

Dr. Bill Wong, Program Chief & Medical Director, Anesthesiology, Trillium Health Partners provided the following information. The Airway Management Team consists of four members:

1. Airway specialist (typically an anesthesiologist)
2. ICU respiratory therapist (or possibly anesthesia assistant)
3. ICU nurse
4. Safety officer (a nurse with IPAC training).

The safety officer **does not enter the patient room**. The other three members work together to perform the intubation and are typically the only caregivers in the room during the procedure.

All three members in the room are protected with enhanced airborne PPE. The safety officer's role is to guide the donning and doffing of PPE. They are also the liaison for the team to the caregivers outside the room.

After intubation, the team members doff the PPE one at a time so the officer can concentrate on monitoring the whole procedure **one person at a time**.

We are advertising to the anesthesiologists via WhatsApp when an intubation is going to occur. Available anesthesiologists are encouraged to attend to observe and learn - and to act as a backup member for the team. **This has proven to be very educational and mitigates anxiety when you see your colleagues there to provide support.**

This team will be called to a protected Code Blue if Intubation is required. The normal Code Blue Team manages the code. Still a work in progress how to enable this. Typically, the team will try to attend and only intubate under the Code Blue Team's direction. There is a lot of work with the management of these codes now with a lot of work on advanced directives for resuscitation.

We had a number of calls for the Airway Team, which ended up with no action because of discussions at the time around DNR.

Debriefing and breaches in protocol are discussed.