



TITLE	Code Blue Resuscitation during COVID-19 Pandemic
TODAY'S DATE	May 13, 2020
SECTION	<input checked="" type="checkbox"/> Organization Wide <input type="checkbox"/> Emergency Department <input type="checkbox"/> Inpatient <input 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
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	<input type="checkbox"/> Belgrade Clinic + UrgentCare <input type="checkbox"/> Hillcrest Senior Living <input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare
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These Policies / Procedures / Guidelines are subject to change on a day to day basis. Refer to most recent version on MIND.

**Purpose:**

The following recommendations provide procedure during the COVID-19 nationwide pandemic to protect the healthcare workers (HCW), patients, and community, and to provide guidance for Code Blue procedure during the Covid-19 pandemic. For pediatric resuscitation, please reference PALS Code Blue Policy.

**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 >65, 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:**

- A P95 mask will be provided for the assigned designated responder and respiratory therapist. These masks are essential to prevent the delay in cardiopulmonary resuscitation (**Please see: Guidance for use of P95 and P100 Masks on Code Carts**). Face shields and gowns will also be available for these responders. This PPE will be placed in a Code Blue PPE bag at designated areas of the hospital. (**See below for these designated areas**).
- A nurse will be designated at the beginning of each shift (team lead or charge nurse) on each unit. This designated nurse will be responsible for being prepared to respond to a Code Blue Event; as part of their responsibilities; they will need to know how to seal test the P95. (**See Addendum A**)
- A respiratory therapist will be designated as the Code Blue responder for each shift and will be responsible for knowing how to don a P95 respirator and how to complete a seal test for their P95 prior to entering the room. (**See Addendum A**)
- Cardiopulmonary resuscitation (CPR) is an aerosolized procedure, which requires a PAPR, P95, P100 or a N-95 mask,



## COVID-19 RESPONSE POLICY/PROTOCOL

face shield, and contact precautions for COVID-19 positive or suspected patients.

5. A patient who has had a negative COVID-19 test within 72 hours and has shown no further symptoms of concern for COVID--19 can be considered low risk, and the safety restrictions in this policy can be amended based on clinical judgment for such a patient.
6. Newborns born to Suspected or Confirmed Covid-19 Patients are an Exception (**See Newborn Policy**)
7. Doors of all Code Blue events should remain closed
8. Minimization of Code Team Leader to one Physician if possible

### **Equipment to be brought to the code:**

1. ED: Difficult Airway Bag: Contents include LMAs sizes, 3, 4, and 5 Viral filters
  - i. ED will also bring their P100 mask
2. ICU will bring their P95 mask and Glidescope
3. Medical floor will bring their P95.
4. The designated nurse responsible for each area that has a LUCAS device will bring the device to the resuscitation. As an example, if there is a code on first floor, the designated first responder will bring the LUCAS from 1<sup>st</sup> floor to the resuscitation.

**Areas designated to have Code Blue PPE bags: each bag will contain one P95, one face shield, one pair of gloves and one gown. The PPE bag will be hanging in designated areas at nursing stations; there will be one bag for the designated nurse and one bag for the designated RT.**

PCU

Medical Floor

Surgical Floor

ICU

Labor and Delivery

Peri-op

PACU

Radiology Nursing

BSMC

OR and Cath Lab will only have one bag for the RT; all nurses have a N95 in these areas.

### **Areas designated to have a Code Blue PPE bag containing P100 face masks include:**

ED

ED Annex

### **Procedure:**

1. A code blue is identified and the code blue button is pulled. *Designated first responder* will respond to the code blue after they have donned the P95/P100 face mask, face shield, gown and gloves. They will enter the room to initiate compressions on the code blue patient. Only members of the code blue team with appropriate PPE should be in the room when chest compressions are initiated.

While the designated first responder is donning appropriate PPE, the nearby staff will:

1. Move the code cart to bedside
2. Place Lifepak pads on the patient
3. Analyze rhythm
4. Place a mask on the patient
5. Place drape on the patient
6. Position the back board under the patient if able

2. ED, ICU and Med floor will designate a team member at the beginning of the shift that will respond to Code Blue events. This staff member will be responsible for bringing their Code Blue PPE bag.

