

PROTECTED CODE BLUE/EMERGENT MEDICAL INTERVENTION

General guiding principles to reduce potential exposure to health care workers where it relates to aerosol-generating procedures with high consequence pathogens, include minimizing staff and equipment entering room and modifying processes where possible (e.g., application of a surgical mask on patient for compressions, avoiding direct laryngoscopy [where possible] and pausing compressions for intubation and implementation of a Safety Leader for donning and doffing).

This process map aims to identify procedures that are not within routine practice. The assumption is that all standards of care and best practices continue to be employed with the addition of these modifications.

Intubating Staff PPE: See Enhanced Airborne, Droplet and Contact Precautions Checklist, Airborne, Droplet and Contact Precautions for transferring to ICU once intubated

TRIGGER:
Respiratory isolated patient found unresponsive or in cardiac arrest.
ED Specific: admission of CTAS 1 with known/highly suspected respiratory illness.

RESPONDER 1 (RN):
Ensure Airborne, Droplet and Contact Precautions PPE donned before beginning CPR.
Stay in room and pull call bell cord out of wall and communicate activation of *Protected Code Blue* response.
• **Apply surgical mask on patient**, place bed in CPR mode and begin compressions.
Do not provide manual ventilation via Bag Valve Mask (BVM)

RESPONDER 2 (RN):
Dial 55 and identify **protected code blue. Do not rush inside.**
• Delegate a runner and retrieve the airway box/arrest cart (as applicable).
• Don Airborne, Droplet and Contact Precautions PPE with safety leader prior to entering room to support with compressions and application of oxygen until the Cardiac Arrest Response (CAR) team arrives to support. Keep door(s) closed.
• **Do not provide manual ventilation via BVM.**

ICU
• Retrieve Zoll Autopulse and bring into patient room.
• Bring video laryngoscope to location of code
• Bring PPE cart to room.

CODE TEAM ARRIVAL:
• Upon arrival: **Do not rush inside.** Don Enhanced Airborne, Droplet and Contact Precautions PPE, with safety leader, and enter room individually with equipment needed to support ongoing resuscitation (keep crash cart outside of room).
• Perform team huddle between rhythm/pulse checks or once all providers in the room to identify plan.
Confirm intubation plan and decision on who will perform the intubation with an experienced staff MD.
• Limit staff in room once Autopulse operational.

ADDITIONAL EQUIPMENT NEEDED:
Minimize equipment going into room (leave crash cart outside room):
• BVM with High Efficiency Hydrophobic (HEPA) filter.
• Retrieve medications from crash cart tray (with flushes).
• Bring video laryngoscope with intubation supplies in to room.

PROTECTED INTUBATION:
Ideally to be performed in negative pressure room
Staff performing this task must identify immediately if a breach observed (e.g., visor up or fogged glasses). **Do not use a stethoscope.**
• When pre-oxygenating patient, if a seal can be maintained, may use BVM with viral filter (no manual ventilation).
• Determine and discuss with team plan A, B, and C for intubation and ensure all equipment and staff readily available to perform.
• **Ensure neuromuscular blocking agent is used prior to intubation.**
• Pause compressions for intubation.
• Intubate utilizing video laryngoscope.
• If unable to intubate, avoid manual ventilation with BVM. Insert LMA, then ventilate using BV-LMA with HEPA filter attached.

PLAN TRANSFER
• When bed available in ICU, transfer with closed circuit BVM.
• All staff to doff Enhanced Airborne, Droplet and Contact Precautions PPE and don new Airborne, Droplet and Contact Precautions PPE for transport, while continuing to manage patient care.
• Disconnect any non-essential equipment.
• Safety Leader to follow during transport and will be responsible to open doors/elevators while maintaining no contact with patient or transport staff.

Code Team	
Inside Room	Outside Room
1 x MD (Code Team Leader)	1 x Backup MD
1 x Experienced MD to intubate (optional)	1 x Experienced RN (with PPE donned)
2 x Experienced RNs (ICU/ED)	1 x Safety Leader
1 to 2 x Experienced RRTs	1 x Runner
1 to 2 x Nurses for compressions	1 x Backup RRT (if not in room)