

PROTECTED CODE BLUE/EMERGENT MEDICAL INTERVENTION (COVID-19)

General guiding principles to reduce potential exposure to health care workers where it relates to aerosol-- generating procedures with high consequence pathogens, include minimizing staff and equipment entering room and modifying processes where possible.

This process map aims to identify procedures that are not within routine practice. The assumption is that all standards of care and best practice continue to be employed with the addition of these modifications (e.g. delivering oxygen via nasal prong to venturi mask as required with increasing oxygen demands).

ICU/ED Responder Kit Includes: N95 mask, full face shield, white gown, extended cuff nitrile gloves, blue caps, goggles (optional).

TRIGGER:

- Patient found unresponsive or in active cardiac arrest

ED SPECIFIC:

- Admission of CTAS 1 suspected history or COVID-19 symptoms

RESPONDER 1:

- Stay in room – call Code Blue
- Begin CPR – **Compressions ONLY**
- **DO NOT provide manual ventilation** via bag-valve-mask (BVM)
- Should be wearing appropriate PPE for droplet/contact if appropriate for patient

RESPONDER 2:

- Should be wearing appropriate PPE for droplet/contact if appropriate for patient
- **DO NOT provide manual ventilation via bag-valve-mask (BVM)**
- Assist 1st Responder with compressions only
- Wait for Code Blue Response Team

RESPONDER 1 AND 2:

- Hand over to Code Blue Response Team and wait for direction

CODE BLUE RESPONSE TEAM ARRIVES:

- Upon arrival DO NOT rush inside.
- ED will bring Medication Code Box and PPE.
- ICU will bring GlideScope with Intubation bag and PPE.
- Don appropriate PPE and enter room individually with equipment needed to support ongoing resuscitation.
- **Confirm intubation plan and decision on who will perform the intubation with an experienced staff MD.** Brief team with plan, roles and responsibilities. ED Physician is lead.
- If Responder 1 and 2 required to stay in room for compressions, they must don airborne PPE

INSIDE ROOM:

- 1 ED MD in role of Code Team Leader
- 2-3 RN (ICU/ED)
- 1 RT
- See Appendix for CEEH site

OUTSIDE ROOM:

- 1 experienced MD if available
- 1 RN (ICU/ED) (No PPE) preferred for documentation, OR from nursing floor
- 1 Runner preferred RRT if available

ADDITIONAL EQUIPMENT NEEDED:

- If possible, minimize equipment going into room
- Viral filter on BVM
- Bring in Intubation Kit
- The response cart/equipment brought into the room will need cleaning and disinfection as per IPAC recommendation prior to being brought back into routine use again.

PROTECTED INTUBATION (Closed-Door Procedure):

- Staff performing this task must be cautious of PPE and identify immediately if a breach observed (i.e. visor up or fogged glasses). Do not use a stethoscope.
- If pre-oxygenation required, a non-rebreather with 100% O₂ and 15 L NP if appropriate
- Avoid manually ventilating the patient.
- Pause compressions for intubation
- Avoid direct laryngoscopy. Intubate utilizing video laryngoscope (GlideScope ® /McGrath™ as applicable).
- If unable to intubate, avoid manual ventilation with BVM. Insert LMA, then ventilate using BV-LMA with resusc bag **with** viral filter attached.
- If unfamiliar with equipment do not proceed without team discussion and consideration for modifying procedure or calling in additional staff.

NOTE: For in-house codes:

- **ED will bring PPE kit and medication code box.**
- **ICU responder will bring GlideScope, Intubation and PPE Kits**
- **For controlled intubation, refer to Controlled Intubation Checklist**

PLAN TRANSFER:

- When bed available, transfer with closed circuit ventilation system. All staff to doff and don new PPE for transport, while continuing to manage patient care. Disconnect any non-- essential equipment. Safety Leader to follow during transport and will be responsible to open doors/elevators while maintaining no contact with patient or transport staff.

REMOVAL OF PPE AND DEBRIEF:

- Staff to individually, slowly, and methodically doff PPE
- Report any breaches of PPE immediately and self-decontaminate in shower room if required or preferred
- Debrief as a team

Version: 2.0

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Date/Time Generated: Mar 10, 2021 10:10

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