Mackenzie Health

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

Title:	**Code Pink – Emergency Response Plan**
Manual:	Clinical
Section:	Emergency Management
Approval Body:	Medical Advisory Committee

Original Effective Date: *(mm/dd/yyyy)*	May/2005	**Reviewed Date**: *(mm/dd/yyyy)*	May/2021
Revised Date: *(month/yyyy)*	March/2020; March/2022	**Next Revision Date**: *(month/yyyy)*	March/2025

Cross References:
Airborne Precautions; Initiation of Oxygen in Patients Less than 30 Days of Age; Protected Code Blue During a Pandemic; Routine Practices for All Care Areas; Inter and Intra Facility Transportation of Patients
Key Words:
Code pink, cardiac arrest, resuscitation, positive pressure ventilation; infant; NICU

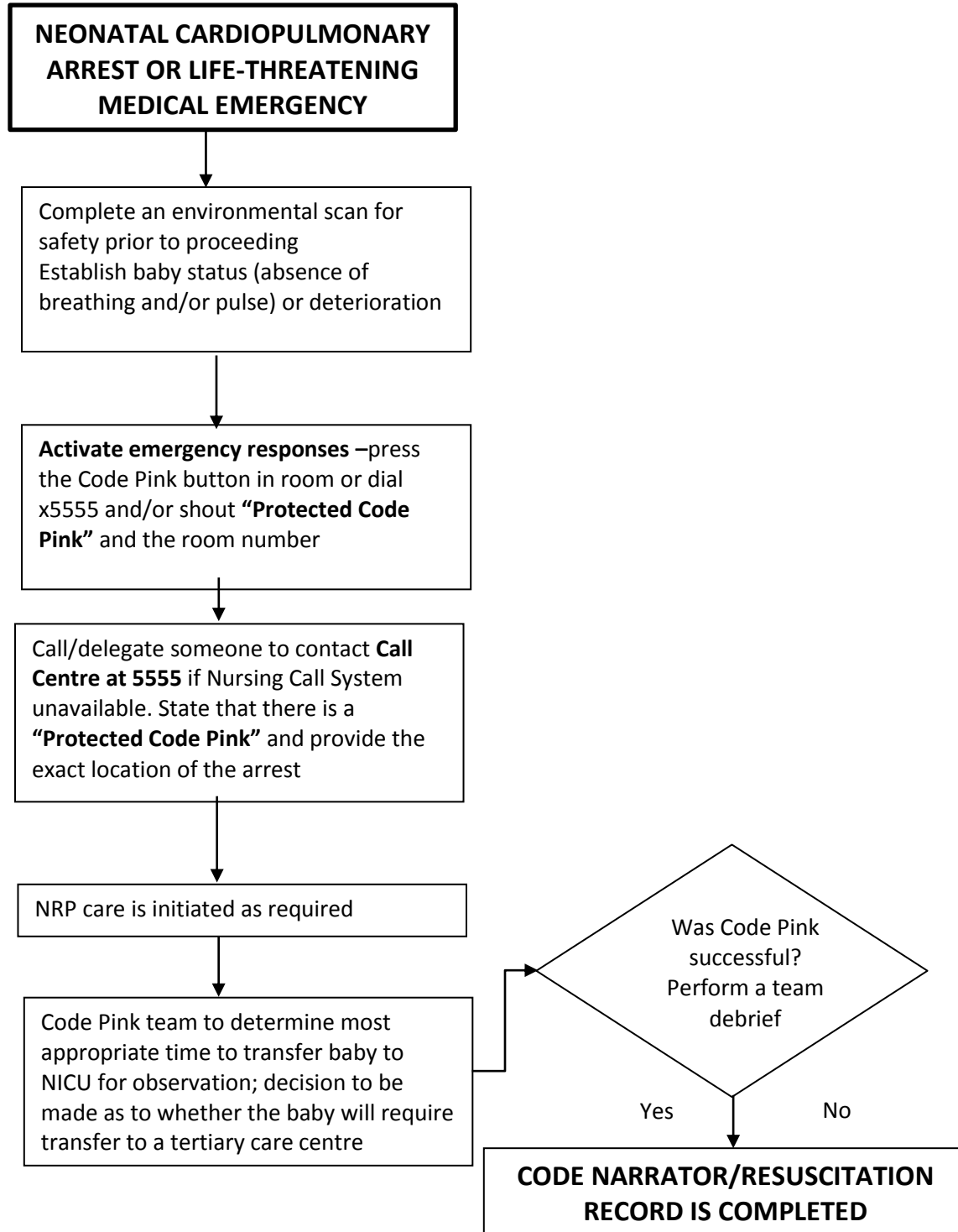|			
Developed by: *(Title)*	**Acute Resuscitation Committee**	**Owner**: *(Title)*	**Operations Director, Woman and Child**

POLICY

In the event that a neonate (less than 30 days of age) experiences a cardiorespiratory arrest or a perceived life-threatening medical emergency, any person may initiate a Code Pink. Once initiated, a coordinated response team will provide Neonatal Resuscitation Program (NRP). The patient is to remain in the area where the Code Pink is called until arrangements are made for a safe transfer. At the discretion of the code physician team leader, the patient is to be transferred to the Neonatal Intensive Care Unit (NICU).

