1. COVID PPE Selection

Known or suspected COVID infection:

- Gown
- Gloves
- Goggles
- N95 Mask
- Optional: Head cover
- Optional: Leg cover

Non-COVID Intubated/Aerosol Gen. Pro

- Gloves
- Procedure mask
- N95

2. PPE for Decontamination

A. In Hospital

- Gloves
- N95 Mask
- Eye Protection

B. GCCT Decontamination

- Gloves
- N95 Mask
- Eye Protection
- OPTIONAL Gown

B. RW Decontamination

- Gloves
- N95 Mask
- Eye Protection
- Gown
3. PPE for Decontamination

A. Donning Procedure

1. **Tuck in flightsuit collar, stow BMF ID lanyard**
2. Mask (Seal check for N95)
3. Gloves
4. Gown
5. Goggle / Face Shield
6. OPTIONAL – Head Cover
7. OPTIONAL – Leg Covers

B. Doffing Procedure

1. Sanitize hands
2. IF WORN - Head Cover
3. Gown – Release from behind, touching only outside of gown pull down while inverting, roll up, and dispose.
4. Sanitize hands
5. IF WORN – Remove leg covers (sitting)
6. Remove Gloves – Pinch palm, or under cuff, remove.
7. Sanitize hands
8. Goggle (Reusable) / Face Shield (Disposable) – By rear straps only, lean away while removing. DECONTAMINATE goggles
9. Sanitize hands / Wash for 20s

C. Back at vehicle

1. Don Gloves
2. Remove Mask
   - N95-pull bottom strap over head, maintain tension on bottom strap. Remove top strap over head while move mask away from face
   - Place in paper bag
   - Label date / BMF ID number
3. Sanitize hands
4. Helmet use w/ PPE

A. Leaving sending in helicopter
1. Secure patient/stretcher into aircraft
2. Secure all bags / Mount all medical devices
3. First team member
   - IF WORN - remove head cover
   - removes gloves, sanitize
   - carefully removes face shield (if being worn) keeps goggles
   - uses hand sanitizer
   - secures helmet, lowers clear visor
   - puts on gloves
   - secures seatbelt
4. Second team member completes above process

Arriving at Receiving
1. First team member
   1. unbuckles seat belt
   2. remove gloves, sanitize
   3. remove helmet, sanitize
   4. If not wearing safety glasses during transport and only utilizing helmet visor, put goggles on now
   5. OPTIONAL - head cover on
   6. Put gloves on
2. Second team member completes above process

Post transport remember to disinfect helmet.
5. Current Isolation and Aerosolization Precautions

- **Minimize aerosol-generating procedures** (Oral suctioning, Nebulizers, CPAP/BiPAP, BVM) consider contacting BMF Medical Direction prior to initiation.

- Whenever possible use MDI for bronchodilators, defer nebulization in transport (Consider treatment before you leave)
  - In **ADULT** patients with confirmed or under suspicion for COVID: NO CPAP/HFNC/BiPAP in transport.
  - Endotracheal intubation should be used instead, if indicated.

- **ALL INTUBATED BMF Patients**, regardless of COVID status, must be given Long-Acting Neuromuscular blockade for transport (Excl. neonates)

- **For any pediatric patient on NIPPV** - At any receiving hospital, if possible convert to NRB and surgical mask for transit from vehicle to receiving unit. If able, perform transition outside after unloading stretcher, before entering building

6. COVID Pediatric Accompaniment Policy

- Only family/parent of pediatric BMF patients will be allowed to accompany patients.
  - They must be screened for illness (fever, cough, URI, malaise)
  - They must wear a procedural mask for entirety of transport
The clinical course appears to have two different stages. The first typically includes milder symptoms (fever, HA, myalgia, dyspnea) and is primarily experienced during the first week after onset of symptoms. For some, the second stage starts between days five and seven when sudden rapid clinical deterioration may occur. Risk factors associated with deteriorating clinical course include age, diabetes, hypertension, heart/lung disease and immunosuppression.

Absence of fever does not rule out COVID. 45% of patients are febrile at presentation, 85% develop a fever during their illness.

One negative COVID swab does not exclude COVID. False-negative COVID testing has been seen in up to 30 percent of cases. Some guidelines recommend two negative swabs 1-5 days apart to exclude COVID in admitted patients.

A positive non-COVID viral swab (FluA/B, RSV) does not exclude COVID. Concomitant viral infections, particularly during peak flu season, do occur.

