

## POST-TRACHEOSTOMY CARE IN THE CONTEXT OF COVID-19 POSITIVE PATIENT

### GUIDELINES OF CLINICAL PRACTICE OF THE FRENCH SOCIETY OF OTORHINOLARYNGOLOGY, HEAD AND NECK SURGERY (SFORL)

**APRIL 3<sup>RD</sup> 2020**

1. Definition of patient COVID 19 positive and COVID 19 negative status before tracheostomy care.

Considering the rapid spread of the COVID-19 pandemic, any patient should be considered as potentially infected. Thus, the precaution measures mentioned below should be applied even in asymptomatic patients if they could not have a chest CT-scan and a nasopharyngeal viral sample before their tracheostomy care

2. Surgical hand scrub and / or friction with hydro-alcoholic solution before and after each treatment
3. Personal protective equipment
  - Wear surgical gown and an overall that you change with your clothes at the end of the day
  - Dressing and undressing must be done within the room
  - An apron or a gown must be worn during treatment

- For head protection, prefer the hood cap rather than a simple cap to best protect any skin exposure.
  - Wear protective glasses and gloves (non-sterile)
  - Wear an FFP2 (N95) mask
4. Ensure that all the equipment, in particular the suction probe, is ready
  5. For tracheostomy change: Abundant spraying of 5% lidocaine into the tracheostomy tube
  6. If the patient is ventilated on the tracheostomy cannula, ask the anesthesiologist to sedate the patient and perform a neuromuscular block to reduce any risk of coughing during the change of the cannula.
  7. Regarding tracheostomy care, all disposable material that has been in contact with the cannula or trachea (filters, suction probes) must be eliminated according to the infectious risk waste circuit.
  8. It is possible to use a room without air treatment provided that:
    - The bedroom door remains closed
    - The patient's room is ventilated at a regular rate
    - The air pressure in the room is at zero
  9. The duration during which the patient is contagious is still uncertain but is probably more than 25 days. These instructions are therefore valid throughout the management of the tracheotomized patient in the absence of validated data on clinical and virological healing process.

*NB: Advice and precautions are naturally likely to be modified on a day to day basis, following the evolution of the epidemic, the technical means available and scientific evidence concerning SARS-Cov-2.*

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