

# Appropriate surgery during the COVID-19 pandemic

## FAQs for Clinicians

From Monday 27 April 2020, a number of essential elective surgery procedures will gradually recommence based on the most urgent need.

A staged approach across both public and private hospitals was agreed by the National Cabinet. In South Australia, a schedule to guide decision-making has been included in the [Emergency Management \[Appropriate Surgery During COVID-19 Pandemic\] Direction #4](#).

The gradual and safe resumption of services will ensure we retain capacity to cope with any possible surges of COVID-19 infections and manage our available PPE safely. It is an offence to breach the new Direction #4, which is made under the Emergency Management Act 2004. The National Cabinet will meet on 11 May 2020 to review their position.

### What elective procedures are permitted under this new Direction #4?

The Direction includes a detailed Schedule that allows for procedures within Cat 1, 2 and selected Cat 3 within the definition of the National Elective Surgery Categories. There are also clear guiding principles. The 25% activity cap applies to an organisation for both the public and private sectors. An increase of interventional procedures like endoscopy, bronchoscopy, coronary and cardiac interventions and interventional radiological procedures is also included.

### How does that differ from what procedures could be performed under the previous Direction?

Emergency surgery has continued at all SA Health hospitals with emergency surgery facilities. This now allows for some additional elective procedures. The Schedule in this new Direction is based on accepted specialty surgical guidelines developed during the COVID-19 pandemic. Individual clinical assessments will continue to determine patient selection, guided by the Direction to ensure high value surgical care is able to be provided to patients without compromising risk to the patient, the procedural team or the community.

### What impact does this change have on clinical decisions?

The decision-making on prioritising procedures remains with clinicians, with principles for patient selection providing guidance based on the current phase of the pandemic. Individual patient factors will continue to guide clinical decision making and this is reflected in the guidance within the Direction.

### How is the 25% activity cap calculated?

The volume of elective is a 25% calculation increase of the reduced amount of elective surgery usually conducted at each public and private hospital across all specialties. A weekly activity template (for public hospitals) and twice weekly activity template (for private hospitals) is required to ensure we

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remain capable of escalating capacity in the event of a surge of COVID-19 infections requiring hospital care and to protect our PPE supplies. It is important to note that the activity cap can be applied collectively with an organisation, like your Local Health Network or the organisation that runs private hospitals [not just based on individual hospital activity.]

This example calculation included in Direction #4 demonstrates how the 25% calculation is applied:

*A hospital [or organisation] is currently performing 100 surgeries and would normally perform 500. From 27 April 2020, the hospital is able to increase the current closed activity by up to 25% or 100 surgeries [400 x 25%]*

### What about dental, IVF and screening procedures?

The easing of restrictions applies to some dental procedures and surgical treatments and you can seek further advice from the SA Dental Service and Australian Dental Association. Assisted reproduction procedures [IVF] and screening procedures [including breast, bowel and cervix screening] are included in the Direction and Commonwealth Guidance.

### Who determined the SA position on what procedures were included?

Public and private surgeons and senior clinicians and administrators who are involved in the SA Integrated Surgical Network have been advising SA Health. The membership includes representatives from a number of surgical specialties, infection control experts and the Royal Australasian College of Surgeons SA. It is chaired by Professor Chris Baggoley, the former Australian Chief Medical Officer.

### Where can I find further information or advice about appropriate procedures?

Your Elective Surgery coordinator local surgical lead, Chief Surgeon or COO may be available to assist in the first instance. SA Health can also provide guidance to private hospitals. Enquiries can be sent to [Health.HSPPlannedcare@sa.gov.au](mailto:Health.HSPPlannedcare@sa.gov.au)

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For more information

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