

COVID-19 Critical Intelligence Unit

Evidence check

22 March 2020

Rapid evidence checks are based on a simplified review method and may not be entirely exhaustive, but aim to provide a balanced assessment of what is already known about a specific problem or issue. This brief has not been peer-reviewed and should not be a substitute for individual clinical judgement, nor is it an endorsed position of NSW Health.

Medical college advice on COVID-19

Rapid review question

What advice is being provided by medical colleges regarding COVID-19

In brief

- Almost all college websites provide links to government resources (fact sheets, advice, details re MBS for telehealth)
- The College of Intensive Care Medicine of Australia and New Zealand, and the Royal Australian and New Zealand College of Radiologists provide important clinical advice. The Australian and New Zealand College of Anaesthetists provides links to key resources and promotes the Australian Society for Anaesthetists Guidelines for COVID-19. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists provides advice re pregnant staff.

Background

The COVID-19 pandemic is rapidly changing situation. A rapid review of the medical college websites was conducted on 22 March 2020.

Methods

The Australian Health Practitioner Regulation Agency (AHPRA) website provided a list of colleges in Australia. Websites for each college were accessed and reviewed for key information on COVID-19.

Results

Links to government resources include use of MBS numbers for telehealth

College	Advice on website
Australasian College for Emergency Medicine	<ul style="list-style-type: none">• Management of Respiratory Disease Outbreaks (13 March 2020)<ul style="list-style-type: none">◦ Outlines key stages (prevention, preparedness, response (standby, action, standdown), recovery

College	Advice on website
	<ul style="list-style-type: none"> ○ Provides high level principles on personal protective equipment, communication, anti-viral strategy, workforce, clinical management, organisational response ● Managing COVID-19 across the Indo-Pacific: a guide for EDs with limited resources (20 March 2020) https://acem.org.au/getmedia/a5d70088-7ed8-4a23-aa0c-a06f1082be5c/Management-of-Respiratory-Disease-Outbreaks
Australasian College of Dermatologists	<ul style="list-style-type: none"> ● Links to government resources
Australasian College of Rural and Remote Medicine	<ul style="list-style-type: none"> ● Links to government resources ● Signage to use as Patient Alerts (if these symptoms, do not enter) ● Webinar on telehealth (Digital Health CRC)
Australasian College of Sport and Exercise Physicians	<ul style="list-style-type: none"> ● Advises to assist EDs to accept referred patients with sports trauma, soft tissue injuries and pain (reach out to local EDs to arrange redirection pre patient entry to ED) ● Encouragement of telehealth ● Patient signage ● Links to government resources
Australia and New Zealand College of Anaesthetists	<ul style="list-style-type: none"> ● Link to government resources. ● Range of background resources regarding COVID-19 and links to many resources both in Australia and internationally, especially specialist colleges. ● Links to clinical resources on five key areas: <ul style="list-style-type: none"> ○ Airway management ○ Operating theatre management ○ Infection control and PPE ○ ICU and emergency medicine ○ COVID-19 and pregnancy ● Also have wellbeing resources. ● Australian Society of Anaesthetists (ASA) guidelines include: <ul style="list-style-type: none"> ○ Operating theatre preparation: Remove unnecessary equipment and identify which theatres will be used for COVID-19 patients. Negative pressure rooms to be used for aerosolising procedures. ○ Controls; PPE and staff safety, use of checklists, patient flow to in/out theatres ○ Have a plan for emergency procedures such as caesarean section, airway compromise ○ Airway management: Consider COVID-19 anaesthetic teams for airway management (to avoid exposure to whole anaesthetic team); reduction of aerosolisation during airway management procedures; avoid crash intubation and plan for early intubation of patients to allow staff to be well prepped e.g. with PPE.

