MUSKOKA ALGONQUIN HEALTHCARE	**Policy/Procedure Name:**	**Protected Code Blue**
Manual:	**Number:**	
Section:	**Effective Date:**	16 Dec 2020
Pages: 1 of 6	**Revision Date:**	17 Dec 2020

Purpose

To protect all Health Care Workers (HCWs) and patients during the Protected Code Blue of a patient with cardia arrest during a pandemic or any high-consequence pathogen.

Scope

The policy pertains to all staff members and credentialed staff at Muskoka Algonquin Healthcare (MAHC).

Policy Statement

A Protected Code Blue will be called for the life-threatening event of a patient who has one of the following:

1. Normal Conditions:
    a. Fever and new or worse cough or SOB and an epidemiological link to a high risk area or
    b. Known Emerging Respiratory Illness

2. Outbreak or Pandemic Conditions:
    a. All code blues

Staff will respond as per our current Adult Code Blue Policy with the modifications mentioned through this document to reduce risk of transmission of high consequence pathogens.
When staff are responding to the Protected Code Blue they must bring their appropriate fit test N95 mask with them to prevent delays. An assigned safety lead will monitor PPE (personal protective equipment) donning and doffing. Protected Code Blues should be performed in a negative pressure room, if unavailable, a private patient space with a closed door is sufficient, any other patients in the space should be removed. Frequency of room entry and exist should be minimized.

Definitions

Aerosol-Generating Medical Procedures (AGMP): AGMPs are identified by Ontario Public Health. Documents listing procedures that are considered AGMPs are available on SharePoint, and include the airway management aspects of cardiopulmonary resuscitation. These medical procedures increase the isolation requirements required for patient care and require full airborne precautions.

High-Consequence Pathogens: An infections disease (Novel or known) that has the potential to cause high mortality among otherwise healthy people (e.g., viral hemorrhagic fevers and the 2019 Novel Coronavirus).

Procedure

1. A Safety Leader will be assigned to each area of the hospital (inpatient and outpatient) each shift by the Clinical Leaders.
2. All code response personnel will ensure they have a readily available 'grab and go bag' of PPE required for a Protected Code Blue including: Fit-tested N95 respirator, full face shield, fluid resistant long sleeved cuffed gown, gloves, bouffant and shoe coverings.
3. First responder: Upon discovering a person who is unresponsive the first responder will call for help in the immediate area and activate the code blue response by either pressing the code blue button or activating the response through the code phone line. Place the patient in position for CPR, apply a surgical mask to the patient, and initiate chest compressions.
4. Second responder will check advanced directives and apply full PPE. They will then bring defibrillator and IV supplies into the room if available. 100% NRB (non-rebreather) (flow below 15L) may be applied with surgical mask over top, do not provide manual ventilation via BVM (bag-valve mask). Apply defibrillation pads if able. Relieve the first responder, who will leave and doff under the safety leader supervision and re don if necessary. The first responder will give report to the code blue team and exit the room prior to any AGMP.
5. Safety Leader: Will respond to all codes, retrieve don/doff check list from crash cart and ensure all staff entering the room don appropriate PPE and report any breaches. Will ensure entrance to room stays closed. Will limited the number of people outside the room and ensure relief staff in full PPE are outside room. Will monitor all doffing. (Appendix 1, What is a Safety Leader?)
6. Code Blue Team Rrrival: DO NOT RUSH INSIDE, don PPE under safety lead supervision and assign roles outside room.
7. Ensure defibrillator, Airway bag/box, medication tray and IV supplies are brought into the room. Do not bring the entire Crash Cart into the room to avoid gross contamination.
8. Recorder can use a baby monitor or cell phone to communicate with staff in the room. The devices will need to be wiped down with Sani wipes.

ACLS Procedures and Intubations for Protected Code Blue Team:

1. When pre oxygenating the patient, use a two handed mask seal with BVM or Tavish Mask. If manual ventilations are required, use small tidal volumes.
2. Avoid manually ventilating the patient.
3. Pause compressions for intubation.
4. Avoid direct laryngoscopy, use video laryngoscope and styletted ETT (endotracheal tube).

5. Confirm ETT position with ETCO2 (end tidal $C0^2$). Avoid using stethoscope due to risk of self-contamination.
6. If unable to intubate, avoid manual ventilation with BVM.
7. Insert LMA (laryngeal mask airway), and then ventilate using BVM LMA with HEPA filter attached
8. For patients surviving Protected Code Blue, transfer patient to ICU room while wearing PPE as soon as possible. The transport can will occur once a filtered ventilation device is in place (RRT to determine BVM with filter, filtered non-rebreather mask or transport ventilator with filter). The Safety Leader will clear the hallways and open doorways as a 'clean' person, and notify ENVS (Environmental Services) of any contaminated surfaces.

Debrief:

A debrief of the event will occur as soon as possible following the code. In the case of traumatic situations, the program manager may arrange for EAP (Employee Assistance Program) support to assist with debriefing.

Family Presence during Protected Code Blues:

1. Due to the risk of AGMP and the inability to properly mask fit test family or visitors, family and visitors will not be allowed to attend the room of a patient during resuscitation.
2. When the Code Blue is completed and AGMPs are no longer being performed, family may visit the patient after the allotted clearance time has passed (room specific).