NOTE:

Age	Code
Less than 30 days and all infants in NICU	Pink
1 month – 17 years	Code Blue Pediatric
Equal to or greater than 18 years	Code Blue

Mackenzie Health

CODE PINK ALGORITHM/FLOW CHART

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┌─────────────────────────────────┐
│ NEONATAL CARDIOPULMONARY         │
│ ARREST OR LIFE-THREATENING       │
│ MEDICAL EMERGENCY                │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│ Complete an environmental scan   │
│ for safety prior to proceeding   │
│ Establish baby status (absence   │
│ of breathing and/or pulse) or    │
│ deterioration                    │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│ Activate emergency responses –   │
│ press the Code Pink button in    │
│ room or dial x5555 and/or shout  │
│ "Protected Code Pink" and the    │
│ room number                      │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│ Call/delegate someone to contact │
│ Call Centre at 5555 if Nursing   │
│ Call System unavailable. State   │
│ that there is a "Protected Code  │
│ Pink" and provide the exact      │
│ location of the arrest           │
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐
│ NRP care is initiated as required│
└─────────────────────────────────┘
                │
                ▼
┌─────────────────────────────────┐        ◇ Was Code Pink
│ Code Pink team to determine most │        successful?
│ appropriate time to transfer baby│───▶    Perform a team
│ to NICU for observation; decision│        debrief ◇
│ to be made as to whether the baby│       Yes        No
│ will require transfer to a        │
│ tertiary care centre             │
└─────────────────────────────────┘
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┌─────────────────────────────────────┐
│ **CODE NARRATOR/RESUSCITATION**   │
│ **RECORD IS COMPLETED**   │
└─────────────────────────────────────┘

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

DEFINITIONS:

Code Pink Arrest Cart: **See Appendix I** – Location of Code Pink Arrest Carts

Code Pink Alarm System: The alarm system found in the patient's room that enables a Code Pink to be activated (only available at CVH). In the absence of the Code Pink Alarm System, initiate Code Pink through Locating at x5555.

Code Pink Team: A defined group of hospital staff comprised of various members of essential services who immediately respond to the location of Code Pink in order to provide resuscitation and stabilization measures. The team consists of members skilled in Neonatal Resuscitation Program (NRP) (see roles and responsibilities).

MR SOPA: Corrective measures taken during resuscitative ventilation (e.g. positive pressure ventilation PPV) with minimal/absent chest rise. The acronym MR SOPA refers to mask adjustment, repositioning of head to open airway, suction mouth and nose, open mouth, pressure increase, alternative airway.

Neonatal Resuscitation Program (NRP): Guidelines for management of a newborn resuscitation.

Life Threatening Medical Emergency: When a patient's condition becomes unstable and additional resources are needed to prevent the patient from further deterioration or going into cardiopulmonary arrest. These include, but are not limited to:
- A sudden decrease in level of consciousness
- Difficulty maintaining a patent airway or significant increased work of breathing
- Airway obstruction/airway swelling
- Signs of poor perfusion (i.e., pallor, cyanosis, hypotension)
- Seizure or seizure like activity

Protected Code Pink: Any patient under Airborne, Airborne/Droplet Contact or Droplet/Contact precautions for suspected respiratory infections, (with suspected or confirmed high consequence respiratory pathogen), staff will used additional PPE to ensure safety during a Code Pink due to Aerosol Generating Medical Procedures (AGMP).

Aerosol-generating medical procedures: Any procedure performed on a patient that can induce the production of aerosols of various sizes. Any anticipation of an aerosol-generating procedure will require airborne-droplet PPE. This includes anticipated resuscitation efforts of a newborn (e.g. PPV).

Procedures Generating Droplets/Aerosols where Transmission Has Been Documented
1. Endotracheal intubation, including during cardio-pulmonary resuscitation
2. Cardio-pulmonary resuscitation during airway management (e.g. manual ventilation)

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

3. Non-invasive positive pressure ventilation for acute respiratory failure (e.g. PPV, CPAP, BiPAP)
4. High flow oxygen therapy

Procedures that may generate droplets/aerosols that may expose staff to respiratory pathogens and are considered to be a potential risk for staff and others in the area:
- nebulized therapies
- tube or needle thoracotomy

All Clear: After assessment by the physician team leader, an "All Clear" is called when the patient no longer requires active resuscitation efforts.

Cancel Code Pink: A Code Pink is called in error

Vertical Transmission: Transmission of infection from mother to baby.

AUTHORITY TO INVOKE:
Any person may initiate a Code Pink.

AREA	RESPONSE TEAM
Hospital - Inpatient, outpatient, and non-clinical areas within the hospital	Code Pink Team (CVH and MRHH)
Hospital entrances	See Response Team below
Grounds/Parking lot beyond entrances	Call 9-1-1
Off-site locations (e.g., Reactivation Care Centre, Urgent Care Centre)	Call 9-1-1

In the event of a Code Pink occurs in non-clinical areas of **Cortellucci Vaughan** (e.g. hallway, lobbies, cafeteria, laboratory area, waiting areas) or outpatient areas without a Code Pink cart, the Neonatal Intensive Care Unit (NICU) nurse who responds will also bring a Code Pink Cart to the area.

In the event of a Code Pink occurs in non-clinical areas of **Mackenzie Richmond Hill** (e.g. hallway, lobbies, cafeteria, laboratory area, waiting areas) or outpatient areas without a Broselow Cart, the Emergency Department nurse who responds will also bring a Broselow Cart to the area.

All staff may respond to any medical emergency situation on Mackenzie Health property including entrances and sidewalks immediately outside the hospital doors. Outside these areas and parking lots, staff are to call 911.

