Laryngology Task Force

Recommendations for:

- Screening Form for All Laryngoscopy/Procedure Patients
- Flexible laryngoscopy in the out-patient department (OPD) and office in presumed COVID negative patients by screening questionnaire.
- Flexible laryngoscopy in the out-patient department in presumed COVID positive or suspect patients by screening questionnaire.
- Laryngology procedures in the OPD including: Endoscopic biopsy, injection, esophagoscopy +/- biopsy, KTP laser.

Please see the accompanying preamble.

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## Screening Form for All Laryngoscopy/Procedure Patients

1. Are you coming from:  
   - Home  
   - Hospital  
   - Long Term Care  

2. Have you had any of the following symptoms in the last 14 days?

   - Fever, chills, or history of fever……………………………………….  YES ☐ NO ☐
   - Cough…………………………………………………………………………  YES ☐ NO ☐
   - Shortness of Breath/respiratory difficulties  ………………..  YES ☐ NO ☐
   - Sore throat……………………………………………………………………  YES ☐ NO ☐
   - Runny nose or nasal congestion………………………………………  YES ☐ NO ☐
   - Joint or Muscle pains………………………………………………….…  YES ☐ NO ☐
   - Headache……………………………………………………………………  YES ☐ NO ☐
   - Recent loss of smell……………………………………………………..  YES ☐ NO ☐
   - Feeling very tired, weak ......................................................  YES ☐ NO ☐
   - Diarrhea or nausea, vomiting..................................................  YES ☐ NO ☐
   - Pink Eye.................................................................................  YES ☐ NO ☐
   - Have you had any other symptoms or illness.......................  YES ☐ NO ☐

2. Have you been in contact with, or close to anyone who has the coronavirus in the last 14 days?........................................  YES ☐ NO ☐
Screening Form Continued

3. Have you been in contact with, or close to someone who has been sick in the last 14 days (such as a cold, pneumonia, etc.)
   YES ☐ NO ☐

   If so, what symptoms did that person have?
   ____________________________________________________

4. Have you visited anyone, family, friends, grandchildren in the last 14 days? (only applies to provinces/regions in lockdown)
   YES ☐ NO ☐

5. Have you visited anyone in a retirement home in the past 14 days?
   YES ☐ NO ☐

6. Are any of the people living with you working outside the home?
   YES ☐ NO ☐

7. Have you travelled in the last 2 weeks?
   YES ☐ NO ☐

   If so, where? ____________________________________________

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Version: May 12, 2020
Recommendations for Flexible Laryngoscopy in the COVID Negative Patient

2 weeks prior

- Virtual assessment of need for laryngoscopy – physician discretion
- Detailed virtual screening of patient for COVID symptoms (see attached questionnaire)
- Discuss risk mitigation
- Consider deferring if symptoms/history suspicious for COVID

The day before

- Repeat virtual screening
- Consider deferring if history/symptoms suspicious for COVID

Office/OPD preparation

- Plexiglass at reception
- Chairs 6 ft or 2m apart

Room Preparation

- Declutter room
- Plastic cover for keyboard
- Hand-washing station and/or alcohol-based sanitizer
- Garbage disposal for PPEs
- Consider HEPA filter in suction

Patient Preparation

- On arrival at OPD: detailed questionnaire – see attached document
- If suspicious, defer, send for testing
- Patient may use own mask, or is given one
- Patient sanitizes hands again upon entering
- Patient enters room unaccompanied. Exceptions: language barrier, cognitive impairment, handicapped, children <14?

Physician preparation

- Surgical mask or consider N95 mask in higher prevalence areas
- Full face shield/visor/goggles. Eyeglasses alone are not sufficient
- Gown – optional in higher prevalence areas
- Gloves
Procedure

- Use of anesthesia at physician’s discretion
- If anesthesia is required, consider nasal pledgets or lidocaine gel, patient may self decongest prior to appointment
- Lower mask below nose

Post-scope

- Place scope in closed bin/bag
- Return to dirty utility or cleaning room
- Wipe down surfaces with approved disinfectant wipe
- Immediately post-procedure precautions are those for contact/droplet
- Therefore, a negative pressure room is not necessary. Air filters are not necessary. Turnover time between patients is not necessary. Wiping down surfaces is sufficient

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Version: May 12, 2020
Recommendations for Flexible Laryngoscopy in the COVID Positive or Suspect Patient

Indications

- Defer if at all possible
- Consider whether alternatives such as imaging using ultrasound, CT MRI may provide equivalent information
- Only when essential for diagnosis and management, and no alternative investigation tool is available

Room Preparation

- Should ONLY be done in a negative pressure room
- Room should contain only essential equipment (no paper, pens, phones etc.)
- Garbage disposal bin
- Handwashing/sanitizer availability
- Consider HEPA filter in suction

Equipment preparation

- Outside the room: covered bin with scope, essential instruments, anesthesia (lidocaine gel, pledgets) if required
- Inside the room: If using a tower, cover screen and keyboard with plastic

Patient Preparation

- Patient must wear mask, sanitizes hands
- Patient enters room unaccompanied. Exceptions: language barrier, cognitive impairment, handicapped, children <14?

Physician preparation

- Don full PPEs in antechamber or prior to entering the room
- N95 mask or equivalent
- Full face shield/visor/goggles. Eyeglasses alone are not sufficient
- Gown
- Gloves
- Optional: hair/shoe covers
Procedure – Anesthesia options

- Used if necessary: non-aerosol options such as lidocaine gel, nasal pledgets soaked in lidocaine and epinephrine
- Lower mask below nose to perform laryngoscopy

Post-scope

- Place scope in closed bin/bag
- Doff all PPE except mask carefully, according to protocol at a distance of at least 2 meters from patient
- Wipe down all surfaces with Clorox or equivalent wipe

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Version: May 12, 2020
Recommendations for Laryngology Procedures in Otolaryngology During COVID 19

Including: Endoscopic biopsy, injection, esophagoscopy +/- biopsy, KTP laser

2 weeks prior

• Detailed virtual assessment of COVID risk via screening (see attached questionnaire)
• Consider deferring if suspicious COVID symptoms
• Explain need/urgency to patient, obtain verbal consent
• If patient consents, consider suggesting self-isolation for 2 weeks according to provincial/regional guidelines

The day before

• Repeat virtual screening
• Consider deferring if suspicious COVID symptoms

Room Preparation

• Declutter room
• Plastic cover for keyboard
• Consider HEPA filter in suction

Patient Preparation

• On arrival at OPD: detailed questionnaire – see attached document
• Patient may use own mask, or is given one, sanitizes hands
• Patient enters room unaccompanied. Exceptions: language barrier, cognitive impairment, handicapped, children <14?

Physician preparation

• N95 mask or equivalent (includes elastomers)
• Full face shield/visor/goggles. Eyeglasses alone are not sufficient
• Gown
• Gloves
Procedure – Anesthesia options

- Lower mask below nose
- Local anesthesia techniques as per physician preference
- May include: Patient self administration of decongestant prior to visit
- Nasal pledgets
- Lidocaine gel
- Lidocaine gargle
- Percutaneous Injection via thyrohyoid, cricothyroid

Post-scope

- Doff PPE according to protocol
- Place scope in closed bin/bag
- Return to dirty utility or cleaning room
- Wipe down surfaces with approved disinfectant wipe
- Immediately post-procedure precautions are those for contact/droplet
- Therefore, a negative pressure room is not necessary. Air filters are not necessary. Turnover time between patients is not necessary. Wiping down surfaces is sufficient.

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