

Overview: The safety of staff is a priority. Airway manipulation and aerosolising procedures in patients with suspected or confirmed COVID-19 carry a risk of transmission. The use of minimum safe staffing numbers as well as PPE can help attenuate the risk. Planning ahead ensures adequate time to apply personal protective equipment (PPE), therefore intubation should be considered early in this patient group.

Personnel:

Total **FOUR** team members – three in room, plus one runner available to enter.

Staff numbers exposed **MUST** be limited.

All **FOUR** team members to wear full PPE.

	Airway Doctor	Skilled Assistant	Beside Nurse	Runner
WHO	Most senior clinician available - usually SMO	Nurse or doctor – designated by most senior clinician	Nurse assigned to patient by charge nurse	Nurse or doctor - designated by most senior clinician
ROLE	Intubation	Assist intubator, prepare intubation equipment	Give Drugs, Monitor patient Situational awareness	Provide extra equipment liaise with department
PPE	Gown/Gloves X 2 pairs/ N95 mask/Hat/Glasses/Visor	Gown/Gloves X 2 pairs/ N95 mask/Hat/Glasses/Visor	Gown/Gloves X 2 pairs/ N95 mask/Glasses/Visor	Gown/Gloves X 1 pair/ N95 mask/ Glasses

Equipment: As per standard intubation checklist with the following modifications

C CUFFED endotracheal tubes to be used for all patients. Do not attempt to ventilate the patient until cuff inflated. Oral or nasal, senior doctor decision.

O OXYGEN – for pre- O₂ with a mask (tight seal), T-piece and a **HME filter**. Consider current device for pre-O₂. Filter also to remain in situ on ventilator circuit.

V VIDEOLARYNGOSCOPE is first line for intubation – Direct laryngoscopy is to be avoided if possible

I IN-LINE suction to be used for all patients

D DRY circuit to be used for all patients >10kg

Facemask → HME filter → CO₂ analyser → Breathing circuit. *Figure 1.*

Ensure all listed equipment available

Intubation Equipment – in Tray	In Room Equipment – additional to standard	Runner Equipment
CMAC/Glidescope – appropriate size blades	HME filter – connected directly to mask. See Fig 1.	Trolley/tray
Cuffed ETT and cuffed ETT -0.5	CO2 in-line detector- connected to T piece circuit – See Fig. 1.	Resus trolley
Stylet – for glidescope		Difficult Airway Trolley
Magills forceps	In- line suction system (tube size appropriate) not currently connected to circuit +/- Scissors	Intercom for communication
Guedel airway		Immediately Available
Syringe	Intercom for communication	Bougie – in wrapper
NG Tube and securing tape	X2 Trays (X1 clean, X1 soiled airway equipment)	LMA – in wrapper
Tube Tapes	Large bin for soiled equipment and PPE	Cuffed ETT + 0.5 – in wrapper
Lubricant		

Airway Doctor	Skilled Assistant	Beside Nurse	Runner
Describe airway plan and drugs Brief team	Prepare and check airway equipment	Check and prepare medications	Check and Prepare equipment and medications. Ensure same are available immediately outside room
All four members of team DON PPE. Process MUST be observed by a BUDDY			
ENTER ROOM			REMAIN OUTSIDE
<i>If bedside nurse already in room, inform of airway plan</i>			
Pre-oxygenation- maintain tight seal with mask Mask-HME Filter- CO ₂ in line detector- breathing circuit – Fig 1. Run intubation checklist – RESPOND	Maintain situational awareness Intubation checklist	 Run intubation checklist - CHALLENGE	Liaise with bedside nurse in room Provide additional equipment if necessary Call for additional help if asked
BVM - ONLY if necessary		Induce anaesthesia and paralysis	Place requested kit on trolley/tray (do not hand directly to team inside)
Intubate			Beside nurse will take kit from tray Do not hand kit directly to each other
Do not start ventilation until cuff up Ventilation at this point should use the same circuit as above- Fig. 1.	Inflate cuff Confirm via chest movement and capnography – DISTAL to HME filter. (avoid auscultation if possible)	Situational awareness – ensure intubator and assistant follow protocol. Secure ET tube with tube tapes	Provide communication with rest of unit Assist with donning and doffing equipment
Ensure FULL neuromuscular blockade Connect to ventilator Inserting in-line suction proximal to HME filter – See Fig 2.	Assisting connection to ventilator Put ETT 15mm connection port in bag (removed for insertion of inline suction). Keep at bedside.	Administer neuromuscular blockade if required Set Ventilation Start sedation	
DOFF PPE – Process MUST be observed by a BUDDY			
Full PPE necessary within 2 metres of patient for <u>20 MINUTES</u> post intubation and any aerosol generating procedure			

