



Policy & Procedure

Policy Title:	Code Blue/Pink (Umbrella Policy)	
Applies To:	Code Blue/Pink Teams that have implemented a Nova Scotia Health Procedure	
Location Applicability:	All Sites/Facilities	
Related Care Directive:	CD-CL-005 Code Blue/Pink Management	
Approved:	Effective:	Next Review:
May 07, 2021	January 04, 2022	May 07, 2025
Sponsor:	Senior Director, Emergency Program of Care	
Issuing Authority:	Clinical Operations Centre	
Number: CL-EM-010	Manual:	Interdisciplinary Clinical

Please refer to [CD-CL-005 Code Blue/Pink Management](#)

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PURPOSE

The purpose of this policy is to provide a consistent, optimal resuscitation response if a patient is determined to be in cardiac arrest, respiratory arrest, or imminent life-threatening medical emergency.

POLICY STATEMENTS

1. Inclusion Criteria:
 - Any patient, or Non-patient who is experiencing a Code Blue/Pink or pre-arrest situation when the MRHCP is not immediately available.
2. Exclusion Criteria:
 - As directed by the patient’s Goals of Care.
3. Basic life support (BLS) must be provided to a patient unless an order has been written or Goals of Care directs not to resuscitate.
4. On or close to admission, the Most Responsible Health Care Practitioner (MRHCP) must:
 - 4.1. Have an early Goals of Care discussion with the patient and Family/Substitute Decision Maker (SDM).
 - 4.2. Inform the patient and family about eligibility for and consequences of Cardiopulmonary Resuscitation (CPR) in the event of a cardiac or respiratory arrest

after considering the patient's baseline and current medical, psychological and social condition.

- 4.3. Ensure all appropriate care plan options are presented to the patient and family to facilitate decisions aligned with patient prognosis and values.
- 4.4. Document the Goals of Care, including the decision regarding resuscitation in the event of cardiac or respiratory arrest in the patient's health record.
5. Each site is required to have a Code Blue/Pink response which must be:
 - Available for the operational hours of the facility.
 - Activated for any emergency requiring resuscitation.
6. Site-specific resuscitation equipment location(s) must be clearly identified and communicated to all Health Care Providers (HCPs).
7. An Automated External Defibrillator (AED) can be initiated by any HCP who has received appropriate BLS training.
8. HCPs are assigned to Code Blue/Pink response as part of daily assignment. Extra HCPs may be asked to leave if not needed.
9. HCP must:
 - Maintain BLS certification or competency as required by their role.
 - Maintain Advanced Cardiac Life Support (ACLS) certification or competency as required by their role.
 - Maintain Pediatric Advanced Life Support (PALS) certification or competency as required by their role.
10. A Non-patient who has a medical emergency is admitted through the nearest open most appropriate emergency department (ED), may require Emergency Health Services (EHS) transfer.
11. In the event of a Code Blue/Pink outside of the facility, security (if available) or a HCP responds and ensures the scene is safe to attend to the patient.
 - 11.1. HCP must:
 - Complete a [point of care risk assessment](#) (PCRA) to determine the risk of exposure and appropriate [routine practices and additional precautions](#) required for safe care. (Also refer to [COVID-19 Risk Assessment](#))
 - Consider the guidelines for all airborne pathogens/illness (i.e., Tuberculosis, COVID-19, SARS) when the patient is positive or there is a high degree of clinical suspicion that the patient is positive. (See [Appendix E](#))
 - Consider environmental concerns, especially personal safety. (See [Appendix B](#) for Occupational Health and Safety (OHS) Considerations)
 - Call for any available HCPs and initiate local Code Blue/Pink procedure.
 - Provides BLS, if safe to do so, until the arrival of EHS.

12. A physician must determine when resuscitation efforts are terminated.

PROCEDURE

Code Blue/Pink

1. Activate local Code Blue/Pink procedure which may include a telephone number, use of a Code button or calling 911 and indicate:
 - 1.1. "Code Blue" or "Code Pink".
 - 1.2. "Specific location" (e.g., building, department/unit, room number).
2. The initial HCP (first Responder):
 - Completes a [point of care risk assessment](#) (PCRA) to determine the risk of exposure and appropriate [routine practices and additional precautions](#) required for safe care. (For Airborne Pathogen/Illnesses - See [Appendix F](#))
 - Initiates chest compressions and defibrillation as appropriate
3. Additional Code Blue Pink Responders:
 - Completes an additional risk assessment for potential airborne pathogen/illness (i.e. Tuberculosis, COVID-19, SARS) to determine additional precautions (e.g., [COVID-19 Risk Assessment](#)).
4. Site specific assigned HCPs are responsible to immediately respond to Code Blue/Pink call/message/pages.

