

Tracheostomy Care Changes in Response to COVID-19

Applies to all Austin Health Campuses

APRIL 29, 2020

PPE for inpatient staff managing tracheostomy patients*

In response to the COVID 19 pandemic many changes to hospital practice have occurred including use of PPE. In consultation with Infection Control and in line with the DHHS guideline, TRAMS has revisited what constitutes routine tracheostomy care PPE for patients who are not SCOVID or COVID. Patients with a tracheostomy who develop symptoms of an acute respiratory infection should be assessed and tested in accordance with the [DHHS guidelines](#)

Routine PPE for Tracheostomy Care:

- Surgical mask
- Disposable apron
- Gloves
- Eye protection

PPE should be worn when performing tracheostomy care which is likely to stimulate coughing when the health care worker (HCW) is within 1.5m of the patient, including but not limited to:

- Stoma and inner cannula care
- Tracheostomy suctioning
- Cuff deflation
- Manually assisted coughing
- In/exsufflation treatments
- Bagging the patient

PPE is not required for general care of the patient, e.g. discussing treatment plans, administering medication, assisting with personal hygiene

PPE for Tracheostomy Care in **SCOVID or COVID** patients:

Also applies to “unknown” cases where a history cannot be obtained from the patient to determine COVID status.

- N95 mask
- Gown (+ apron if seeing multiple patients)
- Gloves
- Eye protection

PPE for transporting and mobilizing patients

NON SCOVID or COVID:

- HCW to don routine PPE.
- Patient no additional precautions.

In stable patients undergoing rehabilitation, PPE may not need to be worn by the HCW but should be immediately accessible for provision of tracheostomy care e.g. suctioning

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SCOVID or COVID:

- HCW to don COVID-19 PPE.
- Patient to wear surgical mask on face and ProTrach HME on tracheostomy tube if supplied by TRAMS. If not available place surgical mask over tracheostomy instead.

* PPE also applies to patients with laryngectomy

Cuff status and communication options

ALL Clinical areas		
Ventilated Patients	SCOVID or COVID	<p>Extreme caution is advised in this patient population. Above cuff voicing, ventilator adjusted leak speech or one-way valve in line are all potential aerosol generating procedures.</p> <p>Cuff should ideally remain inflated at all times. However, communication options utilising the tracheostomy tube may be considered on a case by case basis by the treating team and Speech Pathologist.</p> <p>The above communication options should be undertaken with full COVID -19 precautions.</p>
	Not SCOVID or COVID	Cuff and one-way valve (Eg. Passy-Muir Valve - PMV) as per Speech Pathology and treating team recommendations.
Spontaneously Breathing Patients	SCOVID or COVID	Cuff status and use of one way valve (Eg. PMV) as per Speech Pathologist and treating team recommendations
	Not SCOVID or COVID	Cuff status and use of one way valve (Eg. PMV) as per Speech Pathologist and treating team recommendations

Humidification practice changes for all tracheostomy patients

- **Cease routine and PRN normal saline nebulisers** from humidification regime. Where clinically indicated, nebulisers may be prescribed in consultation with the treating team.
- **Use of inner cannulas** in all ward tracheostomy inpatients of Austin Health to mitigate the risk of potential tube blockage occurring
(This does not apply to invasively ventilated patients in ICU or under VRSS - 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. See above section *Transporting and Mobilizing patients*