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# Postponement of non-COVID health services and activities

In order to ensure crisis response and patient care, health facilities have a plan for managing exceptional health situations. Drawing up this plan is a legal obligation for all health care institutions whose regulatory provisions are defined in the same code. This plan has 2 levels of activation: level 1 (internal mobilisation plan) and level 2 (white plan – *''plan blanc''*).

The methodology and structure of the plan for managing exceptional health situations was updated in April 2019 to take into account feedback from recent crises (attacks, influenza epidemics, arbovirosis epidemics or epidemics linked to the Ebola virus, etc.) and to strengthen the framework for preparing health establishments for exceptional health situations.

This plan includes a REB (epidemic and biological risk) component that enables the health care institution to organise its response to an emerging infectious disease with epidemic potential, within the framework of the ORSAN REB plan triggered by the Director General of the ARS or, if necessary, by the Minister of Health.

The plan includes the need to deprogram certain operations and activities of the health system. These measures were gradually activated as the COVID-19 crisis intensified in hospital

## *General principles in maintaining a non-COVID activity:*

The French Ministry of Health issues recommendations to Regional Health Agencies (ARS), health institutions and health professionals regarding the deprogramming of non-COVID-19 services and activities. In order to enable the management of COVID-19 patients and to securely deprogram non-covid activities within the French health service. For health professionals, the use of teleconsultation is privileged, when relevant and appropriate.

### Case-mix analysis:

- Analysing data on activities in a collegial manner, in order to make decisions on scheduling and deprogramming, based on a benefit/risk analysis for patients.

### Outpatient activities:

- Maintain a conventional and ambulatory activity and develop the use of therapeutic alternatives on an outpatient.

### Maintenance of care and continuity of care:

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Maintain, within the framework of territorial cooperation:

- Urgent care ;
- Programmed care at risk of loss of opportunity in case of prolonged postponement;
- As far as possible, other programmed diagnostic and therapeutic treatments, provided that they only mobilise the resources of anaesthetic teams to a limited extent, that they use certain anaesthetic products, that they do not require supervision in a continuous care unit and that they are carried out, when possible, on an outpatient basis.

**Distinct care channels:**

Organise the management channels in conjunction with establishments with similar non-COVID activity in order, in particular, to be able to transfer patients according to the evolution of available non-COVID capacity.

Separate, where possible, the care circuits within the establishment:

- Preserved areas of the Covid: interventions programmed for uncontaminated patients;
- Covid +" sectors: emergency interventions for suspect or confirmed cases and programmed interventions for confirmed cases.

**Telehealth:**

- Develop the use of telehealth for patient monitoring and home care, in order to limit the need for visits to institutions.

**Programming cell:**

- Set up in each establishment an ad hoc multidisciplinary programming unit or by evolution of existing structures (e.g. operating theatre council). It will establish, in particular, in a collegial manner (practitioners, CME, etc.) and taking into account the establishment's case mix, programming according to the criteria for prioritising and scheduling patients.
- It will contribute to the organisation of the non-COVID capacity according to the tiered organisation of the resuscitation capacity.

**Communication:**

- A follow-up of patients deprogrammed within the framework of wave 1 of the Covid19 or the possible rebound period must be ensured and traced by the programming unit.
- Inform patients and caregivers with an adapted communication. Set up a clear and educational organisation in the direction of the patient concerning the strategy for deprogramming and monitoring deprogrammed patients (which can rely on independent professionals).

**Recommendations:**

- Follow the recommendations issued by the HCSP, the CPIAS and the CLINs in terms of indications and organisation of care.

**Monitoring tool:**

- Regularly update the operational directory of resources and all crisis-monitoring tools.

## The three principles of territorial organisation based on sectors and cooperation between structures:

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**Mobilisation of teams:**

- To mobilise the teams, both hospital and freelance, and to favour interventions in other structures within the framework of a collaboration established or to be established with regard to the means available.

**Collaboration between sectors:**

- Make the sectors work together, in particular to pool resources of all types as well as medical and paramedical on-call duties, whether within the same structure or within the framework of established or yet to be established cooperation.

**Communication with the ARS:**

- Exchange with the LRA on a regular basis on the status of the capacity, the mobilisation of teams, their availability and the status of the scheduling/deprogramming of care.

## *Urgent or undelayable surgical treatment:*

For surgical management, the main objective is to maintain urgent or undelayable surgical interventions, which leads to:

- Establish the principle of postponing scheduled surgical operations, subject to the following point ;
- To ensure urgent surgical care and interventions that cannot be carried out without the assistance of a doctor. deferred due to the patient's state of health if the postponement of the operation poses a risk too great a loss of opportunity in terms of the risk-benefit balance, if any in terms of the recommendations issued by learned societies ;
- Prefer ambulatory care whenever possible ;
- Adapt, if necessary, pain treatments for patients who cannot be taken the burden ;
- Limit the risk of contamination of patients.

