Lancashire and South Cumbria Regional Tracheostomy Team

Covid-19: Community Tracheostomy Advice

Background

This guidance documented has been developed by the Lancashire and South Cumbria Regional Tracheostomy Team (LSCRRT) for both patients and clinical teams delivering tracheostomy care within the community setting. Information has been sourced from Public Health England documents and NHS England advice website along with clinical views from the team with regards to specific application to tracheostomy care. This is a rapidly changing situation so guidance will continue to be updated as needed.

What is the service?

The LSCRTT is a specialist regional service across Lancashire and South Cumbria providing support to community tracheostomy patients. Our overall aim is to ensure the very best care for patients living with tracheostomies and reduce any potential risk factors through specialist reviews, weaning, education and support to both primary and secondary care clinicians.

Will community reviews and hospital in-reach visits still go ahead?

This will be reviewed on a daily basis and government advice will be followed in regards to community visits. At present, only essential visits are going ahead to reduce the risk of cross contamination within this vulnerable patient group. The service will work hard to prevent avoidable tracheostomy and respiratory related hospital admissions and facilitate tracheostomy hospital discharges to reduce pressures on acute NHS services. Contact will be made to the patient prior to any essential visit to establish whether they are experiencing any symptoms of Covid-19 to ensure correct infection control procedures are followed.

'Essential' visits:

We are classifying essential visits as anything that will prevent a potential hospital admission and therefore maintain the patients' stable respiratory health or help facilitate an urgent hospital discharge. This may include reviews of chest clearance routines, tracheostomy changes, secretion management and medication reviews. However all attempts will be made in the first instance to offer support and advice remotely. We will also provide support to patients and carers with tracheostomy consumables and medication ordering to ensure they are prepared for the upcoming months. Please do not be alarmed if full personal protective equipment (gloves, long gown, face mask, eye protection) is worn, this is for the protection of both patients and the team.

'Non-essential' visits:

Generic check-up visits have been postponed to reduce the risk of cross contamination and wherever possible, contact will be made via telephone and/or email to patients, relatives and care providers for clinical updates. Where appropriate, weaning plans will be sent electronically for patients/care home staff/carers/relatives to complete independently.

Risk reduction

Hand washing

As per NHS guidance, hand washing should be completed frequently using soap and water and dried on a clean towel/paper towels. Washing should take a minimum of 20 seconds to complete. In the event that hand washing facilities are not available and in between washes, alcohol hand gel should be used.

Infection control

Stringent infection control measures should be followed with all tracheostomy care. Hands should be washed with soap prior to all procedures and clean gloves worn. Patients should NOT use their bare finger for tube occlusion / vocalisation due to the infection risk. Wherever possible, a one-way speaking valve should be used however if this is not tolerated, a clean gloved finger. All invasive procedures (suctioning and tracheostomy changes) should be done using

an aseptic technique wherever possible. The household should be cleaned regularly using an a detergent or bleach with frequent cleaning of frequently touched surfaces such as door handles, handrails, remote controls and table tops.

Physical contact

Please follow updated government advice in regards to isolation. Contact can be maintained via telephone / video call / email to prevent feeling isolated. Friends, family or neighbours can support you by delivering food and essentials to your doorstep. Only essential medical professionals are advised to enter your home and they should immediately wash their hands on arrival and again before leaving. Wherever possible they should remain 2 metres away from you.

Humidification

It is advised that the tracheostomy is covered using a HME filter at all times. This will reduce the risk of transmission to your carers / family / nurses and also provide additional humidification. If you are suspected or confirmed Covid-19 positive, we would advise that a Buchanan bib is not worn due to risk of airborne transmission.

Attending appointments

Some healthcare appointments will still go ahead however it is advised that you telephone prior to attending to ensure your appointment has not been postponed. DO NOT attend the appointment or any healthcare facility if you are experiencing any of the symptoms of Covid-19 OR have been in contact with anyone who is experiencing the symptoms. It is advised that all non-essential appointments are cancelled and contact can be made with GP surgery / pharmacy for telephone discussions and home delivery of medication. Please ensure that you have an adequate stock of medications and tracheostomy supplies.

Personal protective equipment (PPE) and waste

If you are not experiencing any symptoms of Covid-19 then normal PPE (apron and gloves) should be worn for all clinical procedures and contact whilst you remain in the community. If you are Covid-19 suspected / positive then all individuals entering your room / house will be required to adhere to the below PPE guidance:

	Entry to patient house / room with no patient contact (within 2 meters)	Clinical contact in patients home / room	Aerosol generating procedure (any setting)
Disposable gloves	No	Yes	Yes
Disposable plastic apron	No	Yes	No
Disposable gown	No	No	Yes
Fluid resistant (Type IIR) surgical mask (FRSM)	Yes	Yes	No
Filtering face piece (class 3) (FFP3) respirator	No	No	Yes
Disposable eye protection	No	Risk assessment	Yes

Adapted from: COVID-19: Guidance for infection prevention and control in healthcare settings (2020)

Clinical contact includes any delivery of care, for example, washing, repositioning and contact with bodily fluids. New PPE should be worn every time you enter the room. Please see specific guidance on donning (putting on) and doffing (taking off) PPE. Used PPE and any other patient specific waste should be double bagged before being tied securely and then remain in the isolated room for at least 72-hours before being put with usual household rubbish.

