

3/23/2020

Q&A with the COVID-19 Airway Protocol Task Force

1. Can airway person take off outer gloves and squeeze green bag?
 - **No. Our goal is for the A1 (intubating person) to stay “dirty” to secure the breathing tube. A2 (the assistant) stays “clean” and will provide breaths and turn on the ventilator**
2. When do you take off gown in OR after intubation and you are in the case?
 - **Remove gown after airway is secured, during the case**
3. Does everyone wear a mask/gown in OR?
 - **No, at this point only those participating in the high risk procedure will be wearing PPE; please note that this of course may change when we have more COVID+ patients in the hospital.**
4. What do we do about hats (I assume this means for doffing)?
 - **You are to wash your hands prior to doffing the mask. Hats stay put, unless visibly soiled, then should be changed out.**
5. What is the official way to contain our N95 mask after use, do we place it in a plastic bag?
Doesn't this contaminate the mask?
 - **Yes, place in a ziplock bag which is found in your anesthesia cart.**
 - **Keep the bag open to let it dry. Wash hands after applying mask. And avoid touching outside of mask. This isn't a perfect system, but one way of preserving the mask.**
6. When do we need a gown? After the patient is intubated, for a break, do we need a gown?
 - **For high risk procedures, such as intubation and extubation**
 1. Proper protocol for securing airway (twill? Tape)
 - **Either one works. Tape will be contaminated if you touch the whole roll, and needs to be bleach wiped. Or in advance, cut off a strips of tape to have ready**
 2. Appropriate time to doff PPE? (Transfer to ICU? After intubation? Swapping out PPE before extubation?)
 - **Doff once the patient is transported to the appropriate location**
 3. Masks for interviewing patients? Walking around the hospital?
 - **No consensus on this yet, I'm afraid**
 4. When to change HEPA filter when coming from ICU?
 - **HEPA filters should be changed out with each patient**

5. Separate clean and dirty airway tray?
- **This idea has come up during Simulation. It would be good to look into having tray tables for the airway equipment in each OR to serve as a “dirty area.” But ultimately, the ventilator itself might serve as the dirty area.**
 - **Plan is to bleach wipe the ventilator area after intubation.**
6. Re double gloving after intubation and before extubation?
- **Not understanding the question, but yes double glove and remove outer glove well before you doff your PPE.**
7. Where will the OR nursing staff be during this?
- **Ideally no one except the anesthesia team will be in the room during this high risk procedure. Or they will at least be 6 feet away.**
8. Pyxis without fingerprints?
- **Not understanding the question, but make sure your pyxis is open and all your required drugs are already pulled out and drawn up.**
9. What color wipes can we use to decontaminate?
- **Bleach wipes are preferred**
10. Where do the ziplocks bags for the N95 come from?
- **On anesthesia cart**
11. Do you need to put on gloves to put on N95 after it's been used?
- **Ideally yes, wash hands after applying N95 mask either way**
12. If on OB and spinal fails for Csection do you now donn all PPE.
- **Yes, absolutely.**
13. How to properly pre-oxygenate.



- **Vice grip** **for at least 5 minutes, with no positive pressure**
14. Use avaguard for hand sanitizer in the OR?
- **Regular hand sanitizer should be sufficient**
15. When you contaminate you're neck face what's the protocol to clean?
- **Wash neck with soap and water**

16. Can we use specific colored gloves to Mark outer vs inner glove layers?
- **Probably not practical, but good idea.**

For intubation when called to ED or for trauma, will there be any to give preference for us doing the airway first? More frequently and more frequently, the ED attempts intubation and then we are called when they have struggled. Will we continue to respond in this fashion? Or should this become one area in which the most experienced provider does the airway?

- The most experienced provider should do the intubations, which would be us. This should be negotiated with ED
- It may not be ideal **considering the number of successful intubations that are performed in the ED without our assistance. We'll be inundated if we were called for everyone who needed an ED intubation. I do agree that they need to figure out the high risk, potentially difficult intubation early and have us there as the most experienced provider**

What is our gown supply? Should we be doing intubations using the blue gowns (less permeable than yellow)? Only for high risk intubations? Any insight to our supply, given that two weeks ago we went to a washable surgical gown supplier due to low supply?

- Stick with yellow until you hear otherwise.

Will we have an airway attending daily? Is this the OB attending? (Is there a daily OB attending?)

- Possibly, depending upon the schedule. Generalist pool is short and we are covering OB out of the OR.
- Ideally, we will have a designated airway attending during the day

What about HEPA filters for intubated/vented patients in ICU? Our astute residents bring a filter for the patient (this happened to me on Friday, turns out Tyler Johnson applied the filter when he transported the patient, the ICU did not have a filter on the vent). Should the ICU ventilators all have hepa filters as well to reduce contamination? (I do not know the answer here)

- HEPA filter should be transported to ICU with patient.
- ICU ventilators do not need filters, Ed is told. Ed is of the understanding that they clean them after each patient somehow....
- Bhiken will reach out to Danny (medical director for respiratory services) for this question for further clarification