The organisation is based on the channels and cooperation between existing structures (GHT, partnerships, etc.). public-private etc.) or to be implemented (intervention of the surgical team of an establishment in a other establishment) in order to :

- Mobilise surgical, hospital and private practice teams ;
- Organise access to blocks, at least operating theatres, ready to be use (equipped operating theatres, SSPI, recovery stations) ;
- Preserve post-surgery or intervention beds, if necessary medical beds, but also of continuous monitoring, intensive care and resuscitation, SRH or
- AHH places, where appropriate depending on the COVID- or COVID+ status of the patient.

## *Chronic diseases:*

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The main objective is to maintain the monitoring and care of patients living with a disease. To identify any signs of worsening. It is therefore a matter of organising:

- Carrying out follow-up medical consultations for chronic patients. With recourse when relevant to teleconsultation, and informing the patient and his or her entourage, assessing the proper understanding of and adherence to the messages;
- Carrying out biological examinations that are essential for follow-up;
- The delivery of the medicines needed to treat the disease. For chronic treatments, the treatment were accessible in pharmacy for the duration of the lockdown, upon presentation of the previous expired prescription under the conditions set by article 4 of the decree of 23 March 2020.
- Continuation of nursing car even if the prescription has expired under the conditions set by the decree of 31 March 2020.
- The pursuit of therapeutic patient education sessions, using telehealth, a maintaining of a healthy lifestyle, with physical activity.

In the event of a problem or worsening of the state of health, or unusual symptoms, the degree of urgency and the appropriate course of action must be determined by the attending physician or the usual corresponding doctor. It may be necessary to carry out face-to-face consultations during the acute phase of the disease, while at the same time respecting measures to protect patients from the risk of infection linked to the epidemic current.

In a context of confinement linked to the risk of contamination, it is important that the attending physician or the usual corresponding specialist physician contact the most fragile patients with chronic pathologies to ensure follow-up and detect a risk of decompensation of the pathology. To do this, the doctor may contact the patient by video or telephone teleconsultation and be remunerated for this act.

## ***Organisation of the cancer treatment offer:***

A progressive and adaptive organisation for the maintenance of cancer care (all modalities) taking into account the local epidemic situation and the tiered organisation of resuscitation capacity is implemented:

- Organisation of " sectors preserved from COVID-19" in oncology limiting the risk of nosocomial contamination, and dissemination of this information. Carrying out diagnostic tests in search of Sars-CoV2 before acts at risk of aerosolisation and following the recommendations of learned societies, can contribute to these measures;
- Organisation of the management of patients treated for cancer and suffering from Covid-19 by preserving the possibilities of treatment in dedicated premises or at dedicated time slots when the completion of cancer treatments cannot be postponed.
- Organisation of inter-institutional cooperation for the continuity of care for cancer patients in epidemic periods, ensuring that equitable access to care is maintained and that deprogramming is limited. This cooperative organisation may, where appropriate, be inter-territorial or inter-regional (with patient transfers, including by train or plane).
- For local situations of high epidemic circulation with a maximum level of mobilisation of resuscitation capacity, guarantee the maintenance at the territorial, regional or inter-regional level :
    - a range of cancer treatment services (including the sanctuarisation of a range of oncological surgery and haematopoietic transplants on identified sites in order to concentrate the care of the patients concerned);

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- a channel for access to "non-Covid" intensive care units, enabling continuity of care and the management of any complications of high-risk oncological drug, surgical or interventional treatments.

Increased vigilance, during a rebound in the epidemic, is being applied to the organisation of screening and diagnostic procedures (imaging, including mammography, endoscopy, diagnostic surgery), the cumulative delays of which can have a strong affect surgical waiting lines. Any malfunctions observed, for example in the routing of examinations and samples, are reported at local, regional or national level so that appropriate adjustments can be made quickly.

In all circumstances, patients and users are reminded of the need not to give up care, screening and prevention measures when these are offered by health professionals and care institutions.

## *Organisation of abortions:*

In order to reduce the movement of people and to ensure the continuation of abortions, the health authorities have decided to reinstate the measures taken during the first confinement in the near future.

Contraception consultations, carried out with doctors, midwives, in surgeries and in planning centres, with particular attention to minors, women who are victims of violence, people without social insurance or without AME. Teleconsultation can be used.

Treatment can be renewed in pharmacies on presentation of a prescription, even if it has expired. Emergency contraception is available in pharmacies, free and anonymous for minors.

A special support service for late abortions has been set up in the establishments concerned.

Drug treatment for abortion is given priority in order to relieve the burden on hospitals.

Private doctors to carry out consultations and to structure the medical abortion process use a teleconsultation tool.