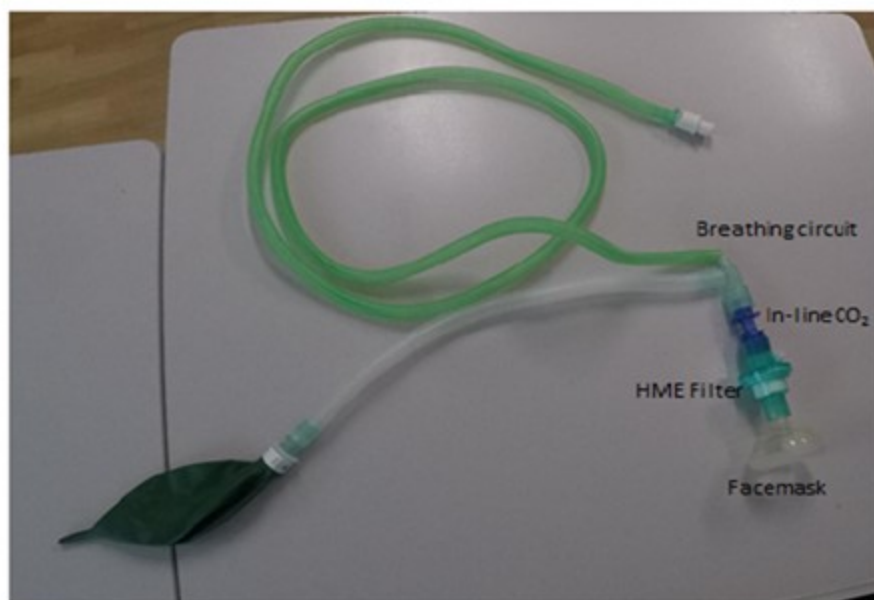


Figure 1.

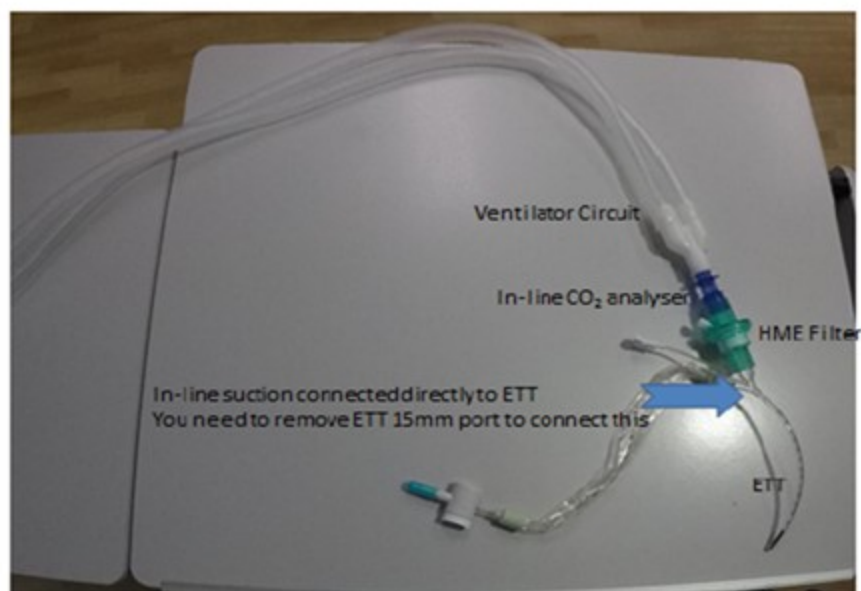


Figure 2.