RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Guide for managing cardiac arrests in non-critical care units or outside the COVID-19 unit

- This guide is for non-critical units (example: hospitalization floors, outpatient clinics, radiology, hemodialysis, etc.). It excludes COVID-19 units and critical-care units (ER, ICU, OR, recovery room), as they have their own guide to managing resuscitation.
- A resuscitation order shall be determined or validated for all patients on admission to the hospital by the attending physicians.
- Codes Blue on the COVID-19 units are managed by the resuscitation teams who are responsible for Codes Blue for the rest of the hospital (most often the Emergency Medicine specialist). It is recommended that the participation of nursing and respiratory therapy teams be determined according to local practices.

For a patient with a suspected COVID-19 infection, for whom the **test result is OUTSTANDING** OR for a patient **confirmed positive for COVID-19, but who isn't on a COVID-19 unit** or in a critical care unit OR for a patient **with no clinical history (visitor).**

Patients in an orange or red area are suspected of COVID-19. Refer to the Quick Reference on Alert Levels for details.

- The overriding principle with respect to resuscitating a patient who has COVID-19, or is suspected of having COVID-19, is that resuscitation is to be done in the STANDARD fashion while taking measures to protect the medical staff.
- If the patient goes into cardiac arrest in his room or in any other setting, resuscitation is initiated at the location of the arrest. Other patients and staff who are not essential to resuscitation efforts must be cleared out of the room where the patient is arresting.
- Staff responding to Codes Blue, such as ECG technicians, phlebotomists, etc., shall make themselves available outside the room where the patient is.
- While waiting for the resuscitation team, medical staff can place nasal prongs with 15 L oxygen and place a surgical mask on the patient. The defibrillator can be connected and the patient defibrillated if needed. The staff on site can start CPR as long as appropriate PPE (including N95 respirators) is worn by everyone in the room. No manual ventilation with a bag valve mask should be administered.
- N95 respirators may not be located in all places where cardiac arrest could occur. However, measures should be taken in hospital centres to make N95 respirators available and accessible on the floors and in the places where a patient infected, or suspected of being infected, with COVID-19 may be located.
- The resuscitation team for a Code Blue should be limited to the following persons:
  - In the room with the patient:
    - physician responsible for resuscitation;
    - 2 experienced nurses;
    - 1 respiratory therapist;
    - 1 attendant for CPR.

  - In the anteroom or outside the room:
    - nurse messenger;
    - second RT;
    - second physician if one is available.
- During resuscitation, anyone entering the resuscitation room shall put on the appropriate PPE at the entrance to the room, including a N95 mask as soon as available.
- Intubation and placing an Ambu with a viral filter should be the priorities as soon as the physician responsible for intubation is available. Ventilation of the patient will be initiated only when the patient has been intubated.

For patients not suspected of COVID-19, or having been screened for COVID-19 with a negative result:

- Carry out resuscitation using standard practices.
- A patient who has had a negative test shall be considered to really be negative and COVID-19-specific PPE measures shall not apply.

Reference:

1. *Edelson et al.: Interim Guidance for Life Support for COVID-19.*