

TRAMS UPDATE

Tracheostomy Care Changes in Response to COVID-19

APRIL 3, 2020

PPE for Inpatient Staff Managing Tracheostomy Patients

Tracheostomy care is an aerosol generating procedure (AGP)

In keeping with the *Austin Health COVID-19 Reference Guide version 2.2 March 27 Item 13, Aerosol Generating Procedures* the following PPE are to be worn by staff who manage tracheostomy patients.

PPE for Routine Care:

ALL Clinical Areas			
Aerosol Generating Procedures (AGP)			
Suspected or confirmed COVID*	<i>Airborne + Intensive Contact Precautions (COVID-19 Precaution Level – High)</i> N95 mask Gown (+ apron if seeing multiple patients) Gloves Eye protection	Mask worn for the duration of session	Also applies to “unknown” cases where a history cannot be obtained from the patient to determine COVID status. PAPR may be used for AGP if available, approved by Infection Control as part of a specialist service, and staff member has been appropriately trained. Note that untrained use of PAPR will result in an increased risk of healthcare worker infection.
Patient not suspected or confirmed COVID	<i>Droplet + Intensive Contact Precautions (COVID-19 Precaution Level – Moderate)</i> Surgical mask (see above for AGP2) Gown Gloves Eye protection	Mask worn for the duration of session	

PPE for Transporting/Mobilizing patients:

COVID and non COVID Tracheostomy Patients

ALL Clinical Areas	Transporting/Mobilizing
Healthcare Worker	PPE as above
Patient	A surgical mask on patient’s face HME or Tracheostomy shield plus Surgical Mask over Tracheostomy tube

* Infection control advises that for NON-COVID patients, **staff can keep the same surgical mask/goggles on for up to 8 hours (as long as they are not soiled or touched)**. Staff still have to change your gown and gloves between patients

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Cuff Status and Use of One-Way Valves for Communication

ALL Clinical areas		
<u>Ventilated Patients</u>		
	Suspected or confirmed COVID	Cuff must remain inflated at all times. Do not use any communication options including ventilator adjusted leak speech, one way valve in line or above cuff voicing
	Not suspected or confirmed COVID	Cuff and one-way valve use as per Speech Pathology and the treating team recommendations on a case by case basis.
<u>Spontaneously Breathing Patients</u>		
	Suspected or confirmed COVID	Cuff status and use of one-way valve (PMV) as per Speech Pathology and treating team recommendations
	Not suspected or confirmed COVID	Cuff status and use of one-way valve (PMV) as per Speech Pathology and treating team recommendations

Humidification Practice Changes For ALL Tracheostomy Patients

- **Cease routine and PRN normal saline nebulisers** from current humidification regime.
- **Use of inner cannulas** in ALL ward tracheostomy inpatients of Austin Health to mitigate the risk of potential tube blockage occurring (unless specified by TRAMS or the treating medical team).
- **Metered Dose Inhaler (MDI) medications via a spacer** can be attached directly to the tracheostomy hub or in invasively ventilated patients, an MDI attachment placed in the ventilator circuit.
- **Ensure use of heated humidification** when patient in bed or at bedside. If patients are ambulant or during transport use an HME.

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