

Guidance for Management of Anesthesia & Airway Devices Using Enhanced Infection Control Measures

Refer to our online COVID-19 resources & educational videos for more information
[\(https://www.anesthesiaeducation.net/gsi_covid19/\)](https://www.anesthesiaeducation.net/gsi_covid19/)

Preparation of the OR

Prepare OR as usual, with the addition of the following:

Specimen/plastic bags/bucket:

- 1 bag/bucket for *used* laryngoscope
- 1 bag for *used* facemask & syringe
- Ensure you are able to retrieve them if needed during the case.

Large cassette/plastic 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.
- Fix to the head of the bed, onto the sheet. Avoid fixing this to a hard surface, the adhesive glue may be left behind and prevent thorough cleaning.

Pre-prepared pieces of tape to secure the ETT

- Please do not use a roll of tape as this cannot be placed back afterwards and will be thrown out.

PPE during Airway Management:

- Hospital approved N95 respirator + eye protection + double gloves
- All providers including anesthesia, nursing staff, airway assistants



Induction of Anesthesia

Red Zone Patients:
Perform RSI, no mask-ventilation.

Yellow Zone Patients:
A routine induction, RSI or modified RSI may be performed in this patient group; gentle mask ventilation if indicated

Green Zone Patients: ensure patients keep their surgical masks on during MAC/sedation, if appropriate. The surgical mask should be placed *under* a simple oxygen mask (which is preferred over nasal cannula to reduce droplet spread)

Remove the patient's surgical mask
Preoxygenate as usual (5 minutes of spontaneous breathing/4 vital capacity breaths)

Immediately following intubation:

- Used laryngoscope should be placed into a plastic bag/bucket and sealed.
- Inflate ETT cuff BEFORE applying PPV
- Dispose of outside/dirty gloves immediately, before touching the ventilator
- Secure ETT, as usual
- Facemask and syringe should be stored in separate plastic bag and sealed

ALL ZONES Post Induction

- Ensure drugs/syringes are *not* placed onto the anesthesia workstation/airway tray, these items should remain separate from possible contamination of used airway equipment

Immediately following insertion of LMA/i-gel®

- Dispose of outside/dirty gloves, before touching the ventilator
- Secure LMA, as usual
- Facemask should be stored in separate plastic bag and sealed

Extubation & End of Case

Perform routine extubation/LMA removal planning

- Ensure full NMB recovery
- Anti-emetics recommended

Extubation sequence:

- Consider using a blue chuck or towel to cover the patient's mouth during extubation (as a barrier for aerosolization)
- Retain HMEF on ETT/LMA during extubation
- Deflate ETT and extubate along with the towel/chuck
- Dispose of used disposable supplies (ETT, temp probe, bite block, OPA, NG/OG tube, suction) using the dirty contaminated bag
- **Do NOT throw away laryngoscopes**, keep in sealed plastic bag inside the OR for anesthesia technician collection

At the end of the case:

- The trash/cassette bag & contents can be rolled up and discarded.