Note: In the event of a second Code Blue/Pink notification within the same site/time and Responders for a second code cannot be assembled, EHS is notified via 911.

Exception: ED, Intensive Care Units and/or Operating Rooms may elect to not activate a Code Blue/Pink.

Documentation

5. Complete documentation of resuscitation on site- or zone-specific resuscitation form.

Note: If less than one hour has elapsed between repeated resuscitations, a new Resuscitation Form is not required.

Composition of Code Blue/Pink Response

Note: Responder composition of Code Blue/Pink response vary by site/facility, the procedure below provides guidance.

6. Each site/facility is **responsible to**:
 - 6.1. Develop a site-specific Code Blue/Pink procedure understanding the site's resources

- See [Related Documents](#) for applicable site specific Code/Blue procedure.
 - See [Appendix C](#) resource for creating procedure.
- 6.2. Maintain crash cart contents including medications and ACLS algorithms. (See [Appendix D](#) and [E](#))
- 6.3. Identify Responders. (See [Table 1](#))
- 6.4. Develop and ensure a process for ongoing quality assurance/reviews. (See [Appendix C](#))

Table 1: Team Member Roles and Responsibilities

Responder	Self-assessment Competency related to:	Duties
<p>Team Leader May be:</p> <ul style="list-style-type: none"> • Physician • Registered Nurse • Advanced/Critical Care Paramedic 	<p>Advanced resuscitation care</p>	<p>Team Leader</p> <ul style="list-style-type: none"> • Responds immediately to the Code Blue/Pink call/message/pages. • Assumes leadership position upon arrival to the patient and directs resuscitation management. • Introduces self on arrival. • Understands and coordinates Responders’ roles and responsibilities. • Assists other Responders, if required. • If return of spontaneous circulation (ROSC) is achieved, arrange for transfer of the patient to nearest, open and most appropriate Emergency Department or Intensive Care Unit. • In conjunction with the most responsible LPN/RN, contact the family/SDM. • Ensures documentation is completed in consultation with the team – using the site- or zone-specific resuscitation form.
<p>HCP/Support Staff/Security/Learner with BLS training</p>	<p>Basic life support</p>	<p>BLS</p> <ul style="list-style-type: none"> • Initiates and continues BLS. <ul style="list-style-type: none"> ○ Chest compressions

Responder	Self-assessment Competency related to:	Duties
		<ul style="list-style-type: none"> ○ AED ● Ensures documentation is completed in consultation with the team – using the site- or zone-specific resuscitation form.
<p>HCP May be:</p> <ul style="list-style-type: none"> ● Physician ● Registered Nurse ● Advanced/Critical Care Paramedic ● Respiratory Therapist 	Monitoring and defibrillation	<p>Monitoring & Defibrillation</p> <ul style="list-style-type: none"> ● Responds immediately to the code blue call/message/pages. ● Notifies Code Blue Team leader of arrival and accepts orders/instructions from them. ● Connects patient to the Defibrillator, if not already done: <ul style="list-style-type: none"> ○ AED – follow commands ○ Manual - identify cardiac rhythm. ● Prepares for defibrillation/cardioversion/external pacing. ● Defibrillates/cardioverts/external paces according using ACLS guidelines. ● Ensures documentation is completed in consultation with the team – using the site- or zone-specific resuscitation form.
<p>HCP May be:</p> <ul style="list-style-type: none"> ● Physician ● Registered Nurse ● Primary/Intermediate/Advanced/Critical Care Paramedic ● Respiratory Therapist ● Licensed Practical Nurse 	Airway and bag-valve mask ventilations	<p>Airway Management</p> <ul style="list-style-type: none"> ● Responds immediately to the Code Blue/Pink call/message/pages. ● Notifies the Code Blue/Pink Team leader of arrival and accepts orders/instructions from them. ● Inserts oropharyngeal/nasopharyngeal airway as appropriate. ● Performs intubation or insertion of supraglottic device aligning with competencies and scope of practice (Refer to: NSHA CD-EC-110 Insertion)

