



Supporting Information

Supplementary figures

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Brewster DJ, Chrimes N, Do TBT, et al. Consensus statement: Safe Airway Society principles of airway management and tracheal intubation specific to the COVID-19 adult patient group. *Med J Aust* 2020; doi: 10.5694/mja2.50598.



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

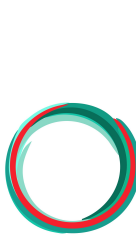
Apply the viral filter directly to the ETT.
Only disconnect the circuit on the ventilator side of the viral filter.

CICO Rescue

Scalpel-bougie technique to avoid aerosolization.



COVID-19 Emergency Intubation Checklist



SAFE AIRWAY SOCIETY

CHECK BEFORE ENTERING ROOM

Team

- Anaesthesia contacted if difficulty anticipated
- Team introduced:
 - Airway Operator
 - Airway Assistant
 - Team Leader/Drugs
 - In-room Runner: optional
 - Door Runner
 - Outside room Runner
- Problems anticipated?

Patient

- ECG, BP, Sats
- Pre-oxygenation
 - FIO₂ 100%
 - Sitting position 45°
- IV access x 2
 - 1L fluid on pump set
- Haemodynamics optimised
 - Fluid bolus
 - Pressor

Drugs

- RSI drugs drawn up, doses chosen
- Rescue drugs
 - Metaraminol
- Post intubation sedation plan
- Drug C/I or allergies?

Equipment

- 2 Laryngoscopes (tested)
- Tube chosen; cuff tested
- Bougie/stylet
- 10ml syringe
- Tube tie
- Lubricant
- Supraglottic airway sized to pt
- Scalpel + bougie CICO kit
- Airway trolley/bronchoscope outside room
- ETCO₂
- Viral filter

FINAL CHECK IN ROOM

- Patient position optimal
- Fluid runs easily
- Suction working
- Facemask with viral filter connected
- ETCO₂ trace
- O₂ running at 15L.min⁻¹
- Oropharyngeal/nasal airways
- Airway plans:
 - Plan A: Videolaryngoscopy with bougie/stylet
 - Plan B: Supraglottic airway
 - Plan C: Vice grip, 2-person +/- Guedel/NPA
 - Plan D: Scalpel/bougie/tube