



Reproductive Technology Accreditation Committee (RTAC)



TECHNICAL BULLETIN 12

Reopening of IVF services in Australia post COVID-19 lockdown

22 April 2020

To enhance the quality of service for patients, RTAC may communicate to units regarding issues, questions, or comments related to assisted reproductive technologies (ART). A Technical Bulletin is an educational communication to all units and Bodies certifying units to the RTAC Code of Practice, offering advice and guidance. Generally it is not enforceable unless incorporated into the RTAC Code of Practice.

Background

On 21 April 2020 the Minister for Health, the Honourable Greg Hunt, advised that certain procedures, including assisted reproduction technology, may recommence after ANZAC Day (25 April 2020).

The Fertility Society of Australia has developed the following guidelines for the recommencement of fertility services that are to be implemented by fertility units based on the principles of public safety, health service safety and minimisation of resource utilization.

The framework has been devised to guide units and it is expected that each unit updates their policies in line with RTAC requirements, individual health sector requirements and resource availability, along with state, territory or provincial guidelines. It is acknowledged that the situation is still quite dynamic, and policies can change quickly, and ART units should factor this uncertainty into their planning.

Patient safety

Patient safety is of paramount importance, therefore policies should address the following issues

- Minimising patient contact
Units and health care providers should institute measures that support medical distancing. Such measures may include, but are not limited to:



- Online registration
 - Online consultation
 - Online consents
 - Restricting access to waiting rooms
 - Scheduling of clinic appointments to reduce inter-patient contact and crowding
 - Adopt clinical protocols that minimise the number of monitoring visits to the clinic
- Maximise patient protection

Australia is a global leader in the provision of safe, effective assisted reproduction. These principles are inherent to modern fertility management and include consideration for the type of cycle, trigger and recourse to embryo freezing. Specifically, units must implement guidelines that reduce ovarian hyperstimulation syndrome (OHSS) and avoid hospitalization, such as the use of the GnRH antagonist protocol combined with agonist triggering and freezing-all embryos.

Health care worker safety

Experience overseas and in Australia has shown that health care workers are at increased risk of contracting COVID-19. This risk must be assessed, and policies instituted to reduce the risk of staff infection.

- Patient

Patients accessing assisted reproductive services need to continue following public health policy, including, but not limited to:

- Social/physical distancing
- Single person admission and consultation, where possible
- Temperature and symptom check before entering the clinic

Patients considered 'at risk' by the published testing criteria should not proceed with any intervention.

Individual units need to establish guidelines for case selection and testing, which should include case testing by 2019-nCoV- RT PCR or serology, noting the deficiencies inherent in each system and individual health resource setting.

- Staff

Individual units need to establish guidelines for staff risk mitigation, which should include but is not limited to:

- Routine infection control policies
 - Hygiene and sanitization protocols



- Specific respiratory infection control policies
 - Individual units need to implement policies on the use of personal protective equipment.
- Implementation of a COVID infection risk matrix
 - Fever ($\geq 38^{\circ}\text{C}$) OR history of fever (e.g. night sweats, chills) OR acute respiratory symptoms (e.g. cough, shortness of breath, sore throat).
- Staff should be offered testing for COVID-19 and should be advised that they should not attend the workplace if feeling unwell and seek testing for COVID-19.

Minimise resource utilization

Individual units need to develop and implement policies on the rational utilisation of health care resources, such as personal protective equipment.

Individual unit protocols should be dependent on local human and health resources, as well as the expected caseload.

Prepare for localized shutdowns

The government has indicated that as the pandemic wanes and lockdown measures are relaxed, a program of increased testing will be rolled out. It is expected that clusters of COVID-19 infection will occur, leading to localized lockdowns. An example of this is the recent lockdown in North West Tasmania. The clinic must develop plans to deal with either the clinic being quarantined or that some of its patients may be adversely affected by such a localized lockdown.

The Fertility Society of Australia recognizes the fluidity of the COVID-19 pandemic. Each unit is therefore expected to monitor performance and compliance. At all times ART units are expected to maintain currency with public health policy from all levels of government.