

## **CORLHNS Guidelines for ENT Consultants during the COVID-19 Pandemic**

### **Interim guidelines: 22/07/2020**

CORLHNS of Sri Lanka would like to give this interim guideline as an adjunct to the last update issued on 12/04/2020. Due to the uncertainty of the present COVID 19 situation the college decided to formulate interim guidelines regarding clinic setting as cancellation of clinics is not a possibility since the government has not announced any lock down.

This interim guideline is formulated considering the current COVID 19 status in Sri Lanka to safeguard the ENT professionals as well as the patients seeking ENT care.

1. OPD setting –
  - 1.1 Routine clinics to be restarted with strict precautions and restrictions in order to safeguard the health care workers as well as the patients. However, the college acknowledge higher risk of COVID 19 in certain areas hence, permits ENT consultants to make dynamic decisions depending on the local prevalence.
  - 1.2 The CORLHNS like reemphasize to adhere to recommendations stipulated in previous guidelines issued on 30/03/2020 and 12/04/2020 in setting up the clinic. No of patient and triage.
  - 1.3 There should be a separate triage area for the patients attending ENT clinics irrespective of hospital triage. The assessment form is attached herewith. Please refer clause 1.3 on CORLHNS guidelines issued on 12/04/2020 regarding setting up a triage area and ENT prioritization.
  - 1.4 ALL NON URGENT/ ROUTINE patients should be managed via telemedicine unless face to face consultation is needed. Such patients could be given a clinic appointment according to availability.
  - 1.5 All patients who need face to face consultations should be given a SPECIFIC TIME with the appointment. This will reduce congestion.
  - 1.6 NUMBER OF PATIENTS seen in each clinic should be determined by duration of the clinic, available resources (eg:- no. of doctors, availability of PPE, instruments) and the available clinic space for social distancing. Thus, reduction in the number of patients seen in each clinic will be inevitable. Inputs/advise from the Microbiologist/Virologist and the public health inspector (PHI) could also be taken regarding this manner.

- 1.7 Maintaining a DATABASE – Shifting to virtual clinics necessitates the need to have a database. The CORLHNS suggests to obtain necessary technical expertise after discussing with the head of the institution /director to create a database for all new patients and to adopt a suitable method to transfer existing data in to a database.
- 1.8 ONLY THE PATIENT should attend the clinic unless the patient needs assistance. Pediatric patients should be accompanied by only one parent/guardian.
- 1.9 The health care workers should be given clear advice regarding appropriate PPE.
- 1.10 A DESIGNATED AEROSOL GENERATING PROCEDURE ROOM/AREA – A well-ventilated area should be designated to perform aerosol generating procedures. Current evidence suggest that endoscopies are only potential AGPs. If the patient doesn't cough or sneeze the risk of aerosol or droplet generation is minimal. Therefore, the patient should wear the mask and advice to avoid coughing and sneezing.
- 1.11 It might be impractical to clean the AGP area after each patient. ONLY THE SURFACES can be disinfected after each endoscopy. A rest period for cleaning is needed only if patient generates aerosol by coughing and sneezing during the procedure. However, the AGP designated area should be thoroughly disinfected following each clinic session.
- 1.12 MICROSUCTION – Fenestrated suction tips have the possibility of contaminating the health care workers hand. Further to, the vents of the suction machines can generate aerosol if viral filters are not used. Patient should wear water resistant masks to prevent aerosol generation.
- 1.13 Cleaning non perforated ears have not shown any risk of transmitting COVID 19.
- 1.14 Examinations and procedures done by using video screening or using the eye piece in the microscope reduces physical proximity to patients. However, the health care worker should wear appropriate PPE.
- 1.15 AUDIOLOGY – Audiology testing should be reserved for patients with low risk for COVID 19. However care should be taken not to miss any sudden onset sensorineural deafness patients. Surfaces should be cleaned after each patient.
- 1.16 HEALTH EDUCATION- The value of wearing a mask, hand washing and social distancing should be emphasized by displaying posters, videos or audio messages on a loop.

2 Surgical procedures.

2.1 Please adhere to the interim guidance to surgical and medical procedures in relation to COVID 19 dated 23/05/2020.

### Bibliography

1. ENT UK – [www.entuk.org](http://www.entuk.org)
2. Resuming surgical and medical procedures – Ministry of Health