

## ENT CONSULTATIONS AND FLEXIBLE NASOENDOSCOPY / LARYNGOSCOPY IN THE CONTEXT OF COVID-19.

Guidelines of clinical practice of the French ENT National Professional Committee  
(CNP ORL)

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### 1. What consultations should be maintained?

- Any situation that could become life-threatening in the coming hours or days, such as:
  - Profuse bleeding
  - Airway compromise
  - Severe or complicated ENT infections
  - Severe maxillo-facial traumas
- Severe pains
- Sensory emergencies: acute vertigo, acute hearing loss
- Facial palsy
- Swallowing disorders that prevents people getting enough nutrition
- Foreign bodies located in the airway or oesophagus
- Neoplasms requiring rapid diagnostic work-up or treatment adjustments
  
- In some situations, the decision to maintain or postpone the consultation is taken on a case-by-case basis. Some examples of such situations are:
  - Recent swelling of the face or neck
  - Slight but persistent bleeding
  - Persistent breathing difficulties
  - Recent swallowing or voices disorders
  - Obstructive sleep apneas
  - Non-complicated ENT infections: otitis, sinusitis, pharyngitis, adenitis, infected cysts (dermoid cyst, thyroglossal duct cyst, branchial cyst, lymphangioma, ...), parotiditis,...

- Subacute or chronic infections: purulent otorrhea or rhinorrhea, cutaneous ulcers, neck fistulae
- Follow-up visits of patients suffering from head and neck neoplasms
- Lymphadenopathies
- Neoplasms which probably do not require urgent management: cutaneous, salivary glands or thyroid neoplasms, ...
- Foreign bodies of the ear canal
- Recent mild to moderate pains in the head and neck region
- Postoperative follow-up visits.

## **2. In what form?**

- Remote consultation should be used whenever possible, which allows initial sorting between patients whose treatment can be postponed while giving them the option to call again, and those who need to be admitted. It also means that some follow-ups, explanatory reading of blood test results or CT-scans, repeating or adaptation of already prescribed treatments can continue.
- Face-to face consultations are clearly an important part of ENT, being an instrument-based and “cavity” speciality.
- When the decision to maintain or postpone a face-to-face consultation is particularly delicate, it is advisable:
  - to be able to discuss the case with a group of colleagues and to record the decision in the form of a written report.
  - to systematically plan a new remote consultation over the next days or weeks or to ask the patient to call back if the symptoms change.
- It is advisable to establish a list of postponed consultations and to prioritize the rescheduling of consultations according to the probable severity of the ENT pathologies or the urgency of treatment.

## **3. Precautions during the consultation**

In hospitals, local current regulations should be complied with.

In doctor's surgeries, the following precautions are recommended:

### **The waiting room**

- The room should be emptied (no toys, no magazines) with increased hygiene measures (frequent cleaning of surfaces, furniture, door handles, etc.).
- It should be reorganised to prevent contact between patients. Minimum distancing measures should be applied by placing chairs 1.5 metres apart.

- The consultant should attend on his own (or with an assistant if treating a child or handicapped person).
- Appointments should be given every half-hour.

Patients who suspect they have Covid-19 should call the appropriate emergency number (15 in France). Patients who have flu-like symptoms, isolated acute anosmia, fever or cough should not come to the ENT clinic.

### **Protecting staff**

- Surgical hand scrub should be performed before and after every contact and an alcohol-based solution should be used. Personal Protective Equipment (PPE) should be worn including masks (not to be worn for more than 4 hours), and protective glasses.
- Hand sanitiser (alcohol-based solution) should be made available.
- Safe distancing (preferably behind glass or plexiglass).

### **Protecting practitioners**

- Surgical hand scrub should be performed before and after every patient and an alcohol-based solution used.
- Personal Protective Equipment (PPE) should be worn including masks (not to be worn for more than 4 hours), and protective glasses.

### **Consulting equipment**

**All decontamination products which work on other viruses are effective on this virus**

### **Using the flexible nasopharyngeal endoscope:**

When a flexible nasopharyngeal endoscope is required or high-quality biological sample collection, the following steps should be followed:

### **Concerning equipment:**

- At best: Use a side table to put down the endoscope.
- At best: Use protective sheaths. Once the sheath has been removed, clean the endoscope carefully and entirely with a cleaning wipe, including any proximal parts which have not been in direct contact with the patient's nasal cavities.

Alternatively, it is possible not to use a sheath, but in which case the endoscope must be thoroughly decontaminated after each use.

- At best: Use video-endoscopy to allow a safe distance between the patient and the attending ENT doctor.
- Strict disinfection of equipment in accordance with current recommendations and cleaning of nearby surfaces on which suspensions loaded with viral particles may be found.

**For the ENT practitioner:**

- Wear a gown with closed collar which should be washed as soon as the procedure has been completed (soap destroys the virus) or wear a single-use apron
- Wear protective glasses, a FFP2 mask (to be worn for no more than 8 hours maximum), gloves and a cap
- After the clinical examination, remove your clothes carefully, in accordance with current regulations, disposing of the gloves, mask, cap and apron if used in line with procedures for handling IMW (Infectious Medical Waste)

**For the patient:** Wear a surgical mask over the mouth.

**Surgical ENT procedures**

**Drastic precautions must be taken** to prevent the virus from spreading to caregivers and staff during procedures concerning the sinus facial cavities (endonasal surgery), middle ear and upper airways. These precautions must be followed throughout the patient's entire treatment.

These instructions should be adapted according to circumstances.

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