

## PRINCIPLES:

- High-risk procedures performed on COVID-19 patients may expose staff to a high viral burden. During medical emergencies (respiratory distress, cardiopulmonary arrest) where high-risk procedures are unavoidable, staff will follow the procedures outlined in this document in order to provide needed quality care for patients in a timely and efficient manner while ensuring appropriate protection for the health care team.
- We have two code responses for patients at all of our campuses due to Covid-19: a Covid Code Blue Response and a Standard Code Blue Response. All code events will be called out by overhead announcement and page in our usual standard fashion. Delineation of Covid status will not be known until the team arrives at the patient's room.
- The revised emergency/code response is for COVID-19 known positive and PUI (patient under investigation) patients. PUI status includes symptomatic and asymptomatic patients until the test returns negative. If a patient is no longer a PUI (negative Covid test) then we can utilize our standard (non-Covid) code response. *Please use this as a guide, understanding that each emergency is a unique situation.* This document does not apply to out-patient response, the Emergency Departments or our Pediatric Hospitals.
- The goal is to provide appropriate care for our patients by competent healthcare providers with the minimum number of staff and ensuring strict adherence to infection control measures.
  - Avoid use of house staff during Code Blue Resuscitations whenever possible.
  - Patients will be intubated by the most experienced airway provider (Critical Care Medicine Attendings, Anesthesia Attendings, Critical Care Medicine Anesthesia Fellows and only in extenuating circumstances, Anesthesia CA-3 Residents).
  - No medical students or health professions students should enter the room.
- Healthcare providers should NEVER enter the rooms or patients with known or suspected COVID-19 patient without appropriate PPE.
- Minimize aerosol generating procedures: avoid/minimize hand-mask ventilation, avoid placement of oral airways or nasal airway devices. We will have a low threshold for endotracheal intubation for COVID-19 patients.
- Early defibrillation: if CPA is caused by arrhythmia - early defibrillation will reduce total time to CPR and may obviate need for airway manipulation.
- Healthcare providers should have a low threshold to call for help for COVID-19 patients if concern for worsening illness to avoid emergent intubations or code situations.

## IDENTIFICATION:

- COVID-19 positive and PUI patients will have rooms identified by “Novel Precautions” or “Respiratory Illness” sign. Donning and Doffing posters will be affixed to these rooms per Infection Control Policy.
- Code Activation will be by standard mechanisms. Code Team response will change based upon identification of COVID-19 patient by signage on door.
- On designated units: a Code Team COVID-19 PPE Cart will be designated to that unit (Appendix G). For units not designated as COVID-19 units: the Code Team will carry a PPE Backpack (Appendix G).

## PREPARATION:

- Patients must have at least one working 20G peripheral IV in place at all times.
- Present on Unit: for any ward caring for a patient with known or suspected COVID-19 there must be present (and easily accessible):
  1. Step-stool (for CPR)
  2. Unit staff huddle to review procedure for Code Blue for COVID-19 patient during each shift
    - “Cheat sheet” on *Emergency and Code Response Addendum for COVID-19* (see Appendix B of this document)
    - Review Covid Code Blue Team members and roles (see Appendix C for Parnassus Code Team, Appendix D for Mission Bay Code Team, Appendix E for Mount Zion Code Team)
- Inside the room:
  1. Non-rebreathing mask
  2. Manual resuscitation bag (AMBU) with filter placed between the mask and the bag
  3. Disposable stethoscope
  4. Suction with Yankauer
- Additions to regular Code Blue Response Team Huddles:
  1. A master list of current COVID-19 census and location of patients will be reviewed
  2. Members of the Code Team will review change of roles/providers for COVID-19 patients (see Appendix C for Parnassus Code Team, Appendix D for Mission Bay Code Team, Appendix E for Mount Zion Code Team)
  3. Members of the Code Team will review COVID-19 “Cheat Sheet” (see Appendix A)

## PROCEDURE:

### INITIATION OF CODE BLUE:

- If you are inside the room and recognize a patient in distress:
  - If you already have Novel Airborne PPE in place (N95 or PAPR) then: Activate a “Code Blue”
  - If you only are wearing Contact & Droplet PPE then IMMEDIATELY leave the patient’s room and:
    - Don appropriate PPE and enter the room
    - Simultaneously ask someone to activate a “Code Blue”
- If you are outside the room and recognize a patient in distress:
  - Don appropriate PPE and enter the room
  - Simultaneously ask someone to activate a “Code Blue”
- A second RN will then don appropriate PPE and enter the room with stool
- RN unit charge RN to don appropriate PPE, bring the code cart and be ready to support code team. Charge RN will also observe for breaches in PPE protection
- Maintain at least one staff at unit nursing station to monitor for calls from patient’s room

### INITIATION OF PROCEDURES: PRE-CODE TEAM ARRIVAL:

- If patient is in respiratory distress but has a pulse, then provide oxygen. Place NRB mask onto the patient (15 LPM oxygen flow)
- If the patient does NOT have a pulse:
  1. Place NRB oxygen mask on patient
  2. Start chest compressions (CPR): Bedside RN
  3. 2<sup>nd</sup> RN: applies defibrillator pads and connects to defibrillator
  4. Any healthcare provider who is licensed to defibrillate and who arrives at the code may defibrillate the patient if indicated (pulseless ventricular tachycardia (VT) or ventricular fibrillation (VF))
- Charge RN will bring code cart to room. Code cart will remain outside of the patient’s room except in extenuating circumstances. Medications and equipment will be passed into the room as needed.

