COVID-19 AIRWAY EQUIPMENT MODIFICATIONS

ADAPTED FROM SAFE AIRWAY SOCIETY GUIDELINES

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- 2-handed vice-grip, with assistant to squeeze bag.
- Minimise ventilation pressure by ramping patient and use of OPA and low tidal volumes.
- Use collapsible bag and ETCO2 trace to rapidly identify leaks.
- Do not ventilate prior to laryngoscopy unless for rescue oxygenation.

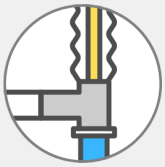
- Use video-laryngoscope to maximise first intubation success.
- Use video screen (indirect view) to view larynx to maximise distance between operator and patient's airway.
- Place laryngosopeblade in sealed bag immediately after intubation for sterilisation.

- Inflate cuff prior to ventilation.
- Use cuff manometer to minimise leak.
- Vigilance to ensure correct depth of ETT on first pass to avoid manipulations.
- Full PPE when manipulating ETT depth.

- Remains controversial as a treatment in COVID-19. Risk remains unclear.
- Do not use for pre-oxygenation or apnoeic oxygenation.

- Airway topicalisation is a high risk procedure for aerosol transmission
- Awake fibre-optic intubation only if indicated after airway assessment by senior clinician

- In CICO rescue, use scalpel-bougie to minimise aerosolization.



- Once ETT in situ, all suction should be using an in-line apparatus.
- Suctioning prior to extubation should be done in full PPE with the ETT cuff up.

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COVID-19
EXTUBATION PROCESS
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Can extubation be delayed until patient is no longer infective? If not, proceed as follows:

2 staff members

Full PPE

Other personnel out

Be confident patient can be safely extubated onto a hudson mask. NIV and High Flow Nasal Oxygen, risk aerosol transmission and should avoided.

Use additional measures to reduce coughing on extubation. For example remifentanil TCI.

Optimise airway and oxygenation, through positioning and recruitment manoeuvres.
Suction with care not to contaminate self or others.

Remove ETT. Immediately replace with face mask and circle circuit. Use 2-handed grip. Confirm airway patent.
Place surgical mask on patient + hudson mask over the top.

Extreme care with all contaminated items for appropriate disposal. OT quarantined for 30min after application of HM with strict aerosol precaution. Cleaning to occur AFTER this time. Doff PPE as per protocol.

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CIRCUIT DISCONNECTIONS
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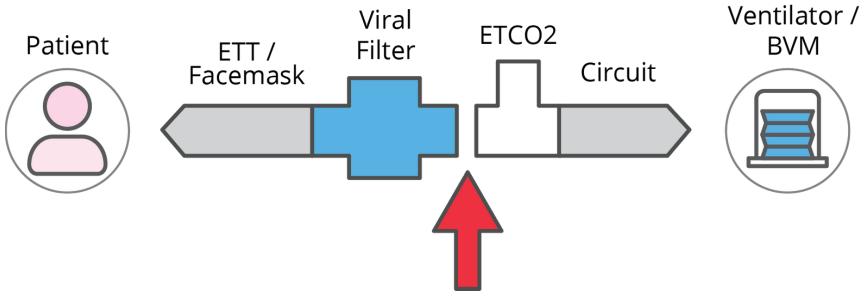
Circuit disconnections in OT:

Always disconnect the circuit on the ventilator side of the viral filter.



Circuit disconnections in ICU:

If viral filter is present, continue as above.

If the viral filter has been removed (eg. for placement of a nebuliser), clamp the ETT, and place the ventilator on 'standby mode' immediately prior to disconnecting.

Clamp the ETT

Place on "Stand-By"

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