# 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, Vice-grip and PEEP 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).
- Careful 2-person ventilation with Vice-grip and PEEP during onset of NMB.
- 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.

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**Collaboration between Safe Airway Society + RNS ASCAR**

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COVID-19 AIRWAY MANAGEMENT

Team Members

OUTSIDE
- Airway Trolley
- Bronchoscope
- Cardiac Arrest Trolley

ANTE ROOM (if available)
- Runner #1
- Runner #2
- Runner #3

NEGATIVE PRESSURE ROOM (if available)
- Airway Operator #2
- Team Leader
- COVID Tray
- Patient
- Airway Assistant

High-risk COVID-19 PPE
Standard COVID-19 PPE
No PPE

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

Circuit Setup

Patient
ETT / Facemask
Viral Filter
ETCO2
Ventilator / BVM

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