



## CODE BLUE for Suspected/Positive COVID-19: Safety Officer Checklist

Time code called: \_\_\_\_\_ First Responder: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

- Bring PPE tote and provide assist to first responder to don full barrier PPE. \_\_\_\_\_
- Assign a runner to page 5999 announcing "Protected Code Blue Quinte 5 Room: \_\_\_\_\_"
- Assign a runner to get the crash cart & defibrillator \_\_\_\_\_
- Keep traffic around the room to a minimum \_\_\_\_\_
- Turn on baby monitor for outside the room \_\_\_\_\_

Arrival time of Code Team: \_\_\_\_\_

- Assist with donning PPE \_\_\_\_\_

ER MD \_\_\_\_\_

ER RN \_\_\_\_\_

Respiratory Therapist \_\_\_\_\_

ICU RN \_\_\_\_\_

ICU MD \_\_\_\_\_

Second ICU RN \_\_\_\_\_

Runner (Assisting with patient transport) \_\_\_\_\_

Proceed to nursing notes for code charting.

### Following completion of code:

- Assist team members with doffing PPE \_\_\_\_\_
- If patient transferred to ICU close door and request room clean 1-hour after patient intubated. \_\_\_\_\_
- If patient deceased and:
  - o They are a coroner's case, ensure tube is clamped. After the assessment by coroner, if patient cleared, nurse to be in full barrier PPE and extubate prior to putting patient in body bag. Label outside of bag as "COVID-19" or "Suspect COVID-19" \_\_\_\_\_
  - o The patient is not a coroner's case, extubate prior to putting patient in body bag. Label outside of bag as "COVID-19" or "Suspect COVID-19" \_\_\_\_\_
- If patient needs to remain in the room:
  - o ICU RN to remain in room with patient
  - o Ventilator to be brought up from ICU and applied to patient by RT
  - o Safety officer to remain to chart and provide support to ICU RN
  - o ICU MD to arrange transfer to ICU as soon as possible, or to another facility.
- Lead debrief \_\_\_\_\_
- Restock PPE tote (Contact manager or BTC to complete this). \_\_\_\_\_



## **CODE BLUE for Suspected or Positive COVID-19 Inpatient: Debrief**

1. What went well?

---

---

---

---

---

---

---

2. What could be improved?

---

---

---

---

---

---

---

3. Any other feedback or suggestions?

---

---

---

---

---

---

---

Completed by: \_\_\_\_\_

Patient H# \_\_\_\_\_

Date: \_\_\_\_\_

\*Hand in to your manager after completion.