Responder	Self-assessment Competency related to:	Duties
		<p>and Care of Supraglottic Advanced Airway Device).</p> <ul style="list-style-type: none"> • Initiates and maintains adequate ventilation. • Ensures documentation is completed in consultation with the team – using the site- or zone-specific resuscitation form.
<p>HCP May be:</p> <ul style="list-style-type: none"> • Physician • Primary/Intermediate/Advanced/Critical Care Paramedic • Registered Nurse • Licensed Practical Nurse 	IV/IO access	<p>IV/IO Access</p> <ul style="list-style-type: none"> • Initiates IV/IO access if not currently in place. (Refer to: NSHA CD-PT-015 Intraosseous Insertion, Care, Maintenance, and Removal using the EZ-IO® Device) • Ensures documentation is completed in consultation with the team – using the site- or zone-specific resuscitation form.
<p>HCP May be:</p> <ul style="list-style-type: none"> • Physician • Respiratory Therapist • Advanced/Critical Care Paramedic • Registered Nurse 	ACLS medications	<p>Medication administration</p> <ul style="list-style-type: none"> • Responds immediately to the code blue page. • Notifies the Code Blue/Pink Team leader of arrival and accepts orders/instructions from them. • Administers medications as ordered and follows according to ACLS/PALS guidelines. (See Code Blue/Pink Management Care Directive CD-CL-005). • Documents in consultation with the team – using the Code Blue/Pink Resuscitation Form.
<p>Most Responsible Nurse</p> <ul style="list-style-type: none"> • Registered Nurse • Licensed Practical Nurse 		<p>Nurse</p> <ul style="list-style-type: none"> • Provides ongoing information related to the patient. • Contacts the MRHCP.

Responder	Self-assessment Competency related to:	Duties
		<ul style="list-style-type: none"> • In conjunction with the Team Leaders, contact the family and/or SDM. • Arranges transport to the nearest, open and most appropriate. Emergency Department or Intensive Care Unit. • Completes documentation and consults with team for activities and accuracy - using the site- or zone-specific resuscitation form. Including but not limited to: <ul style="list-style-type: none"> ○ Pre-arrest status, if known ○ Times of occurrences ○ Initial rhythm and changes with accompanying strips ○ Procedures and responses ○ Defibrillation and responses ○ Outcome of resuscitation • Reviews documentation and obtain required signatures.
Other Support Staff		<ul style="list-style-type: none"> • Assists with any equipment needs.
Security , if available or HCP		<ul style="list-style-type: none"> • Secures an elevator if required. • Holds the elevator until the patient can be transported to the elevator. • Outside of the facility, secures the safety of the scene and notifies EHS.
Spiritual Care, Social Work , if available.		<ul style="list-style-type: none"> • Receive notification of the Code Blue/Pink. • Provides advice as required.
Health Services Manager Administrative Coordinator Clinical Leads/Coordinators Delegate		<ul style="list-style-type: none"> • Receives notification of a code blue but does not necessarily respond to the location. • Provides advice and support as required.

REFERENCES

American Heart Association. (2021). Advanced Cardiac Life Support.

Heart and Stroke Foundation of Canada. (2020). Cardiopulmonary Resuscitation Targeted Responder.

RELATED DOCUMENTS

Policies

[CDHA CC 04-040 Clinical Documentation in the Health Record](#)

[CC 10-014 Cardiopulmonary Resuscitation Record](#)

[CC 10-075 Temporary Cardiac Pacing: Assisting a physician with Initiating Care and Monitoring of patients](#)

[CC 10-076 Temporary Cardiac Pacing - Initiating pacing and/or adjusting settings of the pulse generator](#)

[Nova Scotia Health COVID-19 Risk Assessment](#)

[Nova Scotia Health Point of Care Risk Assessment](#)

[NSHA IPC-RP-001 Routine Practices and Additional Precautions](#)

[NSHA IPC-RP-015 Droplet Precautions](#)

Care Directives

[NSHA CD-EC-110 Insertion and Care of Supraglottic Advanced Airway Device](#)

[NSHA CD-PT-015 Intraosseous Insertion, Care, Maintenance, and Removal using the EZ-IO® Device\).](#)

[NSHA CD-CL-005 Code Blue/Pink Management](#)

Guidelines

[Nova Scotia Health Coronavirus Disease 2019 \(COVID-19\): Infection Prevention and Control Guidelines for Acute Care Settings](#)

