Guidance for Management of Anesthesia & Airway Devices for All Cases (Asymptomatic Patients)

1. **Preparation of OR**: Preoperative preparation of the OR should be carried out as usual, with the addition of the following items:
   a. **Sealed specimen bag** (for used laryngoscope & facemask), this will be on your anesthesia tray. See Pictures 1 & 2
   b. **Large cassette bag** (for used items that come into contact with the airway, e.g.: oropharyngeal airway, temp probe, bite block, OG/NG tube, suction, used ETT) – this needs to be fixed to the head of the bed on the sheet, not on the metal frame of the bed. See Pictures 3 & 4

2. **PPE during airway management**:
   a. **For intubation**
      i. PPE for anesthesia provider: surgical facemask + eye protection + double gloves
      ii. PPE for nursing staff/assistant: surgical facemask + eye protection + gloves
      iii. **RSI for every patient**, no mask-ventilation, inflate cuff BEFORE applying PPV
      iv. Dispose of outside/dirty gloves immediately after securing ETT
   b. **For insertion of LMA/iGel**
      i. PPE for anesthesia provider: surgical facemask + eye protection + double gloves
      ii. PPE for nursing staff/assistant: surgical facemask + eye protection
      iii. **Modified RSI**, no mask ventilation, insert LMA as usual
      iv. Dispose of outside/dirty gloves immediately after securing LMA
   c. **For MAC**
      i. PPE for anesthesia provider: surgical facemask + eye protection + gloves
      ii. PPE for nursing staff/assistant: surgical facemask + eye protection + gloves
      iii. Supplemental O2 should be administered via facemask, not via nasal cannula

3. **Post-intubation**:
   a. Immediately following intubation or insertion of LMA, the used laryngoscope should be placed in the specimen bag and sealed.
   b. Remove outer layer of gloves
   c. Please ensure drugs/syringes are not placed onto the anesthesia workstation/tray, these should remain separate from possible contamination of used airway equipment.

4. **End of case & Extubation**:
   a. Used airway equipment (ETT, temp probe, bite block, OPA, NG/OG tube, suction) should be disposed of in the plastic cassette bag
   b. The bag can then be rolled up and discarded.
   c. Do NOT throw away the laryngoscopes. Keep them in the sealed specimen bag and the techs will collect them and clean them appropriately.

*Note: These steps are in an effort to minimize transmission of oral secretions which can spread across the entire anesthesia workstation within 6 minutes of starting a case.*

Place used laryngoscope & facemask into specimen bag during the case. They can be retrieved intra-operatively if needed.

Set up cassette bag at the end of the bed pre-op. Place used suction, temp probe, OPA, bite block, OG/NGT & facemask into specimen bag at the end of the case.

At the end of the case, the cassette bag & contents can be rolled up and discarded.