

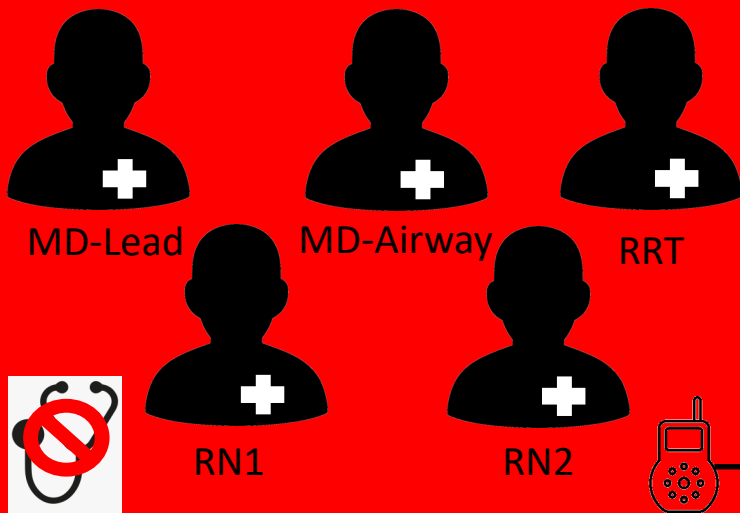
UPDATED August 06, 2020

Protected CODE BLUE

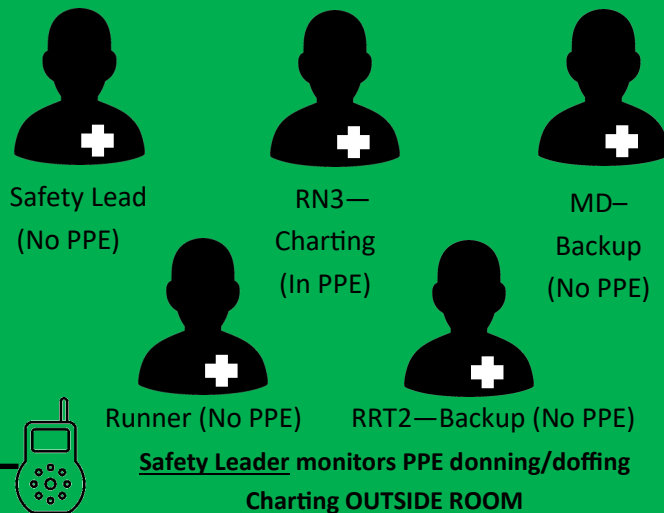
Out-of-Hospital Cardiac Arrest + Suspected/Confirmed High Consequence Pathogen

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



TWO team members meet paramedics at the door.

Clear a pathway with 2m of space between EMS doors and resuscitation room (Blue-1 preferred). Instruct paramedics (and assist as necessary) to maintain a mask-seal with BVM, but **WITHHOLD manual ventilations**. Chest compressions may continue.



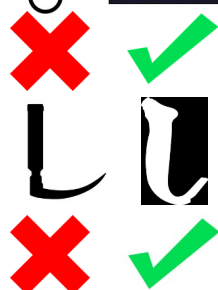
Rapid registration using UNIDENTIFIED process. Team Huddles.

Paramedics may have the demographic information but will be go directly into Resuscitation Room. Demographics may be updated after supervised doffing of PPE. Have a TEAM HUDDLE and have a clear plan. 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>

Updated 2020Aug06