Forms

Eastern Zone

[Eastern Zone Code Blue Audit](#)

[CD0202MR Cardiopulmonary Resuscitation Record](#)

[Resuscitation Record](#) applies to CBRH, GBH, NWCH, NSGH, VCMH, BMH, Sacred Heart, ICMH

[St. Martha's Code Blue Record](#) applies to St Mary's Memorial, Eastern Memorial, Guysborough Memorial, Strait Richmond and St. Martha's Regional Hospital

Site Specific Procedures

Eastern Zone

Central Zone

Western Zone

Northern Zone

[Colchester County Sites - Code Blue/Pink Procedure](#)

[Cumberland County Sites - Code Blue/Pink Procedure](#)

[Pictou County Sites - Code Blue/Pink Procedure](#)

Appendices

[Appendix A](#): Definitions

[Appendix B](#): OHS Consideration for Outside of the Facility

[Appendix C](#): Site Specific Code Blue/Pink Procedures

[Appendix D](#): Crash Cart (includes medications and algorithms)

[Appendix E](#): Code Blue/Pink Medication Tray

[Appendix F](#): Airborne Pathogens/Illnesses

Appendix A: Definitions

Automated External Defibrillator (AED)	The AED is an electronic medical device which recognizes a rhythm that requires a shock and can advise the HCP/Support Staff/Security/Learner when a shock is needed (or not). The AED uses voice prompts to relay next steps. (AHA 2018)
Code Blue/Pink Responder	A Health Care Provider assigned to the Code Blue/Pink Team.
Code Blue/Pink Team	Health Care Providers responsible to respond to a Code Blue/Pink. The composition of this team will vary by Site/Facility.
Employee	A person employed by Nova Scotia Health whose salary and compensation are provided by Nova Scotia Health.
Goals of Care	A person's Goals of Care are their overall priorities and health expectations for care; these are based on their personal values, wishes, beliefs, and perception of quality of life, and what they characterize as meaningful and important. Examples of Goals of Care could be curing the disease, prolonging life, relieving suffering, optimizing quality of life, maintaining control, achieving a good death, and getting support for family and loved ones. Goals of Care are not the same as health care decisions or consents for treatments. <u>Health Quality Ontario</u>
Health Care Provider (HCP)	For the purpose of this policy includes physicians, nurse practitioners, registered nurses, licensed practical nurses, advanced/critical care paramedic, and respiratory therapists.
Learner	An individual participating in an organized learning experience of any discipline or program of study. Learners may be students who are enrolled and actively participating in an academic program; employees of an affiliated employer Placing Agency who is required to maintain clinical skills or is participating in professional development; or an Independent Learner or practitioner who is not affiliated with a Placing Agency but is pursuing license / registration in their field or participating in professional development.
Manual Defibrillator	An advanced life support medical device that monitors the heart rhythm and allows the user to manually set the energy delivery and deliver electricity. The biphasic electricity can be defined as synchronous or asynchronous electrical current for cardiac arrest or cardioversion.

Most Responsible Health Care Practitioner (MRHCP)	The Physician, clinical associate, or nurse practitioner who has responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.
Most Responsible Nurse	Registered Nurse or Licensed Practical Nurse assigned to the patient.
Non-patient	For the purpose of the policy includes visitor, family member, and employee.
Substitute Decision Maker	A person who is legally authorized to make decisions on behalf of the patient. This authority may be granted by the patient himself or herself with a legal document such as an advance medical directive, by legislation in each province/territory or by the courts. <i>Canadian Medical Protective Association</i>
Support Staff	For the purpose of this policy includes but is not limited to ward aides, unit aides, clerical staff, housekeeping staff, maintenance, security.

Appendix B: OHS Considerations

Key factors to consider:

1. Is it during work hours?
2. Are you performing the duties of your employment?
3. Are you on hospital property?
4. What if you sustain an injury as a result of your work demands?
5. Personal and environment safety :
 - Safety as it relates to violence as well as lighting, tripping, slipping and the potential for falls.
6. Awareness of who you are going to assist:
 - Who is with them?
 - What are the specifics of their situation?
 - Are they a victim of violence?
7. What you can employ as a control to better manage the risks.
 - For example, ask another Health Care Provider or security to escort you so they can be your eyes and ears as you assess the patient.
 - Take a communication device with you so you can connect with other staff to be aware of your whereabouts and the situation external to the facility etc.
8. Often overlooked but equally important is your ability to perform safe patient handling and mobility techniques or utilize equipment in that environment. You may have to attempt to stabilize them until other methods for mobilization can occur.

