

PPE Safety Protocols for ENT Clinical Care

This documents the current recommendation for clarifying PPE safety protocols for ENT clinical care as of 05/11/2020.

Asymptomatic patients in clinic, ED or inpatient consults

- 1) Diagnostic scoping procedures – i.e flexible laryngoscopy, flexible stroboscopy, nasal endoscopy
PPE: standard face mask, face shield, gown, gloves
Face shield – can be cleaned and reused if not visibly soiled
Patient: stays masked only exposing the nose
Use pledgets instead of aerosol
- 2) Therapeutic procedures – i.e nasal endoscopy with biopsy/suction for sinus culture/debridement/epistaxis control
PPE: N95, face shield, gown, gloves
Face shield – can be cleaned and reused if not visibly soiled
N95 – can be reused if covered by face shield and neither visibly soiled
Patient: stays masked only exposing the nose
Use pledgets instead of aerosol
- 3) Ear procedures including suctioning
PPE: standard face mask, face shield, gloves or standard face mask, gloves if under microscope (no face shield)
Face shield – can be cleaned and reused if not visibly soiled
Patient: stays masked
- 4) Routine head/neck examination/neck/thyroid FNA/skin biopsy
PPE: standard face mask, face shield, gloves along with standard precautions
Patient: stays masked only exposing nose and mouth when needed
- 5) Oral cavity/throat biopsy
PPE: N95, face shield, gown, gloves
Face shield – can be cleaned and reused if not visibly soiled
N95 – can be reused if covered by face shield and neither visibly soiled
Patient: stays masked before and after biopsy
- 6) Tracheotomy tube change
PPE: N95, face shield, gown, gloves
Face shield – can be cleaned and reused if not visibly soiled
N95 – can be reused if covered by face shield and neither visibly soiled
Patient: should have mask over nose/mouth and HME or PMV if possible and mask over tracheotomy tube

Patients with Suspected or Confirmed COVID-19: ED or inpatient consult

- 1) PPE: N95, face shield, gown, gloves
Face shield – single use
N95 – single use
Patient: should be masked

OR

- 1) Asymptomatic patients: OR case not involving aerodigestive tract (ie neck dissection alone, parotid, thyroid) => (see below)

“All patients undergoing surgical procedures will be prioritized for testing for COVID-19 within 72 hours of the planned procedure. The process for ordering the test and communicating the process to the patient is found below. This applies to both inpatients and outpatients having surgeries and procedures regardless of suspicion or symptoms of COVID-19. If at all possible, the surgical procedure **should be delayed** until a result is available, in order to provide the best medical information to the operating team and to conserve PPE. Asymptomatic patients (patients without symptoms or history suspicious for COVID-19) with a **negative test** will be done using **standard PPE** (gown, gloves and a standard surgical facemask in addition to standard precautions) using standard surgical and perioperative processes and transport procedures.

Urgent/emergent **non-open airway** cases involving asymptomatic patients who cannot wait for a test result should be done with the intubating team wearing a N95 and face shield/goggles. The remaining OR team should distance themselves from the patient during the intubation/extubation and only require standard PPE during the case.”

<https://covid-19.dukehealth.org/documents/or-protocol-perioperative-management-urgent-surgical-procedures-suspected-or-confirmed>

- 2) Asymptomatic patients: open airway procedure (ie procedure in OR involving the aerodigestive tract) => (see below)

All patients undergoing surgical procedures will be prioritized for testing for COVID-19 within 72 hours of the planned procedure. The process for ordering the test and communicating the process to the patient is found below. This applies to both inpatients and outpatients having surgeries and procedures regardless of suspicion or symptoms of COVID-19. If at all possible, the surgical procedure **should be delayed** until a result is available, in order to provide the best medical information to the operating team and to conserve PPE. Asymptomatic patients (patients without symptoms or history suspicious for COVID-19) with a **negative test** will be done using **standard PPE** (gown, gloves and a standard surgical facemask) using standard surgical and perioperative processes and transport procedures.

Urgent/emergent **open airway** cases involving asymptomatic patients who have not been tested should be done with **all** team members in the room wearing a N95 for the entire procedure. <https://covid-19.dukehealth.org/documents/or-protocol-perioperative-management-urgent-surgical-procedures-suspected-or-confirmed>

- 3) Patients with suspected or confirmed COVID-19:

PPE for all OR staff involved in these cases includes: 2 pairs surgical gloves, N95 mask, face shield or goggles, gown, shoe covers..

The exception to this:

During specific open airway cases (including sino-nasal, middle ear, oral and pharyngeal cases, bronchoscopy, laryngoscopy, tracheostomy, or lung transplantation procedures with significant airway or parenchymal airleak) ENT/thoracic surgeons should wear PAPRs or equivalent. For non-PUIs, a PAPR is not required.” <https://covid-19.dukehealth.org/sites/covid-19.dukehealth.org/files/Operating%20Room%20SOP%20for%20COVID%20v12.1%204-30-20-AK.pdf>

N95 and Face Shield Reuse/ Extended Use: https://covid-19.dukehealth.org/sites/covid-19.dukehealth.org/files/N95%20Respirators%20and%20Face%20Shields-Instructions%20for%20Extended%20Use%20and%20Re-Use_04.14.20_0.pdf

Poster demonstrations of donning/doffing: https://covid-19.dukehealth.org/sites/covid-19.dukehealth.org/files/PPE-Donning-Doffing-11x17-N95-INPATIENT_04.01.2020.pdf