

Member Update

Resumption of Elective Surgery – COVID-19 23 April 2020

On Tuesday, the Prime Minister announced an easing of the COVID-19 restrictions on elective surgery. Please click here for the full media release <u>https://www.pm.gov.au/media/update-coronavirus-measures-210420.</u>

The announcement reflects the positive direction of the management of the COVID-19 pandemic and the successful first steps in flattening the curve of infection.

The National Cabinet has identified the following as being procedures that can recommence from 27 April 2020.

- IVF.
- Screening programs (cancer and other diseases).
- Post cancer reconstruction procedures (such as breast reconstruction).
- Procedures for children under 18 years of age, whose procedures have exceeded clinical wait times.
- Joint replacements (incl knees, hips, shoulders).
- Cataracts and eye procedures.
- Endoscopy and colonoscopy procedures.
- Critical dental procedures.

It is estimated that this gradual restart of elective surgeries will see 1 in 4 closed elective surgery operating lists reopen, with flexibility for states to determine the appropriate levels of elective surgery within this general framework. The availability of appropriate PPE will also be a significant determining factor in regional protocols.

Under the announcement, Dentists will also move to level 2 restrictions, (please see attached the ADA Dental Level Restrictions for COVID-19), allowing a broader range of dental interventions to occur where the risk of transmission can be managed and PPE stocks procured by the private sector.



ANZAOMS Guidance

This announcement is a positive first step toward opening access for elective surgery. ANZAOMS recognises that there is a significant public need for OMFS services to prevent serious complications and alleviate suffering. The financial toll on our members caused by the existing restrictions cannot be understated.

ANZAOMS council has considered the following factors in developing guidance for members:

- Both Australia and New Zealand remain very much in the midst of a global pandemic where second and third outbreaks are still possible.
- The true extent of asymptomatic COVID infection in the Australian population is not yet completely understood.
- Our specialty remains one of the highest risk craft groups for contracting infection given the aerosol generating nature of the procedures that are included in our scope of practice.
- Any oral or nasal mucosal surgical procedure is still considered high risk for transmission of COVID19.
- The Federal Government mandated limit of 25% of current elective operating capacity reopening will result in private hospitals rationing this resource, with priority being given to the explicitly approved procedures listed above.
- PPE supplies and supply chains remain a concern. Private hospitals will be required to protect stock until the supply chains are shored up.

ANZAOMS interim guidance to Members is to retain the status quo of only performing Category 1 and urgent Category 2 procedures (in-theatre or in-office) until the next review by the National Cabinet on **11 May 2020**. There will be a better understanding of community transmission and the effects of easing of elective surgery restrictions. The National Cabinet will then decide whether other elective surgeries can be added to the above list and private hospital capacity increased.

Individual clinicians will need to make a patient by patient assessment as to the urgency of the requirement for surgery, and the appropriate setting for the treatment.

ANZAOMS guidance around the use of appropriate PPE also remains current and is attached for reference. This will be modified as more information about community prevalence of the disease emerges and actual risk to clinicians and their staff is clarified.