Appendix C: Site Specific Code Blue/Pink Procedures

Site:	
<p>Identify all HCP as per Table 1</p> <p>Note: Often times, one HCP will be responsible for multiple roles</p>	<p>Roles (consider changes at night, if applicable)</p> <ul style="list-style-type: none"> • Team Leader • HCP/Support Staff/Security/Learner with BLS training • HCP <ul style="list-style-type: none"> ○ Monitoring & Defibrillation ○ Airway Management ○ IV/IO Access ○ Medication administration • Most Responsible Nurse – as per unit/service area assignment • Other Support Staff as available and/or if required • Security, where available and/or if required
<p>Determine equipment location and clearly communicate to all HCPs</p>	<p>BLS supplies - AED, CPR Board (if available, O2 tank with mask) locations</p>
	<p>Crash Cart – Manual Defibrillation (or AED) and medication; including a feedback device (i.e. pads with CPR feedback)</p> <ul style="list-style-type: none"> • Specific locations • Further locations each cart services • Staff member who would be responsible for retrieving
	<p>Pediatric resuscitation equipment – including Broselow tape</p>
<p>Ensure restocking of crash cart and medication tray is assigned</p>	
<p>Develop and ensure a process for ongoing quality assurance/reviews (maybe done at site or zone level).</p>	<p>Review all codes potentially using the following:</p> <ul style="list-style-type: none"> • SIMS • Audits (paper); (See former CBRH Audit Tool Example) (will link to this in the final document)

Appendix D: Crash Cart Contents (includes medications and algorithms)

Recommended Location	Item	Minimum Quantity
Top of Cart		
	Defibrillator – AED or Manual	1
	Test load cartridge if required	1
	Spare monitor paper	1
	Electrodes - Adults and Pediatrics	2-3 set
	Defibrillator Pads – Adult and Pediatric	2-3 set
	Stethoscope (hanging)	1
	Pen light/flashlight	1
	Stopwatch	1
	Securing tie/device (to lock cart)	10 (or 1 bag greater than 1/2 full)
Airway (in the absence of an airway box/cart)		
	100% Non-Rebreather mask	2 each
	Nasal Prongs	2 each
	Water based lubricant	5 each
	Nasopharyngeal airways – adults/pediatrics	
	(for adult only – 6 to 9 in 1.0 increments)	1 each
	(for pediatrics – infant and child)	1 each
	Oropharyngeal airways – adults/pediatrics	
	(for adult only – 5 to 10 in 1.0 increments)	1 each
	(for pediatrics – 0-3 in 1.0 1.0 increments)	1 each
	Supraglottic Device	
	i-gel® (sizes 1 to 5 on 0.5 increments)	1 each
	King LT (sizes 3, 4 and 5)	1 each
	60 mL syringe	2 each
	BVM – tubing and regulator	1
	HME filter	2 each
	ET CO2 – capability (Zoll)	1 each
	Laryngoscope handle – with extra batteries	1
	Laryngoscope blades – curved and straight (sizes 3 and 4)	1 each
	Xylocaine spray with nozzle	1
	Stylet	2 each

Recommended Location	Item	Minimum Quantity
	Bougie	2 each
	ETT – adult/peds (sizes 0-8 in 0.5 increments)	
	(for adult only - 4.0 to 8.0 in 0.5 increments)	1 each
	(for pediatrics – 0-6.5 in 0.5 increments)	1 each
	10 mL syringe	5
	MacGill Forceps	1
	ETT securing device and twill tape	2
	Suction device (portable, if required)	1
	Suction accessories/consumables (device dependent)	1
	Positioning device (towel, for example)	1
Medication Tray	See Appendix E	
Clip board		
	Resuscitation Form	1
	ACLS and PALS (if applicable) algorithms – most current	1
	Cart Checklist – Auditing tool	1
	Code Quality Audit tools	1
Side of Cart		
	Oxygen Source	1
	Sharps container (< ¾ full)	1
	CPR board	1
IV Fluids		
	N/S 500 ml	6
	D5W 500 ml	1
IV/IO		
	IV catheter (Gauges - 28, 26, 24, 22,20,18,16,14)	
	(for adult only - 22,20,18,16,14)	2 each
	(for pediatrics – 28, 26, 24, 22,20)	2 each
	Note: Access to EZ/Intraosseous (IO) Power Driver – to be stored as per site (i.e. ED, OR)	
	IO Needle with stabilizer – 15mm (pediatrics)	
	(For pediatrics - IO Needle with stabilizer – 15mm	2
	(For adults - IO Needle with stabilizer – 25 and 45mm	2
IV/IO Supplies		
	Primary IV tubing	2
	Secondary IV tubing	2
	Micron filtered tubing	2
	Pressure infusion bag	1

