**Guidance for Personal Protective Equipment for surgical tracheostomies during Covid-19 Crisis**

Jonas Osher – consultant OMFS
Sara Leonard – consultant ITU / anaesthetics
Mark Zuckerman – consultant virologist

King’s College Hospital
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Elective Tracheostomy

* Elective tracheostomy is not indicated for most Covid patients, there will however be some indication such as secondary bacterial pneumonia with secretions or critical illness myopathy
* COVID-19 testing to be performed in all patients prior to elective tracheostomy
* **Test must be from brocho-alveolar lavage, or endotracheal aspirate** (not from a naso-pharygeal swab which may show false negative)
* Tracheostomy is a high-risk procedure because of aerosol-generation*,* it may be prudent to delay tracheostomy until active COVID-19 disease has passed.
* There must be a multi-disciplinary discussion between OMFS, ITU, and anaesthetic consultants to discuss appropriateness of tracheostomy in COVID-19 positive patient
* If COVID negative following testing proceed use standard operating procedure (fluid resistant surgical mask, surgical gown, gloves and eye protection)

Standard operative procedure for tracheostomy in COVID 19 positive patient/Unknown status

* Most skilled anaesthetic and OMFS clinician performing anaesthetic and procedure, to ensure that the procedure is safe, accurate and swift
* Reduce unnecessary team members to essential staff
* Preparation and Gowning:
1. Use FFP3 mask.
2. Eye/face protection should be worn for performing tracheostomy or changing a tracheostomy tube due to the risk of respiratory secretions or body fluids. One of the following options are suitable:
	* surgical mask with integrated visor
	* full face shield/visor
3. Consider using respirator hood (such as the PureFlo)
4. Fluid resistant disposable gown should be worn. If non-fluid resistant gown is used a disposable plastic apron must be worn underneath. A sterile disposable gown must be used for surgical tracheostomy.
5. Gloves must be appropriate to allow palpation, use of stitches and surgical instruments. Consider using Eclipse system or “double-gloving”.
* Cuffed non-fenestrated tracheostomy should be used to avoid aerosolising the virus
* Every effort should be made not to pierce the cuff of the endotracheal tube when performing tracheotomy
* Initial advancement of the endotracheal tube should be performed prior to tracheostomy window being made
* If possible, cease ventilation whilst window in the trachea is being performed and check the cuff is still inflated before recommencing ventilation
* Ventilation to cease prior to tracheostomy tube insertion and ensure swift and accurate placement of tracheostomy tube with prompt inflation of the cuff
* Confirm placement with end tidal CO2
* Ensure there is no leak from the cuff and the tube is secured in position
* HME (Heat and moisture exchanger) should be placed on the tracheostomy to reduce shedding of the virus should the anaesthetic tubing be disconnected
* Avoid disconnecting HME but if necessary, disconnect distal to HME

Post tracheostomy care

* RCoA suggests avoiding humidified wet circuits as theoretically it will reduce the risks of contamination of the room if there is an unexpected circuit disconnection
* Avoid changing the tracheostomy tube until COVID-19 has passed, will have to review with infectious diseases
* Cuff to remain inflated and check for leaks
* Make every effort not to disconnect the circuit
* Only closed in line suctioning should be used

Tracheostomy and Tracheostomy Tube Changes in confirmed**negative**COVID 19 \*

**Equipment and Gowning:**

1. Use fluid resistant surgical mask.
2. Eye/face protection should be worn for performing tracheostomy or changing a tracheostomy tube due to the risk of respiratory secretions or body fluids. One of the following options are suitable:
	* surgical mask with integrated visor
	* full face shield/visor
3. Usual surgical gown for tracheostomy and single use disposable apron for tube change.
4. Gloves must be appropriate to allow palpation, use of stitches and surgical instruments. Consider using Eclipse system or “double-gloving”.

\* COVID Negative is a subjective decision and is not based purely on a single viral assay. The safest approach is to treat all patients as COVID positive.