**Protected INTUBATION**

Requiring intubation + Suspected/Confirmed High Consequence Pathogen

**INSIDE Room**
- MD-Lead + Airway
- ICU/Anes/ED
- RN1
- RRT

**OUTSIDE Room**
- Safety Lead (No PPE)
- RN2—Charting (In PPE)
- Runner (No PPE)
- RRT2—Backup (No PPE)
- MD—Backup (No PPE)

**Inside Room**
- Baby Monitor

**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

**UPDATE March 25, 2020**

**Intubate EARLY for increasing O₂ requirements. Preoxygenate.**
Consider early intubation for patients requiring O₂ with clinical deterioration OR oxygen requirements of above 0.5 FiO₂. 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 EtCO₂**
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.**

**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://sunny.net.ca/coronavirus**

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