\* Defibrillator and backboard will be taken from code cart and brought into the room

### CONTINUATION OF PROCEDURES: CODE TEAM ARRIVAL:

- All Code Team members entering the patient’s room must perform hand hygiene and don appropriate PPE prior to entering the patient’s room.
  - Appropriate PPE for Code Team Airway Providers (Airway Attending, Respiratory Therapist):

- PAPR
  - *If PAPR is not available, then N95 with goggles or full face shield*
- Yellow gown
- Double gloves (covering yellow gown)
- Appropriate PPE for all other Code Team Providers:
  - N-95
  - Full face shield
  - Yellow gown
  - 2x gloves (double glove)
- Code Team Members Inside Patient Room will vary depending on hospital site (see Appendix C for Parnassus Code Team, Appendix D for Mission Bay Code Team, and Appendix E for Mount Zion Code Team).
- Unless staff in the patient's room are unwell, have had equipment failure or self-contaminated, those staff should remain in the patient room to provide clinical information and to continue to assist with resuscitation efforts
- Code Team members will resuscitate patient according to ACLS with these important modifications:
  - Minimize aerosol generating procedures: avoid/minimize hand-mask ventilation, avoid placement of oral airways or nasal airway devices.
  - PAUSE chest compressions for intubation (in order to minimize risk to intubation provider). Intubation should be performed according to COVID-19 intubation recommendations: most experienced airway provider with glidescope and RSI.
  - For patients in respiratory distress needing intubation and transfer to ICU: intubate the patient on the ward prior to transfer to the ICU.
  - Early defibrillation: if CPA is caused by arrhythmia- early defibrillation will reduce total time to CPR and may obviate need for airway manipulation.

### **CONCLUSION OF RESUSCITATION:**

- Transportation:
  - Follow infection control policy for transportation of COVID-19 patients
- Equipment:
  - All re-usable equipment must be cleaned with approved disinfectant (Hydrogen Peroxide Wipes) and placed into red biohazard bag in the patient room, tie the bag and then remove from room. This equipment can then be sent for standard re-processing.
  - Code record: placed inside clear bag and zipped closed, then wiped down with hydrogen peroxide wipes prior to removal from the room. Outside of room, original code record will be transcribed onto new code record to be retained in patient chart.
  - All disposable equipment & supplies should be placed in trash receptacle in-room.

\* Per Infection Control: If the code cart is brought into the room of a Covid Positive Patient/PUI then <sup>1</sup>all disposable contents from the code cart must be discarded in the patient's room and

## Addendum for COVID-19

<sup>2</sup> all re-usable equipment (including: defibrillator, backboard, medication trays & code cart) must be cleaned with hydrogen peroxide wipes and then can go for standard processing, lastly <sup>3</sup> the code cart should be covered with the red plastic bag (stocked in one of the upper plastic bins on top of the code cart) PRIOR to requesting an exchange cart from Materiel Services.

### **FOLLOWING RESUSCITATION:**

- All COVID-19 resuscitations should be followed by a healthcare provider debrief. Discuss what went well, what was concerning. Rapid Response RN will record responses and file with Incident Report.
- Any provider involved in the in-room resuscitation may take a “work pause” to regroup, change scrubs.
- Any staff who is concerned about PPE failure or breach should contact their supervisor and occupational health immediately.
- Unit will notify environmental services that patient’s room has known or suspected COVID-19

This document represents our current best recommendations based upon our current level of knowledge and availability of resources. This document may be modified as knowledge and situations change. This document has been reviewed by: Kristine Breyer, MD & Mya Hamilton Childers, RN (Chairs of Code Blue Committee), Lindsey Huddleston, MD & Danielle Lallement, RN (Mission Bay Critical Care Medical Directors), Matt Aldrich, MD and Tristin Penland, RN (Directors of Critical Care) March 18<sup>th</sup>, 2020. Approved by UCSF Code Blue Committee March 18<sup>th</sup>, 2020. Modified & Approved by UCSF Code Blue Committee April 15<sup>th</sup>, 2020 and additional minor edits by Code Blue Committee Chairs May 6<sup>th</sup>, 2020.

### **DEFINITIONS:**

PPE: Personal Protective Equipment

COVID-19: Novel COVID-19 Coronavirus

CPR: cardiopulmonary resuscitation

PIV: peripheral intravenous (catheter)

ACLS: advanced cardiopulmonary life support

NRB: non-rebreather (mask)

VT: ventricular tachycardia

VF: ventricular fibrillation

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Appendix A: Covid-19 Code Blue Team Huddle Cheat Sheet

## CODE TEAM HUDDLE REVIEW

### For COVID-19 RESPONSE

**Code Team response:** We have two code responses for patients at all of our campuses due to Covid-19: a Covid Code Blue Response and a Standard Code Blue Response. All code events will be called out by overhead announcement and page in our usual standard fashion. Delineation of Covid status will not be known until the team arrives at the patient's room.

The revised emergency/code response is for COVID-19 known positive and PUI (patient under investigation) patients. PUI status includes symptomatic and asymptomatic patients until the test returns negative. If a patient is no longer a PUI (negative Covid test) then we can utilize our standard (non-Covid) code response. Please use this as a guide, understanding that each emergency is a unique situation.

- ✓ Our goal is to provide appropriate care for our patients by competent healthcare providers with the minimum number of staff and ensuring strict adherence to infection control measures.
- ✓ Please review this document at the code team huddles (twice daily).
- ✓ Please review the responders for your hospital site. Covid-19 Code Blue provider response diagrams delineate which providers will be in the primary wave of emergency responders entering the patient's room. All code team members have specified roles which should be reviewed for in-room and out-of room providers. Additional providers may be needed and should be ready to don PPE if needed.
- ✓ **Key points:**
  - **Appropriate PPE is PRIORITY!**
  - All team members must have full PPE before entering the room. The Hospital Supervisor and unit Charge RN will help monitor room entry to ensure appropriate PPE use.
  - During code response, limited PAPR availability will mean that those directly involved with airway management should be prioritized for PAPR and all others should use N-95.
  - CPR should not begin until providers in the room are in appropriate PPE
  - Intubation should happen early (minimize masking)
  - CPR will be paused for intubation and will not resume until the patient is intubated, with cuff-up and circuit attached
  - Code cart will remain outside of the patient's room except in extenuating circumstances.

\* Defibrillator and backboard will be taken from code cart and brought into the room

- Equipment:
  - All re-usable equipment must be cleaned with approved disinfectant (Hydrogen Peroxide Wipes) and placed into red biohazard bag in the patient room, tie the bag and then remove from room. This equipment can then be sent for standard re-processing.
  - Code record: placed inside clear bag and zipped closed, then wiped down with hydrogen peroxide wipes prior to removal from the room. Outside of room, original code record will be transcribed onto new code record to be retained in patient chart.
  - All disposable equipment & supplies should be placed in trash receptacle in-room.