College	Advice on website
College of Intensive Care Medicine of Australia and New Zealand Important advice	<ul style="list-style-type: none"> ○ Extubation to avoid coughing; transfers including reducing disconnections; post procedure including infection control. ● Links to government resources ● ANZICS Guidelines (16 March 2020) three sections: <ul style="list-style-type: none"> ○ Planning for a pandemic (measures to reduce ICU demand; measures to increase ICU capacity; measures to increase ICU staff capacity; communication; decision making re ICU admissions and treatment (see Appendix 1 for potential strategies for a phased and tiered ICU pandemic plan) ○ Providing safe working environment (recommendations re engineering controls - class N negative pressure rooms preferred, then class S single rooms with clear area for donning and doffing of PPE. Once these are exhausted – patients should be cohorted in areas physically separate to non-COVID-19 patients) ○ Recommendation re admin controls – transfer patient care to IC specialist to limit need for other teams attendance in ICU ○ PPE; visitors to ICU ○ Staff care and well being ○ Airway management in COVID-19 patients ○ Plan for rapid response , medical emergency, code blue ○ Patient transport ○ Identification and treatment of patients with COVID-19 Routine mgt – high flow nasal oxygen; non-invasive ventilation, mechanical ventilation; neuromuscular blockade; prone positioning; fluid mgt; weaning; tracheostomy; suctioning; nebulisers (not rec/); bronchoscopy (not rec/); antibiotics. ○ Rescue therapies – inhaled nitric oxide and prostacyclin – no evidence but can be considered ○ Recruitment manoeuvres – evidence does not support but can be considered on case by case basis ○ Extracorporeal life support – early VV ECMO is not recommended. Established pt selection criteria should be applied. Discuss with ECMO specialist early. ○ Experimental therapies ○ Corticosteroids (not rec/); antivirals (not rec/) <p>https://www.anzics.com.au/wp-content/uploads/2020/03/ANZICS-COVID-19-Guidelines-Version-1.pdf</p>
Royal Australasian College of Dental Surgeons	<ul style="list-style-type: none"> ● No information available on their website ● Internationally: <ul style="list-style-type: none"> ○ Colleges of Dental Surgeons of British Columbia and Ontario – advice is to suspect all elective and non-essential care

College	Advice on website
Royal Australasian College of Medical Administrators	<ul style="list-style-type: none"> Links to government resources Links to existing clinical governance and crisis management documents Link to Medical Deans advice re contribution of medical students to workforce response— advocating work away from the front line of care if pts with COVID-19
Royal Australasian College of Physicians*	<ul style="list-style-type: none"> Links to government and WHO resources Existing resources for telehealth
Royal Australasian College of Surgeons	<ul style="list-style-type: none"> Links to government, WHO, RACGP and Elsevier resources. Listed principles for approaching elective surgery during COVID-19: <ul style="list-style-type: none"> Review all elective surgery in consultation with hospital and health department and have a plan for prioritisation. Where elective surgery is progressing, triage patients to prioritise Category 1 first. Where elective surgery consider whether patients will need ICU beds. To keep needed beds free, prepare to transfer to other hospitals. Minimise use of essential items e.g. ICU beds, PPE, terminal cleaning supplies. Maintain emergency surgery. Utilised telehealth to minimise physical contact with outpatients. Consider working in non-surgical roles as the pandemic progresses.
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<ul style="list-style-type: none"> Links to government resources Message for pregnant women Advice re pregnant healthcare workers <ul style="list-style-type: none"> Currently there is no evidence of an increased risk of miscarriage, teratogenicity or vertical transmission of the COVID-19 virus. There is a possibility of an increased incidence of premature birth but there is insufficient evidence at this point in time. recommends where possible, pregnant health care workers be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. All personnel should observe strict hygiene protocols and have full access to Personal Protective Equipment (PPE). The College also urges employers to be sensitive to the fact that pregnant women are, appropriately, often anxious about their own health and protective of their unborn baby. Consideration should be given to reallocation to lower-risk duties, working from home or leave of absence. recognises that decisions around resource allocation are complex, and multifactorial, and defers to local jurisdictions in this regard.