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

RESPONSE TEAM MEMBERS AND COVERAGE:
Cortellucci Vaughan Hospital (CVH)

Team Member	Day Shift	Evening Shift	Night Shift	Stats/Weekends
Physician Team Leader (Neonatologist)	✓			
Pediatrician on Call (POC)	✓	✓	✓	✓
Anesthesiologist/Anesthesia Assistant	*Page if needed via Vocera or locating, will respond if available.*			
Neonatal Intensive Care Unit Nurse (NICU)	✓	✓	✓	✓
Labour and Delivery Nurse	✓	✓	✓	✓
Mother and Baby Nurse	✓	✓	✓	✓
Pediatric Nurse	✓	✓	✓	✓
Emergency Department Nurse (in ED only)	✓	✓	✓	✓
Registered Respiratory Therapist (RRT)	✓	✓	✓	✓
Security	✓	✓	✓	✓
Shift Manager		✓	✓	✓
Social Worker	✓			
Spiritual Care Representative	✓			
Woman and Child Program (WCP) Clinical Educators	✓			
Patient Care Manager /Patient Care Coordinator (PCC)/ Clinical Utilization Coordinator (CUC) of the unit where the code is called	✓			

Mackenzie Richmond Hill (MRHH)

Team Member	Day Shift	Evening Shift	Night Shift	Stats/Weekends
Pediatrician on Call (POC)	✓	✓	✓	✓
ED Physician	✓	✓	✓	✓
Anesthesiologist/Anesthesia Assistant	*Page if needed via locating, will respond if available.*			
Critical Care Code Nurse	✓	✓	✓	✓
Emergency Department Nurse/MRN	✓	✓	✓	✓
Registered Respiratory Therapist (RRT)	✓	✓	✓	✓
Security	✓	✓	✓	✓
Shift Manager		✓	✓	✓
Social Worker	✓			
Spiritual Care Representative	✓			
ED Educator	✓			

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

Patient Care Manager /Patient Care Coordinator (PCC)/ Clinical Utilization Coordinator (CUC) of the unit where the code is called				

PERSONAL PROTECTIVE EQUIPMENT (PPE)

All Aerosol Generating Medical Procedures (AGMPs) should be performed using processes and practices designed to avoid generating aerosols. Ensure everyone wears appropriate PPE.

In addition to Routine Practices, if a baby or baby's family has a known or suspected respiratory infection or there is unknown etiology (Airborne, Airborne/Droplet and Contact or Droplet/Contact), Protected Code PPE will be worn. This PPE includes a fit-tested, seal-checked N95 mask, face/eye protection, gloves, gown, and hand hygiene (PIDAC, 2020).

Standard PPE for Code Pink	PPE for Protected Code Pink
1. Surgical mask with protective eyewear or face shield	1. Fit tested N95 mask with face shield
2. Standard isolation gown	2. Fluid resistant (level 2 or higher gown)
3. Gloves	3. Extended Cuff Nitrile Gloves

* The individual intubating and RT shall also don face shield with neck coverage and don extended gloves (long cuff).

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

LOCATION OF CODE PINK ARREST CARTS AT MACKENZIE HEALTH RICHMOND HILL (MRH)

1. See **Appendix I**

NEONATAL RESUSCITATION PROGRAM (NRP) ALGORITHM

1. See **Appendix II**

POST ARREST RESPONSIBILITIES AND MAINTENANCE OF THE CODE PINK ARREST CART

2. See **Appendix III**

ROLES AND RESPONSIBILITES:

- For Code Pink see **Appendix IV a**
- For Protected Code Pink see **Appendix IV b**

PROTECTED CODE PINK

- See **Appendix V**

SAFETY LEADER CHECKLIST

- See **Appendix VI**

PROTECTED CODE PINK POSTER

- See **Appendix VII**

CODE DEBRIEF FORM

- See **Appendix VIII**

==*This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan*==

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==**This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan**==

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APPENDIX I: LOCATION OF CODE PINK CARTS

CODE PINK BROSELOW CART & NEONATAL WARMER

Richmond Hill

Level	Location	Broselow Cart
L2	D2 Emergency Department	2

Cortellucci Vaughan

Level	Location	Broselow Cart
L1	Emergency Department	2

CODE PINK ARREST CART

Cortellucci Vaughan

Level	Location	Code Pink Cart
L04	Birthing Suites OR/Neonatal Resuscitation Room	1
L04	Birthing Suites Pod A	1
L04	Birthing Suites Pod B	1
L04	NICU	1
L04	Ante-Partum/Post-Partum Pod D	1
L04	Ante-Partum/Post-Partum Pod E	1
L04	Pediatric Unit Pod F	1

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

APPENDIX II: NEONATAL RESUSCITATION PROGRAM (NRP) ALGORITHM
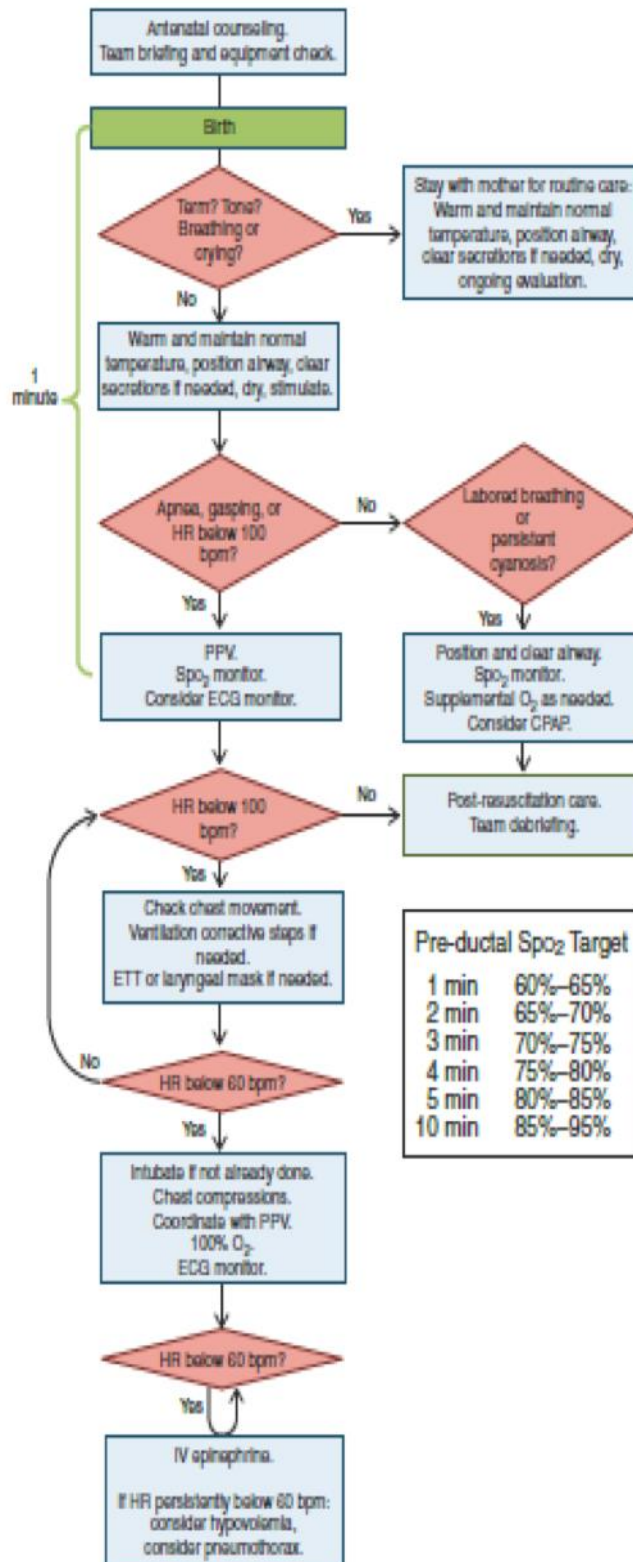
This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

