

Applies to high risk respiratory procedures (intubation, CPR) when managing care for patients with Covid-19.

In the event of a Code Blue with a suspected or confirmed case of Covid-19, efforts should be made to call a “Protected Code Blue”. However, recognizing limitations ANY Code Blue called to a patient under Contact Precautions WILL be approached as a Protected Code Blue.

Please note that for Protected Code Blue **minimal staff** (only those essential to the procedure) should be in the room.

All team members will wear required PPE at all times with no exceptions.

Non-invasive ventilation (CPAP, BIPAP), and nebulized medication will be minimized for the covid-19 population.

The Code Blue Team Leader assumes Leadership and oversight for resuscitation.

If indicated, EARLY ENDOTRACHEAL INTUBATION IS A PRIORITY FOR PCBs.

Protected Code Blue Team Members are responsible for bringing their own PPE, including their own N95 Mask to PCBs.

The following steps must be followed for PCBs when the Patient with PCB status is found unresponsive and pulseless

First Responders:

1. **Activate Protected Code Blue (dial x4444)**
2. **All non-essential personnel to leave room immediately. 1-2 first responders to stay and provide basic life support.**
 1. **First responder calls for help/code blue and applies non-rebreather (O2 flow to 15L/min)**
 2. **Second responder: wearing appropriate PPE begins chest compressions. Continues until arrival of Code Blue Team**

Protected Code Blue Team:

- **Don appropriate PPE prior to entering room**
- **Only the following staff can enter the room during PCB: Anesthesia, RT, RACE RN, Code Blue Team Leader, and a second RN**
- **Outside the room: A second RT (with videolaryngoscope); Floor RNs (Clean Runners)**
- **Crash cart will be brought to the room upon arrival or PCB team**
- **Standard airway equipment is available on the cart. Anesthesiology is responsible for additional airway equipment.**

Post Resuscitation:

Patient handed over to clean team for transport.

All team members undergo careful doffing under supervision of a coach before leaving the patient room.

Key Points for Code 99 for Patients with Suspected or Confirmed Covid-19:

1. All patients admitted with suspected or confirmed Covid-19 will be identified by 'contact and droplet precaution' signage at their door
2. When a Code 99 is called to a suspected or confirmed Covid-19 patient the following will be observed:
 1. Minimal staff in the room (only those essential to procedure)
 2. The Physician on-call for the Code 99 (RACE MD) will assume leadership and oversight
 3. ALL team members will WEAR REQUIRED PPEs at ALL TIMES
3. For non-respiratory related Code 99s, routine practice
4. **For respiratory related (hypoxia, SOB etc.) the following WILL be observed**
 1. **Non-invasive ventilation (CPAP and BIPAP) and Nebulized medication will be minimized for the Covid-19 population and should be discussed with ICU if urgently required!**
 2. **Airborne PPE should be used for ALL members of the team if intubation is considered likely**
 3. **Team members are responsible for bringing their OWN PPE (including N95 Masks)**
 4. **ICU should be consulted early if intubation is likely to be required. If there is concern with difficult intubation Anesthesiology should be consulted.**
5. In addition to the RACE team (RN, MD, RT), 2 runners are to remain outside the room