Recommended Location	Item	Minimum Quantity
	Tourniquet	1
	Alcohol swabs	5
	Tegaderm	5
	Medication labels	5
	Blunt needles	5
	Tape	1
	Gauze - 2x2 and 4x4	5 each
	Syringes - 3, 5 and 10 mL	2 each
	Stopcock	2
	Smart Pump - medication/syringe transfer device	2
	N/S Prefilled flush syringes	10
Other		
	Disposable razor	2
	14 gauge (5cm) IV catheter (needle decompression)	2
PPE	To outfit the maximum number of providers	
N95 - HCP arrives with mask	Surgical masks	1 box
	Face shields	7
	Hoods/buffants	7
	Level 4 Gowns	7
	Nitrile Gloves S, M, L	1 box each
	Long Cuffed Gloves	7
	Booties	7

Appendix E: Code Blue/Pink Medication Tray

Quantity	Drug Name
Resuscitation – Smart Pump Resuscitation Drug Library	
1	Norepinephrine 1 mg/mL (4 mL) vial
Resuscitation – IV Direct	
3	Amiodarone 50 mg/mL – 3mL vial **
6	Atropine 0.5 mg/5 mL syringe
2	Dextrose 50% (25 g/50 mL) syringe Lifeshield
10	Epinephrine 1 mg/10 mL syringe (0.1 mg/ml)
3	Magnesium Sulphate 200 mg/mL (10 mL) vial [20% or 2 g/10 mL]
2	Naloxone 0.4 mg/mL (1 mL) ampoule
2	Sodium Bicarbonate 50 mEq/50 mL (8.4%) syringe Lifeshield
Optional – sites/areas to determine inclusion/exclusion	
*Intubation Kit (medication) to be locally defined.	
1	Adenosine 6 mg/2mL syringe (in the presence of physician)
1	Adenosine 12 mg/4mL syringe (in the presence of physician)
2	Calcium Chloride 10% (25g/50mL) syringe Lifeshield
3	Lidocaine 100 mg/5 mL syringe Lifeshield
3	Metoprolol 1 mg/mL (5 mL) ampoule
1	Phenylephrine 50 mcg/mL (10 mL) syringe
2	Procainamide 100mg/mL (10 mL) vial
2	Verapamil 2.5 mg/mL (2 mL) vial
1	DOPamine 400 mg/250 mL premixed bag (1600 mcg/mL)
2	Isoproterenol 0.2 mg/mL (1 mL ampoule)

Appendix F: Airborne Pathogens/Illnesses

Consider the following guidelines for **ALL** airborne pathogens/illnesses (i.e. Tuberculosis, COVID-19, SARS) when the patient is positive or there is a high degree of clinical suspicion that the patient is positive:

[\(See Coronavirus Disease 2019 \(COVID-19\): Infection Prevention & Control Guidelines for Acute Care Settings\)](#)

1. A maximum of seven Responders should be in the patient's room when responding to a Code Blue/Pink.

Note: Learners should **NOT** be part of the Code Blue/Pink response.

- Minimize the amount of equipment taken into the room:
- Defibrillator
- CPR board
- Airway kit
- Only necessary drugs (for example, drug tray) enter the room.

Note: Do **NOT** take the crash cart into the room.

