

# In-Patient Cardiac Arrest (Code Blue) Response For Patients with Suspected or Confirmed COVID-19: RJH/VGH (April 28, 2020)

Includes patients who are COVID Positive or who are suspected of having COVID (swab result pending)

## General Principles

- The charts of **Suspected** and **Confirmed** COVID-19 should be clearly labelled.
- Perform Advanced Cardiac Life Support (ACLS) with modifications outlined below.
- Procedures such as **intubation, bag mask ventilation, and chest compressions** are considered Aerosol Generating Medical Procedures (AGMPs) and as such require appropriate airborne precautions and PPE.

## Code Blue Team Composition

- **RJH Code Blue Team** 2 ICU RN's, 1 CCU RN, 2 RT's, and 1 ICU Physician Team Leader
- **VGH ADULT Code Blue Team** 3 ICU RN's, 2 RT's, and 1 ICU Physician Team Leader

## 1<sup>ST</sup>/ 2<sup>ND</sup> Responders (Ward Staff) Roles and PPE

- The first responder will enter the room in **Droplet + Contact PPE**, confirm the patient has arrested, and call a Code Blue. Lower bed to CPR position, apply O2 10L/min NP, and attempt jaw thrust to open airway.
- The second responder will arrive with AED (if available), CPR backboard, a surgical mask for the patient and hands in to first responder to use
- Second responder enters the room in **AGMP PPE**. The second responder will assist first responder by placing the CPR backboard under the patient and placing the surgical mask over the patient's mouth. The second responder will initiate Compression-Only CPR once the first responder has left the room.
- No attempt to bag mask ventilate the patient will be done prior to the arrival of the Code Blue Team.
- The first and second responders will leave the room once the Code Blue Team have entered the room and taken over chest compressions.
- If the Code Blue was called because the patient is having respiratory issues (hypoxemia, respiratory distress, low RR) but does not need chest compressions, the first responder or second responder in **Droplet + Contact PPE** can apply or increase supplemental oxygen and perform a chin lift or jaw thrust in an attempt to improve breathing. They should not attempt bag/mask ventilation.

## Code Blue Team Arrival and initial Response

- 2 ICU RNs bring: Resuscitation Medication Kit, EZIO Box plus 4 sets of **Enhanced PPE for Intubation and Extubation** for the Code Blue Team Members: 1 for ICU RN (2 at VGH), 1 for CCU RN (RJH Only), 1 for RT and 1 for ICU Physician Team Leader. These 4 members of the Code Blue Team will don the **Enhanced PPE For Intubation and Extubation** then enter the room and take over chest compressions from the first and second responders.
- CCU RN (3<sup>rd</sup> ICU RN at VGH) brings Defibrillator Cart as necessary
- The **DEFIBRILLATOR ONLY** plus 3 x EPINEPHrine pre-filled syringes and 2 x Amiodarone 150 mg vials will be brought inside the room.
- Defibrillator Cart and remainder of contents stay outside the room.
- The first and second responders will leave the room and close the door.
- 1 ICU RN (3<sup>rd</sup> ICU RN at VGH) and 1 RT stay outside room in and will don **AGMP PPE**

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## Code Blue Responders Outside the Room

- 1 ICU RN RJH or 1 ICU RN VGH will Don **AGMP PPE**
- Assists/Supervises Donning & Doffing of additional Code Blue Team members
- Hands additional equipment to Code Blue Team Members Inside the room onto the bedside table near door
- Communicates history from chart & MRN to *Code Blue Team Leader*
- 1 RT will Don **AGMP PPE** and stay outside room and manage requests for additional Airway & Blood Gas equipment & processing, etc.

## Cardiopulmonary Resuscitation by Code Blue Team

- If the patient is pulseless **COMPRESSION-ONLY CPR – Do NOT Bag Mask Ventilate the patient.**
- Prioritize Early Defibrillation (this may prevent need for airway and ventilator support)
- RT: During respiratory arrest, sets up and assists with intubation
- Physician Team Leader: Most skilled Physician to perform rapid sequence intubation. Consider the administration of 100 mg IV rocuronium prior to intubation.
- Discusses plans for intubation so all team members are prepared.
- Video laryngoscopy method preferred if available.
- **Pause Chest compressions for intubation**
- Viral filter and CO2 detection device should be placed between the Ambu bag and the ETT prior to ventilation.

## Post Resuscitation

- Transfer patient to ICU ASAP
- Communicate with ICU prior to commencing transfer to ICU to determine if ICU has appropriate space available
- Avoid CXR, ECG or any other testing until patient transferred to ICU
- Code Blue Team members from Inside Room **MUST DOFF** Enhanced Intubation PPE appropriately and wash hands
- Code Blue Team members outside room (RN and RT) with AGMP on will transfer patient from nursing unit to ICU
- Ensure clearest path possible to ICU, and selecting a route minimizing exposure to other patients, visitors and staff
- Once patient settled in ICU, the transport Code Blue Team members will DOFF PPE
- ALL CODE TEAM MEMBERS will shower, including washing hair, and put on Clean Scrubs

## Cleaning of Contaminated Defibrillator Carts

- Defibrillators
  - Will be placed into a yellow bag after use in a COVID-19 Code Blue.
  - MDRD will bring a back-up Defibrillator to exchange and take the contaminated Defibrillator to MDRD for cleaning.
- Equipment
  - Used Defibrillator Carts will be re-stocked as per usual process by MDRD (Carts do NOT go into Code Blue Room)
  - Ensure appropriate disposal or cleaning of contaminated equipment that was INSIDE room
  - Discard any paper-backed items that cannot be wiped down with disinfectant if they were inside room