

## 1.03- Changes to CODE BLUE - MEMO

Effective immediately **all cardiac and/or respiratory arrests** at Windsor Regional Hospital will be following full PPE protocol for suspected or confirmed COVID patients. Only essential personnel to be involved, no students to be present in patient room during Code Blue.

Windsor Regional Hospital has developed an algorithm for Code Blue COVID that **all staff must review**.

### Algorithm review for first responders (unit level staff)

- a) After assessing for patient pulse, call code blue as per your unit policy
- b) Staff to don appropriate PPE N95 mask, face protection, gown, and gloves BEFORE starting chest compressions.
- c) **Do not insert an oral airway, do not use ambu-bag/bag valve mask. There will be no manual ventilation until the code team arrives.** Apply non-rebreather to deliver 100% O<sub>2</sub>, apply surgical mask to patient over non-rebreather.
- d) If there are any other patients in the room they must be removed from room.
- e) The second responder enters the room/scene (in full PPE as above) to assist with attaching AED (OUE only) and **compressions only**. If available, use a LUCAS device apply and initiate as per manufacturer instructions.
- f) Third person on unit to access Code Blue Kit (see below for information on kit)

\*A Code Blue Kit will be located in the main Pyxis machine on each unit. The kit will contain fentanyl, midazolam, and ketamine, along with the RSI record which must be filled out. Unused vials or kits must be wiped down and returned into Pyxis along with the RSI record.

### Algorithm for Code Blue Response team (ED/ICU/RRT)

- a) Upon activation of code blue overhead, code team will be deployed from their respective departments bringing assigned equipment.
- b) Upon arrival to scene MD will confirm pre-existing goals of care and assess for appropriateness of resuscitation as per the **Provincial Triage Protocol** while team dons PPE, N95 mask, face protection, gown, and gloves.
- c) First responder and second responder will continue to assist with compressions.
- d) Intubation is an Aerosol Generating Medical Procedure (AGMP) and requires full PPE as above **and the door must remain closed** and endeavour to minimize opening door during the rest of the code.
- e) Plan for early intubation using rapid sequence intubation (RSI) and glidescope if available. IV access is required.
- f) The room door must be closed prior to beginning intubation and remain closed throughout, try to minimize opening and closing door.
- g) Once intubated code to be conducted as per ACLS. If patient deemed appropriate for transfer patient should be transferred as soon as possible. See COVID Medical Transport Guideline, **note: housekeeping is NOT needed to transfer patient**.
- h) Clean runner can go ahead of team and clear pathway and open elevator, press the elevator buttons, do not go inside elevator, meet team at destination and wipe down high touch points in elevator.