APPENDIX III: POST ARREST RESPONSIBILITIES AND MAINTENANCE OF THE CODE PINK ARREST CARTS

1. A designated health care provider on the unit is to complete a daily check of the external contents of the crash cart in accordance with the Code Pink Cart Daily Checklist. Replenishing of the cart will be done according to site specific standard work.
2. In the event of a Protected Code Pink, all opened bags of disposable supplies taken into the room/area must be discarded.
3. The medication tray must be sealed and labelled with provided "ISOLATION" sticker.
4. Maintenance of the Code Pink Cart as per the Code Blue – Emergency Response Plan.

APPENDIX IV a: PROTECTED CODE PINK ROLES AND RESPONSIBILITIES

CORTELLUCCI VAUGHAN – PROTECTED CODE PINK

Role	Responsibilities

First Responder	Recognition and Activation
	1. Enter the patient room, wearing appropriate PPE for patient isolation status.
	2. Ensure scene safety.
	3. Establish medical emergency or unresponsiveness (absent or gasping breaths) while simultaneously checking for the pulse for no more than 10 seconds.
	4. Call for help and activate the Code Pink Alarm System if within the room. Assign second responder to contact the Call Centre at 5555 and state "PROTECTED CODE PINK". If the Code Pink Alarm System is unavailable or if Code Pink occurs outside of a neonatal dedicated room (e.g. Emergency Department), contact the Call Centre at 5555 and state "PROTECTED CODE PINK". Provide the following information: Wing (A, B, C, D), floor, program colour, room number and bed number (if applicable).
	5. **If <u>NOT</u> donned in Protected PPE** continue to perform NRP interventions in Droplet/Contact PPE until 2nd Responder arrives in Protected PPE.
	a. The first responder will then leave the room to don Protected PPE.
	6. **If donned in Protected PPE**, continue to perform NRP interventions.
	7. Assess infant's skin, colour, tone, respiratory effort, and heart rate
	8. Call for help and activate the Code Pink Alarm System if within the room. If the Code Pink Alarm System is unavailable, contact the Call Centre at 5555 and state "PROTECTED CODE PINK". Provide the following information: Wing (A, B, C, D), floor, program colour, room number and bed number (if applicable).
	9. Initiate appropriate intervention (e.g. dry and stimulate, open airway, provide suction if necessary, etc.).
	For Birthing Suites, Post-Partum, and NICU Units:
	    a) Provide positive pressure ventilation (PPV) with filter and bag/mask/T-piece as per NRP (refer to **Appendix II**). Provide 40-60 breaths per minute using the "Breath-Two-Three" rate.
	    b) Assess chest expansion and air entry during PPV. Ensure corrective

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	measures taken (e.g. MR SOPA, etc.). Ventilate with PPV, then re-assess heart rate, skin colour, and respiratory efforts.
	For All Other Areas
	    a) Provide Basic Life Support (BCLS) measures (e.g. 15 compressions to 2 breaths with two providers).
	    b) If a provider is present with NRP certification, to provide PPV and management as per **Appendix II**.

2nd Responder	1. If not already done so, contact the Call Centre at 5555 and state that the code should be called as a "PROTECTED CODE PINK". 2. Brings Code Pink Arrest Cart into the room and Protected Code supplies outside the room (e.g. Isolation PPE Cart, Protected PPE Grab-and-Go, etc.). 3. Don Protected PPE with Safety Leader prior to entering patient room/area. 4. Assists First Responder (e.g. attach infant to cardiorespiratory and SpO_2 monitor). 5. Provide care as per NRP/PALS based on certification/designation (refer to **Appendix II**). Assist with ventilation if necessary. Ensure effective ventilation. *Note – if neither responders are NRP certified, continue with BLS care.* 6. If prolonged PPV is required or intubated, insert an orogastric tube to prevent and/or alleviate gastric distension. Withdraw content, document amount and description, and leave open during ventilate. 7. If compression is required (i.e. heart rate below 60 beats per minute), assist first responder with infant stabilization. Ensure 3 compressions to 1 ventilation ratio is followed (i.e. "One-Two-Three-Breathe") 8. Prepare and act as independent double checker (IDC) for ordered medications
3rd Responder	1. Don Protected PPE with Safety Leader. 2. Delegated to be the Charting Nurse 3. Begin charting immediately on the electronic medical record (EMR), or during downtown use the Code Pink Record.
NICU Registered Nurse (RN) *Note* only applicable to CVH	1. Don Protected PPE with Safety Leader. 2. Assist First Responder. 3. Take over if NICU RN is expert in that skill (e.g. take over PPV if RT unavailable, etc.). 4. Provide care as per NRP (refer to **Appendix II**) 5. Obtain peripheral intravenous (IV) access if required. Obtain ordered bloodwork with IV start. Initiate ordered fluids. 6. Prepare ordered medications. Administer medication as ordered. 7. Assist with medication preparation and acts as IDC. Administer medication as ordered.

