# QEII and DGH COVID-19 CODE BLUE RESPONSE; STANDARD OPERATING PROCEDURE

## Purpose

To ensure ACLS response to patients with suspected or confirmed COVID-19 infection at QEII and DGH sites, experiencing cardiac and/or respiratory arrest or other medical emergency without compromising safety of responding health care providers. **This SOP does not apply to Nova Scotia Rehabilitation and Arthritis Centre, Cobequid Health Centre, Hants Community Hospital, Twin Oaks Memorial Hospital, Musquodoboit Valley Regional Hospital, Nova Scotia Hospital sites. These facilities should follow site-specific Code Blue policies and** NSHA Code Blue guiding principles during COVID 19 pandemic.

## Applicable locations

1) *Halifax Infirmary:*
    a) 8.3- Dedicated COVID-19 unit
    b) 3IMCU- Dedicated COVID-19 unit
    c) Secondary Assessment Centre
    d) Any inpatient unit who has a patient with suspected or confirmed COVID-19 infection.
    e) Ambulatory areas caring for patients using Droplet & Contact precautions for suspected/confirmed COVID-19
2) *Victoria General*:
    a) Any inpatient unit with a patient with known or suspected COVID-19
    b) Ambulatory areas caring for patients using Droplet & Contact Precautions for suspected and confirmed COVID-19
3) *Dartmouth General Hospital:*
    a) 5 East- Dedicated COVID-19 unit
    b) Secondary Assessment Centre



* Content subject to change as this is a living document will be updated as pandemic evolves

c) Ambulatory areas caring for patients using Droplet & Contact Precautions for suspected or confirmed COVID-19

## Applicable Patient Population

- Any suspected* or confirmed COVID-19 patient who becomes unresponsive, has a medical emergency, or a witnessed cardiac arrest.
    - *'Patients with 'suspected' COVID-19 infection includes those who are on Droplet and Contact Precautions and meet NSHA screening criteria, including patients who:
        - Have signs and symptoms consistent with COVID-19 infection
        - Are awaiting testing results of an NP swab for COVID-19
        - Have travelled outside of Maritime Canada in the last 14 days
        - Have identified as having known contact with a confirmed individual with COVID-19 infection in the last 14 days.
        - Is a resident of a LTCF with known COVID-19 activity and transmission
        - Is from a population at risk as identified through Public Health. Refer to COVID Hub updates for current version (Please note this is constantly being updated)

## Activation

- Call locating 473-3333 and state clearly: 'Code Blue, the location including QEII building name, floor/unit and patient room number'
  Ex " Code Blue, 6B -6th floor Centennial Building Room 87 bed 1"
  **ENSURE PT ROOM DOOR IS CLOSED**

When a medical emergency involves a ***visitor, outpatient or staff***. A code blue will be called, the code blue team will respond AND Emergency Health Services (EHS) will be activated by a Voice Services operator if required as per site protocol.

Please ensure to include this information to Voice Services. (Policy CC 90-9015 Code Blue Umbrella Policy)

Locating will STAT page Code Blue team members with a voice message including above information as per normal Code Blue process.

**VG/HI site- If respiratory compromise or difficult airway consider phoning switchboard to page COVART Airway Team.**

**Dartmouth General site- Follow call process as per DGH COVID airway protocol.**

## Unit/Ward response

- While awaiting arrival of the Code Blue team, staff on the unit/ward will follow steps as per NSHA COVID (suspected and known) Code Blue pathway
- NSHA Code Blue guiding principles during COVID 19 pandemic
- For ***COVID designated units/clinical areas***-Unit staff to remove ***"COVID Intubation Kit (COVID units)" from Pyxis***. Available under System Kit in Pyxis. Do NOT bring medications into patient room unless directed by CODE TEAM LEADER.
  For ***non-COVID designated units/clinical areas***, unit staff to remove ***"Intubation kit" from Pyxis***. Available under System Kit in Pyxis. Do NOT bring medications into patient room unless directed by CODE TEAM LEADER.
  For ***areas without Pyxis machines***, staff to remove ***intubation kit available in narcotic cupboard.***

## Code team roles and responsibilities

| Halifax Infirmary | Victoria General | Dartmouth General |
|---|---|---|
| Anaesthesia Resident Airway management | Anaesthesia Assist: Airway management | ED physician: Team Lead and Airway management |
| Internal medicine resident: Team lead | Internal medicine resident: Team lead | Respiratory Therapist: Airway support |
| Respiratory Therapist: Airway management/support | Respiratory Therapist: Airway management/support | ED RN: Defibrillate |
| ICU RN 1: Brings mini resuscitation bag (Appendix A) Drug administration/ Management of Lifepak (defibrillation etc) | ICU RN 1: Brings mini resuscitation bag (Appendix A) Drug administration/ Management of Lifepak (defibrillation etc) | ICU RN: Brings COVID resuscitation mini bag to codes outside of ED (Appendix B) Drug administration |
| ICU RN 2: Brings walkie talkies Drug administration/ Management of Lifepak (defibrillation etc) | ICU RN 2: Brings walkie talkies Drug administration/ Management of Lifepak (defibrillation etc) | ED ACP: assist as per Team lead |
| ED ACP: ACLS/Clinical Support | ICU resident: Clinical support | |