\* Per Infection Control: If the code cart is brought into the room of a Covid Positive Patient/PUI then <sup>1</sup>all disposable contents from the code cart must be discarded in the patient's room and <sup>2</sup>all re-usable equipment (including: defibrillator, backboard, medication trays & code cart) must be cleaned with hydrogen peroxide wipes and then can go for standard processing, lastly <sup>3</sup>the code cart should be covered with the red plastic bag (stocked in one of the upper plastic bins on top of the code cart) PRIOR to requesting an exchange cart from Materiel Services.

- ✓ **Reminder of isolation precautions:** Covid-19 positive/PUI patients can be isolated in 1 of 2 types of isolation: 1) respiratory droplet + contact or 2) respiratory droplet + contact + N95 or PAPR. Asymptomatic PUI's are isolated in respiratory droplet isolation.
  - The type of isolation is defined by aerosolization risk (NOT by positive vs symptomatic PUI status)
  - Aerosol generating procedures (AGPs) place patient's in the high risk category and require the addition of N95 or PAPR precautions
  - Both CPR and intubation are aerosol generating procedures and therefore place the patient in the "high risk" category for infection control precautions (requiring droplet + contact + N95 or PAPR)
  - If a bedside provider is not wearing an N95 and witnesses a cardiopulmonary arrest- that person will need to leave the patient's room, don appropriate PPE and come back into the patient's room before ACLS can be initiated

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Appendix B: Covid-19 Code Blue Response Cheat Sheet for Nursing Units

## CODE BLUE RESPONSE NURSING UNIT CHEAT SHEET

### For COVID-19 RESPONSE

**Code Team response:** We have two code responses for patients at all of our campuses due to Covid-19: a Covid Code Blue Response and a Standard Code Blue Response. All code events will be called out by overhead announcement and page in our usual standard fashion. Delineation of Covid status will not be known until the team arrives at the patient's room.

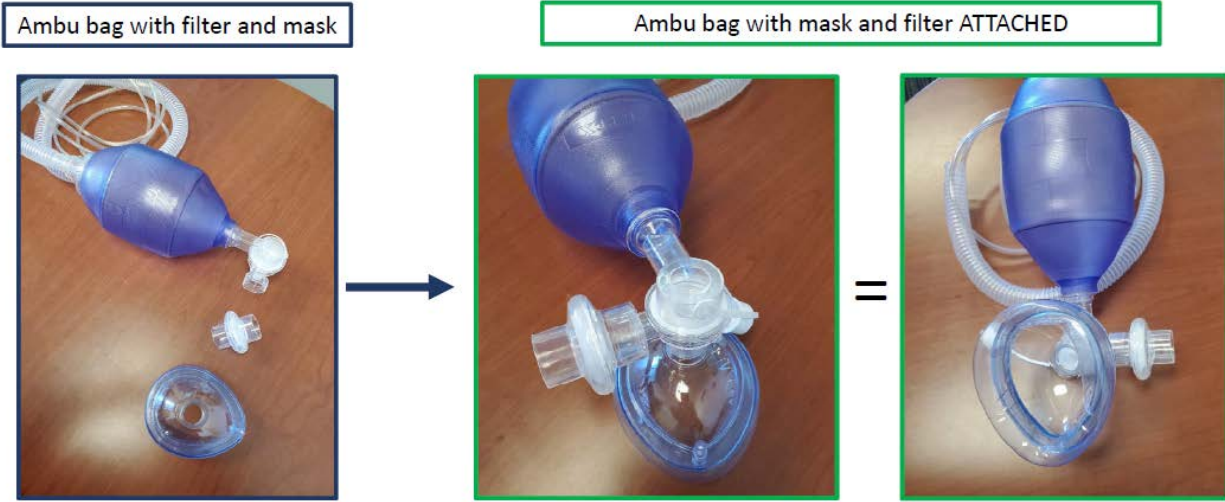
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- ✓ Please review this "Cheat Sheet" at nursing unit huddle, at least once per shift.
- ✓ Please review the responders for your hospital site. Covid-19 Code Blue provider response diagrams delineate which providers will be in the primary wave of emergency responders entering the patient's room. All other providers should respond and be ready to assist outside the patient's room. Additional providers may be needed and should be ready to don PPE if needed.

**Please ensure the following:**

- Covid positive/PUI patients must have at least one working 20G peripheral IV in place at all times.
- Present on Unit: for any ward caring for a patient with known or suspected COVID-19 there must be present (and easily accessible):
  - Step-stool (for CPR)
- Inside the room:
  - Non-rebreathing mask
  - Manual resuscitation bag (AMBU) with filter placed between the mask and the bag
  - Disposable stethoscope
  - Suction set-up with Yankauer





✓ **Reminder: Initiation of Code Blue:**

- If you are inside the room and recognize a patient in distress:
  - If you already have Novel Airborne PPE in place (N95 or PAPR) then: Activate a “Code Blue”
  - If you only are wearing Contact & Droplet PPE then IMMEDIATELY leave the patient’s room and:
    - Don appropriate PPE and enter the room
    - Simultaneously ask someone to activate a “Code Blue”
- If you are outside the room and recognize a patient in distress:
  - Don appropriate PPE and enter the room
  - Simultaneously ask someone to activate a “Code Blue”
- A second RN will then don appropriate PPE and enter the room with stool
- RN unit charge RN to don appropriate PPE, bring the code cart and be ready to support code team. Charge RN will also observe for breaches in protection
- Maintain at least one staff at unit nursing station to monitor for calls from patient’s room

✓ **Reminder: Initiation of Procedure Pre-Code Team Arrival:**

- If patient is in respiratory distress but has a pulse, then provide oxygen. Place NRB mask onto the patient (15 LPM oxygen flow)

