Guidance Document for COVID-19



Title: Protected Codes	Version #: 1
Approved: Operations Section	Approval Date : 08/12/20
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Signature:	
This document is intended to provide guidance to staff/professional staff during COVID-19	

PURPOSE

To clarify expectations during COVID-19, related to Protected Codes (including updated algorithms).

A protected process has been applied to Codes Blue, Pink and White for patients that are COVID-19 positive or presumptive.

GUIDELINES (e.g. background, definitions, procedure, etc.)

A protected process has been applied to Codes Blue, Pink and White for any patient that requires contact, droplet and/or airborne precautions, including positive/ presumptive Covid-19 patients. All Protected Codes require that PPE is worn by the responding parties.

Protected Code algorithms have been updated and refined.

See attached Protected Code Blue/Pink algorithm and Protected Code White algorithm.

RELATED POLICIES, PRACTICES AND/OR LEGISLATIONS

The Protected Code algorithms are designed to provide guidance on 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.

Refer to EMER-140 for Code Blue/Pink policy and process.

Refer to EMER-50 for Code White policy and process.

Refer to Protected Code PPE Kit Guidance Document.

REFERENCES

N/A

Protected Code Blue/Pink Algorithm

Patient determined to be pulseless/non-responsive

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Responder 1: Contact-Droplet PPE

- activate code response from room
- leave room to doff current PPE
- retrieve Protected Code PPE Kit and don Contact-Droplet-Airborne PPE



Responder 1: Contact-Droplet-Airborne PPE

- ensure patient has procedure mask on
- begin compressions



Responder 2: Contact-Droplet-Airborne PPE

· enter room to assist with resuscitation



- Designate staff member to don Contact-Droplet-Airborne PPE to support family member
- Depending on individual, family member to be at bedside
- If individual chooses to leave bedside, bring family member to empty room keeping away from inpatients/ unprotected personnel.
- Family member to leave room for *Protected Intubation*.

RRT Responder: Contact-Droplet-Airborne PPE

- bring BVM with viral filter and provide passive oxygenation with 2-handed seal
- RRT may remove patient mask to achieve seal



Code Team: Enhanced Contact-Droplet-Airborne PPE

- A nurse from unit to remain outside of room to give history
- Don under directions from Safety Leader
- Confirm plan with most experienced in intubation to intubate
- Protected Intubation ideally in a negative pressure room.

Hold compressions during transfer through hallways



PROTECTED INTUBATION:

- Staff performing this task must identify immediately if a breach observed. Do not use a stethoscope.
- Attempt to pre-oxygenate for 5 min (BVM with viral filter OR filtered non-rebreather mask).
- The most experienced at intubation should intubate.
- If patient not in full arrest; RSI is optimal unless contraindicated.
- STOP compressions for intubation.
- If able, use video laryngoscope.
- If unable to intubate, insert LMA and ventilate using BV-LMA with HEPA filter attached OR ventilate with a BVM with a tight AND effective seal

Patient less than 12 years

 RRT may deliver breaths between compressions to deliver coordinated 15:2 ratio according to PALS until advanced airway in place.

Patients in ER

 Must be transferred to negative pressure room for Protected Intubation

PLAN TRANSFER:

- When bed available in ICU, transfer with closed circuit.
- If patient going to the NICU, infant to be transferred in designated isolette.
- Staff who are continuing to manage patient care during transfer do not have to doff PPE.
- Disconnect any non-essential equipment.
- Safety Leader to follow during transfer and will be responsible to open doors/elevators while maintaining no contact with patient or staff.

Additional Equipment:

- Enhanced Contact-Droplet-Airborne PPE
- Zoll Autopulse
- CPR Board (patients less than 18 years or greater than 300lbs)
- Video Laryngoscope to remain outside the room unless needed
- Paediatric Airway Box to remain in anteroom
- Broselow Tape and PALS Card (patients less than 12 years)



PROTECTED CODE WHITE

General guiding principles to reduce potential exposure to health care workers when responding to a Code White. Principles include limiting the number of responders to the amount required to safely handle the situation, limiting the equipment entering room, and modifying processes where possible (e.g., application of a surgical mask on patient if safely able to do so and implementation of a Safety Leader for donning and doffing PPE).

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. Refer to EMER-50 for details.

TRIGGER:

Airborne, droplet and/or contact precautions patient becoming increasingly violent/threatening.

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PRIMARY NURSE/TEAM LEADER:

- Communicate activation of "Protected Code White".
- Retrieve Protected Code PPE kit from nursing station
- Don relevant Airborne (N95 respirator),
 Droplet (procedure mask and eye protection) and/or Contact Precaution PPE (gown and gloves)
- Maintain safe distance from patient.
- Await responders, DO NOT enter room alone.
- Attempt to isolate patient in room to preserve safety.
- Speak to patient from the door.



UNIT NURSES/SAFETY LEADER:

- Dial 55 and identify "Protected Code White"
- Delegate a Safety Leader to retrieve PPE, direct Code White Responders, and assist responders with donning PPE.
- Delegate a **Runner** to retrieve unit restraints, supplies, chemical restraint, etc.
- Unit nurses to remove hazards, co-patients and clutter to prepare for Code White Responders arrival.

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CODE WHITE RESPONDERS ARRIVAL:

- Minimum of 6 responders required to intervene. Limit responders to only those necessary to handle situation.
- Don PPE before entering patient's room
- Additional responders can wait outside of room ready to don PPE if further assistance is needed.

Remember to clear code when enough responders have arrived

THE RESPONSE:

- The Primary Nurse/ Team Leader will communicate intervention plan and delegate tasks/roles to responders.
- Code White Responders enter as a team to intervene.
- Place procedure mask on patient to control bodily fluids (if safe to do so).
- Ensure patient is safely secured and medication is given before responders exit room and doff PPE.

ADDITIONAL CONSIDERATIONS:

- Ensure adequate amount of PPE is available on unit for responders.
- Minimize equipment entering room.
- Minimize responders entering and exiting room.
- Utilize runner to retrieve supplies and any medications.

CODE RESPONDERS

- Primary nurse and available unit nurses
- 1 responder from each clinical area
- 2 security guards
- 1-2 nurses from Adult Mental Health with RED restraints backpack
- 1 psychiatrist (if available)