Dear ENT UK member,

COVID-19 is a highly contagious respiratory virus. Medical personnel who manage disorders of the upper respiratory tract are at much greater risk of exposure and infection. This includes ENT surgeons, maxillofacial surgeons and ophthalmologists, as well as anaesthetists, dentists and orthodontists.

Concerns have been raised around currently asymptomatic patients attending urgent clinics and operating theatres at ENT departments as well as daily emergency presentations across the UK. These are patients with cancer/suspected cancer and/or potentially life-threatening upper airway disorders. We should alert the ENT community that any patient consulting for new onset anosmia should be considered a suspected case of COVID-19 and the appropriate PPE should be employed.

Almost all of these patients require an endoscopic examination of their nose and throat which exposes both the operator and assistant to aerodigestive tract droplets.

ENT UK has already issued advice to members about recommended precautions during upper airway diagnostic endoscopy. We have published evidence from other countries including China and Italy and current evidence in the UK that the risks to healthcare workers, particularly in ENT, oral surgery and eyes are higher due to the proximity to the upper airway to the face of the patient. We therefore need to upgrade the requirements for Personal Protective Equipment (PPE) that needs to be used for such patient contact. We recommend that FFP3 masks, visors, gowns and gloves be used for all of these ‘at risk’ events.

We have heard of instances around the UK where PPE is either not available or is in short supply. This will put key specialists at unnecessary risk.

Now, more than ever, we need a well workforce and must support our national approach of containment to slow the spread of this potentially lethal virus.

Recommendation - PPE, Avoid, Restrict and Abbreviate (fuller guidance available on our website).

Personal Protective Equipment - PPE
FP3 mask and eye screen are essential for all patient contact for non-COVID positive patients until the current trajectory of COVID has completely flattened. For high risk or known COVID patients or invasive procedures, NHS guidelines should be followed. To do otherwise would be playing a very high-risk health lottery with front line clinicians’ lives. With limited supplies of PPE, only patients who need essential care should come to hospital.

We must therefore Avoid, Restrict and Abbreviate.
**Avoid**

**Avoid clinics:** All routine care should be cancelled. This will mean reviewing new and review patients for life or limb-threatening conditions and making an active decision and recording this in the notes. Head and neck cancer care advice has already been published by BAHNO and is endorsed by ENT UK and BAOMS.

**Avoid contact:** Telephone reviews for all outpatients who do not need urgent and active treatment should be the first approach. The patients should only come to the hospital for urgent treatment – emergency care and time limited conditions.

**Avoid transfer:** Where possible, resources should be placed to reduce hospital visits for the patient.

**Avoid surgery:** especially non-urgent surgery as much as possible but particularly where aerosols are generated: e.g. power tools whether water cooled or not, tracheostomy unless essential.

**Restrict**

**Restrict the number of visits:** for patients who must be seen – cancer, emergencies, urgent time limited conditions – the patient pathway should be see and treat where possible. The numbers of visits must be kept to a minimum.

**Restrict the generation of aerosols:** body fluids contain virus particles. The avoidance or minimisation of aerosols is importance to reduce the risk of spread

**Restrict staff numbers:** so that skeleton staff are available on site with second tier available to cover for sickness, isolation and tiredness

**Abbreviate**

The length of contact is the length of potential exposure of the healthcare workers. Any clinical episode and surgical procedure should be as brief as possible.

**Abbreviate waiting times:** Patients waiting for treatment should be minimised. They should be treated promptly.

**Abbreviate treatment:** undertake the most efficient, short duration intervention.

Signatories:

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