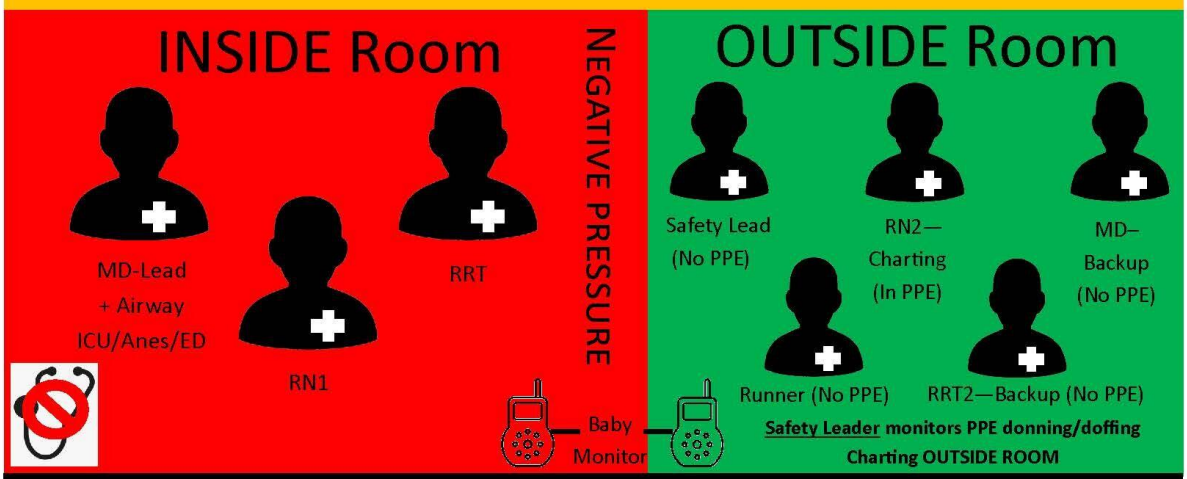
UPDATED March 25, 2020

Protected INTUBATION

Requiring intubation + Suspected/Confirmed High Consequence Pathogen



EXPERIENCED STAFF ONLY

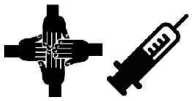
Required Airborne/Droplet/Contact PPE (use donning/doffing checklist):

1. Level 2/yellow cloth gown **2.**Fit-tested N95 Respirator **3.** +/- Bouffant

4. Face Shield **5.** Nitrile gloves

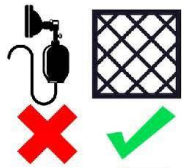
Intubate EARLY for increasing O_2 requirements. Preoxygenate.

Consider early intubation for patients requiring O_2 with clinical deterioration *OR* oxygen requirements of above 0.5 FiO_2. Preoxygenate with facemask with HEPA filter or BVM without ventilations. AVOID CPAP/BiPAP and nasal cannula >6L/min.



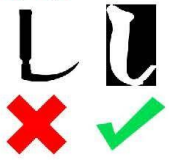
Have a clear PLAN A/B/C. LIMIT equipment. Use waveform $EtCO_2$

HUDDLE-UP and have a clear plan (with contingencies). Limit equipment to absolute necessities. DO NOT use stethoscope. Use waveform capnography for placement.



AVOID manual ventilations. USE a HEPA filter. PARALYZE.

Attach HEPA filter to BVM. Maintain oxygenation with a two-handed mask seal. Avoid manual ventilations until ETT cuff inflated. PARALYZE early. Prevent cough reflex.



AVOID direct laryngoscopy. Consider VL and/or LMA.

Maximize space between airway and provider. PAUSE compressions for intubation. Consider video laryngoscopy and/or laryngeal mask airway. Minimize disconnects. Once on circuit, can use Droplet/Contact PPE. TRANSFER on closed circuit with Airborne PPE. Have a clear TRANSPORT PLAN with a Safety Leader to open doors/elevators.

Review full protocols on https://sunnynet.ca/coronavirus

Updated 2020Mar25

Sunnybrook
DEPARTMENT OF EMERGENCY SERVICES