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

Registered Respiratory Therapist (RRT)	1. Don Protected PPE with Safety Leader. 2. Provide airway management and ventilation support as needed (e.g. PPV, CPAP, intubation, etc.). 3. Prepares equipment required for establishing an advanced airway (e.g. endotracheal tube, etc.) 4. Performs or assists physician team lead with establishment of advanced airway (intubation to be done by most experienced team member). 5. Remains with patient and assists in patient transfer to NICU (if applicable).
Physician Team Leader (Neonatologist, Pediatrician on Call, Anesthesiologist)	1. Don Protected PPE with Safety Leader. 2. The most experienced physician in neonatal resuscitation to assume responsibility and leads resuscitation. 3. Provides medical management during the Code Pink (e.g. insertion of umbilical venous catheter, intubation, etc.). 4. Co-ordinates ongoing management of the patient's care until the Code Pink is concluded. 5. Effectively communicate with the team including clear orders. 6. In collaboration with the RRT, perform or assists with establishment of advanced airway (intubation to be done by most experienced team member). 7. Authorize discontinuation of resuscitation efforts, as clinically appropriate. 8. Establishes "Cancel" or "All Clear" as necessary. 9. Notifies family/guardians with information about the outcome of the resuscitation 10. When patient stable or ready for transfer, Physician Lead will assess the situation and determine if patient requires continued isolation, if they meet criteria to transfer to NICU, or if they meet criteria to be transferred to a tertiary care centre. NOTE: In the event that more than one physician is present at a Protected Code Pink, one physician will immediately identify him/herself as the Physician Team Leader. All medical orders by any other physician will be verified with the Physician Team Leader prior to being enacted.

Safety Leader – MRN until Patient Care Manager/Shift Manager or PCC/CUC or Educator arrives	1. If Code Pink Alarm System used, contact the Call Centre at 5555 and correct to a "PROTECTED CODE PINK".
	2. Ensure safety of staff as they don Protected PPE prior to entering the room. Additional PPE available on specified isolation carts within the unit. Please notify unit manager or shift manager to supply more N95 masks.
	3. Limit the number of personnel to enter the room
	    b. Physician Team Leader (Neonatologist and/or Pediatrician and Anesthesiologist.
	    c. RRT to manage airway
	    d. First Responder
	    e. Second Responder
	    f. Third Responder
	    g. NICU Nurse
	    h. Supporting Nurse
	4. Reduce equipment brought into the isolation room.

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

	5. Observe for safe doffing of PPE (refer to **Appendix V**). 6. Communicates and coordinates transfer to the NICU and/or a tertiary care centre.
Patient Care Manager/Shift Manager or PCC/CUC or Educator	In addition to the Safety Leader Role 1. Support the staff and/or the patient's family during the resuscitation and after. 2. Call for additional resources as directed by the Team Leader. 3. Debrief and review the event with the team members to identify what went well, gaps, and areas for improvement (refer to **Appendix VII**). Scan and email debrief form to Acute Resuscitation Committee Chair.
RN from Woman and Child Program *Note* only applicable to CVH	1. Covers NICU while NICU RN is attending Code Pink
Security	1. Security will respond to Protected Code Pink in all clinical and non-clinical patient care areas to provide any necessary support. 2. In public areas such as the lobbies, or in a non-patient care area, Security will meet the Protected Code Pink Team to direct them to the event location. 3. Ensure other patients and their families (if possible) and unnecessary personnel/visitors are restricted from the room/area as the situation dictates. 4. Notify Call Centre when the Protected Code Pink has been completed using the "All Clear" terminology.
Call Centre	1. When the Call Centre receives a call advising of a Code Pink, record the exact location of the arrest or medical emergency. 2. Activate the PROTECTED CODE PINK cardiac arrest team pagers/overhead paging and advise that there is a "CODE PINK" – location – include Level, Wing/Pod, Program, room number and bed number repeated x 2. *Ex. Code Pink, Level 2, D-Delta Wing, Emergency, Acute Room 14"* *Ex. Code Pink, Level 1, Emergency, Acute Room 4, Room 1.461"* 3. In the event that a second Code Pink call is received prior to notification of completion of the previous Code Pink, the Code Pink cardiac arrest team paged/overhead paged and advise that there is a "second Code Pink" – indicating location (items where applicable) including the wing, floor, program, colour, and room number. 4. If the in-house paging system fails, Call Centre will contact the Shift Engineer to use the overhead paging system at the annunciator panel to announce the code as above. In addition, the Code team members should also rely on their primary communication devices and/or pagers for this important information. 5. Document the time and location of the Code Pink in the appropriate Codes logbook and stand by for further instructions. 6. If a second Protected Code Pink call is received prior to notification of completion of the previous Protected Code Pink, activate the Code Pink cardiac arrest team pagers/overhead paging and advise that there is a "second Protected Code Pink" – indicating the exact location, including the Level, Wing/Pod, Program, room number and bed number (e.g., "Second

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	PROTECTED CODE PINK Level 2, D-Delta Wing, Emergency, Acute Room 1"). 7. In the event that Call Centre receives a call advising of the need for particular personnel (e.g. MD, Anesthesiologist, Respiratory Therapist), activate the overhead paging and advise "Protected Code Pink – (personnel) - STAT" indicating the location including the wing, floor, program, colour and room number (e.g. "PROTECTED CODE PINK– Physician STAT to Level 2, D-Delta Wing, 8. Upon receiving the call from the clinical area indicating the "All Clear" the Call Centre will overhead page the following: "Protected Code Pink All Clear" repeated x2.

