Protected

CODE BLUE

Cardiac Arrest

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No Staff Pool for a Code **Blue**/**Pink**.

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1. DEFINITION

A **CODE BLUE** is a cardio-pulmonary arrest on an adult. A **CODE PINK** is a cardio-pulmonary arrest on an infant or child.

2. POINT TO REMEMBER

The following guidelines apply to all patients during a Viral Pandemic such as COVID-19.

All Code Blue are to be treated as suspected COVID-19 cases until otherwise stated by the attending physician. Staff are required to run a protected code blue in a negative room if possible.

The priority of the protected code blue is to ensure staff safety.

CPR should only be initiated under the direction of the physician and/or predictable positive outcome.

3. PERSON WHO DISCOVERS THE ARREST

1.   Establishes unresponsiveness.

2.   Press "**CODE BLUE**" call bell button.

3.   For all Codes please call **the Hospital emergency number 222** and inform Patient Registration of location and provide any relevant information (code pink or blue).

4.   If unable to locate a code blue call bell button, you must call 222 and inform Patient Registration of location and any relevant information.

4. ROLE OF PATIENT REGISTRATION

1. **ANNOUNCES "CODE BLUE" OR "CODE PINK" PROMPTLY THREE (3) TIMES** in both official languages over the public address (P.A.) system, identifying the location/area of the code.

2. During business hours, call Alliance Centre to notify them of a **CODE BLUE** and **CODE PINK** and the location. Notify Crisis Intervention, during hours of operations.

Note:

ED staff assumes the functions of the Patient Registration (Communication) after hours (23:00 – 07:00 hours).

If CODE BLUE-PINK system is not functioning, then press the code horn button three (3) times before announcing the location.

5. CODE BLUE IN THE EMERGENCY DEPARTMENT (ED)

1. Ambulance dispatch will advise WNGH Emergency Department that the paramedics are arriving with a patient who is without vital signs (VSA).

2. Ambulance dispatch will provide the ED department with an estimated time of arrival (ETA).

3. ED staff must press "**CODE BLUE**" call bell.

4. Physician will **DON** proper PPE with N95 mask in a timely, calm manner and a safety officer will ensure MD is securely **DONNED.**

5. The ED physician will proceed to the ambulance bay to assess the patient.

6. The ED physician will make a medical decision, based on presenting history and assessment to either proceed or terminate lifesaving interventions.

7. If the lifesaving interventions are to continue, patient will be transported to the Negative Pressure Room (Room #2).

8. ED staff must clear hallways and close all doors to ensure the safety of other patients.

9. Minimize droplet exposure. Apply a non-rebreather mask with filter or surgical mask on patient.

10. During the transfer from the ambulance bay to the patient room, the paramedics/physician can continue the chest compressions or perform a cardiac monitor rhythm verification check.

11. The Code Blue Team will **DON** proper PPE with N95 mask in a timely, calm manner. Each staff must be assessed by a safety officer for proper coverage before entering the room.

12. Extra ED staff will **DON** proper PPE if needed and assume the role of safety officer and runner.

13. Turn negative pressure on and close door once all staff are inside the room.

14. Chest compression can be resumed once patient is transferred to ED stretcher.

15. The ED RN will connect patient to monitor, defibrillate if appropriate and MD will **immediately** intubate patient following protected intubation procedure (#605-221).

16. Chest compressions must be stopped during intubation procedure.

17. Resume CPR with ventilation post intubation.

18. All documentation will be recorded on the whiteboard for later transcription.

19. A two-way audio/video monitor is available to communicate with staff outside of Room #2.

20. The video monitor in Room #2 shall at no time capture any patient activity as this would be a breach of privacy.

21. Post resuscitation, under careful supervision of a safety officer, staff must remove PPE according to guidelines, in a uniform, safe and timely manner outside of the room.

22. Disinfect the room post resuscitation according to IPAC.

23. Code debriefing shall take place post resuscitation.

Protected Code Blue

Code Blue Team in ED:
- ED MD (all shifts)
- ED RN (all shifts)
- ED RPN (days and evenings)
- NCU RN (all shifts)
- NCU RPN (all shifts)
- RT (days)

MUST MINIMIZE STAFF IN ROOM

Extra ED staff will assume the role of safety officer, must circulate the department, close doors and ensure the safety of other patients. The ED RN is responsible for triage.

6. CODE BLUE ON NURSING CARE UNIT (NCU)

1. First responder discovers patient and establishes unresponsiveness before activating the "**CODE BLUE**".
2. First responder may begin with chest compressions right away.
3. To minimize droplet exposure, a surgical mask must be applied on patient.
4. Perform chest compressions only. **DO NOT VENTILATE.**
5. NCU code blue members must bring the NCU Emergency Cart and the intubation box into the room. Position cart to left side of patient.
6. Extra NCU staff must place the isolation cart outside of room.
7. The ED code blue RN must bring the Glideslope and the I.O kit to NCU.
8. The Code Blue Team will **DON** proper PPE with N95 mask in a timely, calm manner. Each staff must be assessed by a safety officer for proper coverage before entering the room.
9. Once team enters room, the first responder must DON proper PPE. (N95)
10. Extra NCU staff must bring IV pumps, IV Tray and step stool.
11. Extra NCU staff will **DON** proper PPE if needed and assume the role of safety officer and runner.
12. Remove other patients from room if applicable.
13. Extra NCU staff must clear hallways and close all doors to ensure the safety of other patients.
14. Move patient to a negative pressure room (1035), if safe to transfer. Staff will activate negative pressure at the desk.
15. The ED RN will connect patient to monitor, defibrillate if appropriate and MD will **immediately** intubate patient following protected intubation procedure (605-221).
16. Chest compressions must be stopped during intubation procedure.
17. Resume CPR with ventilation post intubation.
18. All documentation will be recorded on the whiteboard for later transcription.
19. The room telephone is available to communicate with staff outside the room.
20. Post resuscitation, under careful supervision of a safety officer, staff must remove PPE

according to guidelines, in a uniform, safe and timely manner outside of room.

21. Disinfect the room post Code Blue according to IPAC.

22. Code debriefing shall take place post resuscitation.

Code Blue Team on NCU:
- NCU RN (all shifts)
- NCU RPN (all shifts)
- ED MD (all shifts)
- ED RN (all shifts)
- RT (days)

MUST MINIMIZE STAFF IN ROOM

Extra NCU staff will assume the role of safety officer, must circulate the department, close doors and ensure the safety of other patients.

7. CODE BLUE IN LONG-TERM CARE UNIT (LTC)

1. First responder discovers patient and establishes unresponsiveness before activating the **"CODE BLUE".**

2. First responder must then **DON** proper PPE with N95 mask in a timely calm manner.

3. To minimize droplet exposure, a surgical mask must be applied on patient.

4. Perform chest compressions only. **DO NOT VENTILATE.**

5. Extra LTC staff must clear hallways and close all doors to ensure the safety of other patients.

6. Once code team arrives, transport patient via stretcher to ED.

7. **No CPR during transport.**

8. Once in ED, resume resuscitation following protected Code Blue procedure.

8. CODE DEBRIEFING

The Unit Manager or code lead may lead a code debriefing following a **CODE BLUE/PINK** if needed, using the "Cardio-Pulmonary Arrest Checklist/Evaluation" form #685-014. If necessary, arrangements will be made for the Alliance Centre to be in attendance.

9. COMMITTEE RESPONSIBILITIES

1) Review Code **BLUE/PINK** plan annually.

2) Inform staff of changes by circulation plans yearly.

3) A practice Code **BLUE/PINK** exercise will be conducted at least annually and the response times documented