College	Advice on website
	<ul style="list-style-type: none"> Advice re categorisation of emergency and essential gynaecological services – recommends category 1 classification for assessment and treatment of gynaecological cancers; early pregnancy assessment for risk of miscarriage and ectopic pregnancy; timely access to abortion services (both medical and surgical); acute pelvic pain e.g. risk of ovarian torsion
Royal Australian and New Zealand College of Ophthalmologists	<ul style="list-style-type: none"> No advice available.
Royal Australian and New Zealand College of Psychiatrists	<ul style="list-style-type: none"> Links to government resources FAQs – password protected •
Royal Australian and New Zealand College of Radiologists	<ul style="list-style-type: none"> Links to government resources Advice regarding role of imaging in COVID-19 disease <ul style="list-style-type: none"> Clinical radiology: Normal appropriate use criteria for imaging patients presenting with an acute respiratory illness should be applied. CT should not be used for routine screening for COVID-19 disease. As with other causes of acute lung injury, it has a role in the evaluation of patients for potential complications (e.g. abscess or empyema). This advice regarding is consistent with position statements released by both the American College of Radiology and the Society of Thoracic Radiology (STR). Radiology Practice: department preparedness checklist (Preparing a Medical Imaging Department for Optimal Patient and Staff Care and Continuity of Service during the COVID – 19 Pandemic: Considerations for Practice Planning and Change Implementation); signage; Imaging findings in COVID-19 disease Radiation oncology practice guidance – refers to NHS specialty guide (Appendix 2); discuss and agree proposed changes to current treatment pathways with cancer multidisciplinary teams; consider changed to diagnostic and surgical services in planning cancer treatment; discuss with patients any change to treatment plans (and document); discuss a treatment escalation plan with every patient – record this in patient record. Outpatient and acute oncology services - For patients at risk of neutropenia who meet the case definition for possible COVID-19 infection, ensure there is an appropriate local AOS pathway and assessment area. For all outpatient appointments consider telephone/video clinics rather than face-to-face visits. Radiotherapy - For patients who are self-isolating, discuss the risk/benefit of attending for treatment with your local infection control team, considering the latest government guidance; When capacity is limited, consider evidence-

College	Advice on website
	<p>based shorter fractionation schedules and deferring radiotherapy for some groups; For patients with suspected or confirmed COVID-19 infection, consider cohorting on one machine or in one part of the department; Where gaps in treatment occur, try to compensate as per the RCR guidelines. We recognise that despite this, gaps in treatment may affect outcomes.</p> <ul style="list-style-type: none"> ○ Systemic Anti-Cancer Therapy (SACT) - For patients who have not yet started SACT, assess the risk/benefit of treatment and discuss this with the patient. This may mean deferring or not recommending treatment. Record all discussions as part of the informed consent process; For patients currently having SACT, re-assess the appropriateness of treatment. This may mean stopping treatment; For patients continuing on SACT, provide information on what to do if they develop symptoms of possible COVID-19 infection.
Royal Australian College of General Practitioners	<ul style="list-style-type: none"> • Links to government resources (including criteria for suspected services; and management of suspected cases) •
Royal College of Pathologists of Australia	<ul style="list-style-type: none"> • No significant advice on website

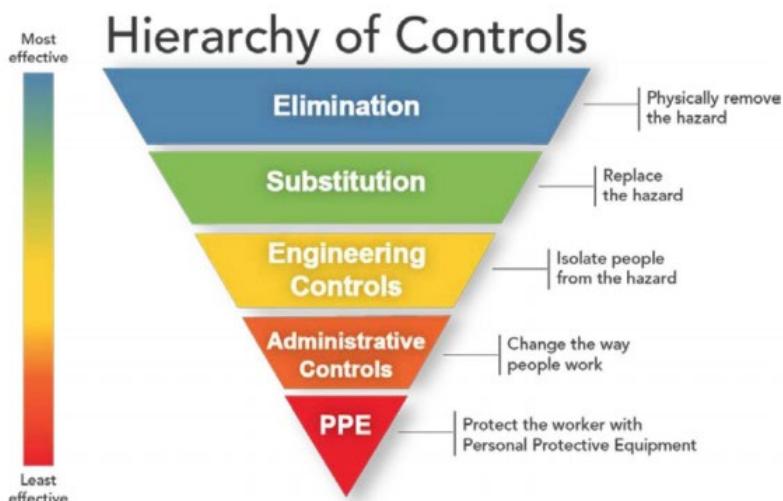
- Includes: Australasian chapter of palliative medicine; Adult medicine division; Australasian chapter of addiction medicine; Australasian chapter of sexual health; Australasian faculty of occupational and environmental medicine; Australasian faculty of public health medicine; Australasian faculty of rehabilitation medicine; Paediatric and child health division. None had specific COVID-19 advice.