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APPENDIX IV a: PROTECTED CODE PINK ROLES AND RESPONSIBILITIES

MACKENZIE RICHMOND HILL - ED

Role	Responsibilities
First Responder	Recognition and Activation 1. Enter the patient room, wearing appropriate PPE for patient isolation status. 2. Ensure scene safety. 3. Establish medical emergency or unresponsiveness (absent or gasping breaths) while simultaneously checking for the pulse for no more than 10 seconds. 4. Call for help and activate the Code Pink Alarm System if within the room. Assign second responder to contact the Call Centre at 5555 and state "PROTECTED CODE PINK". If the Code Pink Alarm System is unavailable or if Code Pink occurs outside of a neonatal dedicated room (e.g. Emergency Department), contact the Call Centre at 5555 and state "PROTECTED CODE PINK". Provide the following information: Wing (A, B, C, D), floor, program colour, room number and bed number (if applicable). 5. **If NOT donned in Protected PPE** continue to perform NRP interventions in Droplet/Contact PPE until 2nd Responder arrives in Protected PPE. a) The first responder will then leave the room to don Protected PPE. b) **If donned in Protected PPE**, continue to perform NRP interventions. 6. Assess infant's skin, colour, tone, respiratory effort, and heart rate 7. Call for help and activate the Code Pink Alarm System if within the room. If the Code Pink Alarm System is unavailable, contact the Call Centre at 5555 and state "PROTECTED CODE PINK". Provide the following information: Wing (A, B, C, D), floor, program colour, room number and bed number (if applicable). 8. Initiate appropriate intervention (e.g. dry and stimulate, open airway, provide suction if necessary, etc.). **For All Other Areas** c) Provide Basic Life Support (BCLS) measures (e.g. 15 compressions to 2 breaths with two providers). d) If a provider is present with NRP certification, to provide PPV and management as per **Appendix II**.

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2nd Responder	1. If not already done so, contact the Call Centre at 5555 and state that the code should be called as a "PROTECTED CODE PINK". 2. Brings Broselow Cart into the room and Protected Code supplies outside the room (e.g. Isolation PPE Cart, Protected PPE Grab-and-Go, etc.). 3. Don Protected PPE with Safety Leader prior to entering patient room/area. 4. Assists First Responder (e.g. attach infant to cardiorespiratory and SpO_2 monitor). 5. Provide care as per NRP (refer to **Appendix II**). Assist with ventilation if necessary. Ensure effective ventilation. *Note – if neither responders are NRP certified, continue with BCLS care (remove for CVH).* 6. If prolonged PPV is required or intubated, insert an orogastric tube to prevent and/or alleviate gastric distension. Withdraw content, document amount and description, and leave open during ventilate. 7. If compression is required (i.e. heart rate below 60 beats per minute), assist first responder with infant stabilization. Ensure 3 compressions to 1 ventilation ratio is followed (i.e. "One-Two-Three-Breathe") 8. Prepare and act as independent double checker (IDC) for ordered medications
3rd Responder	1. Don Protected PPE with Safety Leader. 2. Delegated to be the Charting Nurse 3. Begin charting immediately on the electronic medical record (EMR), or during downtown use the Code Pink Record.
Registered Respiratory Therapist (RRT)	1. Don Protected PPE with Safety Leader. 2. Provide airway management and ventilation support as needed (e.g. PPV, CPAP, intubation, etc.). 3. Prepares equipment required for establishing an advanced airway (e.g. endotracheal tube, etc.) 4. Performs or assists physician team lead with establishment of advanced airway (intubation to be done by most experienced team member). 7. Remains with patient and assists in patient transfer to NICU (if applicable).

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

Physician Team Leader (Neonatologist, Pediatrician on Call, Anesthesiologist)	1. Don Protected PPE with Safety Leader.
	2. The most experienced physician in neonatal resuscitation to assume responsibility and leads resuscitation.
	3. Provides medical management during the Code Pink (e.g. insertion of umbilical venous catheter, intubation, etc.).
	4. Co-ordinates ongoing management of the patient's care until the Code Pink is concluded.
	5. Effectively communicate with the team including clear orders.
	6. In collaboration with the RRT, perform or assists with establishment of advanced airway (intubation to be done by most experienced team member).
	7. Authorize discontinuation of resuscitation efforts, as clinically appropriate.
	8. Establishes "Cancel" or "All Clear" as necessary.
	9. Notifies family/guardians with information about the outcome of the resuscitation
	10. When patient stable or ready for transfer, Physician Lead will assess the situation and determine if patient requires continued isolation, if they meet criteria to transfer to NICU, or if they meet criteria to be transferred to a tertiary care centre.
	NOTE: In the event that more than one physician is present at a Code Pink, one physician will immediately identify him/herself as the Physician Team Leader. All medical orders by any other physician will be verified with the Physician Team Leader prior to being enacted.
Safety Leader – MRN until Patient Care Manager/Shift Manager or PCC/CUC or Educator arrives	1. If Code Pink Alarm System used, contact the Call Centre at 5555 and correct to a "PROTECTED CODE PINK".
	2. Ensure safety of staff as they don Protected PPE prior to entering the room. Additional PPE available on specified isolation carts within the unit. Please notify unit manager or shift manager to supply more N95 masks.
	3. Limit the number of personnel to enter the room
	i. Physician Team Leader (Neonatologist and/or Pediatrician and Anesthesiologist.
	j. RRT to manage airway
	k. First Responder
	l. Second Responder
	m. Third Responder
	n. ED Nurse (MRHH)
	4. Reduce equipment brought into the isolation room.
	5. Observe for safe doffing of PPE (refer to **Appendix V**).
	6. Communicates and coordinates transfer to the NICU and/or a tertiary care centre.
Patient Care Manager/Shift Manager or PCC/CUC or Educator	In addition to the Safety Leader Role
	1. Support the staff and/or the patient's family during the resuscitation and after.
	2. Call for additional resources as directed by the Team Leader.
	3. Debrief and review the event with the team members to identify what went well, gaps, and areas for improvement (refer to **Appendix VII**). Scan and email debrief form to Acute Resuscitation Committee Chair.
Security	1. Security will respond to Protected Code Pink in all clinical and non-clinical

