ENT guidelines for clinical practice during Covid-19 pandemic Ireland

Version 1.0

An emergency discussion group was convened on 20th March 2020 to attempt to gain consensus on management of ENT departments nationwide. The Majority of ENT units in the country were represented at this virtual forum. The guidelines issuing from this forum are intended as general guidelines only as of March 20th and are subject to change and revision with the evolving situation

General Considerations

- The ENT communities nationally and internationally are very concerned about the high contract rate and mortality rate of Covid-19 among ENT clinicians in other Covid hotspots. The majority of ENT patients receive a procedure and all of these procedures are aerosol inducing with the surgeon in close proximity to the patient. We are also concerned about the on-going management of patients with or without Covid in the context of acute hospitals overwhelmed with Covid patients.
- Asymptomatic patients have been shown to carry the same viral load in their nasopharynx as patients displaying symptoms. In light of the high risk to staff it was agreed that all patients should be assumed and treated as Covid positive.
- **All the below procedures should be carried out using full PPE with correct donning and doffing technique.**
- Quality of PPE should adhere to WHO guidelines
- All ENT personnel should be trained in donning and doffing PPE with FFP3 masks.
- It is assumed that no unit is carrying out elective surgery or OPD clinics other than emergency cases.

Tracheostomy

Elective tracheostomy for ventilated Covid positive patients is without evidence of benefit and extensive international consultation has confirmed that it should be a rare event.

Considerations:

- Highest aerosol generating procedure
- Risk to nursing staff after procedure due to continuing expectoration of aerosols and droplets and need for suctioning and changing inner cannula.
- Risk of displacement of cannula with forceful cough or position changes
- Risk to patient being nursed on Covid ward with no airway expertise

- Requirement for full PPE for all staff on ward-limited resource
- Prolonged stay in hospital –limited resource
- No benefits in weaning patient-may prolong ICU stay.
- If a particular unit wishes to undertake such a procedure in these patients then percutaneous tracheostomy should be performed. (without bronchoscopic control).
- It is recommended that individualised decisions regarding tracheostomy be made in a multidisciplinary fashion based on their unique set of circumstances and resources available.
- Emergency tracheostomy may be required as a life saving measure in patients with non-Covid disease/Covid status unknown. The decision to intervene should be rapidly evaluated by the most Senior Clinician available in close consultation with Anaesthetic/ICU staff.

Referrals and Outpatient Clinics

- Patients should only be seen who are considered highly likely to have malignancy, and who are likely to have significantly compromised outcome by a delay in assessment of same.
- If an appointment is deemed essential the patient should be contacted in advance and should not attend if displaying any symptoms that would qualify them for testing (see hpsc.ie algorithm for community and acute settings)

Flexible laryngoscopy

- Laryngoscopy is a highly aerosolized procedure to be considered under the umbrella of bronchoscopy as per hpsc guidelines.
- Laryngoscopy should only be done where it is considered critical that this examination be performed immediately and will influence immediate management
- Laryngoscopy should be performed using a screen with camera attached to laryngoscope to allow distance from aerosols.
- No other person should be within 2m of the patient undergoing laryngoscopy.
- The laryngoscope should be sterilized according to hospital protocol.
- Laryngoscopy should be carried out in a dedicated procedure room and decontaminated after as per local infection control protocols.

Epistaxis

- Minimal intervention is essential. There is no role for endoscopy.
- Treat by inserting an absorbable pack for minor bleeds and nasal tampon for a heavier bleed. Consider flow seal or similar.
- Consider the use of Tranexamic Acid
- Discharge the patient where possible without admission.

Quinsy

- Minimal intervention is essential, treat with antibiotics only where possible.
- If drainage is essential aspirate with a large needle and no local anesthetic to avoid undue exposure.
- Discharge the patient where possible.

Otology

- Microsuction should be avoided where possible due to the risk of stimulating the cough reflex.

Fractured Nasal Bones

- Closed reduction of fractured nasal bones is a cosmetic procedure and should not be carried out during this crisis.
- Follow up can be arranged via GP if appropriate after crisis.

Note: this is a consensus document only and serves as a guide to individual units. Local guidelines may supersede these guidelines. Covid-19 is a rapidly evolving challenge and this document will likely require amendment and updating as the crisis continues.

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