Empiric antibiotics should generally be reserved for cases where there is a concern for a concomitant bacterial infection only as evidenced by laboratory findings, urinalysis, or imaging, or for severe illness when diagnosis is uncertain.

Patients with COVID-19 appear to be very sensitive to fluid overload
  o If the patient is hypotensive or appears hypovolemic on clinical exam, consider small fluid boluses (i.e., 250 ml at a time) v. pressor for hypotension. The benefit of fluids decreases as clinical course progresses.

At this time, the limited evidence indicates we SHOULD NOT be giving steroids for the majority of cases unless there is clear adrenal suppression or indicated for another etiology (reactive airway disease, etc…).

Up to 10% of COVID patients develop cardiomyopathy during their admission, either as a primary complication of the disease or due to pre-existing heart failure.

The observed severe hypoxemia seen in COVID may be the result of shunt physiology from affected lung regions and impaired hypoxic pulmonary vasoconstriction leading to low SpO2 and correlating low PaO2 on blood gases.

Lung compliance in early Covid-19 is frequently (though not always) normal, unlike traditional ARDS. High PEEP strategies (similar to ARDSNet settings) may cause overdistension of alveoli and further lung injury in those with preserved compliance. Individualized approach to PEEP management with hypoxia is recommended with slow, deliberate changes while monitoring for changes (positive or negative) in mechanics.

COVID patients are mixed responders to pulmonary vasodilators, Nitric is preferred by some centers over epoprostenol due to frequent circuit breaks in hospitals for HME replacements during delivery of the latter. Initiation of epoprostenol or nitric oxide may be considered on an individual case basis per BMF SOPs.
COVID-19 RW Isolation Protocol

1. Prior to Departure

a. BRIEF with transport team

Type of PPE required (see COVID PPE Reference in packet)
Review roles and expectations of team members
  • Person taking report
  • Person packaging patient
Review isolation protocol
Review intubation procedures and respiratory precautions (See reference)
Discuss plan for Switlik Vest if flying over water
  • Don under PPE gown
  • Leave until decon completed at receiving

NO HOT LOADING / OFF LOADING

b. Pre-departure isolation and equipment check

Cockpit
CONFIRM:
Correct sized gloves for Pilot
Hand sanitizer is present in PIC door
Small biohazard bag secured in pilot door

AFT compartment
CONFIRM:
Small biohazard bag is present
Hand sanitizer is present
In Packaging bag - Two clear plastic paperwork bags
On Stretcher
  o Kelly/Forceps on stretcher for ventilated patients
ICS/Radio Volume set

MOVE:
Anticipated items from cabinets and place in PIC side-window storage (e.g., ETT cuff manometer, glucometer, etc.)
Pre-Made COVID Disposables kit to STRETCHER
Purple-wipes to STRETCHER
Remove thermometer and probe cover, return probe cover box to tower.
Remove glucometer and lancet/strip, return zippered pouch to tower.
Both tablets and clipboard behind the seat

ISOLATE MEDICAL EQUIPMENT:
Tape drawers closed
Remove Helmet Microphone cover
2. Actions at sending

**Pilot:** *On arrival to hospital:*

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISOLATE</td>
<td>Cockpit from AFT compartment.</td>
</tr>
<tr>
<td>REMOVE</td>
<td>microphone cover</td>
</tr>
<tr>
<td>PILOT:</td>
<td>Remain at aircraft</td>
</tr>
</tbody>
</table>

**Clinical Team:** *Upon arrival to sending unit*

**DISCUSS**

- Plan to moving patient out of their facility
- (Required resources, e.g. security to open doors / operate elevators, avoidance of high traffic areas etc.)
- Placement of bags outside patient room
- Minimizing need to enter bag once patient contact is made

**REQUEST**

- Security to accompany team out of facility

---

**Report Role:**

- **OBTAIN** report
- **COLLECT** chart, and signatures
- **OBTAIN** any additional medications for patient from facility
- **SEPARATE and ISOLATE** Paperwork.
  - BMF paperwork and Face sheet in first plastic paperwork bag.
  - Place **IN** Packaging Bag
  - Place patients chart in second plastic bag. Place **IN** Packaging Bag
- Place BVM at head of stretcher
- **DISCUSS** with partner need for Epoprostenol (review new criteria)
- **DISCUSS** with partner what additional supplies are required in the room.

