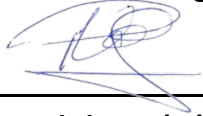


Guidance Document for COVID-19



Title: Protected Codes	Version #: 4
Pre-approved for IMT: Operations Section Approved: Incident Manager Signature: 	Approval Date: April 14 th 2021
<i>This document is intended to provide guidance to staff/professional staff for patients requiring contact, droplet and/or airborne precautions.</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, NRP 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, NRP 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.

Enhanced PPE is no longer required when performing aerosol generating medical procedures (AGMPs) as per the Ontario Ministry of Health's Directive 5. Current evidence-informed guidance shows that contact/droplet/airborne PPE is sufficient to protect staff.

Protected Code algorithms have been updated and refined.

See attached Protected Code Blue/Pink algorithm and Protected Code NRP/ High Risk Deliveries in a COVID-19 Suspect/ Positive Mother algorithm. Code White remains unchanged.

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/ NRP policy and process.

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

REFERENCES

Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7

Enhanced PPE and Protected Code Blue/Pink Algorithm Changes

Additional Resources

Enhanced PPE is no longer required when performing aerosol generating medical procedures (AGMPs). The initial guidance was developed in the early stages of the pandemic. Current evidence-informed guidance shows that contact/droplet/airborne PPE is sufficient to protect staff.

From the Ontario Ministry of Health's Directive 5:

- A point-of-care risk assessment (PCRA) must be performed by every regulated health professional before every patient interaction in a hospital.
- At a minimum, for regulated health professionals and other health care workers in a hospital, droplet and contact precautions must be used for all interactions with probable or confirmed COVID-19 patients. Droplet and contact precautions include gloves, face shields or goggles, gowns, and surgical/procedure masks.
- When an emergent AGMP is being performed, N95 respirators, or approved equivalent, must be used by all regulated health professionals and health care workers in the room where AGMPs are being performed, are frequent or probable.

Public Health Ontario (2021) defines an AGMP as:

- Intubation, extubation, and related procedures e.g., manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Only surgery using high speed devices in the respiratory tract confers increased risk of transmission of COVID-19
- Some dental procedures (e.g., high-speed drilling)
- Non-invasive ventilation (NIV) e.g., Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- Induction of sputum with nebulized saline or High flow nasal cannula therapy