

Patients with permanent tracheostomy who need hospitalization

Avoid Cough Assist, open circuit suction, and lung volume recruitment (LVR) when non-essential to survival unless used in a negative pressure room due to the risk of dispersing aerosols from a suspected or (+) COVID-19 patient.

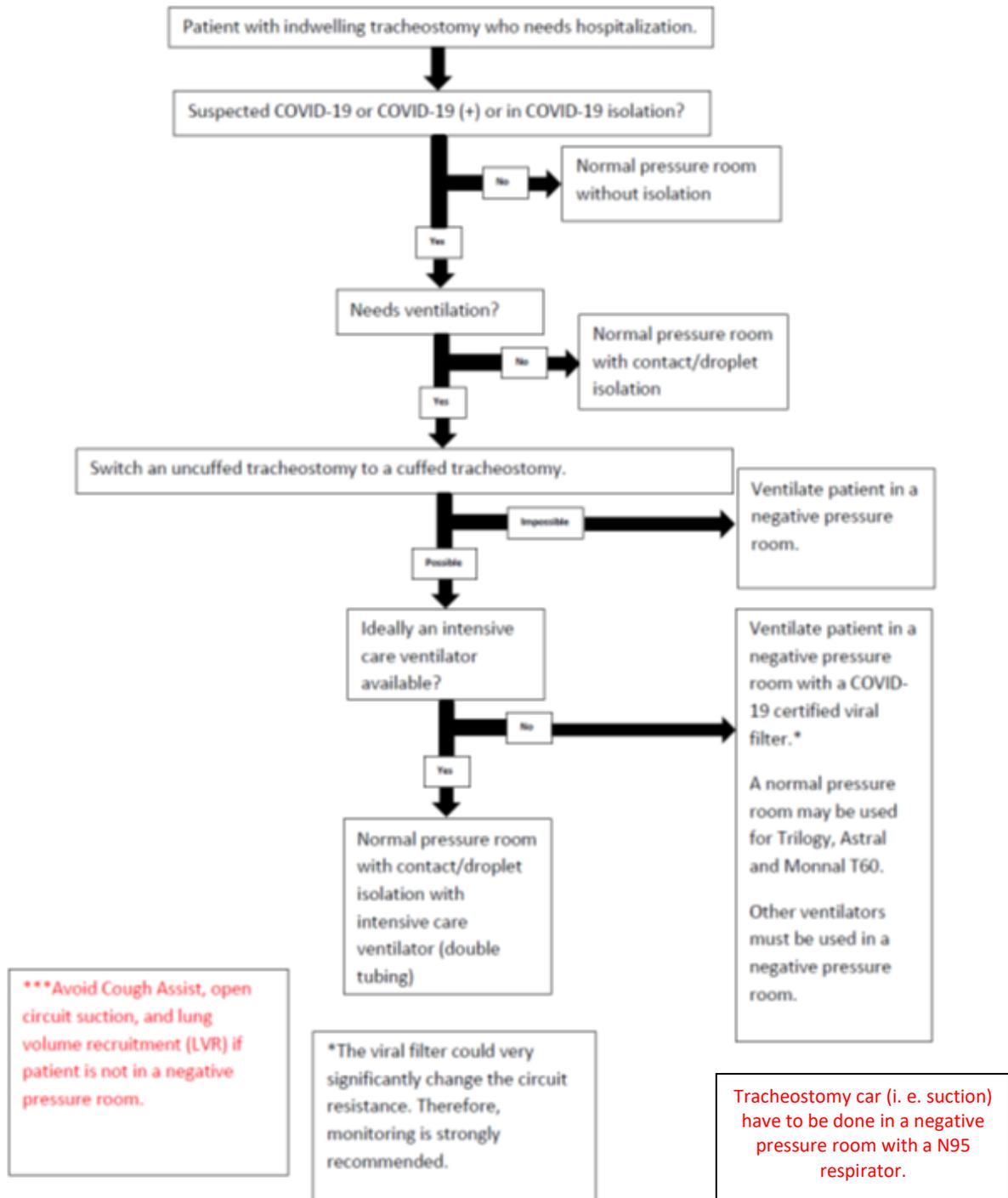
A. Patient with permanent tracheostomy

Any patient with a tracheostomy who is suspected or confirmed COVID-19 who does not need ventilation may be placed in a regular room (with droplet/contact isolation – SRI-CV Precautions sign). An N-95 respirator should be worn by all personnel entering the patient room.

Any patient who is suspected or confirmed COVID-19 (and/or in COVID-19 isolation – droplet/contact) who has a permanent tracheostomy (uncuffed) and who needs ventilation must be switched from an uncuffed tracheostomy to a cuffed tracheostomy to prevent aerosol dispersion.

- A negative pressure room will be necessary in cases where it is not possible to switch to a cuffed tracheostomy for a patient needing ventilation (SRI-CV Precautions sign).
 - Any patient with a cuffed (inflated) tracheostomy who is ventilated in hospital and is suspected or confirmed COVID-19 (and/or in COVID-19 isolation – droplet/contact - SRI-CV Precautions sign) must be placed on a normal intensive care ventilator (with double tubing).
 - Under exceptional circumstances, where no more intensive care ventilators are available, the patient's ventilator could be used (with droplet and contact isolation - SRI-CV Precautions sign) with a COVID-19 certified viral filter. **IMPORTANT:** The viral filter could very significantly change the circuit resistance. Therefore, monitoring is strongly recommended.
 - In cuffed tracheostomy patients, ventilators that can be used in a normal pressure chamber (under droplet/contact – SRI-CV Precautions sign) would be: Trilogy, Astral and Monnal T60. The other fans should be in a negative pressure chamber.

Figure 1:



B. Patients who have a permanent CPAP or non-invasive ventilation (BPAP)

Any patient with suspected or confirmed COVID-19 (and/or COVID isolation - droplets/contact) should not wear their CPAP or BiPAP during their hospitalization. Another device that generates less aerosols should be used (high flow, airvo, optiflow) in a negative pressure chamber and SRI-CV isolation (Severe respiratory disease COVID-19).

If high-flow ventilation is not sufficient, endotracheal intubation should be considered. When the circuit is closed, the intubated COVID-19 patient can be transferred to a normal room with the same isolation precautions.

- Any patient with no suspicion of COVID-19 can wear their CPAP or BiPAP in a regular room.