**Packaging Role:**

- **PREPARE** required and anticipated equipment and supplies
- **Request/Mix, Prime and Program** infusions for transport
- **Draw up analgesedation anticipated for duration transport**
  - (Consider using sending infusions)
- **Draw up and administer** Neuromuscular Blockade
- **Pull out monitoring cables, attach BP cuff, SpO2 and electrodes**
- **Pull out ETCO2, attach to PropaqMD**
- **ATTACH** HEPA filters to ventilator
  - (See ventilator reference)
- Program ventilator settings

---

**DON PPE per PPE Reference**
When ready to leave unit:

**BRIEF** security personnel
- They will operate all doors and elevators.
- They will not touch bags, stretcher, or patient
- They will wear an appropriate mask

**PERFORM** MEDS checklist.

*At the aircraft:*

<table>
<thead>
<tr>
<th><strong>Pilot:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DON gloves, N95</td>
</tr>
<tr>
<td>OPEN aircraft doors</td>
</tr>
<tr>
<td>MOVE to front of aircraft until patient is loaded</td>
</tr>
<tr>
<td>CONFIRM LOX ON</td>
</tr>
</tbody>
</table>

**Packaging/Report Role:**

- Load stretcher into aircraft
- Secure bags into aircraft
- Get in the patient compartment
- CONFIRM A/C – Heat is OFF
- SECURE O2 tank
- Inverter ON
- CONFIRM LOX on

*Once stretcher is loaded:*

<table>
<thead>
<tr>
<th><strong>Pilot:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Close doors from the outside</td>
</tr>
<tr>
<td>Remove gloves and dispose in biohazard before enter cockpit</td>
</tr>
<tr>
<td>Sanitize hands</td>
</tr>
<tr>
<td>KEEP MASK ON</td>
</tr>
</tbody>
</table>
3. In-transport

**Pilot:**

Manage radio for medical crew

**Packaging/Report Role:**

Do not access paperwork while charting in transport
CONTACT CMED 15min out: Receiving hospital via CMED stating "isolation procedures are being utilized"
4. Actions at Receiving

At the aircraft:

**PILOT:**
- **KEEP MASK ON**
- Put on gloves
- Open patient compartment from outside
- Remain > 6 feet away from patient
- **DO NOT HANDLE STRETCHER OR BAGS**
- **BRIEF** security personnel
  - They will operate all doors and elevators.
  - They will not touch bags, stretcher, or patient
  - They will wear an appropriate mask

Remain at the aircraft

**Packaging/Report Role:**
- Unload stretcher from ambulance
- Unload and carry bags
- **DO NOT** touch hospital doors, walls, surfaces or elevators
- Transition portable O2 to stretcher

Once the patient leaves:

**PILOT:**
- OK to decontaminate cockpit
- Keep aircraft doors open
- **REMOVE** gloves and dispose
- Sanitize hands
- **DO NOT ENTER** AFT Compartment
At the receiving unit:

**Packaging/Report Role:**

Work together to transition patient onto receiving bed.

*If unable to procure cleaning supplies/PPE from receiving unit, BMF staff should continue to wear BMF PPE (N95, gloves) and use BMF purple wipes on stretcher to decontaminate stretcher and medical equipment.*

<table>
<thead>
<tr>
<th>Report Role</th>
<th>Packaging Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Once the patient is off the stretcher</strong></td>
<td><strong>Once the patient is off the stretcher</strong></td>
</tr>
<tr>
<td><strong>Move</strong> the stretcher outside for decontamination</td>
<td><strong>KEEP MASK ON</strong></td>
</tr>
<tr>
<td><strong>PASS</strong> equipment to decontaminate out to the packaging role person</td>
<td><strong>SANITIZE</strong> gloved hands</td>
</tr>
<tr>
<td><strong>SANITIZE</strong> gloved hands</td>
<td><strong>REMOVE</strong> Gown and glove</td>
</tr>
<tr>
<td><strong>REMOVE</strong> PPE sanitize hands</td>
<td><strong>DON</strong> new gloves</td>
</tr>
<tr>
<td><strong>RETRIEVE AND COMPLETE</strong> temporary medical record</td>
<td><strong>WIPE DOWN</strong> stretcher from top down with purple to wipes</td>
</tr>
<tr>
<td><strong>RETRIEVE AND HANDBOFF</strong> patient’s chart</td>
<td><strong>WIPE DOWN</strong> bags</td>
</tr>
<tr>
<td><strong>OBTAIN</strong> Cleaning Supplies/PPE from receiving for decontamination</td>
<td>- Exterior (including back panel)</td>
</tr>
<tr>
<td></td>
<td>- Straps</td>
</tr>
<tr>
<td></td>
<td>- Bottom</td>
</tr>
<tr>
<td></td>
<td>- Compartment and contents of any pouch opened</td>
</tr>
<tr>
<td></td>
<td><strong>WIPE DOWN</strong> patient record bag with purple top wipe.</td>
</tr>
<tr>
<td></td>
<td><strong>WIPE DOWN</strong> equipment with purple top wipe</td>
</tr>
<tr>
<td></td>
<td><strong>WIPE DOWN</strong> unopened COVID kit (If opened, dispose of entire kit)</td>
</tr>
<tr>
<td></td>
<td><strong>WIPE DOWN</strong> O2 tank</td>
</tr>
<tr>
<td></td>
<td><strong>PLACE</strong> on clean stretcher</td>
</tr>
<tr>
<td></td>
<td><strong>REMOVE</strong> PPE sanitize hands</td>
</tr>
</tbody>
</table>

