PRINCIPLES* OF AIRWAY MANAGEMENT IN CORONAVIRUS COVID-19 FOR SUSPECTED/REPORTABLE** OR CONFIRMED CASES OF COVID-19

BEFORE

STAFF PROTECTION
- Hand Hygiene
- Full Personal Protective Equipment***
- Minimize Personnel During Aerosol Generating Procedures****
- Airborne Infection Isolation Room (if available)

PREPARATION
- Early Preparation of Drugs and Equipment
- Formulate plan Early
- Meticulous Airway Assessment
- Connect Viral/ Bacterial Filter to Circuits and Manual Ventilator
- Use Mucus Suctioning System
- Use Video Laryngoscopy (Disposable if available)

DURING

TEAM DYNAMICS
- Clear Delineation of Roles
- Clear Communication of Airway Plan
- Closed-loop Communication Throughout
- Cross-monitoring by All Team Members for Potential Contamination

TECHNICAL ASPECTS
- Airway Management by Most Experienced Practitioner
- Lowest Gas Flows Possible to Maintain Oxygenation
- Rapid Sequence Induction and Avoid Bag-Mask Ventilation When Possible
- Tight Fitting Mask with Two Hand Grip to Minimise Leak
- Ensure Paralysis to Avoid Coughing
- Positive Pressure Ventilation Only After Cuff Inflated

AFTER

- Avoid Unnecessary Circuit Disconnection
- If Disconnection Needed, Wear PPE and Standby Ventilator +/- Clamp Tube
- Strict Adherence to Proper Degowning Steps
- Hand Hygiene
- Team Debriefing


**There are regional and institutional variations on definition of a suspected/reportable case. Please refer to your own institutional practice.

***Personal Protective Equipment according to your own institutional recommendation, may include: Particulate Respirator, Cap, Eye Protection, Long-sleeved Waterproof Gown, Gloves


References:

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