- If the patient does NOT have a pulse:
  1. Place NRB oxygen mask on patient
  2. Start chest compressions (CPR): Bedside RN
  3. 2<sup>nd</sup> RN: applies defibrillator pads and connects to defibrillator
  4. Any healthcare provider who is licensed to defibrillate and who arrives at the code may defibrillate the patient if indicated (pulseless ventricular tachycardia (VT) or ventricular fibrillation (VF))
- Charge RN will bring code cart to room. Code cart will remain outside of the patient's room except in extenuating circumstances.
  - \* Defibrillator and backboard will be taken from code cart and brought into the room

✓ **Key points:**

- **Appropriate PPE is PRIORITY!**
- All team members must have full PPE before entering the room. The Hospital Supervisor and unit Charge RN will help monitor room entry to ensure appropriate PPE use.
- During code response, limited PAPR availability will mean that those directly involved with airway management should be prioritized for PAPR and all others should use N-95.
- CPR should not begin until providers in the room are in appropriate PPE
- Intubation should happen early (minimize masking)
- CPR will be paused for intubation and will not resume until the patient is intubated, with cuff-up and circuit attached
- Code cart will remain outside of the patient's room except in extenuating circumstances.
  - \* Defibrillator and backboard will be taken from code cart and brought into the room
- Equipment:
  - All re-usable equipment must be cleaned with approved disinfectant (Hydrogen Peroxide Wipes) and placed into red biohazard bag in the patient room, tie the bag and then remove from room. This equipment can then be sent for standard re-processing.
  - Code record: placed inside clear bag and zipped closed, then wiped down with hydrogen peroxide wipes prior to removal from the room. Outside of room, original code record will be transcribed onto new code record to be retained in patient chart.
  - All disposable equipment & supplies should be placed in trash receptacle in-room.

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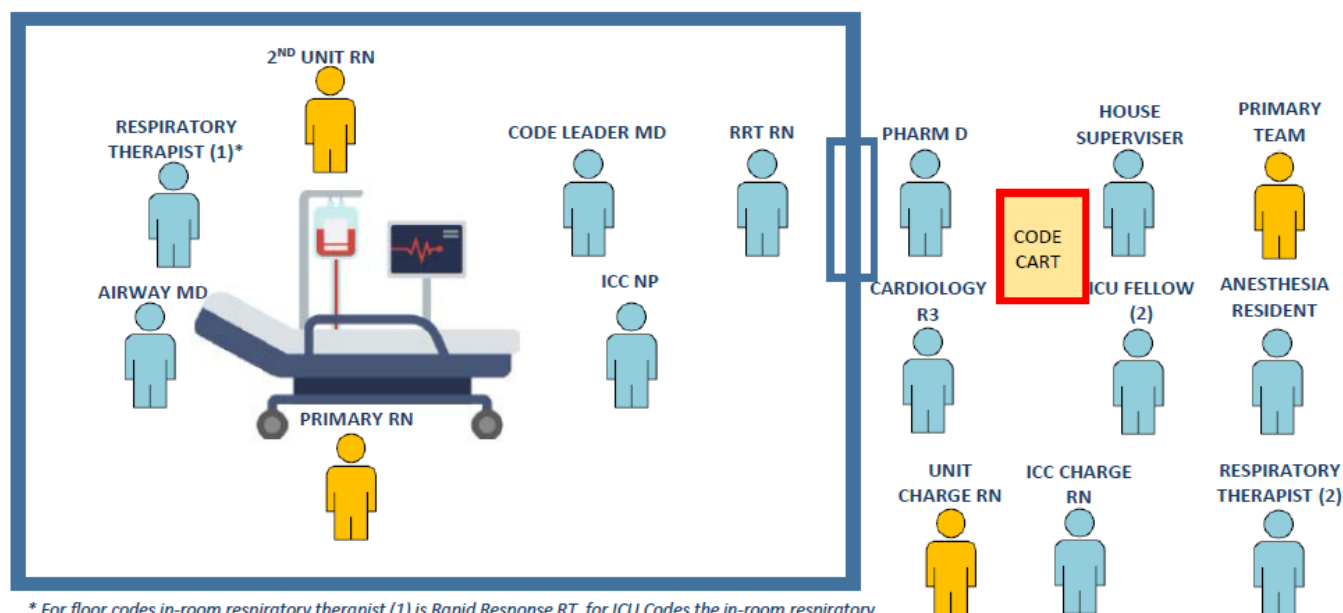
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- The type of isolation is defined by aerosolization risk (NOT by positive vs symptomatic PUI status)
  - Aerosol generating procedures (AGPs) place patient's in the high risk category and require the addition of N95 or PAPR precautions
  - Both CPR and intubation are aerosol generating procedures and therefore place the patient in the "high risk" category for infection control precautions (requiring droplet + contact + N95 or PAPR)
  - If a bedside provider is not wearing an N95 and witnesses a cardiopulmonary arrest- that person will need to leave the patient's room, don appropriate PPE and come back into the patient's room before ACLS can be initiated

Appendix C: Covid-19 Code Blue Team Members: PARNASSUS

Covid-19 Code Blue Team Members: PARNASSUS

ML Primary Responders In-Patient Room		ML Code Team Members Outside of Patients Room	
ICU ATTENDING	Intubation	R3 MEDICINE RESIDENT	Out of room leader, communication
ICU FELLOW (#1)	Code leader, defib	ICU FELLOW (#2)	Assists R3, crowd control, coordination
RESPIRATORY THERAPIST (1) *	Airway assist	PHARM D	Med prep
RAPID RESPONSE RN (RRT)	Time keep, record	ANESTHESIA RESIDENT	Obtain intubation equip (glidescope, tube)
PRIMARY BEDSIDE RN	CPR, med admin	HOSPITAL SUPERVISOR	Crowd control, bed control
UNIT RN (2ND)	CPR, med admin	ICC/ICU CHARGE RN	Monitor don/doff, coordination
ICU NP	Place pads/backboard, access, med admin	CHAPLAIN	Communicate w/primary team & family
		PRIMARY TEAM	Communicate to R3 & family
		RESPIRATORY THERAPIST (2)	Assists with respiratory supplies

*\*Floor codes: respiratory therapist (1) is Rapid Response RT; ICU codes: respiratory therapist (1) is ICU RT*