## Personal Protective Equipment (PPE)

**PPE FOR AIRBORNE PRECAUTIONSIS REQUIRED for COVID-19 CODE BLUE AS PER COVID-19 CODE BLUE PATHWAY/GUIDING PRINCIPLES.**

- **No chest compressions should be carried out without PPE for Airborne Precautions. This includes a long sleeved gown, gloves, a fit- tested N95 respirator and face/eye protection (e.g. full-face shield or reusable goggles).**
- Code team members should carry their own fit tested N95 respirator with them

- Other PPE ( gloves, gowns, face/eye protection) are available on crash carts within the unit/ward
- Team should be vigilant for breaches with PPE use
- A gatekeeper should be in place to monitor number of health care providers in patient room **Maximum number of care providers in a room is 7.**

## Procedure

- As per current ACLS standards.
- NSHA Code Blue guiding principles during COVID 19 pandemic.

## Documentation

- Key times, interventions and drugs administered should be written on a paper towel/whiteboard **within** room for transcription to CPR record after Code Blue completed (form CD0202MR).
- Any patient safety incidents should be reported in SIMS.

## Post Resuscitation

- Return of spontaneous circulation (ROSC), intubated patients will be transferred by appropriate RN and physician to ICU as per current transport protocol.
  *DGH intubated patients with COVID-19 are transferred to QEII COVID-19 ICU (5.2). If 5.2 QEII ICU at capacity, then DGH intubated patients with COVID-19 will be admitted to DGH ICU.
- Other patients should be admitted to an appropriate area for further monitoring ie IMCU
- Staff should safely remove PPE as per Guide to removing PPE Droplet and Contact Precautions Donning and doffing PPE droplet and contact precautions video

  A Gatekeeper/PPE Observer should be in place to ensure proper donning and removal of PPE.

Staff performing cleaning and disinfection duties of a space in which an AGMP has been performed must wait until the appropriate air clearance time has lapsed before beginning cleaning and disinfection procedures. Provided that the appropriate air exchange time has lapsed, cleaning and disinfection staff do not require an N95 mask to enter the room.

- Mini resuscitation bags with unused-contaminated drugs must be double bagged. A sticker should be placed on the outer bag indicating the floor returning it as contaminated and returned to Pharmacy for decontamination. See mini resuscitation bag Q&A-HI/VG sites for instructions (Appendix C).
- ***All staff should bring a second set of clean scrubs to work*** in the event of a COVID-19Code Blue (exception – staff who wear hospital provided scrubs). This is to ensure staff can remove contaminated scrubs as per NSHA Code Blue guiding principles during COVID 19 pandemic document.

## Resources

NSHA Code Blue guiding principles during COVID 19 pandemic

NSHA COVID (suspected and known) Code Blue pathway

NSHA COVID HUB

# Appendix A- HI/VG sites- MINI RESISCITATION BAG DRUG LIST- COVID

**Pharmacy Department (Central Zone)**

**MINI RESUSCITATION BAG**
**POSTING (mnemonic) RECORD**

Unit: _____ Date: _____

**Place each drug in a ziplock bag before placing all drugs in a large ziplock bag**

**(epinephrine amps can go in the same inner bag)**

| # | Drug Name/Size | Mnemonic | Expiry Date | Replaced |
|---|---|---|---|---|
| 2 | Amiodarone 50 mg/mL (3 mL) vial | AMIO150I | | |
| 1 | Atropine 0.5 mg/5 mL syringe | ATR.5SY | | |
| 1 | Calcium Chloride 10% (1 g/10 mL) syringe Lifeshield | CAL10SYR | | |
| 1 | Dextrose 50% (25 g/50 mL) syringe Lifeshield | DEXT50SY | | |
| 1 | Epinephrine 1 mg/10 mL syringe Lifeshield | EPI1SY | | |
| 2 | Epinephrine 1 mg/mL (1 mL) ampoule | EPI1I | | |
| 1 | Instructions re: dilution of epinephrine amps before IV use; put in bag with amps | | | |
| 1 | Lidocaine 100 mg/5 mL syringe Lifeshield | LID100SY | | |
| 1 | Magnesium Sulfate 200 mg/mL (10 mL) vial [20% or 2 g/10 mL] | MAG20I | | |
| 2 | Sodium Bicarbonate 50 mEq/50 mL (8.4%) syringe Lifeshield | SODB8.4SY | | |

5 bags to be available on 5.2 MSNICU, 5.1 CVICU, 6.4 CCU- HI sites

3 bags to be available on 3A –VG site



* Content subject to change as this is a living document will be updated as pandemic evolves

