



A. Introduction

Bidirectional bacterial and viral filters for in-line use on airway devices provide bacterial and viral efficiencies upwards of 99%. There are no filters in the market that provide the promise of 100% efficiency, therefore there will always be a small risk of cross-contamination and other safety measures should be considered. The filter is a disposable, single-patient use, outfitted with the standard 15mm-22mm size fitting connectors for the appropriate fit on airway management devices not minimizing airflow.

B. Indications

1. Non-invasive PPV via BVM or CPAP applications ensuring a constant tight-fitting seal.
2. An in-line filter is applied for the bidirectional flow in the application to mechanical ventilation via an advanced airway (Supraglottic Airway – iGel, ETT).

C. Procedure

EMR/BLS

1. Upon determination of the need to provide assisted ventilations, attach an in-line filter between the bag-device and mask.
2. Form a tight-fitting seal with the mask on the patient prior to assisted ventilations, keeping the tight-seal at all times to prevent any air escape.
3. If insertion of a supraglottic airway device is required, attach an in-line filter to the end of device prior to the attachment of the BVM to provide the first ventilation.
 - a) Ensure that the gastric channel of the iGel is taped/sealed off.

ALS

4. When the CPAP is used for NIPPV, the mask is fitted and secured on the patient, attach the in-line filter prior to the attachment of the CPAP valve.
5. Insertion of an iGel airway device and attach the in-line filter, then the EtCO₂ FilterLine set prior to the attachment of the BVM to provide the first ventilation.
 - a) Insert an NG tube to seal off the gastric channel, ensuring that the NG tube is capped off at the proximal end.
6. Upon intubation of the patient with an ETT, attach an in-line filter and then the EtCO₂ FilterLine set prior to the attachment of the BVM to provide the first ventilation.