### Aim
- Safe airway management
- Prevention of transmission of infection to the OR personnel
- Proper disposal of single use items and disinfection of reusable items

### Concern Planning
- Teaching and training
  - COVID-19 virus transmission and AGPs
  - Hand hygiene
  - Donning and doffing of PPE
  - Specific measures during airway management to prevent transmission of infection
  - Mock drills of airway management in OR (wearing full PPE and use of patient barrier devices)
- Operating Room Environment
  - A negative pressure OR is preferred or increased air changes if feasible

### Preparation
- Team Preparation
  - Preferably two persons (one experienced)
  - Team briefing: concerns, roles, communication, airway and rescue strategy
  - Supervised donning of PPE
- Patient Preparation
  - Use a surgical mask and cover patient with a transparent plastic sheet
  - Transfer patient directly to the OR bypassing the holding area
  - Patient examination performed using full PPE.
- OR preparation (in addition to routine checks)
  - A HMEF is attached between breathing circuit and the mask and another one is attached between the expiratory limb of the breathing circuit and anaesthesia machine
  - The side stream capnography tubing is attached to the machine end of the HMEF
  - Videolaryngoscope, closed suction system and surgical cricothyroidotomy equipment
  - Standby airway cart is ready outside OR
  - Transparent plastic drapes or customised intubation box
  - Container with disinfectant solution
  - OR door kept closed

### Procedure

#### Preoxygenation and Mask Ventilation
- Patient should be covered with a transparent plastic sheet or a customised intubation box
- Minimise the time between surgical mask removal and face mask application
- Preoxygenation with a mask having a good fit using a two-hand two-person technique with a closed circuit
- Use continuous waveform capnography to monitor for leaks

#### Induction of Anaesthesia and Tracheal Intubation
- Rapid sequence induction
- Use rocuronium or suxamethonium
- Low flow (< 5 litres/min) nasal oxygenation during apnoea TI performed by the most experienced airway operator
- Initiate mechanical ventilation only after inflation of the ETT cuff
- Confirm TI using waveform capnography
- Use a closed suction system.

#### Unanticipated difficult airway management
- Use the modified AIDAA algorithm for airway management during the Covid-19 Pandemic (Figure 4)
- Awakening patients is preferred after established ventilation with SAD. Proceed with surgery using the SAD only if considered safe, keeping in mind the risk of aerosolisation.
- Surgical cricothyroidotomy if there is complete ventilation failure

#### Exubation
- Higher aerosol generating procedure than TI
- Same level of protection and precautions as during TI
- Measures to prevent agitation, coughing and emesis before tracheal exubation
- Defer tracheal exubation if there are concerns of a failed exubation

**Awake tracheal intubation:** ATI should be avoided, unless the patient has an anticipated difficult airway and performing TI under general anaesthesia is considered unsafe. Minimise intubation time, aerosol generation and transmission during ATI

### Post Procedure Care
- Proper disposal of single use items and disinfection of reusable items
- Supervised doffing with proper disposal of PPE
- Team debriefing

### Not Recommended
- Mask ventilation
- HFNO for preoxygenation or apnoeic oxygenation or post exubation
- NIV for preoxygenation or post exubation
- Disconnection of the breathing circuit.
- Open tracheal suction
- Airway manipulation and airway exchange procedures during exubation
- Tracheostomy or TI through the SAD following successful rescue ventilation
- Cannula or needle cricothyroidotomy with jet ventilation
- Nebulisation or gargles before ATI

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