2. If possible, the door of the patient's room is to remain closed at all times; inpatients will not be moved to a negative pressure room in the middle of a Code Blue/Pink.
3. The Code Blue/Pink Responders should carry appropriately fitted N95 masks with them to a code, to ensure they have ready access to a properly fitted N95.
4. If any member of the healthcare team breaches PPE integrity (e.g., mask/visor falls) doff PPE, leave the room and don correct PPE prior to re-entering. Use the [buddy system](#).
5. As appropriate, following the resuscitation efforts, consider showering and changing scrubs.
 - 5.1. At a minimum,
 - Dons surgical mask and eye protection (See [NSHA IPC-RP-015 Droplet Precautions](#)) if not in place.
 - Places a surgical mask on the patient.
 - Initiates chest compressions and defibrillation as appropriate.
 - When able, as additional Code Blue Responders arrive, the Initial HCP should be excused.
 - If not wearing a gown, assess level of contamination and change scrubs or shower and change scrubs.

District Health Authority Policies Being Replaced

Yellow	To be replaced.
Gray	COVID related and potentially stay depending on how the site does their local procedure.
Blue	Needs to be assessed and could be used for/inform local procedure.
Green	High level response plans and some of which will be replaced – could attach a link but need to be assessed and understood that a portion goes away.

1.  [CEHHA 311-030 Code Blue/Pink Cardiac Arrest: Roles of Staff in Establishing Treatment](#) (100%)
2.  [CBDHA A-4-011 Cardiopulmonary Arrest Response - Code Blue](#) (100%)
3.  [CBDHA DI-25-150 MRI CODE BLUE](#) (100%)
4.  [CBDHA N-3-30 Cardiopulmonary Arrest Response - Code Blue](#) (100%)
5.  [CBDHA PUL-5A-040 Code Blue Policy](#) (100%)
6.  [CBDHA S - 02 - 003 Code blue – cardiac arrest](#) (100%)
7.  [CDHA CC 90-015 District Code Blue Umbrella Policy](#) (100%)
8.  [CDHA SS 05-009 Cardiac Arrest in OR](#) (90%)
9.  [AVH 200.010 \(CLIN 7\) Cardiopulmonary Resuscitation \(Updated/Revised\)](#) (60%)
10.  [CBDHA A-4-032 Emergency Assistance to Persons On or Outside CBDHA](#) (60%)
11.  [CBDHA N-3-31 Automated External Defibrillator \(AED\)](#) (60%)
12.  [CBDHA N-3-70 Cardiac Defibrillation](#) (60%)
13.  [CBDHA S - 02 - 001 Code phone](#) (60%)
14.  [CC 06-020 Automated External Defibrillator \(AED\)](#) (60%)
15.  [CC 10-014 Cardiopulmonary Resuscitation Record](#) (60%)
16. [Response to Medical Emergencies on PCHA Property](#) (60%)
17.  [Code Blue - CZ - Hants Community Hospital](#) (100%)
18.  [Code Blue - EZ - St Marthas Regional Hospital](#) (100%)
19.  [Code Blue - EZ - St Marthas Regional Hospital Flow Chart](#) (100%)
20.  [Code Blue - Rural Sites - EZ - Eastern Memorial Hospital](#) (100%)
21.  [Code Blue - Rural Sites - EZ - Guysborough Memorial Hospital](#) (100%)
22.  [Code Blue - Rural Sites - EZ - Inverness Consolidated Memorial Hospital](#) (100%)

- 23.  [Code Blue - Rural Sites - EZ - St Marys Memorial Hospital](#) (100%)
- 24.  [Code Blue - SOP - DGH/QEII Response](#) (100%)
- 25.  [Code Blue - Tri-Facilities - CZ](#) (100%)
- 26.  [Code Blue/Pink - EZ Cape Breton Regional Hospital, Glace Bay Hospital, Northside General Hospital, New Waterford Consolidated Hospital](#) (100%)
- 27.  [NSHA-CL-EM-001 Code Blue/Code Pink - Annapolis Valley Sites](#) (100%)
- 28.  [NSHA-Pictou - CODE BLUE / CODE PINK MEDICAL EMERGENCY](#) (100%)
- 29.  [900.36-1 Code Management Procedure](#) (60%)
- 30.  [CEHHA 405-202 Code Blue- Role of Telecommunications Staff](#) (60%)
- 31.  [LFMH Emergency Response Plan](#) (60%) (remove from list and advise Angela/NZ Lead)
- 32.  [Response to Unusual Occurrences or Code Blues \(Roseway & Digby\)](#) (60%)
- 33.  [Response to Unusual Occurrences or Code Blues \(Yarmouth Site\)](#) (60%)

Version History

Version:	Effective:	Approved by:	What's changed:
Original Approved: 2021-05-07	2022-01-04	Clinical Operations Centre	N/A