Dirty laundry should be minimally handled and not shook to reduce risk of virus dispersal. Items should be washed as normal on the highest temperature tolerated. Ironing after washing can provide further heat treatment. Contaminated laundry can still be washed with other individuals items. If there are no access to washing facilities, dirty laundry should be double bagged and remain in the isolation room for at least 72-hours AFTER the 7-day isolation period has ended. Any heavily soiled items or those that cannot be washed should be discarded as per above advice.

Aerosol generating procedures (AGP's)

During AGP's there is an increased risk of aerosol spread of infectious agents and following Public Health England advice, airborne precautions must be implemented when performing AGP's on both positive and suspected cases of Covid-19.

Routine tracheostomy specific AGPs include:

1) Tracheal open suctioning
2) Tracheostomy changes
3) Sputum induction

*Please note: Nebuliser and oxygen administration are not considered AGP's. The New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) advised that the aerosol (vapour) produced derives from the nebulised drug or humidified water itself and does not carry any patient-derived particles.

Additional routine tracheostomy interventions which are not classed at AGP's however may increase the likelihood of cough stimulation and therefore production of sputum include:

1) Chest management / secretion mobilisation techniques
2) Use of a cough assist machine
3) Inner cannula changes

If you are not experiencing any Covid-19 symptoms, it is advised that you continue with your normal AGPs whilst at home to maintain good respiratory health and prevent avoidable hospital admissions.

If you are suspected / positive Covid-19, non-essential or prophylactic AGP's can be reviewed and discontinued / frequency reduced if you remain stable. The LSCRTT can provide support on this. This will reduce the risk of transmission to your carers / Nurses / family. If required to remain clinically stable and avoid hospital admission, these procedures should be performed in a well ventilated room (windows open) with the door closed. If you live with anyone and do not need their assistance with these procedures, they should remain outside of the room for at least 20 minutes after the aerosol generating procedure (AGP). If you require assistance from carers, they should follow infection control measures with full AGP PPE. Only those required for the essential AGP should be present in the room during the procedure and for at least 20 minutes afterwards.

If you require a hospital admission, all AGPs will be reassessed and only completed if it is deemed essential to reduce the risk of cross contamination.

Secretion management

If you are experiencing symptoms of Covid-19 and feel your secretion load is increasing, additional nebulisers can be administered if prescribed to assist with secretion clearance. If you do not have nebulisers and secretions are becoming thicker and harder to clear, telephone contact should be made with your GP or the LSCRRT. If Covid-19 is not suspected, you should continue with your normal chest management routine (Cough assist machine / LVR bag).

Tracheostomy changes

Tracheostomy changes are performed every 28-days unless otherwise clinically indicated and documented. This is to reduce the risk of infection, maintain tube patency, integrity and is outlined in the tracheostomy manufacturer guidelines. Due to predicted staffing pressures and individual assessment of transmission risk, your monthly tracheostomy change may be delayed even if you are not experiencing any symptoms of Covid-19. Please support District Nurses / Care teams with this decision. Some centres are now recommending routine monthly changes are performed 3-monthly during this pandemic.

If you remain clinically well and at home whilst positive or suspected positive, the tracheostomy change should be postponed until asymptomatic. Careful monitoring of the cuff integrity is vital as this can degrade over time and may impact ventilation (if required at a later date). Ongoing monitoring of tracheostomy related infection is imperative, this includes: stoma inflammation, temperature, increased secretion load, change in secretion colour, viscosity, and smell,

worsening infection markers. If you are experiencing worsening signs of tracheostomy related infection and remain suspected or confirmed Covid-19, please contact the LSCRRT for further discussion.

If hospital admission is required, you may have a cuffed tracheostomy inserted to assist with ventilation should this be required. If you have an un-cuffed tracheostomy, you may be asked to wear a face mask over your mouth and nose to reduce droplet transmission of the virus.

Tracheal suctioning

Tracheal suctioning should be performed via a closed sterile circuit (NOT open suction) in all suspected / confirmed cases to reduce the risk of contamination. A bacterial HME filter can be placed on any open ports. If you do not require tracheal suction as routine, this should not be performed unless clinically indicated. The suction catheter size should be chosen as per national guidelines.

Routine tracheostomy care

Stoma dressing	Changed daily or additional as needed
Tracheostomy tapes/ties	Usually changed daily in the acute setting however often changed weekly in the community therefore acute guidance could be reviewed to reduce risk of accidental de-cannulation, cough stimulation and staff exposure. These should however be changed whenever wet or soiled to prevent skin break down
Stoma site cleaning	Daily cleaning of the stoma site should continue to be performed to reduce the risk of infection however this can be performed with the tracheostomy tapes in place to reduce the risk of accidental decannulation
Inner cannula changes	Usually changed 2-4 hourly in the acute setting however often changed 8-12 hourly in the community if otherwise not indicated. The frequency for Covid-19 suspected / confirmed cased should be patient specific dependent on secretion viscosity and volume and performed as infrequently as possible. Closed circuit suctioning should be used as a supplementary method of maintaining tube patency
One-way speaking valve	If no symptoms of Covid-19, the use of the one-way valve can continue as previously tolerated. If any symptoms of Covid-19 resulting in increased work of breathing, the one-way valve should not be used
Tracheostomy cap	If no symptoms of Covid-19, the use of the tracheostomy cap can continue as previously tolerated. Chest condition should be monitored and if any concerns regarding tolerance, the trials should be discontinued. If any symptoms of Covid-19, capping trials should discontinue due to the risk of breathing difficulties