

South Australia

Emergency Management (Appropriate Surgery During COVID-19 Pandemic No 4) Direction 2020

under section 25 of the *Emergency Management Act 2004*

Preamble

- 1 On 22 March 2020 I, Grantley Stevens, Commissioner of Police, being State Co-ordinator for the State of South Australia pursuant to section 14 of the *Emergency Management Act 2004* (the *Act*), declared pursuant to section 23 of the Act that a Major Emergency is occurring in respect of the outbreak of the Human Disease named COVID-19 within South Australia.
 - 2 Now I, Grantley Stevens, being of the opinion that this is necessary to achieve the purposes of the Act, give the following direction pursuant to section 25 of the Act.
-

1—Short title

This direction may be cited as the *Emergency Management (Appropriate Surgery During COVID-19 Pandemic No 4) Direction 2020*.

2—Revocation of previous direction

- (1) This direction replaces the *Emergency Management (Appropriate Surgery During COVID-19 Pandemic No 3) Direction 2020*.
- (2) The *Emergency Management (Appropriate Surgery During COVID-19 Pandemic No 3) Direction 2020* is revoked.

3—Appropriate Surgery Direction

- (1) Subject to clause 4, the following surgical treatment may be performed in the State of South Australia:
 - (a) emergency surgery and procedures performed for conditions where failure to do so expediently and safely will lead to the following outcomes:
 - (i) loss of life; or
 - (ii) loss of limb; or
 - (iii) permanent disability;
 - (b) non-emergency but urgent surgery and procedures performed for conditions where failure to do so in a clinically appropriate timeframe will lead to a predictable and evidence based outcome as follows:
 - (i) loss of life where surgery or a procedure would otherwise have prevented this;

- (ii) permanent disability where surgery or a procedure would otherwise have prevented this;
- (iii) where clinical evidence supports an increased risk of a type referred to in subparagraph (i) or (ii) should surgery or a procedure be significantly delayed;

Note—

Procedures may, for example, include endoscopy, bronchoscopy, interventional radiology and cardiology.

- (c) surgery and procedures of a kind specified in subclause (2);
 - (d) elective surgery and procedures performed in accordance with the requirements and principles set out in Schedule 1.
- (2) For the purposes of subclause (1)(c), the following surgery and procedures are specified:
- (a) procedures undertaken in a community setting utilising local anaesthetic by primary health and allied health practitioners within their scope of practice, including such procedures undertaken by dermatologists and plastic surgeons in similar settings;
 - (b) procedures and surgical treatments within the level 2 restrictions or any higher level applying under the Dental Service Restrictions in COVID-19 guidelines published by the Australian Dental Association, dated 25 March 2020, provided that the risk of disease transmission is managed and personal protective equipment stocks are safely available;

Note—

Services that can be performed under level 2 restrictions are procedures and surgical treatments that are unlikely to generate aerosols or where aerosols generated have the presence of minimal saliva/blood due to the use of rubber dam (such as fitting dentures, braces, non-high speed drill fillings and basic fillings).

- (c) surgical termination of pregnancy.
- (3) To avoid doubt, nothing in this clause or Schedule 1 is to be taken to allow the performance of cosmetic surgery or other procedures not addressing significant medical conditions.

4—Exemptions

- (1) A prescribed authorised officer may, if satisfied that exceptional circumstances exist, exempt (conditionally or unconditionally) a person or class of persons from this direction or a provision of this direction.
- (2) In this clause—

prescribed authorised officer means the Chief Executive of the Department for Health and Wellbeing, the South Australian Chief Public Health Officer or a deputy Chief Public Health Officer.


5—Powers of authorised officers

Nothing in this direction derogates from the powers of authorised officers to exercise powers pursuant to the Act.

IMPORTANT— IT IS AN OFFENCE TO BREACH THIS DIRECTION

This direction operates from the 27th day of April 2020 at 0001 hours

SIGNED at ADELAIDE on this 25th day of April 2020
at 1330 hours



GRANTLEY STEVENS
STATE CO-ORDINATOR

Schedule 1—Appropriate elective surgery

1—Definitions

In this Schedule—

National Guidelines means the Australian Government, Australian Health Ministers' Advisory Council, National Elective Surgery Urgency Categorisation guideline dated April, 2015;

PPE means personal protective equipment.