**GROUND LEGS AT RECEIVING**

*If BMF equipment decontaminated at receiving unit:* Then transporting ambulance must be decontaminated by EMS agency prior to loading and return to aircraft.

*If BMF equipment **NOT** decontaminated at receiving unit:* Then BMF staff will continue to wear contaminated PPE down to ambulance, load contaminated equipment into contaminated ambulance, and return to the aircraft **in PPE including gowns.**
5. Decontamination

DISCUSS:

Equipment and compartments touched

PERFORM:

DON gown and gloves

Using purple top wipes, wipe:

- ALL aircraft outside door handles
- OPEN DOORS / Leave doors open
- ALL aircraft Inside door handles

Starting at the BOTTOM
- Wipe floor first
- Wipe all seats and seat belts
- Wipe sidewalls
- Wipe cabinets and handles
- Wipe switches, panels, radio, and ccart-box
- Wipe H145 control screen / EC145 control panel
- Wipe ceiling
- Wipe isolation curtain
- Wipe any unprotected equipment in patient compartment
- All surfaces of iPad

Wipe hand sanitizer in PIC door
Decontamate helmet per SOP

REMOVE PPE and place into biohazard bag. Dispose of per hospital policy.
SANITIZE hands
6. Debriefs and Notifications

NOTIFY designated infection control officer by E-mail, include
Transport number
Names of crew members
DOCUMENT what PPE was worn in the PCR
COVID-19 RW Isolation Protocol
PILOT Actions

2. Actions at Sending

**On arrival to hospital:**
- ISOLATE Cockpit from AFT compartment.
- REMOVE microphone cover
- PILOT: Remain at aircraft

**When patient returns to the aircraft:**

**Pilot:**
- DON gloves, N95
- OPEN aircraft doors
- MOVE to front of aircraft until patient is loaded

**RN/MEDIC Will:**
- Load stretcher into aircraft
- Load bags into aircraft
- Get in the patient compartment
- CONFIRM A/C – Heat is OFF
- SECURE O2 tank

**Once stretcher is loaded:**

**Pilot:**
- Close doors from the outside
- Remove gloves and dispose in biohazard bag before entering cockpit
- Sanitize hands
- KEEP MASK ON
3. In-transport

**Pilot:**

Manage radio for medical crew

4. Actions at Receiving

**At the aircraft:**

**Pilot:**

- **KEEP MASK ON**
- Put on gloves
- Open patient compartment from outside
- **Remain > 6 feet away from patient**
- **DO NOT HANDLE STRETCHER OR BAGS**
- **BRIEF** security personnel
  - They will operate all doors and elevators.
  - They will not touch bags, stretcher, or patient
  - They will wear an appropriate mask
- **Remain at the aircraft**

**RN/MEDIC Will:**

- Unload stretcher from ambulance
- Unload and carry bags
- **DO NOT** touch hospital doors, walls, surfaces or elevators
- Transition portable O2 to stretcher

**Once the patient leaves:**

**PILOT:**

- OK to decontaminate cockpit
- Keep aircraft doors open
- **REMOVE** gloves and dispose
- Sanitize hands
- **DO NOT ENTER** AFT Compartment
5. Decontamination

DISCUSS:

Equipment and compartments touched

PERFORM:

DON gown and gloves

Using purple top wipes, wipe:

