken during Aerosol Generating Procedures (AGP). Appropriate filters and extraction systems should be used to minimise aerosolization. There are many circumstances in the operating theatre where aerosolization can occur, including:
 - a. Any activity around the oropharynx, including face-mask ventilation, endotracheal or oropharyngeal intubation, extubation, nasogastric intubation
 - b. Energy based haemostasis devices: Diathermy, laser or ultrasonic plume. Only use with suction
 - c. Bone saws, drills, burrs, and nibblers. Use guards, screens, suction-exhaust systems
 - d. Wound irrigation – Use a closed system if possible
- 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
- There is currently no recommendation (nor likely availability of tests) to be routinely testing/screening healthcare workers or the patients that they see. This may change over time
- Rosters and staffing should be arranged to minimise contact and so that in the event of members of the team becoming symptomatic or positive, there are healthy individuals available to cover/take over
- Equipment resources and protective equipment are limited. Protect yourself and those around you without being wasteful. If protection cannot be guaranteed, procedures must be avoided
- Avoid congregation and ensure social distancing and the 1.5m rule, this includes clinical handover (use electronic means where able to) and staffrooms, meal areas etc
- Ensure regular cleaning of all common surfaces eg. computers, mouse, desktops, light switches, door handles, etc
- Evidence regarding COVID-19 as it relates to pregnancy is still being collected. We recommend that pregnant staff should avoid clinical care at this time.

IMPLICATIONS FOR TRAINEES

The COVID-19 pandemic is likely to have significant implications on training. It may limit clinical experience in managing outpatients, ward inpatients and exposure to surgery. It may also mean more time rostered off, or off due to illness or isolation.

At all times the safety and well-being of trainees is paramount. At all times ensure the trainees are in a safe working environment. The guidelines above also apply to all trainees. Where there is a shortage or unavailability of PPE, **do not** proceed.

If a trainee has any concerns about the safety of their working environment, please contact the hospital supervisor, the local state supervisor or the National Education and Training Manager at ASPS.

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 have been 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.

IMPLICATION FOR PATIENTS

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

- This includes both office-based and surgical care
- Office based procedures or non-operative intervention will be used wherever possible
- The Society recognises that time sensitivity and urgency is determined by individual surgeons, recognising that surgeons need to be aware of the use of resources and the potential risks to both themselves and all staff involved in patient care
- Judgment must always take into account each individual patient's medical condition, social circumstances, and specific needs.

SUMMARY

No-one has experienced a situation like this before. We need to be flexible, observe and learn from overseas experience in these surreal and challenging times. The Society will try to address issues as best we can pre-emptively. We will continue to represent the interest of our members, trainees and patients.



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.

Stay safe, practice social distancing and regular hand hygiene.

Be kind and support each other.

31 March 2020