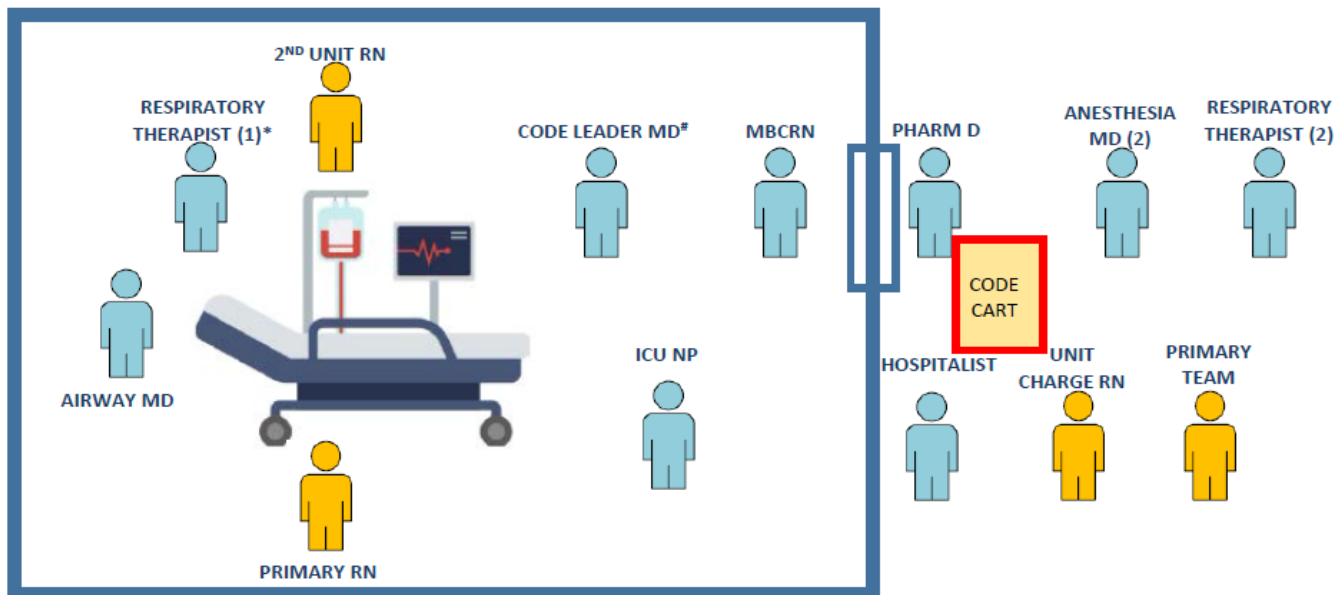
\* For floor codes in-room respiratory therapist (1) is Rapid Response RT, for ICU Codes the in-room respiratory therapist (1) is ICU RT. Additional Respiratory Therapist (2) will remain outside of room to assist with efforts

Appendix D: Covid-19 Code Blue Team Members: MISSION BAY

Covid-19 Code Blue Team Members: MISSION BAY

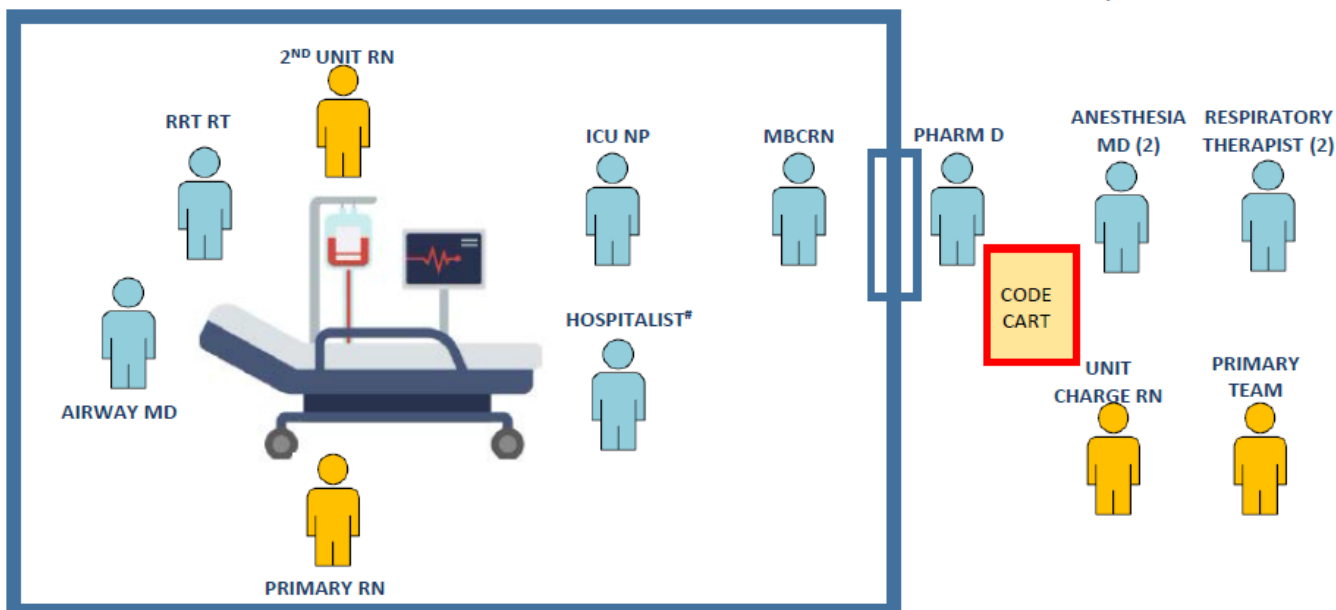
MB Primary Responders In-Patient Room (WEEKDAY)		MB Code Team Members Outside of Patients Room (WEEKDAY)	
ICU ATTENDING	Code leader, defib, communication	PHARM D	Med prep
ANESTHESIA ATTENDING (E1)	Intubation (weekday) **	UNIT CHARGE RN	Monitor don/doff, crowd control
RESPIRATORY THERAPIST (1)	Airway assist	HOSPITALIST *	Assists with coordination, family
MB RESOURCE RN (RRT)	Time keep, record	RESPIRATORY THERAPIST (2)	Assists with respiratory supplies
PRIMARY BEDSIDE RN	CPR, med admin		
UNIT RN (2ND)	CPR, med admin		
ICU NP	Place pads/backboard, access, med admin		
OB MD x2 *	Perimortem c-section, LUD	* OB Codes only	
NICU TEAM x1 *	Neonate Resuscitation & transport	** OB Codes: OB Anesthesia takes place of E1am (WEEKDAY)	
<i>*Floor codes: respiratory therapist (1) is Rapid Response RT; ICU codes: respiratory therapist (1) is ICU RT</i>			
MB Primary Responders In-Patient Room (NIGHTS/WEEKENDS)		MB Code Team Members Outside of Patients Room (NIGHTS/WEEKENDS)	
HOSPITALIST	Code leader, defib, communication	PHARM D	Med prep
ANESTHESIA ATTENDING (E1PM)	Intubation #	UNIT CHARGE RN	Monitor don/doff, crowd control
RESPIRATORY THERAPIST (1)	Airway assist	RESPIRATORY THERAPIST (2)	Assists with respiratory supplies
MB RESOURCE RN (RRT)	Time keep, record		
PRIMARY BEDSIDE RN	CPR, med admin		
UNIT RN (2ND)	CPR, med admin		
ICU NP	Place pads/backboard, access, med admin		
OB MD x2 *	Perimortem c-section, LUD	* OB Codes only	
NICU TEAM x1 *	Neonate Resuscitation & transport	# Anesthesia E1pm will takeover code leadership after intubation	
<i>*Floor codes: respiratory therapist (1) is Rapid Response RT; ICU codes: respiratory therapist (1) is ICU RT</i>			

