

## The Kingston Reproductive Centre (KRC) COVID-19 Treatment Waiver

The KRC is actively monitoring the novel coronavirus (“COVID-19”) outbreak and strives to prioritize the safety and well-being of our patients. This document serves to inform you of what our physicians currently understand about COVID-19 so that you can make an informed decision about current or future treatment cycles. Please note that information and recommendations regarding COVID-19 are constantly evolving and there may be risks that are currently unknown.

### What we currently know:

COVID-19, part of the coronavirus family, is spread from an infected person by droplets from coughing and sneezing, close personal contact (e.g. touching and shaking hands), and touching one’s nose, mouth or eyes before washing one’s hands. It is currently unknown if COVID-19 can be spread through semen, vaginal secretions, or sexual intercourse. Some preliminary studies are showing that it may indeed be present in affected person’s semen.

Many healthy individuals will experience the most common symptoms of COVID-19, which include, but are not limited to, fever, sore throat, cough, shortness of breath, loss of sense of taste and/or smell, and gastrointestinal symptoms. In addition, many people who contract the virus will have no symptoms or symptoms similar to the flu, will not require hospitalization, and will recover with routine supportive medical care.

Some people may be at higher risk for serious illness from COVID-19 because they have chronic or other serious long-term health problems. These health conditions include:

- Hypertension
- Diabetes
- Immunosuppression due to medical conditions or immunosuppressive medications
- Kidney, liver or heart disease
- Severe asthma or lung disease

Individuals with these conditions may experience more severe complications, including pneumonia in both lungs, multi-organ failure, and in some cases death. In pregnancy, these individuals may be at higher risk of preterm delivery and other pregnancy complications, which require closer fetal monitoring (per the recommendations of the Society for Maternal-Fetal Medicine). Therefore, patients with severe underlying medical conditions should not initiate fertility treatments at this time. These individuals should delay treatment and speak to their physician about when to proceed with treatment in the future.

### What we are still learning:

There are no current recommendations or studies to indicate that pregnancy should be avoided, but the science is still evolving and our current understanding of COVID-19 on pregnancies is limited. In general, pregnancy results in immunologic and physiologic changes that increases susceptibility to viral respiratory infections, as is observed with other coronavirus infections and viral respiratory infections, such as influenza, during pregnancy. However, there is currently no evidence people who contract COVID-19 in pregnancy may be at greater risk for severe illness, or even death, compared with the general population. Data from the 2002-2004 SARS epidemic suggest there is no increased risk of fetal loss or congenital anomalies associated with infection early in pregnancy, but the data are not conclusive and outcomes may not be the same for COVID-19 infections. Preliminary data show that there may be an increased risk of caesarean section for patients who have COVID-19. Additional increased risks for the fetus

could include but are not limited to intrauterine growth restriction, premature delivery, perinatal death, and stillbirth. There are reports of patients who have tested positive for COVID-19 near or at the time of delivery and have delivered babies without the virus, while there are also reports of babies have tested positive for the virus. It is unknown if COVID-19 can be transmitted to the fetus or newborn in pregnancy by other routes of direct transmission occurring before, during, or after delivery. Available reports are reassuring but are limited to small case series.

KRC recommends the following:

To reduce the risk of infection, all individuals prior to, during, and after treatment should use routine preventive actions such as:

- Frequent handwashing with soap and water or 70% alcohol-based hand rub for at least 20 seconds
- Avoiding close contact with people who have respiratory symptoms (i.e. cough and fever)
- Avoiding all travel outside of Canada within 14 days of coming to the OFC
- Adhering to physical distancing requirements along with any other relevant guidance issue by national, provincial, or local public health authorities
- Agreeing to be screened before entering the clinic, and performing hand hygiene before entering and upon exiting the clinic
- Wearing a mask (medical or non-medical) at all times in the clinic
- Attending appointments and procedures without a support person/partner/children
  - o If a support person is required to provide transportation, they will not enter the clinic unless directed to do so by clinic personnel
  - o If a sperm sample is required, it will be produced off site and dropped off only

Individuals with confirmed or suspected COVID-19 infection, or potential exposure to any individual with COVID-19

- Should avoid pregnancy until the symptoms resolve for at least 14 days and as recommended by Public Health

Individuals Attestation of patient and partner (if applicable):

I understand that:

- I may become exposed to COVID-19 prior to or while receiving services from the Kingston Reproductive Centre, despite their best screening efforts and enhanced practices of minimizing potential exposures to their patient population
- If I am tested for COVID-19, I agree that I will disclose the results of testing to the Kingston Reproductive Centre, prior to any treatment
- There will be no compensation for medication or treatment-related costs incurred prior to any cancellation
- If I demonstrate any symptoms that could be associated with COVID-19, the Kingston Reproductive Centre may cancel my treatment without advanced notice
- I understand that it is my obligation to inform the clinic if I am not feeling well, have a fever or any other symptoms (including chills, repeated shaking, new cough or worsening of chronic cough, difficulty breathing or shortness of breath, new runny nose/congestion or worsening of chronic congestion, muscle pain, new loss of sense of taste/smell, or sore throat) that could potentially be associated with COVID-19, or if I have reason to believe that I have been exposed to COVID-19
- I understand that cycle initiation can only occur with the prior approval of the Kingston Reproductive Centre
- I understand that this is a voluntary process and there are other options available, including, but not limited to, delaying my treatment until more is known about COVID-19 and the potential long-term effects
- I understand that a treatment cycle started could be cancelled due to unforeseen circumstances, such as new government regulations, staff shortages, PPE shortages, personal infection with COVID-19 or a COVID-19 outbreak within the clinic

I/we acknowledge that the current nature, purpose and risks of the treatments, procedures and pregnancy in light of COVID-19 have been fully explained by the clinical staff at the Kingston Reproductive Centre.

I/we have had the opportunity to ask questions and have had my questions answered to my satisfaction.

I/we acknowledge that we have been informed that this document may affect our legal rights.

I/we have the option to review this with my legal representative before signing.

I/we hereby release and forever discharge the Kingston Reproductive Centre at Kingston Health Sciences Centre, its predecessors, successors, affiliates, agents, physicians and employees from any and all claims, liabilities, damages, costs, expenses, actions, in respect to death, injury, loss or damage to my person however caused, which may arise should I become infected with the novel coronavirus and/or develop COVID-19 subsequent to my visit to the KRC.

I/we have read and understand this treatment waiver, accept its terms, and are signing it voluntarily.

**Based on this information and any other information we may have requested, by signing below, I (and my partner if applicable) wish to proceed with fertility treatment.**

Dated this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Partner Name

\_\_\_\_\_  
Partner Signature

References:

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html>

Society for Maternal Fetal Medicine- <https://www.sfm.org/covid19>

ASRM: <https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/covid-19/covidtaskforceupdate3.pdf>

Canadian Fertility and Andrology Society: [https://cfas.ca/Library/COVID19/CFAS\\_FERTILITY\\_CARE\\_SOP\\_June\\_3\\_update.pdf](https://cfas.ca/Library/COVID19/CFAS_FERTILITY_CARE_SOP_June_3_update.pdf)