



TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE (TRAMS) CLINICAL PROCEDURE

TRACHEOSTOMY CARE CHANGES IN RESPONSE TO SUSPECTED OR CONFIRMED COVID-19

Staff this document applies to:

- All staff on all campuses of Austin Health

Purpose:

- To provide a guide for staff regarding changes to tracheostomy care required in response to the COVID-19 pandemic.

Related policies/procedures/guidelines:

- Refer also to the Austin Health Personal Protective Equipment guidelines accessed via the Austin COVID-19 SharePoint page
- [Tracheostomy - Management of Patients with Tracheostomy](#)
- [Humidification of Inspired Gases in Patients with Tracheostomy](#)
- [Tracheostomy - Heat and Moisture Exchangers \(HMEs\), Use of](#)
- [Tracheostomy - Suctioning Via the](#)
- [Tracheostomy Cuff Management](#)

Key Points

- [Personal Protective Equipment \(PPE\)](#)
- [Tracheostomy Cuff Status and Communication Options](#)
- [Humidification practice changes for all tracheostomy patients](#)

Personal Protective Equipment (PPE) For Tracheostomy Care:

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.

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

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- 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 also applies to patients with laryngectomy

Routine PPE for tracheostomy care:

- Surgical mask
- Disposable apron
- Gloves
- Eye protection

PPE for tracheostomy care in **SCoVID or COVID patients:**

This 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 with tracheostomy:

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

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.

Tracheostomy 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</p> |

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| | | be considered on a case by case basis by the treating team and Speech Pathologist. The above communication options should be undertaken with full COVID -19 precautions. |
| | 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*

Authorised/endorsed by:

Tracheostomy Policy and Procedure Review Committee

Infection Control

Primary Person/Department Responsible for Document:

Tanis Cameron, Manager TRAMS