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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.

SAFE AIRWAY SOCIETY

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.

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