MISSION BAY CODE TEAM COVID RESPONSE:WEEKDAY



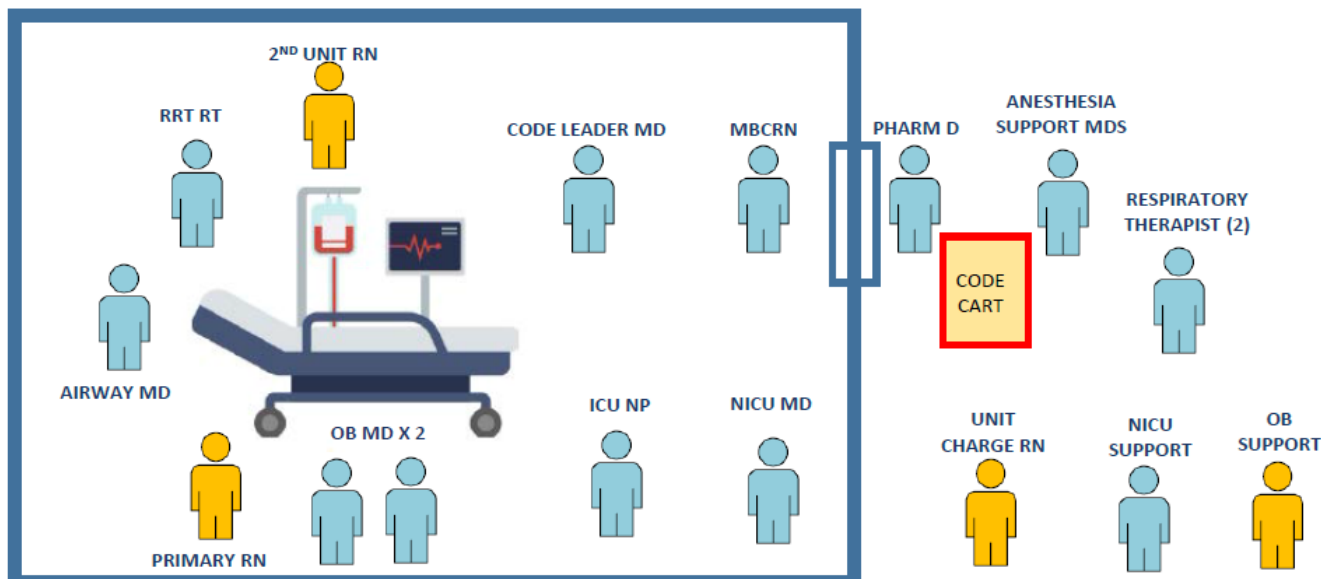
\* For floor codes in-room respiratory therapist (1) is Rapid Response RT, for ICU Codes the in-room respiratory therapist (1) is ICU RT. Additional Respiratory Therapist (2) will remain outside of room to assist with efforts.  
# Code Leader is ICU Attending.

## MISSION BAY CODE TEAM COVID RESPONSE:NIGHTS/WEEKENDS



\* For floor codes in-room respiratory therapist (1) is Rapid Response RT, for ICU Codes the in-room respiratory therapist (1) is ICU RT. Additional Respiratory Therapist (2) will remain outside of room to assist with efforts.  
# Code Leader is Hospitalist until airway is secure, then co-led with Airway MD & Hospitalist

## MISSION BAY CODE TEAM COVID RESPONSE:OBSTETRICS



\* For floor codes in-room respiratory therapist (1) is Rapid Response RT, for ICU Codes the in-room respiratory therapist (1) is ICU RT. Additional Respiratory Therapist (2) will remain outside of room to assist with efforts.  
# Code Leader is ICU attending, unless night/weekend- then Hospitalist until Airway MD is available to assist with code leadership.



