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### **PPE for Endotracheal Intubation**

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## PPE for Endotracheal Intubation

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In regard to intubation, a review of literature available, although limited, is in favor of using Powered Air-Purifying Respirators (PAPRs) for health care personnel (HCP) present in the room. Most of our information is based on the experience with influenza and SARS. Based on the current information, COVID-19 could become aerosolized and the closer the person to the source the higher the risk of infection. This so called “near-range airborne” condition occurs during procedures such as bronchoscopy and endotracheal intubation.

Most recent CDC recommendations are as follows:

Some procedures performed on patients with known or suspected COVID-19 could generate infectious aerosols. Procedures that pose such risk should be performed cautiously and avoided if possible. If performed, the following should occur:

- 1- HCP in the room should wear an N95 or higher-level respirator such as disposable filtering facepiece respirators, PAPRs, and elastomeric respirators, eye protection, gloves, and a gown.
- 2- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
- 3- Aerosol-generating procedures should ideally take place in an airborne infection isolation room.
- 4- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

In summary based on my review:

If available, all HCP present in the room during aerosol-generating procedures should have PAPR; however, at the minimum, those who are directly performing the procedure should use PAPR. This includes the person who is performing the procedure and the person who is directly assisting the proceduralist.

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