Dear Members, Trainees and Colleagues,

Please read the following important statement from NZSOHNS dated 23rd March 2020.

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

In formulating this guidance, and in the interest of uniformity of approach across Australasia we have adhered closely to recently released advisory from ASOHNS, the New Zealand Ministry of Health with input from resources from the AAO-HNS, ENT UK, and recommendations from the Safe Airway Society which this Society endorses. Some useful links are listed below, I would recommend you subscribe to the RACS information feed on COVID-19 if you are not receiving their emails directly.

Kind regards,

Zahoor Ahmad, FRACS
NZSOHNS President

NZSOHNS GUIDELINES ADDRESSING THE COVID-19 PANDEMIC

The New Zealand Society of Otolaryngology-Head and Neck Surgery is aware of the serious threat and implications of the COVID-19 pandemic. The New Zealand COVID-19 alert level at present is at level 3, and the Prime Minister has indicated this will progress to level 4 within the next 48 hours. indicating a risk of sustained community transmission. Only essential services will be permitted to operate, and everyone will be asked to stay at home.

The Society continues to monitor the daily progress of the pandemic and its impact on the community.

Today the executive board of NZSOHNS constituted a COVID-19 Committee. This committee will initially comprise the President (Zahoor Ahmad), the Immediate Past-President (Patrick Dawes), the Secretary (Kevin Smith), Chairman of Academic Committee (Richard Douglas), PDSB representative (Nicola Hill), Chair of TEAC (Angela Butler), and a Safe Airway Society representative (David Vokes). 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 by interfacing with Clinical Leads nationwide. The committee will provide regular updates and guidelines and links to informative resources.

The international experience to date suggests that Otolaryngologists, Head and Neck Surgeons are among the most susceptible health professional group to the COVID-19 virus. There have been recent reports of serious COVID-19 infections within the ORLHNS 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 should 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 may have potential risks to both themselves and their staff.

**In Private Practice**

- Delay all routine elective clinic visits - only see patients with acute care needs or post op visits where physical presence is necessary.
- Where possible use telephone and video consults and be familiar with criteria for specialist insurance claims for your reimbursement, including potential increased equipment costs for PPE.
- Use PPE including appropriate masks, particularly when performing endoscopy and other examinations with a high risk of aerosolization.
- Delay elective and non-urgent admissions.
- Delay inpatient and outpatient elective surgical and procedural cases.
- When providing time-sensitive or emergent operative care undertake precautions such as using P2 N95 masks and adhering to anaesthetic standards advised by the anaesthetic societies, and the Safe Airway Society.
- 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.
- Be aware of special assistance packages from the government in cases of significant loss of income.

**In Public Hospital practice**

- Undertake only Emergency and Urgent Priority-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 avoid overwhelming 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 physical distancing as per Ministry of Health guidelines.
• All clinical and academic meetings should be conducted using electronic applications and avoid any physical gatherings.

IMPLICATIONS FOR TRAINEES

The COVID-19 pandemic will have significant implications on 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 NZOHNS relating to COVID-19 also apply to trainees. If 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 supervisor or the Chair of TEAC, Dr Angela Butler.

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 in May 2020 have been cancelled 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 pre-emptively address any new issues arising as best as we can, as this epidemic evolves, and will continue to represent the interests of its members and the communities we serve.

Our current position is to recommend “Limiting, until further notice, all non-essential planned surgeries and procedures” to help preserve limited resources and the safety of patients and medical personnel.

Above all stay safe, practice physical distancing, and regular hand hygiene.

We encourage you to work together and support each other.


