

Supplemental Material 2: Checklist of Tasks for Each Team Member's Role

Airway physician:

- Review the airway plan to be used and confirm it with the team.
- Review airway checklist and needed equipment before entering the room.
- Perform airway assessment.
- Check the BVM and make sure the viral filter is connected.
- Make sure the oxygen source is off before proceeding to pre-oxygenation.
- Decide if wants to use a plastic bag or aerosol box before proceeding.
- Assure optimal positioning of the patient.
- Use both hands for the BVM seal for pre-oxygenation.
- Use video laryngoscopy with Stylet to avoid close contact with the patient airway.
- Make sure to inflate the ETT balloon.
- Once intubated, make sure ETT is clamped before disconnecting BVM and connecting the ventilator.

Team Leader:

- Review the airway plan to be used and confirm it with the team.
- Review airway checklist and needed equipment before entering the room.
- Delegate a clean runner outside to help communicate from inside the room.
- Delegate a donning/doffing personnel for the team standing outside the room.
- Assure airway and backup plan equipment are ready and within reach in the room.
- Stay at the foot of the bed; make sure only the airway provider stays close to the head of the bed.
- Overwatch the team and make sure everyone is wearing appropriate PPE.
- Review the RSI checklist and medications to be used with the team.
- Communicate with the runner outside the room if anything is needed.
- Watch over patient status and vital signs.
- Assure the best optimization of hemodynamic status for the patient as much as feasible.
- Revise Medication to be given with the nurse in the room.
- Assure patient face cover to minimize aerosolization for the team, either a plastic bag or aerosol box.

Respiratory Therapist:

- Review the airway plan to be used and confirm it with the team.
- Make sure all equipment for the airway plan and backup plan are available within reach.
- Confirm availability of oxygen source and all needed devices in the designated room.
- Prepare an airway tray to be used inside the room.
- Make sure no open circuit devices are used at any point.
- Assure the availability of viral filters, PEEP valves, BVM devices.
- Assure the availability of video laryngoscope in the proper position and plug attachment.
- If using a direct laryngoscope as a backup, appropriate blade size and operating blade battery should be confirmed.
- Make sure appropriate-sized ET tubes with one size smaller and bigger as a backup.
- Make sure Stylet is available for different scope maneuvers.
- Assure bougie is available.
- Assure oxygen source is off before removing nasal cannula or mask to decrease the risk of aerosolization.
- Assure balloon is inflated after intubation procedure is performed before disconnecting the BVM.
- Assure the ET tube is clamped before disconnecting the circuit for any reason.

Nurse leader:

- Review the airway plan to be used and confirm it with the team.
- Overwatch team for overall safety and proper PPE.
- Pass equipment as needed between team members.
- Check IV lines and make sure they are working properly before proceeding to any procedure.
- Review the medications to be administered directly with the team leader.
- Overview patient status and vital signs, alert the team if any concern.
- Continuously communicate with the team leader about the medications given and the paralytic time.
- Keep note of all used and contaminated equipment used by the team for proper disposal and sterilization after the procedure.
- Communicate with the runner outside the room if anything is needed.

Personal Protective Equipment checklist

1. Take your time. Safety comes first
2. Perform Hand Hygiene for 30 seconds
3. Put on the gown/suit
4. Put on your headcover and shoe cover
5. Put on your N95 mask
6. Put on your protective eyewear
7. Put on your gloves over the gown or suit to completely seal cover wrists
8. If using PAPR, check the device and then put on the hood
9. Perform final PPE check

*** This process should be monitored by dedicated personnel or at least use the buddy check system.**

RSI Medication checklist:

1. Ketamine 1 - 2 mg/kg IV
2. Rocuronium 1.5 mg/kg IV
3. Can use Etomidate as alternative 0.3 mg/kg
4. Extra rocuronium 50 mg IV to be kept as standby
5. Extra Ketamine 50 mg IV to be kept as standby

Prior to RSI:

- Try to optimize blood pressure and oxygenation
- Do not overuse IV fluid as it can be harmful
- Confirm there are no allergies to any of the medications
- Can use phenylephrine 50 mcg IV as push dose vasopressor

Intubation Checklist:

- Make sure BVM is connected to the viral filter and keep the oxygen source off
- Decide if you want to use a plastic drape over the patient or aerosol box
- Set up the desired ventilator setting before proceeding
- Make sure to use two-handed grips for mask seal pre-oxygenation
- Do not manually ventilate using BVM unless needed (e.g. O₂ Sat < 80%)
- Make sure to inflate the ET tube balloon immediately after intubation
- Make sure to clamp the ET tube before any disconnection
- Always use safe closed-circuit precautions
- Using a viral filter is a must

Airway equipment checklist:

- Bag valve mask with viral filter and PEEP valve
- Oropharyngeal airway + bougie
- Video laryngoscope with Stylet
- ET tube size 7.5 + fixing tape + 10 ml syringe
- Closed-circuit in line suction if available (do not use open circuit)
- NGT + 60 ml syringe + NG tape

Plan B Airway equipment checklist:

- Spare direct laryngoscope as needed
- Spare ET tube smaller size 7 and 6
- Surgical equipment kit + scalpel
- LMA size 4 and 5

Material references:

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