

TITLE	Response to Medical Emergencies in Ambulatory Settings
TODAY'S DATE	4.24.2020
SECTION	<input type="checkbox"/> Organization Wide <input type="checkbox"/> Emergency Department <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Nursing <input type="checkbox"/> Medical staff [physicians and advance care practitioners]

APPLICABLE LOCATIONS	<input type="checkbox"/> All Bozeman Health locations <input checked="" type="checkbox"/> Bozeman Health Deaconess Hospital <input checked="" type="checkbox"/> Big Sky Medical Center	<input checked="" type="checkbox"/> Belgrade Clinic + UrgentCare <input checked="" type="checkbox"/> Hillcrest Senior Living <input checked="" type="checkbox"/> b2 UrgentCare <input checked="" type="checkbox"/> b2 MicroCare
----------------------	--	---

VERSION DATE	4/28/2020
CONTRIBUTORS	Phillip Bain, Keven Comer, Sauny Sewell, Nicole Madden
APPROVED BY	R. Popwell, K. Kujawa
APPROVAL DATE	4/28/2020

PURPOSE: To protect Health Care Workers (HCW), patients and community members and to provide guidance for the Code Blue Resuscitation procedure in the ambulatory setting.

DEFINITIONS:

- Symptoms:** This refers to COVID-19 specifically and defined by respiratory symptoms (i.e. cough, shortness of breath, rhinorrhea, sore throat) AND / OR fevers >100.4 F without source
- Suspected:** This refers to COVID-19 specifically and is defined as individuals with symptoms or known COVID-19 household contact
- Healthcare Worker:** HCW performing essential, Direct Patient Care
- Direct Patient Care:** HCW actively caring for patients with direct patient contact <6 ft or exposure to secretions
- High-Risk Individuals:** Age >60, pre-existing pulmonary disease, cardiac disease, dialysis, active cancer, chemotherapy, transplant patients, immunosuppressive therapies, HIV, long-term care facility resident, pregnant, homeless, and/or incarcerated

ASSUMPTIONS:

- Code Blue procedures in the ambulatory setting operate under the Basic Life Support (BLS) model. Intubation, **bag valve masks**, and more sophisticated devices such as the Lucas Device **will not be used**. Personnel available for inpatient Code Blue events are not available in the ambulatory setting- e.g. ER physicians, Respiratory Therapists, etc.
 - IV medication may be utilized within the Cardiology clinic and Cardiac Rehab areas if appropriate ACLS trained staff and provider are assigned to the **CODE BLUE** team for that day.
- The goal of Code Blue Events in the ambulatory setting is to restore and maintain breathing and circulation while calling 911, initiating CPR, identifying Advance Directives, and transporting the patient to the nearest emergency department (ED), to give the patient the best chance for survival.

3. KN95 or P95 masks (location specific), gowns, gloves, and face shields will be available and located next to the AED in the building(s). These PPE will be placed in designated Code Blue PPE storage bags.
4. A nurse and a physician or APC at each site will be designated in the morning huddle as the CODE BLUE team for the day. As part of their responsibilities, they will both need to know how to seal test their KN95 masks. Refer to Appendix A.
5. **NO CPR WILL BE CONDUCTED WITHOUT PPE. IF PPE IS NOT AVAILABLE, CPR CANNOT BE PERFORMED.**
6. If possible, Code Status should be identified and patient's wishes should be followed. If the Healthcare Power of Attorney (HCPOA) document is not available and the HCPOA is available, they will be asked to specify the patient's wishes regarding CPR. There is a reminder to check the Code Status of the patient on each AED case and in the BLS bag.
7. CPR requires gloves, gowns, respirators, and a face shield as minimum PPE. Contact precautions should be followed.
8. When possible, the entrance(s) of the location of Code Blue events should remain closed.
9. Team members in the room where CPR is occurring include the first 2 responders.
10. If the event occurs in an open area, all individuals who are not part of the resuscitation team should remain at least 6 feet away from the event taking place. Clear other patients and visitors from the immediate area if possible.
11. Going forward, all resuscitation events should follow this protocol. It should be assumed that all patients could be COVID +.

EQUIPMENT TO BE BROUGHT TO THE CODE BLUE EVENT:

1. PPE bag located next to the AED.
2. Clipboard/pen/documentation sheet.
3. AED
4. Clear drape

CONTENTS OF THE CODE BLUE PPE BAG:

1. Gowns (2)
2. KN95 (3) or P95 (2)- location specific
3. Gloves- small, medium, and large
4. Face Shields (2)
5. Baby Monitor or communication device if available
6. Documentation materials if appropriate
7. Clear Drape- e.g. 3M Steri Drape Loban (2)
8. Surgical mask for the patient

POLICY/PROTOCOL:

1. Code Blue is identified



2. 911 is called and AED and PPE collected
3. Designated first responders for the day (2) respond to the code and don appropriate PPE with donning buddies.
4. Brief pre code plan articulated
5. First responders enter room and position backboard under patient if necessary.
6. Apply nasal cannula with 6 LPM oxygen and quickly place mask on patient over the tubing, covering the mouth and nose.
7. Initiate compressions.
8. Once compressions initiated, only those with PPE are allowed in the room.
9. Life Pack pads are placed on patient.
10. Clear drape is placed on the patient
11. AED analyzed rhythm- cardioversion is performed if indicated.
12. Communication occurs between team members throughout the event.

CODE TEAM ROLES:

1. In Room
 - A. First Responder RN
 - B. Second Responder Physician/APC
2. Outside of Room
 - A. Donning buddies (2)
 - B. Clinical manager or other responsible clinical person
 - C. Documenter
 - D. 3rd responder (if needed)

POST EVENT: EMS will transport patient to BDH or Big Sky ED. Patient should have a mask on during transport.

STERILIZATION PROCESS:

1. Depending on where CODE BLUE was conducted, the room/area will need to be cleaned and required air exchange for a minimum of 90 minutes. Infection control should be called to confirm specific air exchange timing.
2. Clinical manager/supervisor will order replacement CODE BLUE PPE bags and supplies

NOTES:

OTHER POLICIES/PROTOCOLS TO REFERENCE:

ADDENDUM A: EMERGENCY KN95/FFP2 Mask Seal Test for Code Blue Response



Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.



If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container. **WASH YOUR HANDS!**



1) Put the mask on:

Place the mask on your face and tighten straps to pull the mask firmly to your face



2) Perform Positive Pressure Seal Test:

- Cover the exhalation valve and exhale gently. Mask should bulges slightly with no air leaks between your face and mask.
- If air leakage is detected, reposition mask and/or readjust straps to eliminate leakage.
- If you cannot achieve a proper seal DO NOT use respirator.



OR



3) Perform Negative Pressure Seal Test:

- Cover both filter cartridges and inhale gently. Mask should pull into your face with no air leaks between your face and mask.
- If air leakage is detected, reposition mask and/or readjust straps to eliminate leakage.
- If you cannot achieve a proper seal DO NOT use respirator.

RESOURCES:

American Heart Association Position Paper- CIRCULATIONAHA.120.047463.pdf

Hippoed - <https://www.hippoed.com/em/ercast/episode/covid19codeblue/covid19codeblue>



SCOPE:

We anticipate these adjustment to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.