



23 March 2020

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Attorney-General, David Parker [d.parker@ministers.govt.nz](mailto:d.parker@ministers.govt.nz)

Dear Minister

**Re: COVID-19**

### **About the NZSA**

The NZSA is a professional medical education society, which represents over 650 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. As an advocacy organisation, we develop submissions, work with key stakeholders, and foster networks of anaesthetists nationwide.

### **Introduction**

As the President of the professional organisation representing New Zealand anaesthetists, I want to reach out to you on behalf of our members. I wish to inform you of what we are learning from our overseas colleagues, to make sure that these issues are receiving due consideration and to also offer our assistance and communication channels to aid in any national response.

### **Anaesthetists and COVID-19**

Firstly, I would like to outline the role that anaesthetists are playing in the fight against COVID-19 in other countries, which is the role we expect to play in the coming weeks and months. We have been in regular contact with our equivalent organisations in the UK, US, Canada, South Africa and Australia. Through our Northern Hemisphere contacts, we have also received high quality information directly from doctors working in northern Italy.

Anaesthetists are closely linked with Intensive Care Medicine, with a good number of ICU colleagues being dual trained in both anaesthesia and intensive care. In the peripheral centres in New Zealand, anaesthetists are often responsible for the ICU work, or after-hours ICU work. We are also responsible for airway management across the hospital, in conjunction with ICU and Emergency medicine, and expect to be managing coronavirus positive patients in the operating room for non-COVID related surgical procedures.

So, as a speciality we are intimately linked to the treatment and management of COVID-19 patients and involved in some of the most high-risk aspects of their care. By this we mean the highly 'aerosol generating' procedure of airway management, especially intubation for ventilation or for surgery.

### **Learnings from overseas**

Our conversations with overseas colleagues have highlighted consistent areas of concern that need consideration and action:

- Insufficient and dwindling Personal Protective Equipment (PPE) stocks. As coronavirus is droplet spread, and we are involved in aerosol generating procedures (aerosols can last in the air for up to three hours), anaesthetists and those assisting them need the most high-level PPE. We are hearing of hospitals in the US, Italy, the UK and Australia where there are no more appropriate facemasks, including the required N95 masks that prevent the inhalation of microorganism and particularly COVID-19. We recommend prioritisation of the acquisition of adequate PPE with a view to it being needed for many months. It may be that PPE from other industries, e.g. paints and solvent using industries, need to be requisitioned for healthcare worker use.
- Insufficient numbers of ventilators and ICU beds. ICU beds can be created from existing space, e.g. the operating rooms, recovery rooms, or existing wards. However, there is a finite number of ventilators in New Zealand. Sourcing more from other countries is unlikely to be possible.
- Stopping all optional elective surgery in public and private early. Optional surgery is what is able to wait 3-6 months, e.g. a hip replacement or simple hernia repair. This is to allow the hospital to decompress, allow staff time to train for appropriate PPE use and to decrease patient risk of transmission or acquisition of the virus in hospital. It is possible that coronavirus may be easily spread by those who are not showing signs or only mild symptoms of infection.
- Acknowledgement that the usual care cannot be provided when the system is overwhelmed.
- Acceptance that doctors and other staff will need to cross-skill and work 'outside of scope.' Healthcare workers will need adequate reassurance that they will not be punished for working outside of scope. As one Italian Intensivist said, "Outbreak medicine is different."
- Lack of liquid oxygen and issues with possible timely delivery, as well as overwhelming hospital pipelines for oxygen flow to wards.

### **How we can help**

1. Retired anaesthetists have contacted us asking how they can temporarily return to service. This would be in a non-exposure type capacity, e.g. running non-COVID operating rooms or ICUs in private hospitals. We need to know how to put these doctors to good use.

2. Communication to our members about what the Ministry of Health wants and needs from anaesthetists. There is a small number of anaesthetists in New Zealand who are not employed by District Health Boards, and they may be willing to join on temporary contracts. Assurances of remuneration and cover should they fall ill are concerns that would need to be addressed. We can communicate with our membership directly about how they can assist.
3. Providing expert advice pertaining to the above on any MOH working groups that may be established.
4. We are aware of individuals who are approaching companies in New Zealand to increase the manufacture of N95 masks as well as full face shields which most overseas guidelines mandate.<sup>1,2</sup> We are happy to work with such individuals and companies to ensure we have the fit-for-purpose products that can be manufactured for the months we will need them. Please see appendix.

Thank you for taking the time to read our communication. We are aware that everyone is working extremely hard across all sectors in New Zealand to manage the pandemic and we wish to acknowledge the excellent leadership shown by the New Zealand Government throughout this ordeal.

Please do not hesitate to contact me by phone or email if the New Zealand Society of Anaesthetists can assist in any way.

Yours sincerely,



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**President**  
**New Zealand Society of Anaesthetists**  
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1. Canadian Society of Anesthesiologist's Recommendations during airway manipulation.  
<https://www.cas.ca/en/practice-resources/news/cas-articles/2020/covid-19-recommendations-during-airway-manipulation>
2. Australian Society of Anaesthetists COVID-19 Guidelines  
[file:///C:/Users/drkmh/Downloads/ASA\\_staff\\_protection\\_summary.pdf](file:///C:/Users/drkmh/Downloads/ASA_staff_protection_summary.pdf)