

Ministers

Department of Health

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Elective surgery restrictions eased

The Australian Government in partnership with states and territories, peak surgical bodies, the AMA and the private hospital sector will be increasing the availability of elective surgery in a safe and carefully considered way which ensures the wellbeing of both patients and healthcare workers.

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The Australian Government in partnership with states and territories, peak surgical bodies, the AMA and the private hospital sector will be increasing the availability of elective surgery in a safe and carefully considered way which ensures the wellbeing of both patients and healthcare workers.

This is possible due to the strong collaboration across governments to build capacity and strengthen the health system to reduce the threat of COVID-19.

Through our containment measures we have successfully suppressed the virus: closing our borders, testing, tracing, and in particular, the social distancing and the isolation. These continue to be our strongest weapons against the coronavirus.

We have been boosting the capacity of the hospitals and in addition secured over 3000 new ventilators and we have now received 60 million masks into the national stockpile. From that, perhaps most importantly, we have secured an extra 100 million masks over the next six weeks to protect our vital health care workers in what has been an intensely competitive global environment.

Through testing we have had a rate of increase of less than 1 per cent per day for nine days straight now.

All these measures are helping to bring down the rate of transmission, flattening the curve and giving us the opportunity to relax some of our measures.

Restrictions on elective surgery have been a difficult but important part of ensuring the capacity across the health system to manage the COVID-19 pandemic.

Now, thanks to the efforts of all Australians – National Cabinet has agreed with the health advice that we are in a position to reintroduce some elective procedures.

We particularly acknowledge those patients who have had their elective surgery deferred and recognise the effect this has had on their lives and wellbeing.

The first phase of the reintroduction will occur on 27 April.

Our central aim is to increase the availability of elective surgery in a safe and equitable way, on a nationally consistent basis for public and private patients.

Reintroduction of elective surgery will be done using a staged and controlled process which balances the ongoing need for the capacity to treat COVID-19 patients, while allowing our hospitals to treat elective surgery patients.

The selection of patients to undergo elective surgery will ultimately be a clinical one, guided by the following principles, recommended by the Australian Health Protection Principal Committee (AHPPC) and endorsed by National Cabinet:

- Procedures representing low risk, high value care as determined by specialist societies
- Selection of patients who are at low risk of post-operative deterioration
- Children whose procedures have exceeded clinical wait times
- Assisted reproduction (IVF)
- Endoscopic procedures
- Screening programs
- Critical dental procedures.

This first stage of 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.

On the advice of AHPPC, in addition to Category 1 elective surgeries, hospitals will initially recommence one in four closed operating lists, with a focus on Category 2 and some important Category 3.

In reintroducing elective surgery we acknowledge the safety of patients and healthcare workers is paramount. A thorough risk assessment of patients planned for elective surgery is essential, based on national guidelines.

There will be a national study into asymptomatic carriage of COVID-19 in elective surgery patients to further inform testing policy.

Personal protective equipment is a critical element of staff safety and the use of PPE should be in accordance with national guidelines. The grade of PPE should be determined according to the national suspected case definitions.

The Australian, state and territory governments have put in place clear timeframes to monitor and review the situation as part of our commitment to protect patients, health care staff and consistent with AHPPC advice.

An overall review for additional support will be undertaken at two weeks and at four weeks based on:

- The number of positive cases, in both healthcare workers and patients, linked to increased activity
- PPE use and availability
- The volume of procedures and hospital/system capacity.

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