COVID-19 Resuscitation (Code Blue) Guidelines

Updated May 5, 2020

Resuscitation (Code Blue) Guidelines

This information is intended to help healthcare providers reduce the risk for SARS-CoV-2 (the virus that causes COVID-19) transmission with regards to resuscitation care. The information here is drawn primarily from U.S. Centers for Disease Control (CDC) recommendations:

Please note that the following guidance is intended specifically for when patients have known or suspected COVID-19. In all other cases, follow your standard protocols.

Each ministry should assess the prevalence of COVID-19 within their community to determine the best strategy for balancing colleague and patient safety in the approach to code blue.

Providers should consider early, controlled intubation for patients with progressive hypercarbic respiratory failure to avoid emergency intubations and codes.

CALLING A CODE BLUE

- All providers must don full PPE, including N-95, face shield, gown and gloves prior to entering room and initiating resuscitation. PAPR is discouraged due to the difficulties with communicating during the code. PPE should be bagged and available on top of the cart.
- Minimize code team to smallest number of caregivers possible – limit to four (4) code team members if possible - all support staff (pharmacists, scribe, runner) wait in hallway outside the doorway. One member of the support staff outside the room dons PPE in the event that additional assistance in the room is needed.

LOGISTICS

- Emergency response activation remains unchanged. Activate code blue.
  - Facilities should consider a separate designation for PUI and COVID+ code blue
- Staff should have the cart and PPE outside the room for immediate use. Keep code cart outside of room.
- Once the code team colleagues are in the room with proper PPE, the defibrillator/monitor should be passed to them to place at the foot of the bed or bedside table.
- If the organization uses an “immediate use drug bag”, the bag should be handed into the room.
- One colleague should be positioned near the code cart to hand code team necessary medications/supplies.

AIRWAY MANAGEMENT
• Place a mask over the patient’s mouth and nose. Do not attempt to bag the patient until the code team arrives. Initiate chest compressions only.
• Perform intubation under direct visualization of the airway utilizing a video laryngoscope.
• If intubation is delayed, a Laryngeal Mask Airway (LMA) should be readily available for code situations.
• To minimize the risk of aerosolization, chest compressions should be held during intubation, until ETT cuff or LMA is inflated and tube is secured to a bacterial/viral filter.
• Whenever an Ambu bag is used to ventilate the patient (via ETT or LMA), a bacterial/viral filter must be secured between the airway device and the bag. There should be a bacterial/viral filter readily available for code situations.
  a. Consider having a second filter available in case the first filter becomes clogged
• For a code blue in intubated patients, the RT will 1) turn off and then disconnect the ventilator from the ETT; 2) Place a bacterial/viral filter on the ETT; then 3) begin Ambu bag ventilation. Chest compressions must be held from the time RT disconnects the patient from the ventilator circuit until the bacterial/viral filter is placed
• A clear 1015 surgical U-drape can be used to cover the patient after placing a secured airway and if transported in the hall. A surgical drape should be available for code situations.

ROLES AND RESPONSIBILITIES: Inside the Room

• Traditional code blue roles may need to be re-defined for persons in the room in order to accommodate the reduced number of personnel.

ROLES AND RESPONSIBILITIES: Outside the Room

• Traditional code blue roles may need to be re-defined for persons outside the room to accommodate the needs of the code team without entering the room.

POST CODE ACTIVITIES:

• If the patient is being transferred, EVS is notified clean the room per infection control guidelines (consider timeframe as CPR is an AGP)
• Follow the transport policy for transfer of a critical patient in isolation precautions:
  1. Clinical person in full PPE who should not touch any surfaces to prevent contaminating the environment
  2. Mask or closed circuit over the patient’s nose/mouth
  3. Second person is designated as clean (not wearing gloves or gown but wearing a mask) that pushes elevator buttons and opens doors to avoid contaminating the environment.
• Follow Decedent Care policy if needed