Appendix1 : Excerpts from ANZICS guidelines

Table 1. Potential Strategies for a Phased and Tiered ICU Pandemic Plan

Phase	Impact	Strategies to consider
1	Minimal impact on daily operations Likely to occur when up to 10% of beds are occupied by patients with pandemic illness	<p>Review and test pandemic response plans, including:</p> <ul style="list-style-type: none"> Infrastructure and equipment (Section 2) Workforce training, planning and support (Section 3, Staff Protection and Sustainability) Communication plans (Section 4) Infection control (Refer to Staff Protection and Sustainability) Diagnostics and treatment protocols (Refer to Identification and Treatment) Transport and transfer policies (Refer to Staff Safety and Sustainability) Ensure 'trigger points' to move to higher level response have been agreed in advance
2	Moderate impact on daily operations, with ICU at or near maximum capacity ICU is still able to meet demand for critical care and ventilated patients Likely to occur when up to 25% beds are occupied by patients with pandemic illness	<ul style="list-style-type: none"> Measures to reduce demand and increase physical capacity (Section 1 and 2) Repurpose alternative clinical areas for non-ventilated critical care patients (Section 2) Address workforce and staffing needs (Section 3, Staff Protection and Sustainability) Defer or divert non-emergent surgery to private hospitals or other services (Section 1) Limit ICU involvement in non-clinical ICU services (e.g. Hospital TPN)
3	Severe impact on daily operations, with overall demand for critical care exceeding ICU capacity ICU at or near maximum capacity for ventilated patients Likely to occur when up to 50% beds are occupied by patients with pandemic illness	<ul style="list-style-type: none"> Repurpose alternate clinical areas for ventilated patients (Section 1 and 2) Reassess requirements and thresholds for ICU admission and discharge (Refer to Section 5) Consider transfer of patients to other facilities or identify additional resources to be transferred into the hospital to facilitate on-going ICU care
4	Overwhelming impact on daily operations, with demand for critical care services significantly exceeding organisation-wide capacity ICU no longer able to meet demand for ventilated patients	<ul style="list-style-type: none"> Delivery of care to critically ill patients in areas without pre-existing critical care infrastructure Ongoing liaison with hospital and state health services

Controlling exposure to COVID-19 is the fundamental method of protecting health care workers. This can be represented by a hierarchy of controls. Engineering controls are designed to remove the hazard at the source, before it comes in contact with the worker. Administrative controls and Personal Protection Equipment (PPE) are frequently used with existing processes where hazards are not particularly well controlled.



Appendix 2: Excerpt from NHS guidance on management of cancer patients during coronavirus pandemic

Publications approval reference: 001559



Specialty guides for patient management during the coronavirus pandemic

Clinical guide for the management of cancer patients during the coronavirus pandemic

17 March 2020 Version 1

"...and there are no more surgeons, urologists, orthopaedists, we are only doctors who suddenly become part of a single team to face this tsunami that has overwhelmed us..."

Dr Daniele Macchine, Bergamo, Italy. 9 March 2020

As doctors we all have general responsibilities in relation to coronavirus and for these we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that essential cancer service care continues with the minimum burden on the NHS. We must engage with those planning our local response. We may also need to work outside our specific areas of training and expertise and the General Medical Council has already indicated its support for this in the exceptional circumstances we may face: www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus

Cancer services may not seem to be in the frontline with coronavirus but we do have a key role to play and this must be planned. In response to pressures on the NHS, the elective component of our work may be curtailed. However, cancer services will need to continue to deliver care. We should seek the best local solutions to continue the proper management of these cancer services while protecting resources for the response to coronavirus.

In addition, we need to consider the small possibility that the facility for cancer services may be compromised due to a combination of factors including staff sickness and supply chain shortages among others. This is an unlikely scenario but plans are needed.

(8 pages of detailed guidance at following link

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Specialty-guide_Cancer-and-coronavirus_17-March.pdf

Evidence checks are archived a year after the date of publication

SHPN: (ACI) 210258 | ISBN: 978-1-76081-663-6 | TRIM: ACI/D20/2511-22

Rapid evidence checks are based on a simplified review method and may not be entirely exhaustive, but aim to provide a balanced assessment of what is already known about a specific problem or issue. This brief has not been peer-reviewed and should not be a substitute for individual clinical judgement, nor is it an endorsed position of NSW Health.