

## **Protected Code Blue Guideline**

#### **Purpose**

This guideline outlines when a Protected Code Blue is to be called, the steps to be taken when responding to a Protected Code Blue, and the additional precautions CAMH personnel must take.

### **Protected Code Blue Events**

\*For all patients on routine precautions (i.e. non-droplet contact) Code Blue situations staff will still don an N95 Mask. Regular Code Blue Processes and treatments will be followed, including manual ventilations and suctioning as needed.\*

<u>Protected Code Blue</u> will <u>only</u> be called for any patients who are: on droplet/contact precautions (e.g. positive screen, on outbreak unit, confirmed COVID positive or symptomatic patients) or with unknown status (e.g. responding to code outside CAMH building), the following procedures should be followed:

- 1. First Responder will ask for a "PROTECTED CODE BLUE" to be called overhead.
- 2. Call Emergency Medical Services if required, informing them of infection precautions.
- 3. Confirm client/patient's code status (if available).
- 4. Team huddle for role assignment.
- 5. Don appropriate Personal Protective Equipment (PPE) for **Airborne** Precautions.
  - Fitted N95 mask with appropriate seal, gown, gloves, eye protection (goggles or face shield).
- 6. **Do not** perform the following procedures:
  - no use of manual ventilation;
  - no oral or nasal suctioning;
  - insertion of oral airway.
- 7. If oxygen is required:
  - use of nasal prongs for O2 at 0-5L is considered both LOW flow and NON AERSOLIZING, if in an open space a surgical mask to be placed on top of the nasal prongs;
  - utilize an ambubag (bag-valve-mask) with filter (this will be done by a physician or nurse practitioner only) and applying a 2-hand seal. No manual ventilation (i.e. **do not squeeze bag**), set flow rate to 15L/min;
  - if above not available, use non-rebreather at 10-15L/min with mask on top of the NRB mask (done by a physician or nurse practitioner only).
- 8. Crash cart should remain in the room.
- 9. **In the room**, only the following individuals should be present:
  - medication/cart nurse (this RN can also substitute for chest compressions);
  - chest compression nurse/other procedures such as patient positioning;
  - code recorder;
  - code leader (MD/NP); and
  - MD/NP for airway.
- 10. **Outside the room**, the following individuals should be present:
  - Code manager;
  - 911 contactor;
  - back-up nurse/MD/NP donned in PPE (the only individual donned in PPE outside the room);
  - Security Services personnel to assist with crowd control.
- 11. If extra supplies are required:
  - in a room without a window, open the door and ask the code manager for supplies and immediately close the door;
  - in a room with a window, utilize dry erase marker to request supplies from code manager.

## Protected Code Blue

## **Key Principles**

- Call a <u>Protected Code Blue</u> and 911 (if required) immediately and inform of infection precautions.
- Check patient's code status (if available).
- If safe to do so move patient to isolated room/area.
- Team Huddle for role assignment and donning PPE.

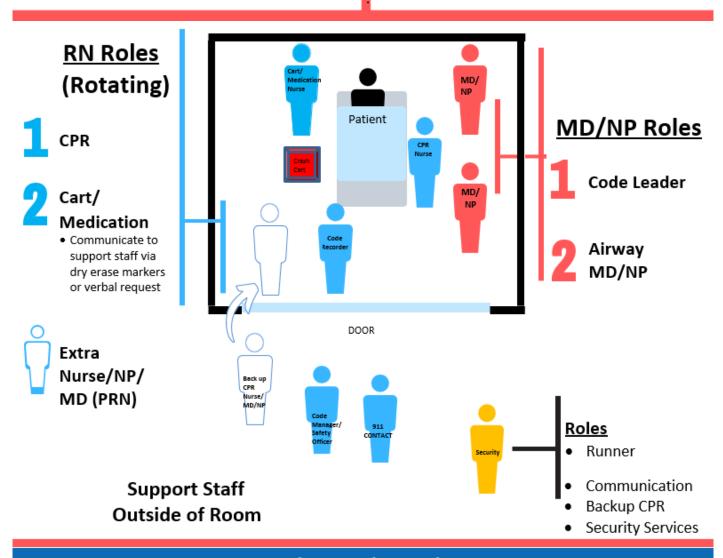






# Airway Precautions Completed ONLY by MD/NP

- Utilize an ambubag (bag-valve-mask) with filter and applying a 2-hand seal- no manual ventilation (flow rate of 15L/min).
- If above not available, use non-rebreather at 10-15L/min with mask on top of the NRB mask.
- Use of nasal prongs for O2 at 0-5L is LOW flow and NON AERSOLIZING, if in an open space a surgical mask to be placed on top of the nasal prongs.
- 4. Do not use a stethoscope.
- 5. Do not insert an oral airway.
- 6. Do not perform oral or nasal suctioning



## Personal Protective Equipment



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## **Donning Order**

- Perform hand hygiene
- 2. Put on gown
- 3. Put on N95 mask
- Put on eye protection (face shield or goggles)
- 5. Put on gloves



## **Doffing Order**

- 1. Remove gloves
- Perform hand hygiene
- 3. Remove gown
- Perform hand hygiene
- Remove eye protection
- Perform hand hygiene
- 7. Remove N95 mask
- Perform hand hygiene