

COVID-19

Code Blue Job Aid for Nurses during COVID-19 Pandemic

These guidelines are to safeguard staff and patients and to conserve our supply of Personal Protective Equipment (PPE). These guidelines apply to **ALL** in-hospital cardiac arrests. They should be adapted to account for local practice. More details regarding code blues and end of life discussions and considerations are available on the Covid-19 site on Starport

- *Prolonged CPR will unlikely result in survival and requires significant use of resources and potential risk to providers.
- *Primary teams should have frank conversation regarding Code Status with patients/surrogates on admission. *Palliative care is available to support primary teams having these conversations with patients and families.

Inside the room (Hot Zone)

* Each team member **must wear appropriate PPE, including N95 or PAPR**

Team Members will include a Code Leader, Code Assist, Compressor 1, Respiratory Therapist, and Airway Clinician (if necessary). Initial resuscitation should focus on compression only CPR and defibrillator

Code Assist role is an RN/MD responsible for checking defibrillator, retrieving and administering medications, and leads the code until Code Leader arrives.

NOTE: There must be a viral filter between mask and ambulation bag and should not be started **until all team members** have PPE including N-95 respirator, gown, gloves, and eye protection.

Doorway/entrance (Warm Zone)

* **Must wear appropriate PPE, including N95 or PAPR**

An intermediary (can be any healthcare provider) will stand in doorway, receive medications from table or Code Cart Nurse and hands off to the Code Assist. The intermediary is also responsible for assisting and ensuring no one enters unless proper PPE is on.

Outside the room (Cold Zone)

The recorder/isolation nurse remains outside of the doorway and ensures appropriate donning/doffing of PPE including N-95 respirators and controls access to the room. The code cart nurse will prepare and manage medications from outside the room and hand off medications to the intermediary or onto the table in the warm zone. Second compressor should be donned and ready outside the door. Once compressor 1 and 2 enter the room, they should remain unless fatigued in which case they should doff and another alternate should don and enter.



DOs

- Do practice hand hygiene AND follow current PPE guidelines, **even if it delays resuscitation.**
- Do wear a N-95 respirator, gown, gloves, and eye protection.
- Place N-95 on the second patient in the room if applicable.
- Do continue working on patients with known or suspected COVID-19 when medically indicated.
- Do only allow essential personnel in the room; others remain outside unless called in.
- Do utilize a bedside table or stand at the entrance of the room as your warm zone for medication handoff.
- Do maintain the door partially opened as needed to facilitate communication.
- Do disinfect all equipment immediately upon termination of the event.
- Do doff PPE and ensure all associates perform hand hygiene when exiting room.



DON'Ts

- Don't initiate airway management including bag mask ventilation (BMV) until personnel with the bag mask valve and viral filter arrives and attachment of viral filter has been confirmed.
- Don't take code cart into the room but defibrillator can be taken in.
- Don't allow spiritual care, nursing supervisors (unless needed), other bedside nurses, nurse managers, patient's companions, or transporters (unless transportation is needed) into the room.
- **Entry and exit cannot be rushed.**