



Canadian Society of Otolaryngology - Head and Neck Surgery /
Société canadienne d'oto-rhino-laryngologie et de chirurgie cervico-faciale

Laryngology Task Force

Recommendations for:

- Screening Form for All Laryngoscopy/Procedure Patients
- Flexible/rigid laryngoscopy in the out-patient department (OPD) and office in presumed COVID-19 negative patients by screening questionnaire.
- Laryngology procedures in the OPD including: Endoscopic biopsy, injection, esophagoscopy +/- biopsy, KTP laser and functional endoscopic evaluation of swallowing (FEES)
- Flexible/rigid laryngoscopy in the out-patient department in presumed COVID-19 positive or suspect patients by screening questionnaire.

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 COVID-19?..... YES NO
3. Have you been tested for COVID-19?..... YES NO
4. 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



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5. Have you been in contact with, or close to anyone who has the coronavirus in the last 14 days?..... YES NO

6. 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?

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

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

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

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

If so, where? _____

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Recommendations for Flexible/Rigid Laryngoscopy in the Out-Patient Department & Office in the Presumed COVID-19 Negative Patient by Screening Questionnaire

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 adding filter to suction tubing

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?



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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

- Lower mask below nose for flexible laryngoscopy, below chin for rigid laryngoscopy
- Use of anesthesia at physician's discretion
- For flexible laryngoscopy, consider nasal pledgets or lidocaine gel, patient may self decongest prior to appointment
- For rigid laryngoscopy, patient may gargle and swallow 3 ml of 4% lidocaine

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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Recommendations for Laryngology Procedures in Otolaryngology in the Presumed COVID-19 Negative Patient

Including: Endoscopic biopsy, injection, esophagoscopy +/- biopsy, KTP laser, functional endoscopic evaluation of swallowing (FEES)

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 filter in suction in tubing

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



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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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Recommendations for Flexible/Rigid Laryngoscopy in the COVID-19 Positive or Suspect Patient by Screening Questionnaire

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



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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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