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	patient care areas to provide any necessary support. 2. In public areas such as the lobbies, or in a non-patient care area, Security will meet the Protected Code Pink Team to direct them to the event location. 3. Ensure other patients and their families (if possible) and unnecessary personnel/visitors are restricted from the room/area as the situation dictates. 4. Notify Call Centre when the Code Pink has been completed using the "All Clear" terminology.
Call Centre	1. When the Call Centre receives a call advising of a Code Pink, record the exact location of the arrest or medical emergency. 2. Activate the CODE PINK cardiac arrest team pagers/overhead paging and advise that there is a "PROTECTED CODE PINK" – location – include Level, Wing/Pod, Program, room number and bed number repeated x 2. *Ex. Code Pink, Level 2, D-Delta Wing, Emergency, Acute Room 14"* *Ex. Code Pink, Level 1, Emergency, Acute Room 4, Room 1.461"* 3. In the event that a second Code Pink call is received prior to notification of completion of the previous Code Pink, the Code Pink cardiac arrest team paged/overhead paged and advise that there is a "second Code Pink" – indicating location (items where applicable) including the wing, floor, program, colour and room number. 4. If the in-house paging system fails, Call Centre will contact the Shift Engineer to use the overhead paging system at the annunciator panel to announce the code as above. In addition, the Code team members should also rely on their primary communication devices and/or pagers for this important information. 5. Document the time and location of the Code Pink in the appropriate Codes logbook and stand by for further instructions. 6. If a second Protected Code Pink call is received prior to notification of completion of the previous Protected Code Pink, activate the Code Pink cardiac arrest team pagers/overhead paging and advise that there is a "second Code Pink" – indicating the exact location, including the Level, Wing/Pod, Program, room number and bed number (e.g., "Second PROTECTED CODE PINK Level 2, D-Delta Wing, Emergency, Acute Room 1"). 7. In the event that Call Centre receives a call advising of the need for particular personnel (e.g. MD, Anesthesiologist, Respiratory Therapist), activate the overhead paging and advise "Protected Code Pink – (personnel) - STAT" indicating the location including the wing, floor, program, colour and room number (e.g. "PROTECTED CODE PINK– Physician STAT to Level 2, D-Delta Wing, 8. Upon receiving the call from the clinical area indicating the "All Clear" the Call Centre will overhead page the following: "Protected Code Pink All Clear" repeated x2.

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APPENDIX V: PROTECTED CODE PINK

If a patient has any respiratory precautions of unknown etiology (Airborne, Airborne/Droplet and Contact or Droplet/Contact), a Protected Code Pink will be called, and additional PPE will be worn.

Standard PPE for Code Pink	PPE for Protected Code Pink
1. Surgical mask with protective eyewear or face shield	1. Fit tested N95 mask and face shield
2. Standard isolation gown	2. Fluid resistant (level 2 or higher) gown
3. Gloves	3. Extended Cuff Nitrile Gloves

* The individual intubating and RT shall also don face shield with neck coverage and extended gloved.

Given the low risk of vertical transmission and the low risk of aerosol exposure from neonatal resuscitation, Droplet/Contact precautions will be practiced during Code Pinks of newborns to COVID-19 screened negative moms that take place in Labour & Delivery, Mother & Baby, or NICU. **Neonatal resuscitations of newborns to suspected or confirmed COVID-19 mothers will be treated as Protected Code Pinks**. **Code Pinks that take place in all other areas within the hospital (e.g. Emergency Department, Pediatrics, etc.) will be treated as Protected Code Pinks**.

To limit the transmission of high consequence pathogens in the acute care setting and particularly related to aerosolized procedures, proper control measures are a priority. The following principles should always be considered to minimize risk of transmission to staff, patients and visitors.

1. All aerosol-generating procedures to be performed in negative pressure room (airborne infection isolation room) where possible or private room.
2. If non-invasive ventilation (e.g. CPAP) and Humidified High Flow Nasal Cannula is required, ensure patient is in a negative pressure or private room and health care team members are in Protected PPE.
3. If an intubation is required, a controlled intubation should be performed instead if the patient appears to have increasing respiratory compromise.
4. If the patient is ventilated, a filter must be present on the expiratory circuit
5. PPE should be doffed (removed) with the support of a Safety Leader and with corresponding PPE checklist.
6. Removal of PPE should be done in the anteroom. If there is no anteroom, remove gloves and gown inside the room at the door, perform hand hygiene, and remove face shield and mask immediately outside the room.

7. Staff members who do not have a fit-tested N95 will not participate.
8. Once patient has been transported the room must be cleaned as per IPAC specifications.
9. The Safety Leader will ensure that after patient is transferred or discharged, the door must be kept closed and the Airborne Precautions sign must remain on the door until sufficient time has elapsed to allow removal of airborne microorganisms
10. Staff members who do not have a fit-tested N95 will not participate.
11. Once patient has been transported the room must be cleaned as per IPAC specifications.
12. The Safety Leader will ensure that after patient is transferred or discharged, the door must be kept closed and the Airborne Precautions sign must remain on the door until sufficient time has elapsed to allow removal of airborne microorganisms.

Transport of Patients:
- Transporting staff don clean PPE prior to transfer.
- Stretcher handles and rails should be wiped with disinfecting wipes prior to transport.
- Keep on transport ventilator until destination.
- Security and MRN to assist clearing direct route to receiving unit, including removing any equipment, staff and/or visitors from the route.
- As per Inter and Intra Facility Transportation of Patients Clinical Transport policy.