2—Overarching principles

The increase of elective surgery is contingent on the following:

- (a) ensuring patient, clinician and community safety;
- (b) adequate stocks of PPE being obtained and maintained;

Note—

The private sector must secure their own supply of PPE independently of the public sector and the National Medical Stockpile.

- (c) adequate stocks of pharmaceutical supplies required for surgery being available;
- (d) compliance with the National Guidelines for the use of PPE;
- (e) the increase of elective surgery being undertaken using a staged and controlled process which balances the ongoing need for the capacity to treat COVID-19 patients, while allowing hospitals to treat elective surgery patients;
- (f) staff availability given the number of competing priorities.

3—Activity Cap

- (1) The activity cap, being 25% of elective surgery capacity, must be complied with and is to be applied to the total capacity for the organisation, including all specialties.
- (2) The endorsed activity is in addition to the elective surgery activity currently being undertaken.

Example—

A hospital is currently performing 100 surgeries and would normally perform 500. This hospital (as of 27 April 2020) is able to increase their current closed activity by **up to** 25% or 100 surgeries (400 x 25%).

- (3) Procedural work (that has also been reduced) should be increased similarly, in accordance with this Schedule.

4—Categorisation

The determination of clinical urgency categorisation should be made in accordance with National Guidelines and should be applied consistently across both the public and private sectors, to support safe and equitable access to elective surgery.

5—Principles for patient selection

- (1) The following hierarchy applies to the selection of patients for elective surgery:
 - (a) category 1 patients;
 - (b) consideration of category 2 patients;
 - (c) some category 3 patients, including arthroplasty and cataracts,
in accordance with National Guidance.
- (2) Consideration of patients in priority order should be across all clinical areas and the selection of patients to undergo elective surgery will be a clinical one.
- (3) In addition, the following provisions apply:
 - (a) restoration of essential elective activity will be guided by avoiding harm and mitigating risk of deferral of procedure or services in line with clinical guidelines, and appropriate use and supply of PPE and pharmaceuticals;
 - (b) essential surgical procedures in the context of the current public health emergency should be informed by the principle of low risk, high value patient care and evidence based clinical guidelines including those from specialist medical colleges;
 - (c) essential surgical procedures should proceed based on the following set of general principles, which represent general guidance and should be informed by individual patient clinical assessment:
 - (i) where there is a proven malignancy requiring surgical treatment;
 - (ii) where there is a likely malignancy requiring surgical treatment including any procedure that is required to obtain a diagnosis, including endoscopy, colonoscopy, bronchoscopy, percutaneous biopsy, laparoscopy, hysteroscopy or an interventional radiological procedure;
 - (iii) where there is risk of death in the event of an acute deterioration of a known condition;
 - (iv) where there is a risk of non-lethal complication in event of acute deterioration (including risk of permanent disability) of a known condition, including Electro Convulsive Therapy;
 - (v) where there is a risk of adverse impact on social or psychological wellbeing of a patient (with a requirement of a documented clinical assessment by 2 independent medical or dental practitioners (as appropriate) registered with the Australian Health Practitioner Regulation Agency).
- (4) The following procedures are included within the scope of this Schedule (and are listed in the Commonwealth Guidance):
 - (a) assisted reproduction procedures (IVF);
 - (b) joint replacements (including knees, hips, shoulders);
 - (c) cataracts and eye procedures;
 - (d) screening procedures (including breast, bowel and cervix screening).

- (5) Procedures that are considered South Australian specific priorities include the following:
- (a) all overdue procedures for those under 18 years old, regardless of urgency category;
 - (b) prioritisation of current overdue patients who are ready for surgery undertaken in regional Local Health Networks;
 - (c) post cancer reconstruction procedures (such as breast reconstruction).

6—Methodology

In the public sector, a reproducible, clinically-based, risk stratification matrix should be used for a graduated re-introduction of elective surgery, including endoscopic procedures, in South Australia.

7—Public activity in private sector

Any public activity undertaken within the private sector should not adversely impact the ability of the public sector to undertake activity from a workforce perspective.

8—Monitoring and review

- (1) Organisations are required to support monitoring by completing an activity template, which will be provided weekly in advance and must be completed and submitted—
- (a) in the public sector—weekly, each Friday; and
 - (b) in the private sector—twice weekly, each Tuesday and Friday.
- (2) This Schedule will be reviewed by 11 May 2020 for the purpose of determining whether other elective surgeries and procedures can recommence and volumes can be increased.