

Guidelines for Code Blue in COVID-19 Positive or Suspect Adult Inpatients

If possible, avoid Code Blue events in COVID-19 patients by frequent monitoring, involving Critical Care early, and ensuring the patient's code status has been clearly discussed and is known by all team members

1. Call a code blue using the same criteria outlined in the Code **Blue Team Resuscitation in Acute Care Adult Policy (350.110.121)**, under **Code Blue Initiation (3.2)**, with the following exception:
 - Call a code blue early for respiratory deterioration (to align with **early intubation strategy**)
2. MINIMIZE STAFF ENTRY INTO THE PATIENT ROOM. DO NOT rush into patient room. Ensure Enhanced Droplet/Contact Precautions (EDCP) are observed. An N95 mask should be worn by those entering the room for anticipated aerosol-generating medical procedures. Up to two (2) ward staff should don EDP Personal Protective Equipment (PPE) safely prior to entering patient's room. *Ex. patient's nurse and one additional person.*
3. If the patient has a pulse but the Code Blue was called for respiratory deterioration, apply O₂ mask with 15 litres per minute (lpm) O₂ flow OR perform passive oxygenation using Bag Valve Mask (BVM) with 15 lpm O₂ flow. No manual ventilations with BVM to reduce risk of aerosol
4. If patient is pulseless and requires chest compressions, apply nasal prongs with 15 lpm O₂ flow and place surgical/procedure mask on the patient, then **perform chest compressions only** until the Code Blue team arrives and takes over. NO manual ventilation with BVM or rescue breaths should be administered.
5. The patient's nurse should remain in the room donned with PPE for the entire duration of the code to assist the Code Blue team with resuscitation efforts and deliver Transfer of Accountability (TOA) handoff prior to transfer to ICU (when required).
6. Ensure ward staff available outside the patient's room to be the documenter and "runner" to assist the Code Blue team when required.