

The COVID Clinical Response Committee (CCRC) has been asked to comment on the use of intubating boxes.

- 1. At this time, we do not support the use of available intubating boxes.**
- 2. We have not evaluated every model and would be open to evaluating new models in the future through simulation and collaboration with our respiratory therapy colleagues.**

This is an area in which evidence is likely to evolve quickly. This decision will be revisited when new evidence is available or a new model of the intubating box becomes available.

**IMT Report Date - April 7, 2020**

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## Rationale

**Rapid sequence intubation with first-pass intubation success represents a clear evidence-based strategy to reduce risk to providers at the time of endotracheal intubation.**

In order to implement intubating/extubating boxes at Osler, we would need to be satisfied that all of the following conditions would be met:

1. Improvement in staff safety.
  - There is no good specific evidence at this time.
  - There is risk that if used inappropriately or without training that it could increase risk to staff.
  - If the airway becomes difficult and the box is quickly removed, this could increase risk to staff.
  - The best protection for staff is rapid sequence intubation using muscle relaxation (paralysis) and it is not likely that the box adds incrementally to this reduction.
2. No significant increased risk to the patient.
  - There is no good specific evidence at this time.
  - The user's hands must be placed through small openings that limit maneuverability during the intubation.
  - We are concerned this will reduce first-pass success and place the patient at risk and potentially place staff at risk as described above.
  - We are concerned about the inability to ventilate the patient with a rescue supraglottic airway or even after intubation.

Other important considerations include:

1. The use of intubating boxes does not replace the need for negative pressure (or HEPA filter) rooms and appropriate PPE which do provide adequate staff safety.
  2. PPE conservation is not enhanced in this model.
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