

Dear colleagues,

The entire world is facing an unprecedented pandemic and we as health care professionals are confronted with a considerable number of challenges. We seek to maintain essential services to our patients, at the same time knowing that we need to limit these during this period because resources are needed elsewhere. At the same time, it is essential to protect ourselves and to raise the awareness of politicians and health care institutions of our special needs. As clinicians we are also faced with an increasing amount of SARS-CoV-2/COVID-19 related data which we have to interpret in a reliable way. However, on the positive side, as time passes on there is growing knowledge of the characteristics of the virus, but also of very practical aspects.

As Presidential Council, it is virtually impossible to give a general recommendation that fits all institutions and circumstances and measures taken will always depend on the country, status of the hospital and the SARS-CoV-2 testing capacity. However, we believe that there are basic recommendations that can be made for the field of ENT in general, and laryngology specifically. Aerosol generating procedures, coupled with the fact that some infected patients have little or no symptoms, are a special concern for us and pose a big challenge to our clinical routine. Therefore, all outpatient clinic patients should be handled and examined by physicians and health care workers wearing adequate personal protective equipment (PPE) consisting of a N95 respirator (FFP2/3 mask), gown, cap, eye protection, and gloves. Laryngeal procedures also deserve special attention regardless of if they are carried out in an outpatient or clinical setting, under general or local anaesthesia. It is highly recommended not to perform any kind of unnecessary procedure before this time of emergency has passed. Jet ventilation should be ceased and replaced by procedures under intubation. Tracheostomy is regarded as carrying a significant risk during the procedure and for subsequent care. And the appropriate PPE should be worn in the OR, as in the outpatient clinic. Several studies, reports and guidelines have been published. We believe that the selection below can give practical guidance for your practice.

Stay healthy and stay safe!

European Laryngological Society Presidential Council

Links to guidelines and publications

1. Practical Aspects of Otolaryngologic Clinical Services During the 2019 Novel Coronavirus Epidemic: An Experience in Hong Kong. JAMA Otolaryngol Head Neck Surg. 2020 Mar 20. doi: 10.1001/jamaoto.2020.0488. Chan JYK, Wong EWY, Lam W.
<https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2763406>

2. SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. N Engl J Med. 2020 Mar 19;382(12):1177-1179. doi: 10.1056/NEJMc2001737. Epub 2020 Feb 19. Zou L, Ruan F, Huang M et al.
<https://www.nejm.org/doi/full/10.1056/NEJMc2001737>
3. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. N Engl J Med. 2020 Mar 17. doi: 10.1056/NEJMc2004973. van Doremalen N, Bushmaker T, Morris DH et al.
<https://www.nejm.org/doi/full/10.1056/NEJMc2004973>
4. CEORL-HNS statement on COVID-19
<https://www.ceorlhns.org/covid-19>
5. ENT UK guidelines
<https://www.entuk.org/ffp3-respirator-usage-current-ent-uk-recommendations>
6. American Academy of Otolaryngology Head and Neck Surgery guidelines
<https://www.entnet.org/>
7. Canadian Association of Otolaryngology-Head and Neck Surgery statements on COVID-19
<https://www.entcanada.org/news-events/covid-19-alerts/>
8. Consensus statement: Safe Airway Society principles of airway management and tracheal intubation specific to the COVID-19 adult patient group.
<https://www.mja.com.au/journal/2020/consensus-statement-safe-airway-society-principles-airway-management-and-tracheal>