# Appendix B– DGH site– MINI RESISCITATION BAG DRUG LIST– COVID

**Pharmacy Department (Central Zone)**

**MINI RESUSCITATION BAG**
**POSTING (mnemonic) RECORD**

**Dartmouth General Hospital**

Unit: _____ Date: _____

**Place each drug in a ziplock bag before placing all drugs in a large ziplock bag**

**(epinephrine amps and amiodarone can go in the same inner bag)**

| # | Drug Name/Size | Mnemonic | Expiry Date | Replaced |
|---|---|---|---|---|
| 2 | Amiodarone 50 mg/mL (3 mL) vial | AMIO150I | | |
| 1 | Dextrose 50% (25 g/50 mL) syringe Lifeshield | DEXT50SY | | |
| 1 | Epinephrine 1 mg/10 mL syringe Lifeshield | EPI1SY | | |
| 2 | Epinephrine 1 mg/mL (1 mL) ampoule | EPI1I | | |
| 3 | Sodium chloride 0.9% (10 mL) | ?? | | |
| 1 | Instructions re: dilution of epinephrine amps before IV use; put in bag with amps | | | |
| 1 | Magnesium Sulfate 200 mg/mL (10 mL) vial [20% or 2 g/10 mL] | MAG20I | | |



* Content subject to change as this is a living document will be updated as pandemic evolves

# Appendix C- VG/HI site- MINI RESISCITATION BAG DRUG COVID-Q & A

## Mini Resuscitation Bag Q & A

This document is intended to introduce and clarify the use of a mini resuscitation bag for Code blue teams at the QEII sites. Further information regarding Code blue for the QEII sites for suspected or known COVID-19 patients will be shared when the SOP is finalized by the Central Zone Resuscitation Committee.

**What is a mini resuscitation bag?**

It is a large ziplock bag containing nine (9) code blue medications individually packaged in ziplock bags.

2 x Amiodarone 50 mg/mL (3 mL) vial
1 x Atropine 0.5 mg/5 mL syringe
1 x Calcium Chloride 10% (1 g/10 mL) syringe
1 x Dextrose 50% (25 g/50 mL) syringe
1 x Epinephrine 1 mg/10 mL syringe
2 x Epinephrine 1 mg/mL (1 mL) ampoule
1 x Lidocaine 100 mg/5 mL syringe
1 x Magnesium Sulfate 200 mg/mL (10 mL) vial
2 x Sodium Bicarbonate 50 mEq/50 mL (8.4%) syringe

**Is it different than the COVID intubation Kit?**

Completely different. It contains drugs for code blue/cardiac arrest situations only. Intubation drugs need to be removed from Pyxis or Narcotic cupboards (secondary assessment units) via usual procedures.

**When/where are these bags used?**

Used for Code blue in suspected or known COVID-19 patients instead of taking the regular resuscitation drug tray from the crash cart in the patient's room.

**What is the purpose of the mini resuscitation bag?**

It is intended to decrease wastage of critical medications during the COVID crisis. The individual packaging allows decontamination of drugs not used during the code. This mini resuscitation bag should provide enough medication to run a 10-minute code and has been endorsed by the Central Zone Resuscitation Committee.

The mini resuscitation bag will be brought by the Code blue nurses to every Code blue. It will only be taken into a patient room and used for Code blue with suspected or known COVID-19 patients

**Are regular resuscitation trays being removed?**

No. A full resuscitation tray will be available on each crash cart.

**Will the mini resuscitation bag be available on all nursing units?**

No. Only critical care units. With current drug supply issues pharmacy is not able to stock all units.

**How is the bag delivered to Code blue events?**

Critical Care nurses responding to Code blue will bring the mini resuscitation bag with them as well as an accessory bag with needles syringes, flushes, etc.

**What is the procedure for returning the mini resuscitation bag to Pharmacy after it has been in a patient room?**

Do not zip any ziplock bag that was opened in the patient's room. Opened bags indicate need for decontamination or disposal depending on drug format.

The mini resuscitation bag must be placed in a plastic bag inside the contaminated room and sealed. When the bag is removed from the contaminated room it should be placed in a second bag and sealed (i.e., double-bagged). A sticker should be placed on the outer bag indicating the floor returning it.

*During pharmacy hours*

A porter will transport the double-bagged item(s) from the inpatient unit to Pharmacy. Per IPAC recommendations, porters must wear gloves to handle the double-bagged item(s). The

porter will inform pharmacy when they deliver the double-bagged item(s) that it is from a suspected or known COVID-19 patient code blue.

*Outside Pharmacy hours*
The nursing unit will keep double-bagged item(s) in a designated place until pharmacy is open.

**How do the drugs get charged?**

The critical care nurse returning with no bag is responsible for charging. They will take a patient label to their unit to facilitate this. Specific instructions will be available on critical care units.

*Developed by L. Pottinger, T. Hurley*
*April 16, 2020*