

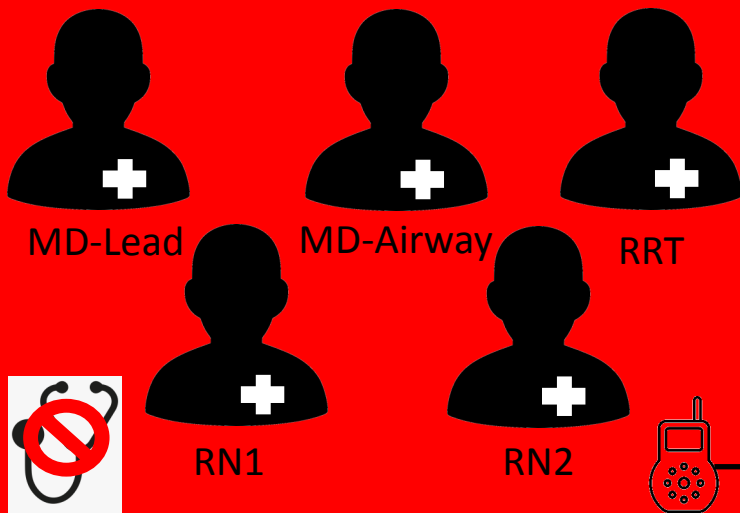
UPDATED March 25, 2020

Protected CODE BLUE

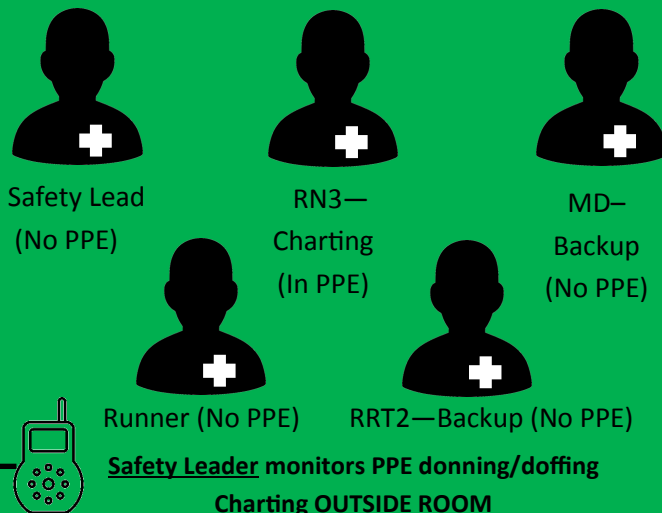
In-ED Cardiac Arrest + Suspected/Confirmed High Consequence Pathogen

INSIDE Room

NEGATIVE PRESSURE



OUTSIDE Room



EXPERIENCED STAFF ONLY

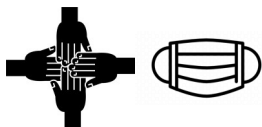
Required Airborne/Droplet/Contact PPE (use donning/doffing checklist):

1. Level 2/yellow cloth gown
2. Fit-tested N95 Respirator
3. +/- Bouffant
4. Face Shield
5. Nitrile gloves



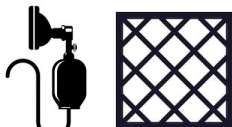
ACTIVATE *PROTECTED CODE BLUE*. Apply surgical mask to patient.

Do NOT begin compressions if you are wearing Droplet PPE. Exit the room, call for help, and change into Airborne PPE (N95) before resuming care. Apply surgical mask to patient. Begin compressions. DO NOT provide manual ventilations.



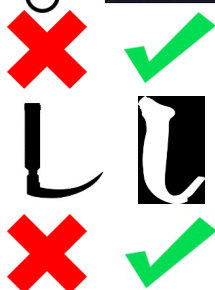
DO NOT rush inside. Ensure PPE is donned. LIMIT Equipment.

Designate a Safety Lead to monitor PPE use. Have a TEAM HUDDLE and have a clear plan. DO NOT use stethoscope. LIMIT Equipment brought into room: medication tray, defibrillator, syringes/needles. Disinfect all surfaces afterwards.



AVOID manual ventilations. USE a HEPA filter.

Attach HEPA filter to BVM. Maintain oxygenation with a two-handed mask seal. The priority is to get the patient intubated and onto a closed, filtered ventilation circuit.



AVOID direct laryngoscopy. Consider VL and/or LMA. PARALYZE.

Maximize space between airway and provider. PAUSE compressions for intubation. Consider video laryngoscopy. Consider use of laryngeal mask airway. PARALYZE early. TRANSFER on CLOSED CIRCUIT ventilation system. Have a clear TRANSPORT plan.

Review full protocols on <https://sunnynet.ca/coronavirus>

Updated 2020Mar25