**Protected RESUS**

Requiring emergent assessment + Suspected/Confirmed High Consequence Pathogen

### INSIDE Room

- **Intubation Team (Airborne PPE)**
- **MD—Airway**
- **RN2**

### OUTSIDE Room

- **Safety Lead (No PPE)**
- **RN3—Charter (Airborne PPE)**
- **Runner (No PPE)**
- **RRT2 (Droplet PPE)**

### Required PPE (use donning/doffing checklist):

1. Level 2/yellow cloth gown  
2. Fit-tested N95 Respirator or surgical mask (see above)  
3. +/- Bouffant  
4. Face Shield  
5. Nitrile gloves

### Prehospital Communication. VERIFY. Prearrival PREPARATION.

Verify Infection Control Screening for ALL PATIENTS. Alert teams as soon as possible to allow for preparation.

### DESIGNATE Roles. LIMIT equipment in the room.

HUDDLE-UP and have a clear plan (with contingencies). Limit equipment in the room to absolute necessities. Designate an “Intubation Team” with Airborne PPE.

### Intubate EARLY. Have a clear PLAN A/B/C.

Consider early intubation for patients requiring \( \text{O}_2 \) with clinical deterioration OR oxygen requirements of above 0.5 \( \text{FiO}_2 \). If no Aerosol-Generating Medical Procedure (AGMP), proceed with Droplet/Contact Precautions.

### Have a clear Transport PLAN. Call Receiving Unit/Dept.

Have a TEAM HUDDLE with all team members. Notify receiving unit/dept. Confirm equipment needed for transport. If non-intubated, apply surgical mask to patient prior to leaving room.

*Review full protocols on https://sunnynet.ca/coronavirus*

Updated 2020Mar25