

Variations in COVID-19 airway management and preparedness among Victorian hospitals

Supplementary material

An audit on COVID-19 airway management across Victorian Hospitals

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1. General Information

Name of hospital:

- | | |
|---|---|
| ☐ Major metropolitan | ☐ Public – regional |
| ☐ Public – metropolitan | ☐ Private – regional |
| ☐ Private – metropolitan | |

2. Teams

2.1 Do you have a dedicated COVID-19 intubation team at your hospital?

- ☐ Yes ☐ No

2.2 If so, who makes up the team? (how many)

- ☐ ED consultant/registrar
(..... /)
- ☐ ED nurse (.....)
- ☐ Anaesthetic consultant/registrar
(..... /)
- ☐ Anaesthetic nurse
(.....)
- ☐ ICU consultant/registrar
(..... /)
- ☐ ICU nurse (.....)
- ☐ Others – please specify:
.....

2.3 Are all members of this team included in the after-hours COVID-19 intubation team?

- ☐ Yes
- ☐ No (specify who is not in this team after hours)
.....)

2.4 Who makes up the Code Blue team for suspected/known COVID-19 patients?

- ☐ ED consultant/registrar
(..... /)
- ☐ ED nurse (..... /)
- ☐ Anaesthetic consultant/registrar
(..... /)
- ☐ Anaesthetic nurse (.....)
- ☐ ICU consultant/registrar
(..... /)
- ☐ ICU nurse (.....)
- ☐ Orderly/theatre technician
(..... /)
- ☐ Others – please specify:
.....

3. Environment

3.1 Do you have dedicated Covid-19 intubation rooms in the hospital?

- ☐ Yes (How many and where:)
- ☐ No

3.2 If so, are these rooms negatively pressured?

- ☐ Yes ☐ No
- ☐ Others – please specify:
.....

4. PPE

4.1 When intubating a suspected/known Covid-19 patient, which of the following PPE equipment is required to be worn at your hospital? (tick all that apply)

- ☐ Gown (long sleeved/short sleeved)
- ☐ Hat
- ☐ Neck cover
- ☐ Goggles
- ☐ Eye shield
- ☐ N95 mask
- ☐ P2 mask
- ☐ Powered Air Purifying Respirator (PAPR)
- ☐ Shoe covers
- ☐ Others – please specify:
.....

4.2 Does your hospital/department provide N95 mask fit testing for staff who are involved in intubation of suspected/known COVID-19 positive patients?

- ☐ Yes (quantitative/qualitative)
- ☐ No

4.3 Are the same protective equipment worn for attendance at cardiac arrests of patients suspected/known COVID-19 positive?

- ☐ Yes
- ☐ No (specify which of the items ticked above are **not** worn
.....)

4.4 Are the same protective equipment worn for attendance at cardiac arrests of patients **not suspected/known to be COVID-19 positive?**

- ☐ Yes
- ☐ No (specify which of the items ticked above are **not** worn)

5. Equipment

5.1 Is there a dedicated COVID-19 airway trolley in your hospital?

- ☐ Yes
- ☐ No

5.2 Regarding the following equipment, please select whether each are available during a suspected/known Covid19 intubation, in your department either:

a) in the room

b) outside the room or

c) not available.

Equipment	In the room	Outside the room	Not available
Alternative facemasks			
Guedels			
Videolaryngoscope			
Hyperangulated laryngoscope			
Alternative ETTs			
Bougie			
Stylet			
Alternative LMAs			
CICO kit: Needle cricothyroidotomy Scalpel/bougie Melker			
Fibreoptic bronchoscope			

5.3 Does your hospital/department use cognitive aid for airway management of suspected/known COVID-19 patients?

- ☐ Yes
- ☐ No

6. Preparation

6.1 Have the majority (>80%) of your team received formal training in (tick those that apply)

- ☐ Donning/doffing
- ☐ Intubation of a suspected/known COVID-19 positive patient
- ☐ Extubation of a suspected/known COVID-19 positive patient

6.2 Does your hospital/department use simulation training for management of suspected/known COVID-19 positive patients?

- ☐ Yes
- ☐ No

7. Practice

7.1 When inducing someone with suspected or known COVID-19 in your department, do you have a protocol for maximum oxygen flows to be used?

- ☐ Yes (please specify)
- ☐ No

7.2 When inducing someone with suspected or known COVID-19 in your department, do you have a protocol for medications to be used?

- ☐ Yes (please specify)
- ☐ No

7.3 When inducing someone with suspected or known COVID-19 in your department, do you have a protocol specifying whether/when you should bag mask ventilate (BMV)?

- ☐ No protocol
- ☐ Protocol – routinely BMV
- ☐ Protocol – never BMV
- ☐ Protocol – BMV only if oxygen saturations fall below a trigger
(specify)

7.4 When intubating a patient with known or suspected COVID-19 in your department, is a video laryngoscopy available for all intubations?

- ☐ Available at all times
- ☐ Limited availability
- ☐ No availability

7.5 When swapping between equipment for ventilation (e.g. between ventilators or self-inflating bag to ventilator), does your hospital/department mandate clamping of the ETT?

- ☐ Yes
- ☐ No

7.6 When extubating a patient with suspected or known COVID-19 in your department, does your hospital protocol recommend any of the following precautions?

- ☐ Plastic bag
- ☐ Plastic box
- ☐ Deep extubation
- ☐ Other (please specify)

7.7 When managing COVID positive patients in your department, does your hospital specify whether either of the following may be used if required?

- a) NIV
 - ☐ No protocol
 - ☐ Prohibited
 - ☐ Allowed
- b) HFNP
 - ☐ No protocol
 - ☐ Prohibited
 - ☐ Allowed