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

APPENDIX VI: SAFETY LEADER CHECKLIST

1. A Safety Leader should be present at all codes but is required for any Code Pink with droplet/contact and/or airborne precautions. This role will be assumed by the PCM/Shift Manager /PCC/Educator or MRN.
2. The Safety Leader will directly observe donning and doffing of appropriate level PPE for all team members entering and exiting the Code Pink area.
3. Contact the Call Centre at 5555 and state that the code should be announced as a "PROTECTED CODE PINK" if not already notified.
4. Manage staff movement in and out of the room.
5. Limit the number of personnel to enter the room
6. Reduce equipment brought into the isolation room
7. Communicates and coordinates necessary transfers (i.e. to CVH, etc.). If transfer to NICU occurs, notify NICU of any necessary precautions prior to transfer.
8. Ensures the following cleaning process is adhered to:
   - all non-disposable equipment is thoroughly cleaned with hospital approved disinfectant
   - all disposable supplies within the Code Pink Arrest Cart are discarded
   - cart is cleaned prior to removal from the room/area
   - medication tray is sealed and labeled with "ISOLATION" sticker

DONNING AND DOFFING PROCEDURE

Donning to be done outside of Room in Hallway	Doffing to be done in Ante Room where possible
Perform hand hygiene	Remove gloves.
Don gown, ensure back is covered with neck and front ties secured	Remove gown by untying neck and ties of gown, remove slowly and carefully; only touching the inside of the gown. Roll into a ball and discard in garbage
Remove eye wear prior to donning N95 fit-tested mask. Put glasses back on	Perform hand hygiene. If no ante-room, exit room and close the door.
Perform seal check	Remove face shield, grasp strap at back of head, lean forward and keep chin up. Do not touch front of face shield **Please note:** Face shield with bibs should be removed inside the room prior to exiting the room.
Don face shield with foam band sitting directly on the skin of your forehead.	Remove glasses and place in pocket or on counter surface which has been cleaned with hospital approved disinfectant wipe
Don gloves, with cuffs overlapping gown	Remove N95 mask by removing neck strap slowly, then other strap from back of head. Do not touch front of mask
Safety Leader to perform PPE check before staff member enters the room	Perform hand hygiene

Mackenzie Health

This policy applies to Mackenzie Richmond Hill & Cortellucci Vaughan

PROTECTED CODE PINK
SAFETY LEADER CHECKLIST

Mackenzie Health

THE SAFETY LEADER WILL:
(Role assumed by the MRN, PCM/Shift Manager/ PCC /CUC /Educator)

✓ Contact the Call Centre at **5555** and state **"PROTECTED CODE PINK"** if not already notified

✓ Will directly observe donning and doffing of appropriate level PPE for all team members entering and exiting the Code Pink area

✓ Manage staff movement in and out of the room

LIMIT THE NUMBER OF PERSONNEL TO ENTER THE ROOM

| MD | MD | RT | FIRST | SECOND | NURSE |
| 1-2 MDs | | 1 RT | Responder | | NICU NURSE |

REDUCE THE EQUIPMENT BROUGHT INTO THE ISOLATION ROOM

✓ Code Pink Cart to be brought into room

✓ Equipment for Protected Intubation and respiratory management: Flow inflating, T-piece, or Infant BVM with filter

COORDINATE TRANSFER TO NICU OR TERTIARY CARE HOSPITAL

✓ Notify NICU or tertiary care hospital of any necessary precautions prior to transfer

ENSURE THE FOLLOWING CLEANING PROCESS IS ADHERED TO

✓ All non-disposable equipment is thoroughly cleaned with hospital approved disinfectant

✓ All disposable supplies from open drawers on Arrest Carts to be discarded

✓ Cart is cleaned prior to removal from the room/area

✓ Replenishing of the cart will be done according to site specific standard work

✓ Medication tray is sealed and labeled with provided **"ISOLATION"** sticker

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR PROTECTED CODE PINK

1. Fluid resistant (level 2 or higher) gown

2. Fit tested N95 mask and face shield

3. Extended Cuff Nitrile Gloves

DOFFING

✓ Doffing to be done in ante room where possible **OR** gloves and ... before pro... of the PPE...

| Patient MRN |

✓ Remove gloves

✓ Remove gown by untying neck and ties of gown, remove slowly and carefully; only touching the inside of the gown. Roll into a ball and discard in garbage

✓ Perform hand hygiene

✓ Remove face shield, grasp strap at back of head, lean forward and keep chin up. Do not touch front of face shield

✓ Remove glasses and place on counter surface with hospital approved disinfectant wipe

✓ Remove N95 mask by removing neck strap slowly, then other strap from back of head. Do not touch front of mask

✓ Perform hand hygiene

DO NOT RUSH.
It is imperative that removal of all protective equipment be done slowly and carefully to avoid inadvertent contamination of yourself or others.

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Code Pink)

PURPOSE:

At the end of each code, please take a few minutes to debrief and share dedicate a person on the team to share findings with Acute Resuscitation Committee Liaison. The liaison will be responsible to disseminate communication and learnings from the code to the appropriate stakeholders and programs.

Date	Time	Location

Did Appropriate Members Respond:

☐ YES ☐ NO   If no, please comment below

Overheard announcement heard by all team members	CCRT involved with this patient
☐ YES ☐ NO	☐ YES ☐ NO

Reason For Calling Code

What went well during the code?

What are opportunities for Improvement?

Further Briefing Required

☐ YES ☐ NO

Filing and Communication Details			
Form Completed By	Lead for Informing Acute Resuscitation Committee	Date Received by Acute Resuscitation Committee	Communications to Stakeholders Required

Action & Next Steps
This section summarizes the actions and next steps required after discussion at the Acute Resuscitation Committee

Please scan and send the copy of the completed form to **Program/Department Manager**. Program/Department Manager to then scan debrief form to Acute Resuscitation Committee Co-Chairs.