



OSLER COVID CLINICAL RESPONSE COMMITTEE

The COVID Clinical Response Committee (CCRC) has been asked to provide guidance on isolation of patients with non-invasive ventilation devices or tracheostomies.

Chronic home CPAP/BIPAP and chronic tracheostomy/home ventilation presenting to Emergency Department

Airway device	Isolation at admission	COVID swabs	Re-assessment of isolation
Home CPAP/BIPAP	<ol style="list-style-type: none"> Airborne/droplet/contact when on device (and 60 minutes following discontinuation) Droplet/contact when off device 	<ol style="list-style-type: none"> NPS on admission If NPS positive, IPAC to guide If admission NPS negative, repeat NPS 14 days after admission 	<p>Only IPAC can re-assess isolation. If negative on day 1 and 14 can downgrade to droplet/contact while on CPAP/BIPAP.</p>
Tracheostomy – no ventilation	<ol style="list-style-type: none"> Airborne/droplet/contact 	<ol style="list-style-type: none"> NPS and sputum on admission If positive, IPAC to guide. If admission NPS and sputum negative, repeat sputum 14 days after admission 	<p>Only IPAC can re-assess isolation. If negative on admission and day 14 can downgrade to droplet/contact and cohort with other tracheostomy patients.</p>
Tracheostomy with home ventilation	<ol style="list-style-type: none"> Airborne/droplet/contact Admit to Critical Care COVID unit 	<ol style="list-style-type: none"> NPS and sputum on admission If NPS positive, IPAC to guide If NPS and sputum negative, re-send sputum at 48 hours If prior sputum and NPS negative, re-send sputum 14 days after admission 	<p>Only IPAC can re-assess isolation. If negative at admission and 48 hours, patient can move to non-COVID area of critical care but remain in droplet/contact, single room. If all COVID testing negative through 14 days, patient can leave single room environment but remain in droplet/contact.</p>

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

Indication for Tracheostomy	COVID swabs	Tracheostomy procedure & Isolation
COVID+ ARDS now negative (2x sputum) with failure to wean from mechanical ventilation	<ol style="list-style-type: none"> 1. NPS/sputum positive on admission 2. 2x negative sputum (24hr apart) prior to tracheostomy procedure 	<p>Only IPAC can re-assess isolation. AGMP precautions during tracheostomy procedure. After 2x negative sputum samples, patient is considered cleared of COVID. Patient remains in droplet/contact because of trach, but patient can leave COVID critical care unit (e.g. SIMCU)</p>
COVID+ ARDS with persistent positive COVID sputum and failure to wean from mechanical ventilation	<ol style="list-style-type: none"> 1. NPS/sputum positive on admission 2. Repeat sputum samples are continuously positive 3. Send sputum for COVID weekly 4. If sputum becomes negative, send second sample at least 24 hours after first sample. 	<p>Only IPAC can re-assess isolation. Consider delaying tracheostomy until patient is COVID negative. If proceeding with tracheostomy despite ongoing positivity, consider techniques to minimize aerosolization and perform in AIIR in ICU. AGMP precautions during tracheostomy procedure. Patient must remain in airborne/droplet/contact isolation for trach mask weaning until sputum is negative x2, 24 hours apart.</p>
Non-COVID respiratory failure requiring tracheostomy	<ol style="list-style-type: none"> 1. At admission, COVID already ruled out, or non-COVID suspect 2. Send COVID sputum sample 48 hours prior to procedure. 	<p>Only IPAC can re-assess isolation. AGMP precautions during tracheostomy procedure. If sputum negative, proceed with tracheostomy. If sputum positive, consider delaying tracheostomy. If negative, remain in droplet/contact isolation post-tracheostomy.</p>
Acute airway obstruction presenting to Emergency department requiring urgent tracheostomy in OR	<ol style="list-style-type: none"> 1. Send NPS on admission 2. If positive, IPAC to guide. 3. If admission NPS negative, send sputum 14 days after admission 	<p>Only IPAC can re-assess isolation. AGMP precautions during tracheostomy procedure. Droplet/contact isolation after procedure if on ventilator Airborne/droplet/contact precautions following procedure during trach mask trials. If negative on admission and day 14, can downgrade to droplet/contact and cohort with other tracheostomy patients.</p>
ENT elective (or semi-elective) tracheostomy in OR	<ol style="list-style-type: none"> 1. Send NPS on admission 2. If positive, IPAC to guide. 3. If admission NPS negative, send sputum sample 14 days after admission 	<p>Only IPAC can re-assess isolation. AGMP precautions during tracheostomy procedure. Airborne/droplet/contact precautions following procedure. If negative on day 14 can downgrade to droplet/contact and cohort with other tracheostomy patients.</p>