


Guidance Document for COVID-19



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

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.

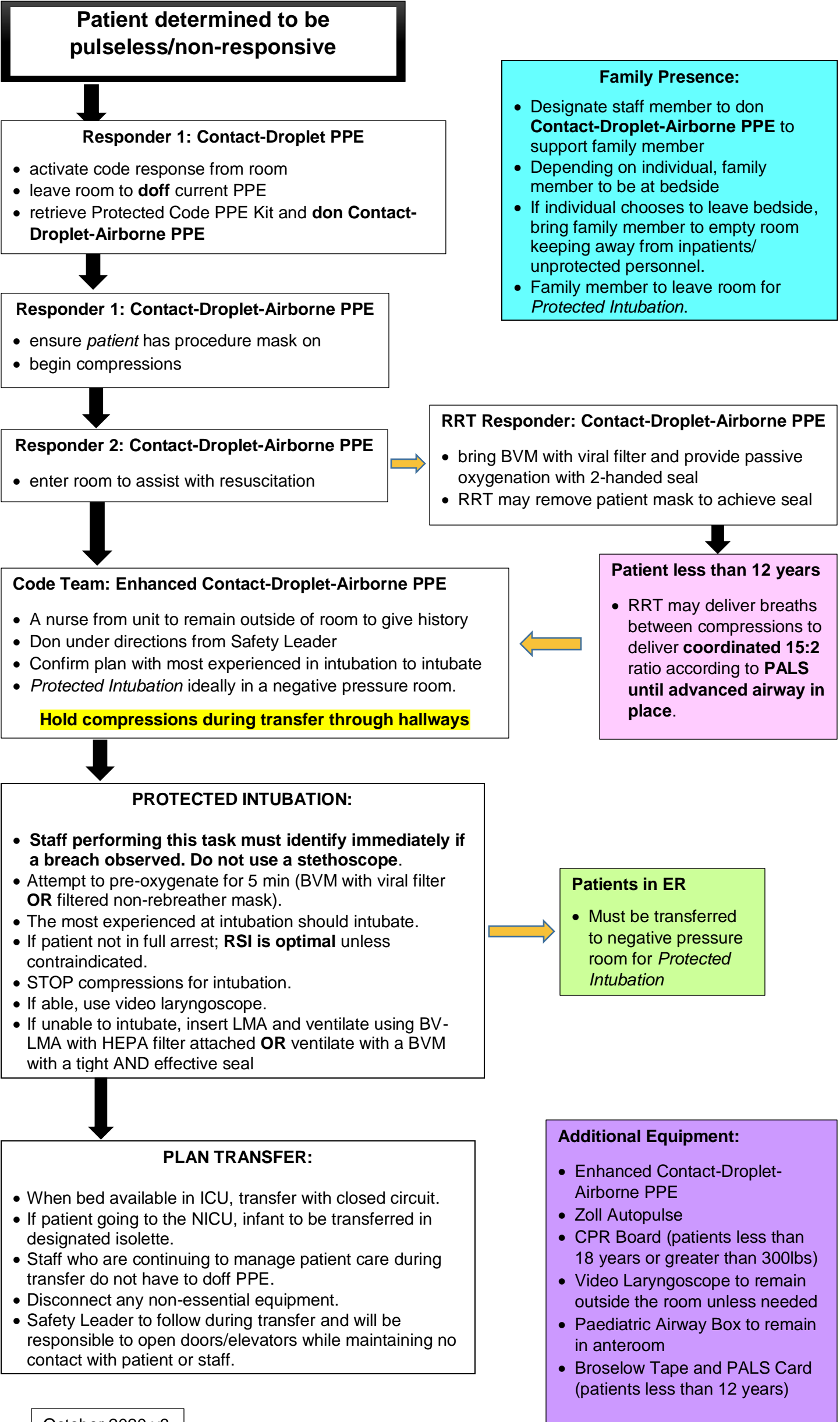
Refer to EMER-50 for Code White policy and process.

Refer to Protected Code PPE Kit Guidance Document.

REFERENCES

N/A

Protected Code Blue/Pink Algorithm



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.

