* PERSONAL PROTECTIVE EQUIPMENT
	+ - Contact precautions
			* Gown
			* Double glove
			* Boots
		- Airborne precautions
			* Powered air purifying respirator (PAPR)

Or,

* + - * N95 mask and eye protection
* MEDICATIONS
	+ - Induction medications (propofol, etomidate, etc.)
		- High dose paralytic to prevent coughing (succinylcholine or rocuronium)
		- Rescue medications (atropine, epinephrine, etc.)
* AIRWAY EQUIPMENT
	+ - Disposable handle and blade (mac 3, mac 4, miller 2 available)
		- McGrath available (mac 3, mac 4, D-blade)
		- Suction, ETT, stylet, bougie, back up O2 source
		- AMBU bag with
			* Peep valve
			* HEPA FILTER
* PROCEDURE
	+ - Attending Anesthesiologist to perform intubation
		- Limit staff in room: CRNA/Resident to pass supplies from box into room
* Minimize BMV, aerosolizing infectious particles
	+ Preoxygenate with 100% FiO2 either via BiPAP or AMBU with PEEP valve at 10cm H20. Don’t initiate BiPAP if not on yet to prevent aerosolization
* RSI to prevent BMV unless absolutely necessary
* After induction to prevent de-recruitment- hold positive pressure with AMBU and PEEP valve without providing breaths. Proceed expeditiously to intubation.
* Inflate ETT cuff prior to ventilation
* Ventilate only after HEPA filter is in circuit
* Remove outer gloves after intubation
* Check tube position with ETCO2 and chest x-ray (avoid auscultation unless necessary)
* Secure ETT
* Post procedure
	+ - Remove PPE according to CDC/MMC guidelines
		- Wash or use alcohol based hand sanitizer once out of room
		- Use purple top sanitation wipes on all non-disposable equipment
		- Consider changing into clean scrubs