- **ALL** aircraft outside door handles
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Starting at the BOTTOM
- **Wipe floor first**
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- Wipe H145 control screen / EC145 control panel
- Wipe ceiling
- Wipe isolation curtain
- Wipe any unprotected equipment in patient compartment
- Wipe Oxygen tank
- All surfaces of iPad

Wipe hand sanitizer in PIC door
Decontaminate helmet per SOP

REMOVE PPE and place into biohazard bag
SANITIZE hands
COVID-19 Ventilator Configuration

- Inspiratory Limb
- HEPA
- Corrugated Tubing
- Inline Suction (If Applicable)
- HME
- ETCO2 (Behind HME)

COVID-19 Epoprostenol Configuration

- Solo cup
- HME
- Elbow
- HEPA
- Corrugated Tubing attached To single limb circuit
- Inline Suction (If Applicable)
- NO HME
- ETCO2

COVID-19 Nitric Configuration

- Corrugated Tubing
- HEPA
- Corrugated Tubing
- Injector Module
- Inline Suction (If Applicable)
- Swivel
- HME
- ETCO2 (Behind HME)
**Consider:**
- Use clean (unopened) sending BVM or BMF BVM Only.
- Use BMF HME Only
- Use sending in-line suction if attached
- Use Kelly/Forceps to clamp ETT
- Consider optimizing ventilation on sending ventilator (collaborate with sending RT/MD)
- Decide/Act on Epoprostenol prior to making entry into patient room

**Ventilator Transition Sequence**
1. Confirm all fittings/connections are tight
2. Confirm neuromuscular blockade given
3. Clamp ETT using Kelly/Forceps and 2x2
4. Set sending vent on **STANDBY**
5. Connect BMF Circuit
6. Set BMF T1 to **VENTILATE**
7. Unclamp ETT
8. Monitor patient
COVID19 Proned Transport Checklist Supplement

Note: This document is a supplement to the COVID-19 vehicle specific isolation protocol. It is intended to assist in the safe continuation of proning for the transport of COVID-19 patients.

ACTIONS AT SENDING

1. As a team (Prior to making patient contact)

   DISCUSS optimizing the ventilator strategy
   CONSULT with sending provider AND BMF physician.
   Specifically discuss:
   Potentially fatal risks of transport
   • Unlikely timely re-intubation
   • Unlikely successful resuscitation
   Weigh risks and benefits of prone transport v. return to supine position.
2. Packaging Role (Upon patient contact)

ASSURE:
- All invasive lines are sutured.
- ETT is well-secured
- Optimal analgosedation then administer NMBA

MONITORING:
- EKG (Figure 1), SpO2, BP applied
- Monitoring cables towards feet

Note: The purpose of laying the monitoring cables towards the feet, and the IV infusions towards the head is to position lines in the event of an emergency de-proning of the patient.

TRANSITION IV infusions prn
- Position IV lines towards the head

SUCTION
- Mouth
- ETT
- OGT/NGT

DISCONNECT
- ETT in-line suction
- OGT/NGT suction

POSITION: Foley and / or rectal drainage bag is at the end of the bed.

If Intubated:
- EVALUATE if vent should be transitioned now (Follow COVID19 protocol)
3. Report Taking Role (PRIOR to entering room)

**ASSEMBLE** a sufficient number of assistants, usually 5 people at a minimum

Note: This number of people is not just to move the patient, but also to allow enough people if emergency de-proning were to be required during the move.

**BRIEF** the team prior to entering the room
- Plan to move patient over PRONED
- We will maintain a full sheet under the patient to allow for de-proning
- Lines will be moved to the head
- Monitoring will be at the feet
- Emergency De-Proning Plan

---

**Emergency De-Proning Plan**

**In the event of extubation:**
- Vent to standby
- No BVM ventilations until turn is complete
- Viral filter to BVM

**INFUSIONS MOVE TO HEAD**

**EDGES TOGETHER:** Edges of sheets will be brought together at the side the patient is facing.

**CHECK LINES AND TUBES**

**REMOVE SLACK:** With edges of the sheets, take out slack

**ROTATE PATIENT:** away from the side the patient is facing.

**EVACUATE:** Minimize people in the room

**MANAGE AIRWAY** if applicable
Emergency De-Proning Plan

**Unplanned Extubation**
- Vent to standby
- No BVM ventilations until turn is complete
- Viral filter to BVM
- Evacuate room prior to re-intubation

1. **INFUSIONS MOVE TO HEAD**
   **VISUALIZE LINES AND TUBES**

2. **EDGES TOGETHER:**
   Edges of sheets will be brought together at the side the patient is facing.

