UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Guidelines

Urology Unit Configuration and Case Selection During COVID-19 Pandemic

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Subject:	Patient Care	**Distribution:**		Members Only	
Authorised by:	Board of Directors	**Approved Date:**	05/04/20	**Review Date:**	As needed

Purpose and Scope

These recommendations were developed by USANZ to provide guidance regarding surgical teams and case selection during the COVID crisis.

It is designed to provide guidance only and the local environment of each urologist needs to be taken into consideration when making decisions. Whilst we always must be guided by appropriate patient care, we must also be mindful of our community responsibility regarding preservation of Personal Protection Equipment (PPE) and protection of staff in the operating rooms and on the wards.

USANZ has previously issued guidelines regarding Urological Case Prioritisation and the use of PPE for Urologists.

Approval process for case classification

In order to ensure compliance with appropriate case classification, USANZ would recommend that any potential case listed for urgent surgery is:

- Discussed in a formal multidisciplinary urology meeting, or failing that;
- Discussed with the Head of Department/other senior urologists for formal approval.

It is also recommended that the discussions include Medical Directors of hospitals and anaesthetists as evidence would suggest that anaesthetists will be at greater risk than the surgical team during intubation and extubation due to the aerosol generation. Emergency and time critical cases e.g., torsion, trauma, infected obstructed kidneys, need not go through this formal approval process.

Protection of urological unit workforce

As stated previously most if not all consultations should now be managed utilising telehealth technology either by video or telephone. However, it is critically important that all urology units (public or private) have structures in place to protect their workforce.

If a unit member becomes infected it is critical the affected individual does not inadvertently infect the entire unit therefore grounding all urology services. As such all units should strongly consider dividing into two, or if possible, more teams that do not cross over in their clinical footprint. This includes consultants, registrars, junior and specialised nursing staff, so that on any given day/week only one team has exposure to patients.

RACS guidelines confirm that “the practice of surgery has always required balancing the risks. Currently the risk of spreading COVID-19 to patients and to healthcare workers is substantial. This risk greatly outweighs the risk from delay treating all but the most urgent surgical conditions.”

Additional resources

The situation regarding COVID-19 remains fluid and further updates on recommendations will be forthcoming as more information becomes available. Further resources are available at RACS ,

American Urological Association, European Association of Urology, and British Association of Urological Surgeons.

Superseded documents

- None

Revision history & Review date

These guidelines will be monitored and reviewed by the Board as the health crisis develops.

Version	Date	Notes	By
1.0	05/04/20	Approved	Board of Directors

Contact

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