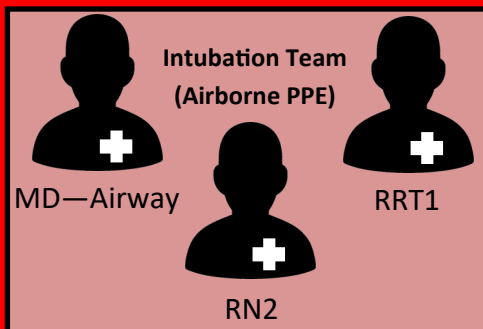


UPDATED August 06, 2020

Protected RESUS

Requiring emergent assessment + Suspected/Confirmed High Consequence Pathogen

INSIDE Room



NEGATIVE PRESSURE



OUTSIDE Room



Safety Lead
(No PPE)



Runner
(No PPE)



RN3—Charter
(Airborne PPE)



RRT2
(Droplet PPE)

Safety Leader 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 or surgical mask (see above)
3. +/- Bouffant
4. Face Shield
5. Nitrile gloves



Prehospital Communication. VERIFY. Prearrival PREPARATION.

Verify Infection Control Screening for ALL PATIENTS. Alert teams as soon as possible to allow for preparation.



DESIGNATE Roles. LIMIT equipment in the room.

HUDDLE-UP and have a clear plan (with contingencies). Limit equipment in the room to absolute necessities. Designate an “Intubation Team” with Airborne PPE.



Intubate EARLY. Have a clear PLAN A/B/C.

Consider early intubation for patients requiring O₂ with clinical deterioration OR oxygen requirements of above 0.5 FiO₂. If no Aerosol-Generating Medical Procedure (AGMP), proceed with Droplet/Contact Precautions.



Have a clear Transport PLAN. Call Receiving Unit/Dept.

Have a TEAM HUDDLE with all team members. Notify receiving unit/dept. Confirm equipment needed for transport. If non-intubated, apply surgical mask to patient prior to leaving room.

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

Updated 2020Aug06