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Supporting Information

Supplementary information and figure

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Rojek AM, Dutch M, Camilleri D, et al. Early clinical response to a high consequence infectious disease outbreak: insights from COVID-19. *Med J Aust* 2020; doi: 10.5694/mja2.50608.

Redcap Screening Tool

The Authors are hosting the screening tool, and associated technical documentation at: https://github.com/rmhcovid/screentool

Standard Operating Procedure (SOP) for advanced airway management in patients with suspected COVID-19

Your safety is the priority - this SOP aims to guide you as to how to remain safe but provide effective care for your patients. Take time to ensure your PPE is on appropriately.

1. It is essential to plan ahead as the procedures take time to prepare for.
2. If patient meets the case definition for the COVID-19, **and** is haemodynamically unstable, **or** appears to have ventilation issues they need to be moved to R2 (preferably) or cubicles A28 or A25 with negative pressure isolation activated.
3. Escalate to EPiC and FC immediately.
4. Apply O2 via NRB at 15L **but do not** attempt any other airway manoeuvres.
5. Powered Air Purifying Respirator (PAPR), also known as Jupiter hood, trained personnel are the **only** staff members who should undertake further airway management - i.e. NIV, HFNP O2 or intubation/ventilation.
6. The EPiC or FC will inform the Emerging Infectious Diseases Team to attend ED to undertake advanced airway management. If there is to be a delay with this, contact ICU to assist (both ICU nursing and ICU medical staff are trained in the use of the PAPR).
7. Plan early and ensure patient has standard monitoring, 2 x IV access, airway equipment, drugs, ventilator and suction checked.
8. Apply a minimum of 5 minutes of NRB Oxygen at 15L (if not already on) and have nasal prongs available for apnoeic oxygenation once modified RSI started.
9. Ensure high efficiency hydrophobic filter (such as Ultipor BB25) interposed between facemack and breathing circuit or between facemask and BVM.
10. Plan for mRSI as these patients will likely have a high alveolar-arterial gradient and need rapid intubation with high first attempt success rate. The use of high dose Rocuronium (1.5mg/kg Ideal Body Weight) to achieve paralysis as quickly as possible and to avoid the oxygen consumption associated with Succinylcholine and fasciculations is highly suggested.
11. Ensure airway check list is completed prior to drug administration.
12. Intubate and confirm correct position of tracheal tube and connect to mechanical ventilator.
13. All airway equipment must be sealed in double bags before being removed for decontamination and disinfection.
14. All surfaces should be wiped down with Green Clinell wipes.
15. PAPR suit doffing should occur as per usual operating procedures for same.
16. Once patient moves to definitive disposition the room should have a Green Clean.

Advanced Airway Management Flowchart

Stay Safe and Plan Ahead

Patient meets criteria for COVID-19 and requires ventilatory support

Apply O2 via NRB at 15L
Do not attempt any other airway manoeuvres

Inform EPiC and FC.
PAPR ED Team to be called in.
Contact ICU if any delays with PAPR ED Team arrival.

Institute NIV, HF O2, Intubation/Ventilation as per other high risk respiratory illness patients.

Double bag disposable equipment prior to decontamination and disinfection.
Wipe surfaces with green clinell wipe
PAPR suit should be doffed as per usual procedures.
Room needs green clean once empty.