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Outpatient and Inpatient Tracheostomy/Laryngostoma Guidelines

The management of patients/visitors with tracheostomies and laryngostomas during this COVID pandemic can be challenging, as the anatomy is altered, and questions about the transmission from the trachea remain unanswered. As such, we have created guidelines to safely care for patients with tracheostomies:

I. Tracheostomies/laryngostoma and aerosol generating procedures (AGP)
   - i. **Although having a tracheostomy/laryngostoma without any manipulation is NOT aerosol generating, an N95 plus eye protection (or PAPR) is recommended given the unpredictability regarding whether the patient will require open suctioning or other trachea manipulation/procedures during the encounter.**
   - ii. The following are not aerosol generating when performed without any other AGPs:
     1. Oxygen delivered via a tracheostomy mask
     2. Tracheostomy or laryngostoma dressing change including changing trach ties
     3. Replacement of a tracheostomy mask
   - iii. Aerosol generating procedures include:
     1. Open suctioning
     2. Other manipulation/procedures on the tracheostomy/laryngostoma including scoping, surgery, cautery, tube changes, and circuit disconnects (ventilator disconnections)

II. Tracheostomy/laryngostoma and Masking
   a. Patients should be asked about the presence of a tracheostomy/laryngostoma prior to any visit and asked to come in with coverings in place on their face and neck if age appropriate and safe.
   b. In line with the universal masking policy at UCSF, for patients/visitors with tracheostomies or laryngostomas:
      - Entry points should provide masks for the neck and face if age appropriate and safe.
      - The neck covering can be a Heat-Moisture Exchange (HME) filter that is placed on the tracheostomy or laryngectomy tube, or as a mask/covering that is loosely tied around the neck.
   c. Patients need to be masked on the face and the neck during their entire visit including when in common areas. For inpatients, the patient should be masked when the healthcare worker is in the room.

III. PPE, Room, and Signage recommendations
   a. PPE recommendations

i. Eye protection is required for all direct patient care.
ii. N95 (or PAPR) is recommended as there is some unpredictability regarding whether the patient will require open suctioning or other trachea manipulation/procedures during the visit/encounter.
iii. If aerosol generating procedures are done including those listed above, then N95 and eye protection (or PAPRs) should be used when entering the room even after the patient leaves until 99% of aerosols are removed. For many areas, this is 1 hour after the aerosol generating procedure is completed.

b. Room considerations
   i. Outpatient
      1. Expedite rooming these patients, to minimize the risk of transmission in the event someone is later found to be COVID-19 positive. Bring patients into clinic rooms or holding rooms as a priority, or they can be scheduled at the end of the day.
      2. Room patient in a private exam room and keep the door closed.
      3. If the patient is able to maintain a face/neck mask or HME filter throughout the entire visit, then the room can be used promptly after normal cleaning.
      4. If aerosol generating procedures are performed including those listed above, then the room must be closed and empty to allow for 99% of aerosols to be removed. If a healthcare worker needs to enter the room during this time, they should wear N95 and eye protection (or PAPR). The exam room door should remain closed during this time. For many areas, this is 1 hour after the aerosol generating procedure is completed.
   ii. Inpatient
      1. For COVID confirmed, exposed, or with signs/symptoms concerning for COVID undergoing evaluation place patient in a negative pressure room. The patient will also need to be on Novel Respiratory Isolation.
      2. For all other patients, place them in a private patient room with the door closed.
         a. Depending on the timing of the last aerosol generating procedure at the time of discharge, then the room must be closed and empty to allow for 99% of aerosols to be removed. If a healthcare worker needs to enter the room during this time, they should wear N95 and eye protection (or PAPR). The patient room door should remain closed during this time. For many areas, this is 1 hour after the aerosol generating procedure is completed.

c. Signage
      1. For COVID confirmed, exposed, or with signs/symptoms concerning for COVID undergoing evaluation place patient in a negative pressure room. The patient will also need to be on Novel Respiratory Isolation.

2. For all other patients given there is some unpredictability regarding whether the patient will require open suctioning or other trachea manipulation/procedures place the Aerosol Generating Procedure in Progress sign:
    a. For ambulatory visits, place this sign on the door for the encounter/visit. Remove the sign as noted in the section above.
    b. For inpatients, place the sign on the door for the entire admission. Remove the sign as noted above.

IV. Suctioning
- a. Patients with tracheostomies/laryngostomas may require suctioning. Some patients bring their suctions with them, and others rely on the hospital to provide equipment and services.
- b. Open suctioning of a tracheostomy/laryngostoma by provider or patient is an AGP:
    i. N95 and eye protection or PAPR should be worn by providers during suctioning and for the time it takes for 99% of aerosols to be removed. The exam/patient room door should remain closed during this time.
    ii. The room must be closed and in ambulatory areas empty to allow for 99% of aerosols to be removed.
    iii. For many areas, 99% of aerosols are removed 1 hour after the aerosol generating procedure is completed.
- c. Inline suctioning is preferred and not considered an AGP, but these setups are not common. For areas with a higher number of airway patients, inline suction catheters should be made available to help reduce the potential for aerosolization during suctioning.

V. COVID-19 Testing
- a. Patients with tracheostomies/laryngostomas should have COVID-19 PCR testing using the same methods and sampling sites including NP/midturbinate and oral swabbing unless there is a contraindication.

Reviewed by Dylan Chan, Andrew Goldberg, Patrick Ha, Andrew Murr, Clark Rosen on 9/3/20. Reviewed on 10/16/20 by Clinical Care Committee.