

Site Applicability

This protocol is applicable to all areas at the C&W campus where code blue response is available for children.

Practice Level/Competencies

Specialized skill – Providing resuscitation is an advanced skill. The use of this protocol is intended for teams who provide resuscitation.

Policy Statement(s)

- All patients are required to have clear designation of COVID-19 positive, COVID-19 Suspected, COVID 19 negative made clear on their chart and clear IPAC additional precaution signage made visible outside the patient room.
- PALS resuscitation guidelines with outlined modifications below will be utilized, otherwise usual resuscitation will be performed
- Intubation, bag mask ventilation and chest compressions are aerosol generating and require airborne PPE.
- Minimize code team personnel

Equipment & Supplies

Droplet/Contact/Airborne PPE (gloves, mask, eye protection, N95 respirator) for COVID-19 positive patients or patients under investigation as per Infection Control standards.

Protocol

Assessment	
Confirm code blue activation	<ul style="list-style-type: none"> • DON droplet/contact/Airborne PPE prior to patient contact • Activate Code Blue call per unit standard • Communicate CODE status and COVID-19 status to code team on arrival
Code Blue Team	
Team Members/ Role	<ul style="list-style-type: none"> • 2 RT, 2 Code RN, Physician team leader, Airway expert • Airway to be managed my best possible operator • Code Team to don droplet/contact/airborne PPE Prior to entering room • If available, one additional Physician or RN to be available outside the room donned in PPE as backup if needed • Minimize code team personnel (other roles to be outside the room i.e. recorder, runner etc.)
PALS Management	
Standard Resuscitation Protocol	<ul style="list-style-type: none"> • Follow PALS algorithm (CAB – compression, airway, breaths) • Airway management by expert
Transport/Return of Spontaneous Circulation (ROSC)	
Post ROSC Care	<ul style="list-style-type: none"> • Communication with PICU regarding time of transfer and disposition • CXR and ECG to be completed in PICU • Code Team to DOFF, then DON new PPE prior to transfer of patient as assumed to be heavily contaminated following resuscitation • Establish doffing partner system to supervise doffing • Ensure all contaminated equipment is disposed or cleaned • Ensure a clear path to PICU destination

Patient & Family Engagement/Education

When possible, families will be supported by the primary RN or Charge Nurse of the clinical area.

References

World Health Organization (March 13, 2020). Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. <https://apps.who.int/iris/bitstream/handle/10665/331446/WHO-2019-nCoV-clinical-2020.4-eng.pdf?sequence=1&isAllowed=y>

International Liaison Committee on Resuscitation (March 30, 2020). COVID-19 infection risk to rescuers from patients in cardiac arrest. <https://costr.ilcor.org/document/covid-19-infection-risk-to-rescuers-from-patients-in-cardiac-arrest>

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
30-Mar-2020	C-0506-13-60585 COVID-19: Positive And Presumed Positive CPR Protocol For Children	Developed by C&W COVID-19 Response Working Group; Approved by Professional Practice Director

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