



Aerosol-generating procedures in ENT

ENT UK at The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields London WC2A 3PE
Tel: 020 7404 8373 | Email: entuk@entuk.org | Web: www.entuk.org

The following should be considered high risk

- Examination of the upper aerodigestive tract (nasal cavities, sinuses, oral cavity, pharynx, larynx).
- Operative procedures on the aerodigestive tract – at this time only urgent and emergency cases should be undertaken.
- Interventional outpatient procedures on the upper aerodigestive tract, e.g. **all endoscopies**, nasal cautery, foreign body removal, biopsies, microbiology sampling.
- Any intervention to patients with airway modifications – tracheostomy tube changes and laryngectomy patients.
- Emergency care to ENT patients: acute tonsillitis, quinsy, epistaxis, foreign bodies, complications of acute sinusitis, other airway emergencies.
- Otologic presentations do not involve the need for direct airway instrumentation but involve close proximity to patients and may provoke aerosol generation, e.g. coughing during micro-suction of ears.
- Neck lump examination may also require similar precautions.

Guidance for managing

- Can the procedure be delayed until COVID testing is undertaken and status known? Follow PHE guidance.
- Avoid all unnecessary examinations or procedures.
- Senior input should be sought to determine the need for any examination or procedure.
- For **necessary** endoscopies, these should be undertaken in a dedicated room with a stack available. Ensure rigorous precautions before and after procedure as regards donning and doffing of PPE and sterilisation afterwards, or upon exit from room. Please check with local policies for how this will work at individual trust levels.
- If urgency dictates, ensure full PPE before undertaking any examination/procedure.
- Consult with radiology colleagues as to the appropriate use of imaging to assist management or facilitate an intervention.
- Consult with theatres locally as to necessary preparation for any urgent/emergency operative case – senior input should be present where possible. For guidance on tracheostomies, see separate document.

Mr Carl Philpott and Mr Stuart Burrows, ENT UK