

**COVID-19**  
**STOP!**

**Does this case have to go to the OR?**  
**SLOW DOWN, SLOW IS SAFE!**



**WFSA**  
WORLD FEDERATION OF SOCIETIES OF  
ANAESTHESIOLOGISTS

People

**OPTIMISE  
SUCCESS**

Pre-operative assessment including airway assessment  
Pre-operative Team Briefing to discuss plans. Include Anaesthetic Plan A,B,C,D  
Optimize patient condition and position pre-intubation

Personal  
Protection

**MINIMISE  
EXPOSURE**

N95/FFP mask, gown, hat, eye protection, gloves (double glove for airway management)  
Viral filter in breathing circuit (HEPA / HMEF)  
Aerosol Barrier  
No non-essential personnel during intubation & extubation

Supplies

**ANTICIPATE  
NEEDS**

Airway equipment - Mask, Laryngoscope (*VL if available*), ETT, Syringe, Tie/Tape, Stylet  
Airway adjuncts - Bougie, Supraglottic Airway (*2<sup>nd</sup> generation if available*), Oral Airway  
Working Suction + Suction Catheter  
Drugs – RSI Induction & NM Blockade, Emergency Drugs, Analgesics, Antibiotics, Others  
Equipment for IV access + Fluids, Infusions, Blood *if required*

Intubation

Extubation

**AVOID OR  
MINIMIZE  
AEROSOL  
GENERATION**

Pre-oxygenate (2-handed, tight seal, low flow, >3 mins)  
Avoid mask ventilation unless hypoxic (*if required: 2-handed, low flow, low pressure*)  
Inflate ETT cuff before ventilating & avoid unnecessary disconnections  
Confirm ETT placement with capnography *if available*, or traditional methods  
Minimize coughing at intubation & extubation & avoid excessive or over-suctioning