Cross Reference

Adult Code Blue Policy and Procedure

Notes

Standardized Statement:

References / Relevant Legislation

Wax, R.S., Christian, M.D. Practical recommendations for critical care and anesthesiology teams caring for novel coronavirus (2019-nCoV) patients. Can J Anesth/J Can Anesth (2020). Retrieved from: https://doi.org/10.1007/s12630-020-01591-x March 2020

Ontario Agency for Health protection and Promotion, Provincial Infectious Disease Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012.

Appendices

Appendix 1 – What is a Safety Leader?
Appendix 2 – Protected Code Blue Pictogram

Appendix 1 – What is a Safety Leader?

MUSKOKA ALGONQUIN HEALTHCARE

What's a Safety Leader??

A Safety Leader should be assigned to each unit each shift during pandemic. The Safety Leader is responsible to ensure staff are safe first prior to responding to a code. A Safety Leader will respond to all codes.

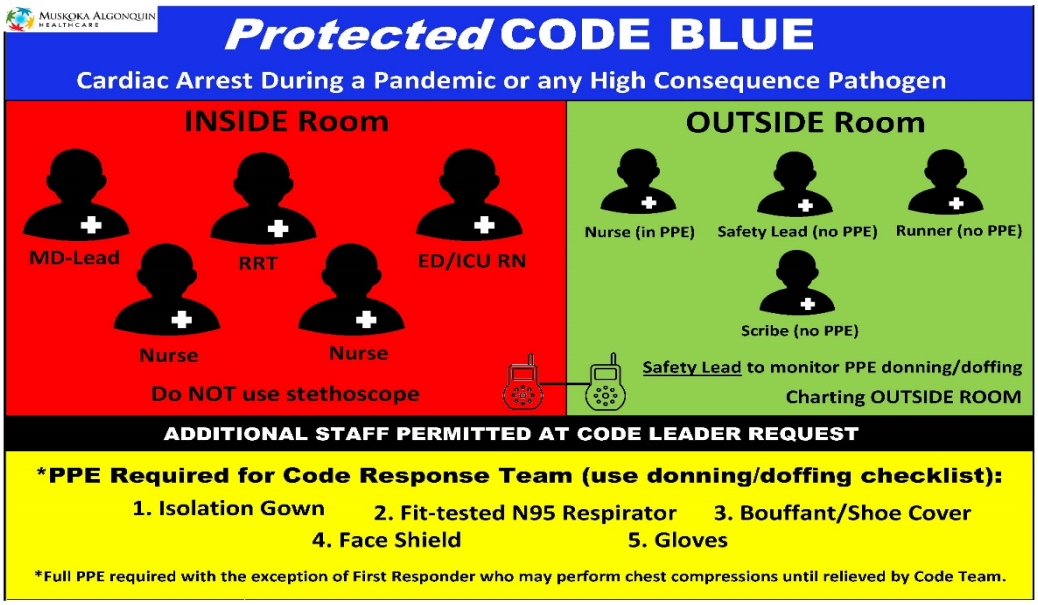
1. Respond to the location of the code
2. Assess the situation as to what PPE is required
3. Retrieve don/doff checklist off side of crash cart
4. Observe/assist all staff entering the room properly don appropriate PPE (using checklist)
5. Limit entrance into room or area to only essential code responders (MD lead, RRT, Code Team nurses)
6. Ensure a garbage is brought to outside of room for doffing
7. Observe all participants doff PPE (using checklist)
8. Facilitate safe patient transfer (clear hallways, open doors, press elevator buttons for transport team)

For Code Blue: If baby monitor available on unit, pass video camera in room and leave monitor with scribe outside the room.

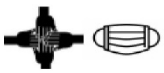
- All Code Blues are considered protected so full PPE is required including an N95 fit-tested respirator
- Ensure all persons in room are wearing N95 respirator prior to start of initiation of an AGMP (bag valve mask or high flow)

October 2020

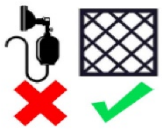
Appendix 2 – Protected Code Blue Pictogram



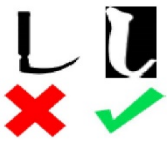
ACTIVATE Code Blue. Apply surgical mask to patient.
Press the Code Blue button on the wall. Apply surgical mask to patient.
Place patient in position for CPR / place board. Initiate chest compressions. DO NOT provide manual ventilations.



DO NOT rush inside. Ensure PPE is donned. Bring Arrest Cart.
Designate a Safety Leader to monitor PPE use. Have a TEAM HUDDLE and have a clear plan. Bring Defibrillator, airway supplies, Medication Tray and COVID arrest bag into room. Disinfect all surfaces afterwards. DO NOT use a stethoscope.



AVOID manual ventilations. USE a HEPA filter.
Attach HEPA filter to BVM. Maintain oxygenation with a two-handed mask seal with BVM or use Tavish Mask. If manual ventilations are required, use small tidal volumes. The priority is to get the patient intubated and onto a closed, filtered ventilation circuit.



AVOID direct laryngoscopy. CONSIDER VL and/or LMA. PARALYZE.
Maximize space between airway and provider. PAUSE compressions for intubation. Consider video laryngoscopy. Consider use of laryngeal mask airway. PARALYZE early. TRANSFER on CLOSED CIRCUIT ventilation system. Have a clear TRANSPORT plan.

UPDATED: December 17, 2020