

COVID-19 READINESS AND REOPENING POLICY/PROTOCOL

TITLE	Big Sky Medical Center - CODE BLUE RESUSCITATION IN THE AMBULATORY SETTING	
TODAY'S DATE	April 28, 2020	
SECTION	□Organization Wide	
	Emergency Department	
	□Inpatient	⊠Ambulatory
	□Nursing	Medical staff [physicians and advance care practitioners]

	□ All Bozeman Health locations
LOCATIONS	□Bozeman Health Deaconess Hospital
	⊠Big Sky Medical Center

Belgrade Clinic + UrgentCare
Hillcrest Senior Living
b2 UrgentCare
b2 MicroCare

VERSION DATE	04282020.1	
CONTRIBUTORS	Katheryn Bertany, Eric Lowe, Jason Buchovecky, Maria Joosse	
APPROVED BY	Incident Command	
APPROVAL DATE	April 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, etc.
- 2. The goal of Code Blue Events in the ambulatory setting is to restore and maintain breathing and circulation while activating ER code team, initiating CPR, identifying Advance Directives, and transporting the patient to the emergency department (ED), to give the patient the best chance for survival.
- 3. Appropriate PPE will be available in the Big Sky Medical Center Clinic
- 4. Code team daily will consist of on-staff ER nurses and ED MD.
- 5. NO CPR WILL BE CONDUCTED WITHOUT PPE. IF PPE IS NOT AVAILABLE, CPR CANNOT BE PERFORMED. However, staff without full PPE can attach and utilize an AED or monitor/defibrillator while other staff members are obtaining and donning appropriate PPE.



- 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.
- 7. CPR requires gloves, gowns, respirator (N95), and a face shield as minimum PPE. PAPR and PAPR hood also appropriate in addition to gloves and gown. 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-19 positive.

EQUIPMENT TO BE BROUGHT TO THE CODE BLUE EVENT:

- 1. Clear drape
- 2. Surgical mask for patient
- 3. Nasal cannula

POLICY/PROTOCOL:

- 1. Code Blue is identified
- Overhead page should be done to identify the Code Blue and activate ER code team. "Code Blue Clinic room
 ***" should be paged and stated three (3) times.
- 3. First two responders to don PPE. Note: Only one PAPR is located in the clinic. If all staff on shift are unable to use N95s, only one responder should attend to the patient until the code team arrives.
- 4. Clinic staff should don appropriate PPE (N95, gown, gloves, face shield/goggles OR PAPR, PAPR hood, gown, gloves).
- 5. Brief pre code plan articulated
- 6. First responders enter room.
- 7. Apply nasal cannula with 6 LPM oxygen and quickly place mask on patient over the tubing, covering the mouth and nose.
- 8. Place clear drape on the patient
- 9. Initiate compressions.
- 10. Once compressions initiated, only those with PPE are allowed in the room.
- 11. Communication occurs between team members throughout the event.
- 12. ER code team will don appropriate PPE per protocol prior to responding.
- 13. Clinic team to assist ER code team with placing patient on ER stretcher.
- 14. Patient to be taken to negative pressure room 201 by ER staff for continued care.
- 15. Doff PPE per protocol.
- 16. Adhere to cleaning and air exchange timing as listed below.

CODE TEAM ROLES:

- 1. In Room
 - A. First Responder RN
 - B. Second Responder Physician/APC
- 2. Outside of Room



- A. Donning buddies (if staffing allows)
- B. Clinical manager or other responsible clinical person
- C. Documenter
- D. 3rd responder (if needed or available)

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.

NOTES:

OTHER POLICIES/PROTOCOLS TO REFERENCE:

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

RESOURCES:

American Heart Association Position Paper- CIRCULATIONAHA.120.047463.pdf Hippoed - <u>https://www.hippoed.com/em/ercast/episode/covid19codeblue/covid19codeblue</u>

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.