Intubation/Extubation Guidelines

These guidelines include all areas that intubate and extubate patients.

For intubation/extubation of patients neither suspected (PUI) nor confirmed to have COVID:

- Intubate/extubate the patient while wearing N95 with overlying full face shield, gowns, and gloves.
- Only essential personnel should be in the room and should also wear the same PPE.
- After intubation/extubation personnel can remove the N95, face shield, gowns and gloves.
    - Staff to don appropriate PPE (i.e. contact precautions-gown and gloves).
    - N95 can be reused. See Reuse Instructions.
- If immediately proceeding to another room where N95 would be required (e.g. for another intubation/extubation), then the N95 and face shield can remain donned. Take care to not touch the N95 respirator.
- If upon exiting the room, you are not proceeding to another room requiring N95, then doff the N95 and face shield and store the N95. See Reuse Guidance

For intubation/extubation of COVID confirmed or suspected (PUI) cases:

- Intubate/extubate the patient while wearing N95 with overlying full face shield, gowns, and gloves.
- Only essential personnel should be in the room and should also wear the same PPE.
- Discard N95s used in these cases. **Do not reuse.**
- Refer to the table below for length of time the room is closed to another patient and during which staff must wear N95 while in room.
- Adult Airway Management:
    - **No immediate bag-mask ventilation, surgical mask over patient's mouth and nose**
    - Respiratory Therapist/MD team – place bag-mask with bacterial-viral filter over nose and mouth with good seal or NRB with surgical mask over. DO NOT VENTILATE – apneic oxygenation.
    - Adult Airway Team at bedside in PAPR; most experienced provider does intubation. Rapid sequence induction with NO VENTILATION, use McGrath for intubation (limit proximity of proceduralist to airway), bacterial/viral filter between ETT and BMV.
    - Check ETT position with chest rise, breath sounds, CXR - do **NOT** break the circuit for $ETCO_2$ check. When transferring from BVM to ventilator circuit – clamp the ETT with forceps and change to vent circuit.
- Pediatric Airway Management:
    - Refer to VCH (PICU/PED) Intubation Guidelines for patients with Suspected or Confirmed COVID infection

For Emergent intubation or extubation of a COVID confirmed or suspected (PUI) cases:

- Refer to SOP: Code Blue and Emergent Airway Management in COVID
- Refer to VCH (PICU/PED) Intubation Guidelines for patients with Suspected or Confirmed COVID infection

Intubation/Extubation Guidelines

Reuse Guidance:

N95 respirators worn for intubation/extubation performed on a patient neither suspected (PUI) nor confirmed to have COVID:

- An N-95 can be reused by the same provider during a shift as long as it doesn't become wet, damaged, or soiled and has not been used for suspected or confirmed COVID patients. A face shield must also be worn in order to reuse the N95
- After exiting room, doff N95 into brown paper bag. See below for donning/doffing instructions.
- N95s used for suspect/COVID positive cases can be reused if your area has been approved for N95 reprocessing. Refer to N95 Respirator Reuse SOP for guidance. If your area is not approved, N95s should be discarded.

To doff N95 with intent to reuse:

1. Perform hand hygiene
2. Remove N95 by taking off the bottom elastic strap first, then the top elastic strap. Do not touch the outside of the respirator or allow the elastic straps to contact the outside of the respirator.
3. If the N95 respirator is NOT visibly soiled, torn, or saturated, carefully store in the provided brown paper bag. Place the bag on its side and slide the N95 into the bag by grasping the elastic straps and placing the straps in the clean inside of the N95. Label the bag with your name as well as "front" and "back" which will correspond to the front and back of the N95.
4. Perform hand hygiene.
5. Store bag in a clean, dry, safe location with the front side down. Do not store in a pocket as compression can compromise the respirator.

To re-don used N95 respirator:

1. Perform hand hygiene and don a new pair of clean non-sterile gloves. One hand will be considered clean and the other contaminated for this process.
2. With the clean hand grasp the elastic ties inside the N95 and remove it from the bag.
3. With the "contaminated" hand, grasp the outside of the N95 to maintain control of the respirator as it is placed back on your face.
4. Using the clean hand, put elastic straps in place.
5. Remove gloves and perform hand hygiene.

Intubation/Extubation Guidelines

The following chart depicts the time necessary to achieve 99.9% of room air exchange:

VUH/VCH UNITS	TIMEFRAME ROOM IS CLOSED TO ANOTHER PATIENT & ANYONE ENTERING ROOM WEARS PPE
VCH 3rd floor (All ORs, GI Lab, Cath Lab, Dental)	30 minutes
VCH Interventional Radiology	2 hours
VCH ICUs, ED and Inpatient Rooms (non- negative pressure)	2 hours
VCH ICUs, ED and Inpatient Rooms (negative pressure)	1 hour
VUH Diagnostic Cardiology (MCE 5th floor)	2 hours
VUH ORs: FEL, MCE, 4 South	30 minutes
VUH Cardiac Cath Lab	30 minutes
VUH GI Lab	2 hours
VUH Interventional Radiology	2 hours
VUH Interventional Radiology ROOM 1078 only	30 minutes
VUH ICUs, ED and Inpatient Rooms (negative pressure)	1 hour
VUH ICUs, ED and Inpatient Rooms (non- negative pressure)	2 hours