3. The following Code Team Members are identified as below:

**A: Core team:** May enter room with Aerosolized / Contact Precautions

**Intubating Physician:** ED physician (Anesthesiologist if ED physician unavailable and/or Critical Care Physician) will perform intubation and may be Code Lead if applicable

**Physician Code Leader:** Directs overall resuscitation

**Unit Designated RN/Medical floor RN:** Compressions (may replace with Lucas Device)

**RT:** Assist with airway

**ICU RN:** Lifepak Operator/Rhythm Interpreter/Recorder

**ED RN:** Medication Administration/Compressions

**B: Secondary Team:** remain outside

**House Supervisor:** will be responsible for being the gatekeeper at the door and to make sure door remains closed and all staff are in appropriate PPE

**Pharmacy:** medication assistance

**Lab/X-ray**

**Chaplain**

5. Compressions should be initiated as soon as ALL staff in the room have appropriate PPE for aerosolized procedures. If one staff member has appropriate PPE, others may leave the room to allow compressions to begin while they complete the donning process.
6. Priority is to intubate with the use of Glidescope. This will help limit need to Bag Valve Mask (BVM) patient; may consider laryngeal mask airway (LMA) if not able to intubate.
7. Immediately after intubation a viral filter should be placed in-line with the endotracheal tube (ETT) and then connected to BVM/ETCO<sub>2</sub> or ventilator
8. Once the patient is intubated, consider placement of the LUCAS device as a mechanical compression device.
9. Pharmacy will bring COVID Rapid Airway Protocol (CRAP) medications: ketamine, rocuronium, phenylephrine. The CRAP meds will not be sent into the room unless needed. Code medications (epinephrine, bicarb) will be sent into the room with the RN. **Do not open Code Cart Medication Drawer in the room unless necessary.**
10. Pharmacist will remain outside of room and will mix additional medications as needed
11. X-ray and Lab staff will remain outside of room and will need to don appropriate PPE if requested to enter for lab draw, EKG or X-ray to be completed.
12. Post event: a total of 30 minutes is required for air exchange after the aerosolized event has been completed. All staff will need to have appropriate PPE during those 30 minutes. May transfer patient to higher level of care after donning correctly and reapplying contact PPE for transferring. If patient is not intubated, make sure patient has a mask on for transport.
13. Sterilization process will be applied to the Code Room and Code cart post-CPR: post event  
House Supervisor will have replacement bags that include gowns, face shields and gloves. The house supervisor will take the P95/P100 to be reprocessed and replace each bag to the areas that utilized their code blue bag.

#### **Addendum A: P95 and P100 Seal Testing:**

- Ideally the user should be fit tested to a specific size mask. However, if fit testing is not available, several self-seal tests could be used to ensure an adequate fit before mask use.



## COVID-19 RESPONSE POLICY/PROTOCOL

- Always check the seal of the respirator on your face with both a positive and negative pressure user seal check before entering a contaminated area.
- Positive pressure user seal check:
  - Cover the exhalation valve cover with hand and exhale gently. If facepiece bulges slightly and no air leaks are detected between your face and facepiece, a proper seal has been obtained.
  - If faceseal air leakage is detected, reposition respirator on your face and/or readjust tension of the elastic straps to eliminate leakage.
  - If you cannot achieve a proper seal DO NOT use respirator.
- Negative pressure use seal check:
  - Place palms of gloved hands over the face of either filter cartridges or air intake valves.
  - Inhale gently. If you feel facepiece collapse slightly and pull closer to your face with no leaks between the face and facepiece, a proper seal has been obtained.
  - If faceseal air leakage is detected, reposition respirator on your face and/or readjust tension of the elastic straps to eliminate leakage.
  - If you cannot achieve a proper seal DO NOT use respirator.

### Emergency P95 and P100 Mask Seal Test for Code Blue Response



#### **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 bulge 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.