

# COVID-19 Intubation Practice Guidelines

Intubation is a high risk, aerosol generating procedure. **Anticipate the need for intubations early to maintain a controlled environment.** The following guidelines have been implemented to ensure the safety of our staff.

## Materials:

- **PPE: PAPR† or N95‡ mask plus face shield.**
  - Impermeable gowns for those directly involved in airway management
  - Non-waterproof **yellow gowns** for those not directly involved in airway management
  - Head protection:** Bouffant hats and beard covers
  - Footwear Covers**
- **HEPA filter:** to be attached to Ambu-Bag exhalation valve
- **PEEP Valve**
- **Videolaryngoscopy (VL) with disposable cover and disposable stylet.**
- **Disinfectant wipes**
- **Disposable bag of Medications - predrawn in syringe**

## Preparation:

- The **most experienced provider** should intubate.
- **All equipment** (above) should be prepared, along with your own standard code bag (leave outside room)
- **Test VL** function outside the room.
- Perform COVID-19 PPE donning outside the patient room. All participants should **double glove**.
- Take **ONLY** the VL, associated VL disposables, backup disposable laryngoscope, ETT, oral airway, and medications into the room.
- Assign a **provider outside the room** to pass additional supplies inside and monitor for breaches of PPE
- **Preoxygenate** on 100% FiO<sub>2</sub> for 5 minutes.
- **Prepare Ambu-Bag with HEPA filter** attached
- **Prepare ventilator** circuit (ventilator circuits have HEPA filters), if possible.

## Intubation:

- **Minimize personnel in the room** during intubation - 1 to intubate, 1 to administer medications, 1 RT
- **Rapid-Sequence Intubation preferred.** Avoid bag-mask/LMA ventilation, if needed use small tidal volumes
- **Immediately Inflate cuff, attach ETCO<sub>2</sub> via BVM or directly to ventilator and confirm placement.**
- Perform **observation of bilateral chest rise** movement and ETCO<sub>2</sub> to confirm ETT placement in the airway.
- **Avoid using stethoscope** until ventilator is attached to ETT.
- **Attach to ventilator** as soon as possible
- **Avoid open suctioning.** Use in-line suctioning, if available.
- **If CPR is in progress, goal is immediate intubation. Hold chest compressions while intubating**

## Post-intubation:

- **Remove outer gloves** immediately following intubation, invert and dispose.
- Perform preliminary **wipe-down of video laryngoscopy** with purple wipes in the room and a second cleaning outside of room.
- **Remove PPE in anteroom.** If no anteroom is available, **remove PPE except for PAPR/N95 in patient room.**
- The intubating provider should change scrubs if a yellow gown was worn because it is not waterproof.
- You will need to **self-monitor for symptoms** including **twice-daily temperature monitoring** for 14 days.
- As long as there is no PPE breach, asymptomatic providers **may continue to work.**
- CXR and ABG

Please contact Respiratory Care, ICU or Anesthesia leadership with any questions related to these practice guidelines.

† Requires appropriate inservice training by your local occupational health

‡ Requires appropriate fit testing by your local occupational health