

UPDATED March 19, 2020

Protected CODE BLUE

In-ED Cardiac Arrest + Suspected/Confirmed High Consequence Pathogen

INSIDE Room

NEGATIVE PRESSURE



MD-Lead



MD-Airway



RRT



RN1

DO NOT use stethoscope



RN2



Baby Monitor

OUTSIDE Room



Safety Lead
(No PPE)



MD-Backup
(In PPE)



RN
(In PPE)



Runner (No PPE)



RRT-Backup (No PPE)

Safety Lead to monitors PPE donning/doffing
Charting OUTSIDE ROOM

EXPERIENCED STAFF ONLY

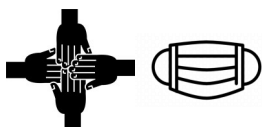
Required PPE (use donning/doffing checklist):

1. Level 2/yellow cloth gown
2. Fit-tested N95 Respirator
3. +/- Bouffant
4. Face Shield
5. Nitrile gloves



ACTIVATE Protected Code Blue. Apply surgical mask to patient

Ensure a "Protected Code Blue" is called. Press the *Code Blue* button on the wall. Apply surgical mask to patient. Begin compressions. DO NOT provide manual ventilations.



DO NOT rush inside. Ensure PPE is donned. Bring Arrest Cart.

Designate a Safety Lead to monitor PPE use. Have a TEAM HUDDLE and have a clear plan. Bring Cardiac Arrest Cart (modified to have ESSENTIAL EQUIPMENT) into room. Disinfect all surfaces afterwards. DO NOT use stethoscope.



AVOID manual ventilations. USE a HEPA filter.

Attach HEPA filter to BVM. Maintain oxygenation with a two-handed mask seal. 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.



Review full protocols on <https://sunnynet.ca/coronavirus>

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