



ANZAOMS

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF
ORAL & MAXILLOFACIAL SURGEONS

23 March 2020

Dear Members & Trainees,

Please see below an important statement from ANZAOMS.

There will also be regular updates and resources made available through the ANZAOMS website.

The executive has consulted widely to ensure this advice aligns with the latest recommendations of federal authorities and that of our surgical and anaesthetic colleagues. We have consulted with infectious diseases experts to help develop sensible PPE recommendations.

I wish to thank our EO Belinda Mellows for her efforts in sourcing and cataloguing the information council needed to produce this guidance. Additionally, I would like to thank all the councillors who took time out to review the material and participate in a robust discussion around these critical issues.

ANZAOMS recognises that these are unique times for Australians. For our members, their staff and trainees it will result in massive upheaval, financial uncertainty and, for some, personal heartbreak. We hope you all stay safe and continue to serve your communities to the best of your abilities.

Kind regards,

A handwritten signature in black ink, appearing to read 'Dimitrios Nikolarakos', with a long horizontal stroke extending to the right.

Dr Dimitrios Nikolarakos
MBBS BDS Sc FRCS Eng(OMFS) FRACDS(OMS)
Maxillofacial, Head & Neck and Reconstructive Surgeon
ANZAOMS President
Current at: 11.00 pm Monday 23 March 2020



ANZAOMS

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF
ORAL & MAXILLOFACIAL SURGEONS

ANZAOMS Guidelines Addressing the COVID-19 Pandemic

The Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS) is aware of the serious threat and implications of the COVID 19 pandemic. The Association continues to monitor the daily progress of the pandemic and its impact on the community.

The Association is regularly reviewing the evolving scientific information related to the virus. With an emphasis on patient, staff and OMS surgeon safety, ANZAOMS Council has developed the following advice to guide Members and Trainees in their day to day practices.

Patients

Patients should continue to be provided with time-sensitive or urgent treatment

- The Association does not wish to define the exact circumstances that could constitute urgent need. Generally, patients who will require urgent surgical treatment will be presenting with malignant or aggressive benign pathology, serious acute infection, trauma or intractable pain.
- Treatment may be required in office-based or in-patient care settings.
- The Association recognises that urgency should be determined by individual clinicians, while considering the potential risks to both themselves their staff and other patients.
- Surgeons will need to balance each individual patient's medical condition, social circumstances, and needs.

Private Practice

- **COVID Positive patients and those in high risk categories should be immediately referred to an appropriately COVID-19 designated public health clinic.**
- Delay routine elective clinic visits.
- Where possible use telephone and video consults.
- Be familiar with criteria for specialist Medicare billing item numbers. Currently numbers are available for at risk patients. The association is advocating to include all patients to have access to rebates. Additionally, we are advocating for similar item numbers to be developed for those surgeons using the grey section of the MBS
- Avoid elective and non-urgent admissions to hospital and non-urgent surgical procedures
- If required to perform urgent procedures take appropriate precautions
 - Surgical masks and full PPE for low risk (non-aerosol producing) procedures
 - P2 N95 masks for high risk aerosolising procedures in Non-COVID cases.
 - Face shield.
 - Fluid resistant gown.
- Use of N95 masks requires appropriate training and application. Masks must be well fitted and used appropriately. Please refer to the reference document attached for further information in this regard.
- Adhere to anaesthetic standards advised by the ASA.
- Ensure that staff providing post-operative care undertake precautions.



ANZAOMS

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF
ORAL & MAXILLOFACIAL SURGEONS

- General ancillary recommendations;
 - Limit the number of patients in the waiting room to 1 at a time (utilise other rooms if available to maintain separation or ask patients to wait in their vehicle.
 - Allow adequate time between patients to facilitate full room cleaning before the arrival of the next patient.
 - Ensure adequate patient pre-screening prior to entering the clinic.
 - Ensure that staff are appropriately trained in PPE.
 - All PPE should be single use only and discarded appropriately at the end of the procedure in clinical waste bins
 - Use of appropriate pre-treatment mouthwash.

Public Hospital practice (General Guidance)

- Undertake only Emergency and Urgent Category 1 cases, such as cancer, cervicofacial infections, trauma 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.
- Preoperative COVID 19 testing and knowledge of COVID 19 status may assist in surgical plan and post-operative care. This may not be entirely accurate but may help stratify risk.
- 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.
- All clinical and academic meetings should be conducted using electronic applications

Implications for Trainees

Trainees and junior staff will be in the front line of care and are likely to require additional support from their consultants during this time. Trainees should follow the guidelines specific to their situation and location. Any concerns should be raised with their supervisors.

ANZAOMS has been in discussion with the RACDS Board of Studies (OMS) to relay trainee's concerns around the disruption to their training, reduced training opportunities and the sitting of training exams. There will be further communications from the Board of Studies shortly.

Summary

ANZAOMS recognises that patient care must continue however it must be delivered safely and in a manner that preserves resources for a prolonged crisis. There will be changes in advice over the coming days and weeks. These may result in more practices choosing not to provide private services and an increase in the workload of the public system. Please be prepared for this eventuality and the possibility of being tapped on the shoulder to assist carrying the burden in our public hospitals.



ANZAOMS

AUSTRALIAN AND NEW ZEALAND ASSOCIATION OF
ORAL & MAXILLOFACIAL SURGEONS

Disclaimer

The Australian and New Zealand Association of Oral and Maxillofacial Surgeons has developed this information as guidance for its members. This is based on information available at the time of writing and the Association recognises that the situation is evolving rapidly, so recommendations may change. The guidance included in this document does not replace regular standards of care, nor do they replace the application of clinical judgement to each individual presentation, nor variations due to jurisdiction or facility type.

The Australian and New Zealand Association of Oral and Maxillofacial Surgeons is not liable for the accuracy or completeness of the information in this document. The information in this document cannot replace professional advice.