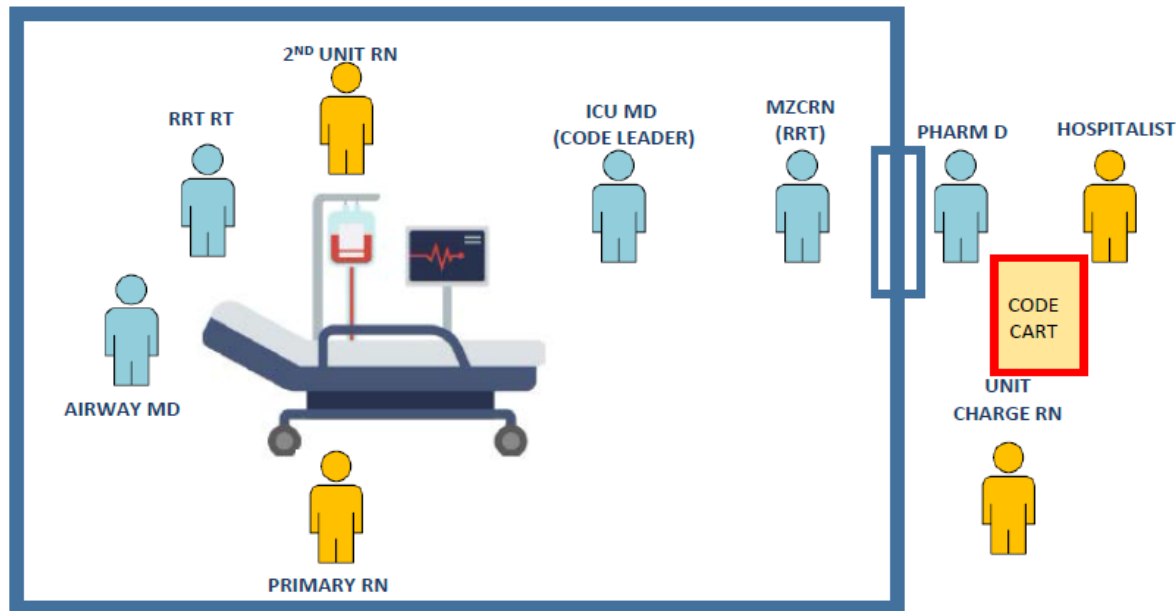
Appendix E: Covid-19 Code Blue Team Members: MOUNT ZION

**Covid-19 Code Blue Team Members: MOUNT ZION**

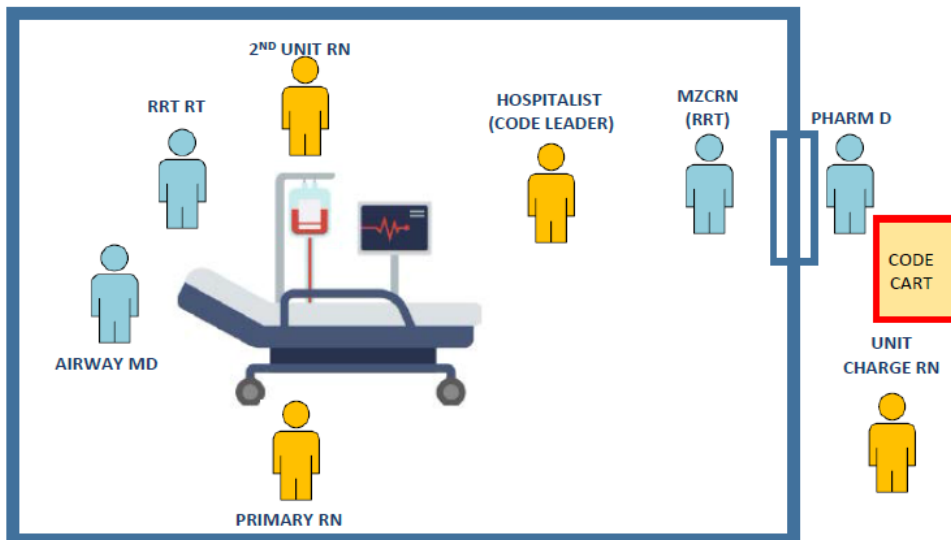
MZ Primary Responders In-Patient Room (DAY)		MZ Code Team Members Outside of Patients Room	
ICU ATTENDING	Code leader, defib, communication	PHARM D	Med prep
ANESTHESIA ATTENDING	Intubation, access procedures	UNIT CHARGE RN	Monitor don/doff, crowd control
RAPID RESPONSE RT (RRT)	Airway assist	HOSPITALIST *	Assists with coordination, family
MZ RESOURCE RN (RRT)	Time keep, record		
PRIMARY BEDSIDE RN	CPR, med admin		
UNIT RN (2ND)	CPR, med admin		
MZ Primary Responders In-Patient Room (NIGHT)		MZ Code Team Members Outside of Patients Room (NIGHT)	
HOSPITALIST *	Code leader, defib, communication	PHARM D	Med prep
ANESTHESIA ATTENDING	Intubation, access procedures	UNIT CHARGE RN	Monitor don/doff, crowd control
RAPID RESPONSE RT	Airway assist		
RAPID RESPONSE RN	Time keep, record		
PRIMARY BEDSIDE RN	CPR, med admin		
UNIT RN	CPR, med admin		

\*Hospitalist during daytime can be 7<sup>th</sup> provider in the patient's room or can remain outside of patient's room to coordinate care from outside. At night hospitalist is initial code leader. Depending upon the situation the anesthesia attending can also takeover code leadership if needed after intubation or procedures at night.

