

TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE (TRAMS) CLINICAL GUIDELINE

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

Staff this document applies to:

- All staff on all campuses of Austin Health

Related Austin Health policies, procedures or guidelines:

- [COVID-19: Guidelines for the use of Personal Protective Equipment \(PPE\)](#)
- [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](#)

Purpose:

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

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
- Manually assisted coughing
- Mechanical insufflation/exsufflation
- Manual ventilation (“bagging”)

For general care of the patient (e.g. discussing treatment plans, administering medication, assisting with personal hygiene) PPE recommendations for the current DHHS risk rating should be followed.

Patients not suspected or confirmed COVID-19	SCOVID or confirmed COVID-19 patients:
<p>Routine PPE for Tracheostomy Care</p> <ul style="list-style-type: none"> • Surgical mask • Disposable apron • Gloves • Eye protection 	<p>PPE for tracheostomy care in SCOVID or confirmed COVID-19 patients:</p> <ul style="list-style-type: none"> • N95 mask • Gown (+ apron if seeing multiple patients) • Gloves • Face Shield <p>This also applies to “unknown” cases where a history cannot be obtained from the patient to determine COVID status.</p>
<p>PPE For transporting and mobilizing patients with tracheostomy:</p> <ul style="list-style-type: none"> • HCW to don routine PPE. • Patient: no additional precautions. <p>In stable patients undergoing rehabilitation, routine PPE may not need to be worn by the HCW but should be immediately accessible for provision of tracheostomy care e.g. suctioning</p>	<p>PPE For transporting and mobilizing SCOVID or COVID-19 patients with tracheostomy:</p> <ul style="list-style-type: none"> • HCW to don COVID-19 PPE. • Patient to wear surgical mask on face and anti-viral/antibacterial Freevent Xtracare™ HME (previously named ProTrach HME) on tracheostomy tube (can be obtained from TRAMS or ED). • If Freevent Xtracare™ HME is not available place an additional surgical mask over tracheostomy instead. <div data-bbox="790 1659 1276 1870" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Low flow O2 can be attached using this connector</p>  <p style="text-align: right; font-size: small;">Freevent® XtraCare™ for extra protection</p> </div>

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 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.⁽²⁾</p> <p>The above communication options should be undertaken with full COVID -19 precautions.</p>
	Not SCOVID or COVID	Cuff and one-way valve (E.g. 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 (E.g. PMV) as per Speech Pathologist and treating team recommendations. ⁽²⁾
	Not SCOVID or COVID	Cuff status and use of one way valve (E.g. 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.
- **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.
- **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).
- **Ensure use of heated humidification** when patient in bed or at bedside. See above section *Transporting and Mobilizing patients*

Document Author/Contributors:

- Document writers: Tracheostomy Review and Management Service
- Last updated by: Ally Macdonell (Senior Physiotherapist, TRAMS) & Dr Naomi Atkins (Medical Director, TRAMS) November 2021

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Legislation/References/Supporting Documents:

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Endorsed by:

- Tracheostomy Policy and Procedure Review Committee
- Dr Jason Kwong, Medical Director Infection Control

Document Owner /Person Responsible for Document:

- Prue Gregson, Manager TRAMS