Quick Tips to Stay Safe
Acute Deterioration or Pre-Code / Code Blue in Suspected or Confirmed COVID-19 / Influenza A or B on Inpatient Units

Physician Learning Program

Alberta Health Services

"Early" is Better

Everything takes longer with extra steps and proper PPE.

CALL EARLY for:
- **Rapid Response Cart** (includes Airway Bucket, Non-Rebreather and N95 masks, CPR board, etc.)
- **HELP** (i.e. staff assist, your team members, code blue)

N95 MASK EARLY. Even if an AGMP is technically NOT needed when you respond, put on an N95 mask if you note the following:

- A panicked parent / team member
- A child and / or monitor that "doesn't look good" from the door
- A high-risk patient ("watcher")
- You have a gut feeling things may deteriorate

THIS IS NOT WASTING PPE

Get PPE Right

- **ALWAYS** Don and Doff with a coach or buddy
- Fully focus on Donning / Doffing
- Doffing is high-risk for contamination. Stay > 2 meters away from patient

Know "(Pre)Code AGMPs" (Aerosol Generating Medical Procedures)

- Bagging / Bag Mask Ventilation
- Chest Compressions
- LMA

Other common AGMPs that happen less abruptly / may be part of ongoing care:

- Nebulized medications or solutions (i.e. saline)
- Non-Invasive Ventilation (HFNC / CPAP)
- Tracheostomy (any care)

"Clear the Room & Close the Door" BEFORE AGMPs

BEFORE an AGMP occurs, everyone in room (except parent / guardian) <u>MUST</u> be wearing proper PPE including N95 mask
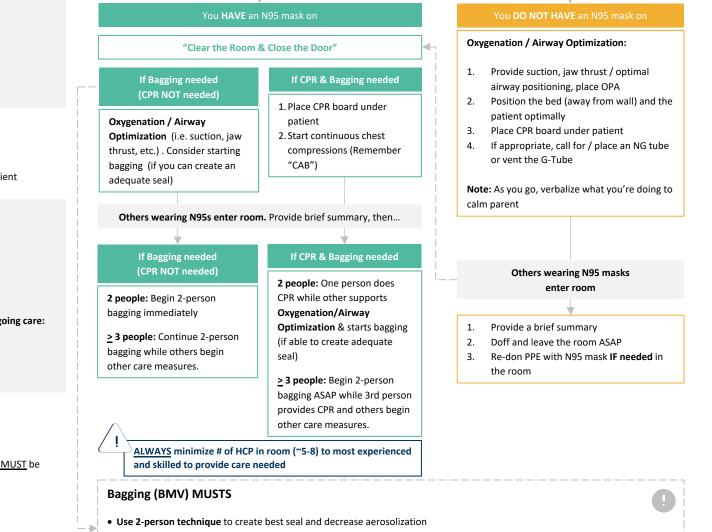
CHECK BEFORE YOU START!

AGMP and practice points may vary between guidelines. Please follow AHS' guidelines.

When you are the FIRST / ONLY Responder and a Pre-Code / Code AGMP Arises

CALL for **HELP** (i.e. Staff Assist, Code Blue) and **Rapid Response Cart**
NOTE: Clearly state what you need from cart.

Place patient on a non-rebreather mask @ 15 L/min ASAP*
While waiting for a non-rebreather mask, place patient on the highest FiO_2 source that's immediately available.
*Use **O₂** and **Suction** from side of bed with **RED SIGN "FOR EMERGENCY USE ONLY"**

You HAVE an N95 mask on

"Clear the Room & Close the Door"

If Bagging needed (CPR NOT needed)

Oxygenation / Airway Optimization (i.e. suction, jaw thrust, etc.). Consider starting bagging (if you can create an adequate seal)

If CPR & Bagging needed

1. Place CPR board under patient
2. Start continuous chest compressions (Remember "CAB")

Others wearing N95s enter room. Provide brief summary, then…

If Bagging needed (CPR NOT needed)

2 people: Begin 2-person bagging immediately

> 3 people: Continue 2-person bagging while others begin other care measures.

If CPR & Bagging needed

2 people: One person does CPR while other supports **Oxygenation/Airway Optimization** & starts bagging (if able to create adequate seal)

> 3 people: Begin 2-person bagging ASAP while 3rd person provides CPR and others begin other care measures.

⚠ **ALWAYS** minimize # of HCP in room (~5-8) to most experienced and skilled to provide care needed

You DO NOT HAVE an N95 mask on

Oxygenation / Airway Optimization:

1. Provide suction, jaw thrust / optimal airway positioning, place OPA
2. Position the bed (away from wall) and the patient optimally
3. Place CPR board under patient
4. If appropriate, call for / place an NG tube or vent the G-Tube

Note: As you go, verbalize what you're doing to calm parent

Others wearing N95 masks enter room

1. Provide a brief summary
2. Doff and leave the room ASAP
3. Re-don PPE with N95 mask **IF needed** in the room

Bagging (BMV) MUSTS

- **Use 2-person technique** to create best seal and decrease aerosolization
- **Use "Baggers" from Airway Bucket** (on Rapid Response Cart)
- **Always Attach Filter from Airway Bucket** to self-inflating baggers. Filter is not needed when using Jackson Reese ("anesthesia") bag (filter built-in)