

## Regional guide Code blue at COVID-19 Units

### **\*THE SAFETY OF STAFF IS PARAMOUNT DURING RESUSCITATION PROCEDURES.\***

The order to resuscitate must be determined or validated for each patient, upon admission at the COVID-19 Unit, by attending physicians.

The code blue at COVID-19 Units is managed by resuscitation teams who are responsible for code blue for the rest of the hospital (most often the ER doctor). As for the participation of nursing and respiratory therapy teams, it is recommended this be determined according to local practices.

If a patient becomes unstable, the intensivist is called to notify them of the patient's condition and to discuss transfer to the Intensive Care Unit. If transfer to the Intensive Care Unit is delayed, transferring the patient to a negative pressure room at the COVID-19 Unit is recommended, if one is available, in the event that intubation is required at the COVID-19 Unit. However, if the patient experiences cardiac arrest in their room, it is recommended to place a mask on the patient. Staff wearing appropriate PPE including an N95 respirator can proceed with intubation and resuscitation in that room. Make sure you close the door. If not possible transfer the patient to a negative pressure chamber.

*Depending on the clinical scenario and the clinical judgment of the resuscitator, transfer to a negative pressure chamber may be considered prior to performing aerosol-generating procedures.*

The staff who responds to the code blue, such as ECG technicians, phlebotomists or others, should make themselves available outside the COVID-19 Unit and not enter the Unit unless explicitly requested.

When a patient is unstable, it is recommended that the intensivist assist the team of the COVID-19 Unit while awaiting the patient's transfer to the Intensive Care Unit. Otherwise, it is recommended that it be an on-call member of the internal medicine team, according to local arrangements.

Once a code blue is called, apply nasal prongs with 15 L oxygen and place a surgical mask on the patient. The staff on site can connect the defibrillator and defibrillate as needed.

While awaiting the arrival of the resuscitation team, the staff on site can start CPR as long as appropriate PPE is worn by everyone in the room (including N95 respirator). No manual ventilation with a bag valve mask should be administered.

The code blue resuscitation team should be limited to the following individuals:

- Inside the room where the patient is located:
  - physician responsible for resuscitation;
  - two nurses;
  - one respiratory therapist;
  - one attendant for CPR;
- In the anteroom or outside the room:
  - runner nurse;
  - second respiratory therapist;
  - second physician, if one is available.

During resuscitation, the individuals who will enter the resuscitation room will need to don the appropriate PPE, including an N95 respirator, at the entrance of the COVID-19 Unit.

Intubation and placing an Ambu with a viral filter should be the priorities as soon as the person designated for intubation is available. Ventilation of the patient will be initiated only when the patient has been intubated.

It should be noted that the chances of success of cardiopulmonary resuscitation will possibly be reduced because of delays related to PPE/intubation.