

## **COVID-19 AIRWAY MANAGEMENT**

- 1. Intensive training
- 2. Early intervention
- 3. Meticulous planning
- 4. Vigilant infection control
- 5. Efficient airway management
- 6. Clear communication

#### USE A 'BUDDY CHECK' FOR CORRECT PPE FITTING

## **Planning**

Intervene early - aim to avoid emergency intubation. Negative Pressure room or Normal pressure with strict door policy. Senior clinician involvement. Is Anaesthetist needed? Early airway assessment documented by senior clinician.

## **Prepare**

Assemble 5-6 person Airway Team (see reverse). Use COVID-19 Intubation Tray (see reverse). Ensure Viral Filter and ETCO2 in ventilation circuit. Share Airway Strategy. Use a dedicated COVID intubation checklist.

## PPE

Hand Hygiene (HH). Donning: HH > Gown > Mask > Eye-protection > Hat > HH > Gloves. Spotter to perform "Buddy Check" to ensure correct PPE fit.

Airway operator to consider double gloves.

## Pre-Ox

45 degree head up position.

Pre-oxygenate with Face Mask using 2 hands for full 5 minutes. Ensure a square ETCO2 waveform, to be confident of no leaks. Avoid Apnoeic Oxygenation techniques due to aerosolization risk.

## Perform

Use VL; use the screen (indirect view) to maximise operator distance from airway. Modified RSI technique (1.5mg/kg IBW Roc OR 1.5mg/kg TBW Sux). No ventilation prior to intubation unless for rescue oxygenation. Wait 60 seconds for paralysis to take effect - avoid triggering cough.

## **Post-ETT**

Inflate cuff BEFORE initiating ventilation and monitor cuff pressures to minimise leak. Remove outer gloves (if on), dispose of airway equipment in sealed bag. Doffing: Gloves > Gown > HH > Hat > Eye Protection > Mask > HH. Use a Spotter. Debrief and share lessons.

#### **Awake Intubation**

Risk of aerosolization. Involve Senior Anaesthetist if this airway technique is indicated.

#### **Connection / Disconnection**

Apply the viral filter directly to the ETT. Only disconnect the circuit on the ventilator side of the viral filter.

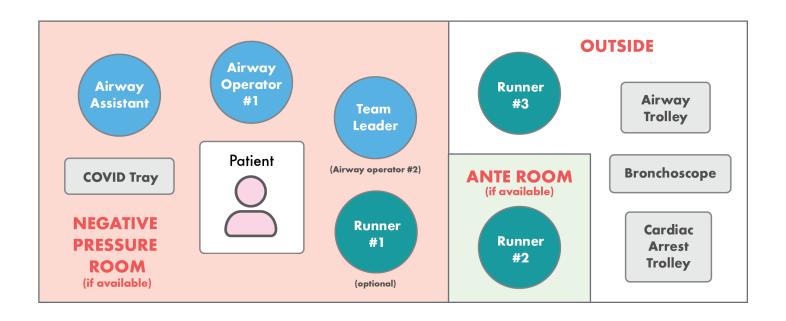
#### **CICO Rescue**

Scalpel-bougie technique to avoid aerosolization.



# COVID-19 AIRWAY MANAGEMENT

## **Team Members**



## **COVID Intubation Tray**

Macintosh VL blade	Bougie / Stylet	ETCO2
Hyperangulated VL blade (if available)	10 mL syringe	NG tube (large bore)
Macintosh direct laryngoscope	Tube tie	OPA + NPA
SGA (2nd generation)	Lubricant sachet	Scalpel + bougie CICO kit
ETT (appropriate size range)	Viral filter	In-line suction

## **Circuit Setup**

