

UHNBC COVID-19 AIRWAY TEAM ACTIVATION

PROTOCOL

****COVID-19 Airway Team are responding from off-site. Consider them early in anticipation of time delays for travel and donning & doffing of PPE on site. If patient needs immediate “crash” intubation proceed with intubation as per usual practice with added PPE consideration.**

IDENTIFY patients IN THE EMERGENCY DEPARTMENT/ ACUTE CARE WARDS/ ICU/ HAU *AND THOSE PRE-ALERTED BY EMS WITH:*

SUSPECTED OR CONFIRMED COVID-19 DISEASE **AND** RESPIRATORY FAILURE:

- Respiratory Rate >30 or INCREASED respiratory effort or respiratory FATIGUE
- INCREASED OXYGEN Requirements: >50% O₂ (6-10 l/min O₂) needed to maintain SATURATIONS >92% or frequent DESATURATION
- Clinician CONCERNED that the patient is DETERIORATING
- ADMITTED WARD PATIENTS should be seen by the RESPIRATORY THERAPIST to assess INCREASING O₂ REQUIREMENTS prior to triggering activation of team
- CODE STATUS CONFIRMED AS APPROPRIATE for INTUBATION



Treating physician (or second MD or RN) to contact COVID-19 Airway Team Coordinator via switchboard to discuss the case when above criteria is met.



COVID-19 Team Coordinator will contact Regional Triage Intensivist to confirm ICU resources and appropriateness of activation.
COVID-19 Coordinator will then activate the team if appropriate or intensivist will give alternative advice and support.



On activation, the COVID-19 Team Coordinator will:

- Request call-out of COVID-19 airway team anesthesiologist and anesthesia assistant.
- Give information on the patient’s current location.
- Confirm with the treating physician that the team is on their way.

The COVID-19 Airway team will convene in the ICU or ER based on patient’s location to pre-brief and to prepare equipment. *not on the ward