NEW ZEALAND SOCIETY OF

OTOLARYNGOLOGY HEAD & NECK SURGERY

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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 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 reports of serious COVID-19 infections within the Otolaryngology community worldwide.

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.

These guidelines should be read with reference to the COVID-19 National Hospital Response Framework. This document provides a framework to allow individual District Health Board variation in response (separate from the National Alert Level) based on local triggers including, for example, local COVID-19 case numbers, adequacy of staffing levels and other local resources. This variation in local response is supported by the Ministry of Health document, "Guide to Considering the Expansion Planned Care in National Alert Levels 3 or 4".

VACCINATION

An unprecedented research and development effort has seen the production and release of a variety of novel vaccines against SAR-CoV-2. New Zealand has adopted the Pfizer-BioNTech vaccine and despite a slow start in the programme, the vaccination rollout has accelerated dramatically in response to the recent Delta variant outbreak. This vaccine has been shown to be not only safe, but highly efficacious in preventing serious illness and helping to break the chain of transmission for current known variants in this pandemic. NZSOHNS advocates strongly for its members to ensure they are vaccinated to protect themselves and their patients.

IMPLICATION FOR PATIENTS AT LEVEL 4

Patients should only be provided with time-sensitive or emergent care.

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 postop 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 personal protective equipment (PPE).
- Use PPE including appropriate masks, particularly when performing endoscopy and otherexaminations with a high risk of aerosolization.
- Delay inpatient and outpatient elective surgical and procedural cases.
- When providing time-sensitive or emergent operative care undertake precautions such asusing N95 masks and adhering to anaesthetic standards advised by the anaesthetic societies, and the Safe Airway Society.
- Ensure that staff providing postoperative 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.
- 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 minimize contact and risk of transmission of virus.
- Pre-operative COVID-19 testing, and knowledge of COVID-19 status, may assist in surgical planning 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 to limit the development of new cases.
- This strategy provides the best chance to avoid overwhelming facilities with a limited supply of hospital beds, intensive care beds, ventilators, and other critical supplies.
- Disposable medical supplies and protective equipment may be scarce, where protection cannot be guaranteed, procedures must be avoided, as we must conserve these for use where they are needed most.
- Ensure physical distancing as per Ministry of Health guidelines.
- All clinical and academic meetings should be conducted virtually.

IMPLICATIONS FOR TRAINEES

The COVID-19 pandemic will have significant implications for training. It will limit clinical experience in managing outpatients, ward inpatients and slow the development of surgical skills. At all times the safety and well-being of trainees are important. 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. Pregnant trainees should discuss their situation with their occupational health department, and supervisor if appropriate, for specific recommendations.

Specific implications to training include:

- The possibility that competencies may not be met and that time spent in training may be lengthened.
- The final fellowship examinations in November 2021 have been cancelled by the Royal Australasian College of Surgeons due to safety concerns.

PRE-OPERATIVE COVID-19 TESTING

NZSOHNS acknowledges that there will be ongoing concerns amongst surgeons, anaesthetists, theatre nurses and other hospital staff due to the nature of aerosol generating procedures (AGPs) routinely performed by members of our Specialty, and the varying rates of asymptomatic carriage documented in various studies worldwide.

The Society is aware that pre-operative COVID-19 testing protocols vary between differing DHBs. Although preoperative testing for AGP would be desirable, a blanket recommendation would be unhelpful as it would not take into account the local prevalence of COVID-19 cases.

NZSOHNS therefore recommends that preoperative testing be performed in line with local DHB guidelines, which will take into consideration the regional alert level and pre-operative screening tools.

In patents who are asymptomatic for COVID-19, the screening questionnaires available provide the best tool to recommend preoperative COVID testing.

SURGICAL PRIORITISATION

The NZSOHNS Council recognises that that the selection of patients to undergo elective surgery will ultimately be a clinical one. NZSOHNS encourages members to understand disease prevalence in their region and be aware of and alert occurrence of new clusters of COVID-19 and incorporate public health messages into their clinical judgement and decision making.

The following case categorization lists are provided as a guide to which procedures are considered to represent low risk and high value care. In Level 4, and in some areas in transition to level 3, NZSOHNS considers that the focus should be directed to Category 1 cases and selected Category 2 cases where resource permits. Individual units should be guided by the National Hospital Response Framework.

