

- ✓ Endotracheal intubation should be performed by most experienced intubator available
- ✓ Negative pressure room should be used if available. Turn negative pressure on and close the door during the intubation procedure
- ✓ Minimize the number of staff in room during procedure to intubator, 1 RN and 1 RRT. Modify at physician discretion. Additional staff shall be appropriately donned and immediately available outside room
- ✓ All staff shall don PPE for AGMP which includes N95 mask, gown, gloves and eye protection prior to entering room. If possible a PPE buddy should be assigned to assist with donning and doffing
- ✓ Minimum of 5 minutes of pre-oxygenation using a well-fitting non-rebreather oxygen mask with flows of at least 15 LPM oxygen if possible. Increase flow as needed to ensure the reservoir bag does not collapse on inspiration. Pre-oxygenation may also be provided by free-flow via the modified jackson rees bagging unit or neopuff and full face mask
- ✓ Manual ventilation is not recommended but may be required in some circumstances when unable to adequately achieve pre-oxygenation or patient has inadequate respiratory drive. Ensure a good seal and use low pressures and low volumes. 2- person technique is recommended
- ✓ All manual ventilation devices shall have filters in place
- ✓ Apneic oxygenation via nasal cannula is not recommended
- ✓ Use of high flow nasal cannula and non-invasive ventilation should be avoided
- ✓ Indirect videolaryngoscopy is recommended
- ✓ Muscle relaxants should be used to minimize cough
- ✓ Cuffed endotracheal tubes (ETT) should be used
- ✓ The cuff of the ETT should be inflated, EtCO₂ and in-line suction placed in line prior to the manual bagger being reconnected and manual ventilation being provided
- ✓ Clamp the ETT with any disconnections
- ✓ If intubation attempt is unsuccessful, manual ventilation with low pressures and low volumes via full face mask with good seal is recommended. 2-person technique recommended
- ✓ LMA should be readily available for use if unable to oxygenate the patient with manual ventilation. Cuff should be inflated prior to commencing manual ventilation. Low pressures and low volumes should be used
- ✓ If patient transport is required, use the minimum number of staff required to safely transport the patient. Staff involved in transport should be in newly donned PPE