

## **Northern Health UHNBC COVID-19 Airway Management Team**

This initiative is a joint proposal between Dr Marietjie Slabbert, Medical Director ICU/HAU at UHNBC and Dr Jamil Aktar, Head of Department Anesthesiology UHNBC with the support from Dr Patrick Rowe, Head of Department Emergency Medicine UHNBC.

### **Background:**

With the viral pandemic at hand and from reports on first-hand experience in the airway management of patients with COVID-19, the current recommendations are that airway management should be done by the most experienced providers who regularly perform these procedures and are well trained in PPE and has a standardised approach.

To this end, several Health Authorities in BC are moving to creating COVID-19 Airway Management Teams consisting of Anesthesiologists and Respiratory Therapists. The Department of Critical Care, Emergency Medicine and Anesthesiology at UHNBC have agreed that this should also be initiated and implemented at UHNBC.

### **Benefits of having a dedicated COVID-19 airway management team:**

- Ensures an experienced intubator and airway management specialist and support team
- Ensures standard PPE, equipment and procedures
- Dedicated training for a small selected group of people
- Process streamlining
- Limiting potential viral exposure to other less experienced airway management providers
- Close coordination of activities to monitor quality and safety

### **Team composition: 3-person clinical team and one leadership coordinator:**

- An anesthesiologist. One at a time will be scheduled on-call for the COVID Airway Management Team and the cover will be available for 24-hour a day with no conflict with other clinical commitments during this time period.
- The on call (off-site) Anesthesia Assistant and Chief Respiratory Therapist will alternate on a rota as airway assistant.
- Bedside ER or ICU nurse or if intubating on the ward, the CCOT nurse as third member of the team.
- All three members will be in extended protection PPE with another nurse outside the room in airborne PPE to pass more equipment or get help if needed.
- There will also be a COVID-19 Airway Team Coordinator on call in a leadership position for coordinating the activation of the team and the support and coordination of ongoing team resources and management as well as to support clinically if the situation demands two Anesthesiologists present.

### **Indications for activation of COVID-19 intubation team:**

- The COVID-19 team should be considered for activation for airway management in all suspected or confirmed COVID-19 patients who require  $FiO_2 > 0.5$  on facemask or 6litres/min or more of oxygen to maintain saturations above 92% and are continuing to deteriorate with respiratory difficulty.
- This is for all areas in the hospital apart from the OR. COVID-19 airway management assistance can also be requested in the OR if needed.

- DNR CO/M3 patients will not be intubated and code status needs to be established in all before the team is activated.
- If the treating physician identifies a patient who is suspected or confirmed COVID-19 positive and fits the intubation criteria, they should contact the COVID-19 Airway Team Coordinator via switchboard. The Coordinator will contact the Regional Triage Intensivist on duty as per the COVID Airway Team Activation Protocol (that will also be circulated).
- Patients who are peri-arrest or need immediate (“crash”) intubations will need to be intubated by the ER or ICU team unless there is time to wait for the COVID-19 intubation team. Immediate requirement for intubation however should not be delayed.

**Equipment requirements and standard operating procedures:**

- Dedicated PPE including full body suits and hoods will be available for the COVID-19 Airway Management Team.
- Dedicated airway equipment including a video laryngoscope will be immediately available for the team.
- Regular training sessions and debrief on putting on and taking off of PPE will be specifically arranged for the COVID-19 management team.
- As required simulation session will be arranged for the team.

**Physician aspect of COVID-19 intubation team:**

The team will be consisting of a selected group of anesthesiologists who will not have any other clinical commitments when rostered to be on the COVID-19 Airway Management Team. One anesthesiologist will be rostered to be on the team for a 24-hour period. Call will be from home and they will not be required to be on sited but will be expected when called for a COVID-19 suspected or confirmed airway management, to be in attendance as soon as practically possible.

**Leadership, physician coordination and quality control:**

Physician leadership, coordination and quality control will be provided on a continuous basis via a shared call schedule between the Head of Department of ICU and Head of Department of Anesthesiology who will act as COVID Airway Team Coordinator.

**Rostering of physicians:**

Rostering will be done on a month-to-month basis while the team is required and to avoid conflict with other clinical scheduling.

**Physician funding:**

- Emergency funding is approved for this group of anesthesiologists and physician leadership to provide this service during the COVID-19 pandemic. This physician funding is in place until such time that the team is no longer required and can be dissolved.

**Named team Members:**

**Leadership, physician coordination and quality control:**

- Dr Marietjie Slabbert (Critical Care)
- Dr Jamil Aktar (Anesthesiology)

**Anesthesiologists and intensivists on COVID-19 intubation:**

- Dr Julian Barnbrook (Anesthesiology and Critical Care)
- Dr Simon Rose (Anesthesiology and Critical Care)
- Dr Tejal Pattni (Anesthesiology)
- Dr Pal Dadly (Anesthesiology)
- Dr Jason Cronje (Anesthesiology)
- Dr Colin Philips (Anesthesiology)
- Dr Raphael Samuel (Anesthesiology)

**Anesthesia Assistants**

- Mr. Bradley Brekkaas (AA)
- Ms. Richelle Maser (Chief Respiratory Therapist)

Please contact Dr M Slabbert with any questions and comments on this document.

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