3. **REMOVE SLACK:**
   - With edges of the sheets, roll to take out slack

   **ROTATE PATIENT** away from the side the patient is facing.
4. Patient Movement

Use a slideboard if at all possible.

**PREPARE** sheet on BMF stretcher
- Lay sheet (or sheets) open on the stretcher
- 2/3 of the sheet should be on the side that will be touching the patients bed.
- Roll and tuck the sheet beneath the stretcher mattress to hold it in place during the move.

**DESIGNATE**
- BMF provider as the movement team leader
- BMF manages the ETT during movements.
- Two people to each side of the bed for the patient movement.

**INCREASE** the FiO2 to 1.0

**INFLATE** the bed

**SLIDE TO EDGE:** Using the slide board and the bedsheets, move the patient as a unit to the edge of the bed and **STOP**

**ASSURE** that there is no tension on any line, device, or monitor.

**COMPLETE** the move to the stretcher

**TRANSITION** to BMF T1 if not done so at this point (Follow COVID19 procedure with minimal staff present)
5. Post-Movement Care

**TURN** the patient’s face towards the patient’s right shoulder

**CONFIRM**
- ETT position, and ventilator function
- IV tubing, connections, and function
- FiO2 to initial setting

**PADDING**
- Place chux or towel under patient’s face

**Support the face**
- Avoid any contact with the orbits or the eyes.
- Place a rolled towel under the head to support the patient’s orbit and eye and keep them free of the bed surface.
- Avoid over extension of the neck with positioning

**Support the shoulders**

**Support the pelvis**
- For male patients ensure genitalia are not being compressed between the patient’s legs or by the pelvic pad/pillow

**Support the shins**

---

**UNTUCK** the emergency turning sheets from the mattress and make accessible from right side of patient.

**SECURE** the patient to stretcher using traditional straps.
ACTIONS IN TRANSPORT

A. Prior to departure

REVIEW
- Emergency de-pron ing procedure
- REVIEW Unplanned extubation plan
- Prone CPR hand placement

CONFIRM
- Accessibility of the turning sheet
- Accessibility of the push line

B. Enroute

CONFIRM
- BMF Communications Center will notify the receiving unit of patient’s prone status
- IF GOING TO ED: Notify that “Patient is in prone position” during CMED patch.
ACTIONS AT RECEIVING

Use a slideboard if at all possible.

*Roll the turning sheet on both sides of patient, and use for patient movement.*

Note: This will allow the sheet to be used for emergency de-proning on the receiving bed if it becomes necessary.

**DESIGNATE**
- BMF provider as the movement team leader
- BMF manages the ETT during movements.
- Two people to each side of the bed for the patient movement.

**INCREASE** the FiO2 to 1.0

**CONFIRM** that there is no tension on any line, device, or monitor.

**COMPLETE** the move to the bed

**TURN** the patient’s face towards the patient’s right shoulder

**CONFIRM**
- ETT position, and ventilator function
- Tubing, connections, and function
- FiO2 to initial setting
# COVID-19 Airway Checklist

## Protect
1. **HEAD COVER**, N95 minimum, goggles/face shield, gloves, gown
2. **VL ONLY intubation**
3. **Place HEPA on BVM** – 2-person BVM preferred
4. Plan to minimize staff in room
5. **Most experienced intubator**
6. Plan to minimize PPV, NIV
7. **First breath on T1 Vent.**

## Patient
1. Pre-Oxygenation 95%
   a. ApOx NC < 6LPM
   b. NRB < 15LPM
   c. **Consider procedure mask** over NC+NRB
2. Hypotension
3. Position for Procedure

## Equipment
1. BVM + **HEPA** + PEEP + OPA/NPA (2-person BVM)
2. **ETCO2** behind HME + Initialized
3. **T1 Vent HEPA** + HME Configured and set
4. Confirm T1 fittings/connections **tight**
5. Bougie / LMA / Scalpel
6. Suction **ON** and positioned

## Team
1. Verbalize airway plan
   o Roles assigned
   o VL / Rescue plan
2. Re-Ox threshold
3. Lead with suction
4. Post-Intubation ventilator plan
   o **Inflate cuff** – **direct-to-ventilator**
5. Analgesia + Sedation + NMBA