

Code Blue Process for PUIs and COVID-19 Patients

- Code team members must be **identified and assigned a role at the beginning of each shift**
- **Limit to essential personnel; preferably six maximum**
Team Leader, Recorder, Airway, Compressor, Medication, Defibrillator/AED/Monitor
- **Proper PPE must be donned before entering the room, regardless of the type of emergency**

NO EXCEPTIONS

Code Team (inside the room)

- PPE: N95 (or other respirator if N95 not available), fluid-resistant gown with head cover, eye protection, double nitrile gloves
- One attending/ICU RN (team management)
- One additional provider, if needed (resident or APP)
- One nurse (IV line and meds)
- One nurse/tech (CPR)
- One respiratory therapist (intubation/ventilator)

Support Team (outside the room)

- PPE: surgical mask, fluid-resistant gown, eye protection, nitrile gloves
- One to two nurses/techs (relief compressor will require N95 respirator)
- One pharmacist (as applicable per facility)
- Code cart should stay **outside of the room at least six feet away from patient**, if possible
- A small supply of medications (epinephrine, amiodarone, lidocaine, calcium chloride, sodium bicarbonate) from the medication drawer may be placed in a small bag to be initially taken inside room
- Support team should place all drugs and other requested items onto a table or stand from which the code team will take them.

Resuscitation/ACLS

- Use standard approach to ACLS (**exception: hold compressions for intubation to decrease risk of aerosolization of secretions**)
- Early/immediate intubation using video laryngoscopy (avoid direct laryngoscopy, if possible)
- **Bag valve mask (BVM) should be used carefully** (if BVM is used, the BVM device should have a viral filter and PEEP valve)
- If Return of Spontaneous Circulation (ROSC) achieved:
Additional team members assisting with further interventions must wear full PPE, including eye protection, fluid-resistant gown, gloves, surgical mask or N95 mask (if near patient during an aerosol generating procedures)

After the Code

- **IMMEDIATELY FOLLOWING THE CODE**, staff should do five-minute time out to carefully identify all equipment used and secure it for thorough cleaning and disinfection
- All equipment must be thoroughly cleaned after use in accordance with established infection control standards
- **Debrief the code blue event** (what went well, what needs improvement)
- Pharmacy medication drawer or any unused medications taken into the room must be dropped into double clear plastic bags (EVS trash bags) outside the room and taken to pharmacy to follow full cleaning and restocking process
- Doff in the room per PPE guidelines under the direct observation of the support team