

Guidance for Personal Protective Equipment for OMFS examination & procedures during Covid19 Crisis

Jonas Osher – OMFS, King's College Hospital & for BAOMS

20th March 2020

OMFS intra-oral examination & procedures

- Any intra-oral examination and procedures put the operator at risk of exposure to Covid19
- This includes any setting (outpatient clinic, ED, theatre & DSU)
- If COVID negative following testing: proceed as per standard operating procedure (fluid resistant surgical mask, surgical gown, gloves and eye protection)
- If COVID status is positive or unknown:
 - 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. 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.
- **If possible, to limit the number of FFP3 masks used, one FFP3 mask can be used for multiple patient examinations if it is 'donned' at the beginning of the clinic and 'doffed' at the end**

Elective Tracheostomy

- COVID-19 testing to be performed in all patients prior to elective tracheostomy
 - Tracheostomy is a high-risk procedure because of aerosol-generation, it may be prudent to delay tracheostomy until active COVID-19 disease has passed. OMFS and ITU consultant to discuss appropriateness of tracheostomy in COVID-19 positive patient
 - If COVID negative following testing proceed as per 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:
 1. surgical mask with integrated visor
 2. full face shield/visor
 3. 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.
 4. Consider 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 the circuit 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** or **not suspected** 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:
 1. surgical mask with integrated visor
 2. 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”.