PAEDIATRIC ORL

CATEGORY 1

Urgent airway compromise including inhaled/ingested foreign bodies
Malignancy

Bleeding not controlled with conservative treatment
Infection not responding to conservative treatment

CATEGORY 2
Acute or chronic suppurative otitis media *with* complication /cholesteatoma
Tonsillectomy / adenoidectomy for clinically moderate-severe OSA
Middle ear ventilating tubes +/- adenoidectomy for protracted hearing loss
Cochlear implantation - following meningitis or after failed implant

Parotid, thyroid and other head and neck masses

CATEGORY 3

Infective or inflammatory disease that may be temporized by medication e.g. recurrent acute tonsillitis / sinusitis / allergic rhinitis

OTOLOGY

CATEGORY 1

Malignancy involving temporal bone

Chronic suppurative otitis media/cholesteatoma *with* complications

CATEGORY 2

Chronic suppurative otitis media (unstable) or cholesteatoma

Middle ear ventilating tubes for protracted hearing loss
Bilateral hearing loss, surgery for implantable hearing assistive devices/ossiculoplasty

CATEGORY 3

For patients over 18 of age category-3 cases would include:

Ossicular reconstruction surgery

Chronic suppurative otitis media (stable)

Unilateral hearing loss/surgery for implantable hearing assistive devices

RHINOLOGY (SINO-NASAL SURGERY)

CATEGORY 1

Paranasal sinus malignancy e.g. SCC/ adenocarcinoma/ adenoid cystic carcinoma

Inflammatory disease with complication or at high risk of complication e.g. orbital abscess, brain abscess, mucoceles

Trauma e.g. fractured skull and CSF leak

Fungal sinusitis in immunocompromised patients

CATEGORY 2

Sinus conditions that cause disability or could compromise the health of the patient if left for longer than 90 days:

Benign tumours of the paranasal sinuses such as inverting papilloma/JNA

Unilateral disease with suspicion of malignancy

Inflammatory disease with disabling pain or discomfort and/or compromising overall health and wellbeing of a patient e.g. facial pain requiring regular potent analgesia, severe sinusitis in brittle asthmatic, nasal obstruction in patient with OSA and inability to use/tolerate CPAP, functional rhinoplasty to facilitate use of CPAP in patient with OSA

CATEGORY 3

Long standing septal deviation

Turbinate surgery

Surgery for stable sinusitis without complications

Cosmetic rhinoplasty

LARYNGOLOGY, HEAD & NECK SURGERY

CATEGORY 1

Endoscopy for suspected malignancy

Surgery for malignancy of the upper aero-digestive tract

Airway obstruction

Bleeding from head and neck lesion

Infective or Inflammatory diseases requiring surgical drainage

CATEGORY 2

Surgery for benign head and neck lesions e.g. parotidectomy, thyroidectomy

CATEGORY 3

Procedures of a cosmetic nature e.g. revision of scar, cosmetic rehabilitation of facial palsy

During Level 3 reinstating elective surgeries will require health administrators to monitor supplies of personal protective equipment (PPE), ICU and bed capacity, while preparing for the next phase. To limit the volume of procedures performed, both public and private hospitals may need to limit the capacity of operating lists to accommodate the procedural needs of Level 3, the maintenance of patient and staff health and to allow ongoing readjustment to the changing prevalence of COVID-19 in our communities.

THE OUTPATIENT CLINIC

Endoscopy of the nose, pharynx and larynx is an essential part of the ORLHNS clinic assessment. During Level 4 exposure to this part of the assessment should be limited to only clinical presentations where this is essential.

For **COVID-19 MoH screen OR swab positive** patients, airway endoscopy should be avoided unless absolutely essential. The procedure should be done in a room dedicated to high-risk patient care. This may be away from the ORLHNS clinic. COVID-19 positive precautions and full PPE should be applied.

For **COVID-19 MoH negative OR swab negative** patients, or with low risk of aerosol generation, standard droplet precautions may be applied. There should be a procedure for managing endoscopy cleaning and room sanitization. Each locality may agree different strategies to accommodate staff concern and to maintain staff health. Distancing by use of camera attachments and/or videoscope where available is to be encouraged.

SUMMARY

NZSOHNS acknowledges that these are challenging times for clinicians, their families and not least, their patients. 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 theinterests of its members and the communities we serve.

Above all stay safe, practice physical distancing and regular hand hygiene. We encourage you to work together and support each other.