

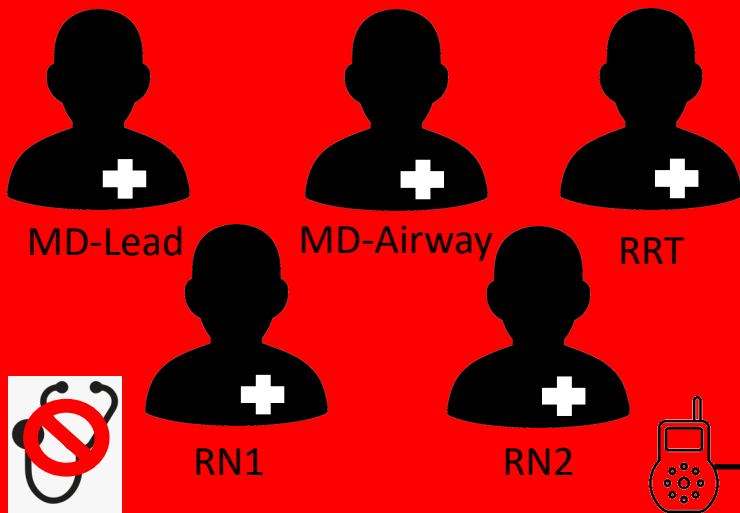
UPDATED August 06, 2020

# Protected CODE BLUE

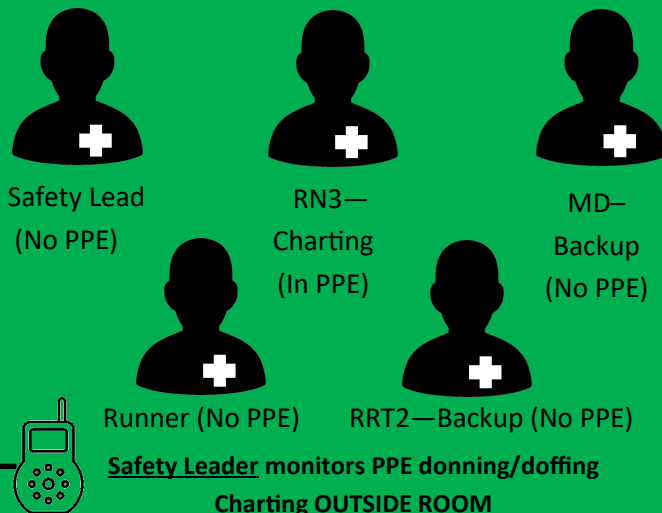
In-ED Cardiac Arrest + Suspected/Confirmed High Consequence Pathogen

## INSIDE Room

NEGATIVE PRESSURE



## OUTSIDE Room



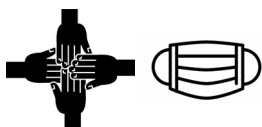
EXPERIENCED STAFF ONLY

### Required Airborne/Droplet/Contact PPE (use donning/doffing checklist):

1. Level 2/yellow cloth gown
2. Surgical mask or Fit-tested N95 Respirator (for AGMP)
3. +/- Bouffant
4. Face Shield
5. Nitrile gloves



**Responder 1: Activate *PROTECTED Code Blue*.** Apply surgical mask or oxygen mask to patient. Compressions may begin if wearing a surgical mask and face shield in absence of AGMP. Leave room to don N95 or equivalent prior to AGMP occurring. DO NOT provide manual ventilations.



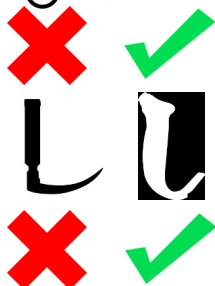
### Other Responders: Do not rush inside. Ensure PPE is donned.

Designate a Safety Lead to monitor PPE use. Have a TEAM HUDDLE and have a clear plan. DO NOT use stethoscope. LIMIT Equipment brought into room: medication tray, defibrillator, syringes/needles. Disinfect all surfaces afterwards.



### 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>

Updated 2020Aug06