**MT. ZION CODE TEAM COVID RESPONSE: DAYS**



# MT. ZION CODE TEAM COVID RESPONSE: NIGHTS



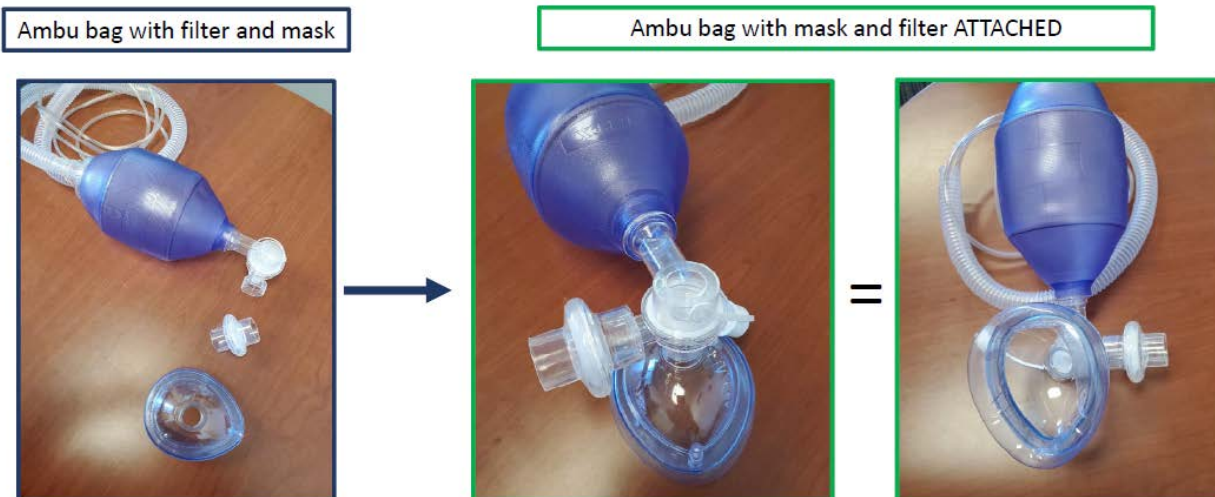


Appendix F: Covid-19 Code Blue Response Cheat Sheet for Respiratory Screening Clinics (RSCs)

## COVID-19 EMERGENCY/CODE BLUE CHEAT SHEET FOR RESPIRATORY SCREENING CLINICS (RSCs)

**Code Team response:** We have a revised emergency/code response for COVID-19 known positive and PUI patients. Our goal is to provide appropriate care for our patients by competent healthcare providers with the minimum number of staff and ensuring strict adherence to infection control measures. Please use this as a guide, understanding that each emergency is a unique situation. Please review this “Cheat Sheet” at unit huddle, at least once per shift.

- ✓ **Please ensure the following are available in the clinic:**
  - Copy of this document to be reviewed at RSC unit huddles
  - Non-rebreathing mask
  - Manual resuscitation bag (AMBU) with filter placed between the mask and the bag
  - Disposable stethoscope
  - Appropriate PPE for emergency response providers
    - N95 masks
    - Face shields/goggles
    - Gowns



- ✓ **Key points:**
  - **Appropriate PPE is PRIORITY!**
  - All team members must have full PPE before engaging in CPR or mask ventilation
  - ***CPR should not begin until providers in the room are in appropriate PPE***

✓ **Reminder: Initiation of Procedure Pre-Code Team Arrival:**

- If patient is in respiratory distress but has a pulse, then provide oxygen. Place NRB mask onto the patient (15 LPM oxygen flow).
  - Whenever possible we want to minimize hand-mask ventilation (in order to minimize aerosol generating)
  - If you do need to hand-mask ventilate a PUI then you must use the AMBU-bag with filter attached
- If the patient does NOT have a pulse:
  1. Place NRB oxygen mask on patient
  2. Ensure provider is wearing appropriate PPE (N95 + contact + droplet)
  3. Start chest compressions (CPR)
  4. 2<sup>nd</sup> RN: applies defibrillator pads and connects to AED
  5. Any healthcare provider who is licensed to defibrillate and who arrives at the code may operate the AED.
- Equipment:
  - All re-usable equipment must be cleaned with approved disinfectant (Hydrogen Peroxide Wipes) and placed into red biohazard bag in the patient room, tie the bag and then remove from room. This equipment can then be sent for standard re-processing.
  - Code record: placed inside clear bag and zipped closed, then wiped down with hydrogen peroxide wipes prior to removal from the room.
  - All disposable equipment & supplies should be placed in trash receptacle in-room.

\* Per Infection Control: If the code cart is brought into the room of a Covid Positive Patient/PUI then <sup>1</sup>all disposable contents from the code cart must be discarded in the patient's room and <sup>2</sup>all re-usable equipment (including: defibrillator, backboard, medication trays & code cart) must be cleaned with hydrogen peroxide wipes and then can go for standard processing, lastly <sup>3</sup>the code cart should be covered with the red plastic bag (stocked in one of the upper plastic bins on top of the code cart) PRIOR to requesting an exchange cart from Materiel Services.

✓ **Reminder of isolation precautions:** Covid-19 positive patients can be isolated in 1 of 2 types of isolation: 1) respiratory droplet + contact (low risk) or 2) respiratory droplet + contact + airborne (high risk). Asymptomatic PUI's are isolated in respiratory droplet isolation.

- The type of isolation is defined by aerosolization risk (NOT by positive/pending status)
- Aerosol generating procedures (AGPs) place patient's in the high risk category and require the addition of airborne precautions
- Both CPR and intubation are aerosol generating procedures and therefore place the patient in the "high risk" category for infection control precautions and therefore providers need to wear N95/PAPR in addition to contact and droplet PPE

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**Appendix G: Personal Protective Equipment for COVID-19 Emergency Response Services**

**Personal Protective Equipment for COVID-19 Emergency Response Services**

**Covid-19 Code Team PPE Code Cart *\*for specific designated units***

1. Drawer 1
  - a. Yellow gown package (n= 1 packages)
  - b. Large clear plastic bags (n=2)
2. Drawer 2
  - a. Gloves- small, medium, large , XL (n= 1 box each)
  - b. N95's multiple sizes (n= 1 box large, 1 box small)
  - c. Hair bouffant caps (n=10)
3. Drawer 3
  - a. Full face shield (n=10)
  - b. Red bags (2 small, 2 large)
  - c. Clorox Hydrogen Peroxide Wipes (1 container)
4. Drawer 4
  - a. PAPR with PAPR shields (n=3)

**PPE Code Backpacks:**

**Labeled "Airway 1 PPE, Airway 2 PPE, Rapid Response PPE"**

**\* Designated 3 total PPE packs per in-patient hospital (Parnassus, Mission Bay, Mt. Zion)**

1. Large Pocket
  - a. PAPR with shield
  - b. Bouffant
  - c. Gown
2. Small Pocket
  - a. 2 bundles (gown, N95 [small/reg],bouffant, face shields)
3. *\*Airway 1 only:* Red bags (2 small)
4. *\*Airway 1 only:* Airway Equipment Quick pack (2xETT, 1xstylette, 5x10cc syringes, 10xblunt needles)