

RESPIRATORY ARREST/CODE BLUE PROTOCOL

High risk procedures such as intubations and bag-valve mask ventilation increase the risk of generating aerosols.

General Guidelines:

- A. High-risk procedures will take place in a negative pressure room. If this is unavailable, the door will remain closed during and for 2 hours post high-risk procedures.
- B. A designated staff member (e.g., nurse or assistant) will assist with the correct donning and removal of equipment and room entry/exit procedures.
- C. Limit the number of personnel involved in the resuscitation (e.g., 4).
- D. The patient will be adequately sedated (medical condition permitting) to limit aerosol generation.
- E. Positive pressure ventilation will only be performed if absolutely necessary. Personnel in room will wear appropriate PPE.
- F. A closed oxygen system will be used for patients with spontaneous respiration until intubation can be safely performed.
- G. Ventilation/intubation will be performed by the most experienced staff member available.
- H. Any resuscitation equipment and surfaces will be cleaned following the guidelines in Section V-F.
- I. The SARS intubation kit should contain a plastic bag for disposal of soiled equipment.
- J. ACLS cart should contain PAPRs and PPE.
- K. The arrest record should be placed in a plastic bag in the patient's room and placed in a second plastic bag held by a nurse standing outside the room. The cardiac arrest record may be photocopied through the plastic bag and the photocopy placed on the patient's chart.