



**Updated December 2020**

The COVID Clinical Response Committee (CCRC) has been asked to provide guidance on isolation of patients with non-invasive ventilation devices or tracheostomies. In conjunction with IPAC, the following guidance is issued subject to change.

Further updates to this guidance may be made by the IPAC Committee. IPAC Practitioners have the authority to make individual decisions and do so in consultation with the appropriate individuals and committees.

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## CPAP/BIPAP/tracheostomy/ventilation

| Airway device                        | Isolation at admission   | COVID swabs   | Re-assessment of isolation   |
|--------------------------------------|--|---|--|
| <b>CPAP</b>                          | Airborne/Droplet/contact precautions when on device.             | <ol style="list-style-type: none"> <li>Baseline swab necessary on admission or surgical pre-admission swab (within 48-72 hr of admission).</li> </ol>   | <p>If negative baseline: downgrade to droplet/contact if admitted for non-respiratory related issues</p> <p>Continue airborne/droplet/contact for 14 days if:</p> <ul style="list-style-type: none"> <li>COVID Suspect, Contact or Positive</li> <li>From LTC/NH/Group Homes/Outbreak Facility</li> <li>Swab on day 14 again, if negative, downgrade to droplet/contact</li> </ul> |
| <b>BIPAP</b>                         | Airborne/droplet/contact precautions                             | <ol style="list-style-type: none"> <li>NPS on admission or surgical pre-admission swab (within 48-72hr)</li> <li>If positive, airborne/droplet/contact</li> <li>If admission NPS negative, repeat NPS at 14 days after admission and maintain airborne/droplet/contact</li> </ol> | <p>Only IPAC can reassess isolation.</p> <p>If negative on admission and day 14, can downgrade to droplet/contact</p>  |
| <b>Tracheostomy – no ventilation</b> | Airborne/droplet/contact precautions                             | <ol style="list-style-type: none"> <li>NPS and sputum on admission</li> <li>If positive, airborne/droplet/contact</li> <li>If admission NPS and sputum negative at day 0 and 14 days after admission downgrade to droplet/contact</li> </ol>                                      | <p>Only IPAC can reassess isolation.</p> <p>If positive-isolation will be reassessed at day 20</p> <p>If negative on admission and day 14 can downgrade to droplet/contact and cohort with other screened tracheostomy patients.</p>   |
| <b>Tracheostomy with ventilation</b> | <p>Droplet/contact precautions</p> <p>Admit to Critical Care</p> | <ol style="list-style-type: none"> <li>NPS and sputum on admission to unit</li> <li>If NPS positive maintain precautions</li> <li>Repeat NPS and sputum 14 days after admission</li> </ol>  | <p>Only IPAC can reassess isolation.</p> <p>IPAC will use time based clearance to consider removal of additional precautions at day 20 in critical care.</p> <p><b>**If patient is isolated in the first 20 days in critical care please add airborne isolation when disconnecting vent to perform trach care with an open circuit**</b></p>                                       |

**Insertion of new tracheostomy in a hospitalized patient during COVID-19 pandemic.**

| Indication for Tracheostomy  | COVID swabs   | Tracheostomy procedure & Isolation  |
|--|---|---|
| <b>COVID+ ARDS now negative (2x sputum) with failure to wean from mechanical ventilation</b>           | <ol style="list-style-type: none"> <li>1. NPS/sputum positive on admission</li> </ol>   | <ul style="list-style-type: none"> <li>● Only IPAC can re-assess isolation.</li> <li>● AGMP precautions during tracheostomy procedure.</li> <li>● Clearance is based on 20 days from onset of symptoms or positive swab + patient is afebrile and symptoms are improving for at least 24 hours</li> <li>● Patient remains in droplet/contact because of trach, but patient can leave COVID critical care unit (e.g. SIMCU)</li> </ul>                               |
| <b>Acute airway obstruction presenting to Emergency department requiring urgent tracheostomy in OR</b> | <ol style="list-style-type: none"> <li>1. Send NPS on admission</li> <li>2. Airborne/droplet/contact precautions</li> <li>3. Send NPS and sputum at day 14</li> </ol>   | <ul style="list-style-type: none"> <li>● Only IPAC can re-assess isolation.</li> <li>● AGMP precautions during tracheostomy procedure.</li> <li>● Droplet/contact isolation after procedure if on ventilator (closed circuit)</li> <li>● Airborne/droplet/contact precautions following procedure during trach mask trials</li> <li>● If negative on admission and day 14, can downgrade to droplet/contact and cohort with other tracheostomy patients.</li> </ul> |
| <b>ENT elective (or semi-elective) tracheostomy in OR</b>  | <ol style="list-style-type: none"> <li>1. Send NPS on admission or pre-op swab within 48-72hr of OR.</li> <li>2. If fails screening delay elective procedure</li> <li>3. Send NPS and sputum at day 14</li> </ol> | <ul style="list-style-type: none"> <li>● Only IPAC can re-assess isolation.</li> <li>● AGMP precautions during tracheostomy procedure.</li> <li>● Airborne/droplet/contact precautions following procedure.</li> <li>● If negative on admission and day 14 can downgrade to droplet/contact and cohort with other screened tracheostomy patients.</li> </ul>  |

**\*All tracheostomy procedures will be performed using AGMP procedures and PPE (airborne/droplet/contact) regardless of COVID19 status**