For instrumental abortions requiring hospitalisation, the learned societies believe that it is possible to offer women a "modified" route to limit their recourse to hospitals, but also to limit the care, its duration and complexity in hospital, while preserving the safety of the treatment due to the women.

## *Follow-up of pregnant women and post-delivery care:*

The main objective is to maintain appropriate care to prevent any risk for the mother and the child.

Pregnancy follow-up:

It is necessary to keep the pregnancy follow-up for all women around the 3-ultrasound consultations. It is therefore a question of maintaining in person, as much as possible in the same time, medical consultations/ultrasounds:

- From the first trimester between 11 and 14 months of pregnancy, associated with the content of the first pregnancy consultation (assessment, clinical examination, screening and declaration of pregnancy), this consultation must be used to establish the course of care according to the level of risk and to refer to a follow-up either in hospital or in town. It must also allow for an early

prenatal interview (EPP) and thus identify situations of stress, anxiety, vulnerability (domestic violence, sleep disorders, depressive episodes, addictions, and all forms of insecurity) at an early stage in order to direct women who request it towards psychological support by telephone or teleconsultation, or towards an adapted solution in case of danger. If the EPP is not grouped together with this first consultation, it can be carried out separately in teleconsultation.

- From the second quarter between 20 and 25 SA, associated with the content of the 5th month consultation,
- From the third quarter between 30 and 35 SA, associated with the content of the 7th month/8th month consultation.

It will be necessary to:

- Promote the performance of intermediate consultations (4th and 6th month) in teleconsultation for women at low obstetrical risk.
- Evaluate beforehand, by telephone contact, the relevance of maintaining the 4th and 6th month face-to-face consultations for women at high obstetrical risk.
- Group together the 7th and 8th month consultations (programming at the end of the 7th month/start of the 8th month).
- Maintain the 9th month face-to-face consultation.
- Carry out the anaesthesia consultation by teleconsultation or, failing that, by telephone with the prior sending of a questionnaire by e-mail.
- Propose or continue preparation sessions for childbirth by teleconsultation.

Post-delivery and return home:

For mother-child couples at low medical, psychological and social risk, it is recommended to organise an early exit, namely:

- If possible within 48 hours of the newborn's birth for a woman with a vaginal birth (the HAS recommendations define early discharge within the first 72 hours of the newborn's life for a woman with a lower canal birth);
- In the first 96 hours of life of the newborn for a woman who gave birth by caesarean section.

## *Care of dialysed patients:*

A specific organisation is drawn up for each structure and by treatment modality, based on existing channels and cooperation (agreement between structures that do not have all the treatment modalities) within the framework of medical collaboration with the paramedical and management teams.

This organisation defines a graduated management of patients according to their state of health and their Covid status and specifies the fallback arrangements to be put in place in order to best manage and maintain the available fallback capacities and hospital beds (medicine, continuous care, intensive care, resuscitation). The sector is based on existing skills, particularly in infectiology and intensive care and plans to:

- The general principles of medical management of dialysis defined in the Covid-19 context;
- The general principles of orientation and short circuit withdrawal for Covid-positive patients and the modalities of return to the original modality after recovery;

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- The anticipated organisation of care in case of aggravation (including at home) or in case of emergency requiring the mobilisation of the SAMU, the hospitalisation, medical, nephrology and continuous monitoring services, intensive care, nephrology intensive care, resuscitation.

Depending on the local context, each establishment has an organisation that is consistent with its field of study within the framework of a coordinated organisation. Each establishment organises care and ensures:

- The organisation of circuits within the establishment for haemodialysis patients to separate the flow of Covid-negative and Covid-positive or suspect patients (reception of patients with standard questioning, handing over of instructions, marking out, airlock of first contact, nursing follow-up sheet...) ;
- The organisation of home dialysis or home substitute dialysis (EHPAD) for Covid-positive, Covid-negative or suspect6 patients if the establishment is authorised home dialysis (detection, self-monitoring, care, follow-up...), training of private nurses, patients and carers, organisation of training courses, training of setbacks, supply management...) ;
- The operational modalities of patient orientation Covid positive in case of of aggravation, in line with the principles defined within the framework of the sector;
- The practical procedures for carrying out and returning PCR tests on suspect patients, with, if possible: the availability of a chest scanner as well as of Infectious disease skills ;
- Training of personnel in the principles of care in epidemic contexts, hygiene, prevention, including carers and private nurses working at home for peritoneal dialysis;
- If possible, the setting up of a listening unit for staff, led by a psychologist;
- Management for telehealth response to the specific needs of patients (medical consultation, social and psychological support, dietary advice, etc.);
- Hygiene and prevention procedures for staff and patients.
- Management and maintenance of equipment, devices and consumables for to anticipate needs in relation to pharmacies for indoor use;
- The adaptation of procedures and transport schedules;
- The maintenance of equipment;