

NURSING WORKFLOW + ROLES

RN 1

- Dons Intubating PPE
- Primary RN
- Responsible for establishing IV / IO Access
- Administers Meds
- CPR if needed
- Remains at bedside once Airway established
- Establishes Monitoring + Defibrillation

RN 2 (OR 2 RN)

- Dons Intubating PPE
- Runner RN
- Performs CPR if needed
- Assists with transferring patient
- Doff Intubating PPE once patient transferred to Iso room
- Assumes Runner RN role

RN 3 (OR 3 RN / Float)

- Dons Routine Airborne +Contact PPE
- Moves Stretcher(with Sling) to Outdoor Resuscitation Zone (ORZ)
- Brings CODE-19 Cart to ORZ
- Brings Side Table to ORZ
- Brings LUCAS + CPR Stool
- Assists with crowd control and clears path to Acute 1

CNL

- Calls COVID Airway Team (Anaesthesia) + Notifies ICU early
- Coordinates Security for crowd control and ensuring clear path
- Ensures STR-03 is available (or isolation room) & Stretcher removed
- Provides Coaching for PPE (or If Anaesthesia available can assist with PPE)

Triage RN

- Receives EHS notification
- Notifies EP +Trauma RN
- Calls overhead "CODE 19 in ____ minutes "
- Prepares isolation care space (STR-03, 04, 05, 06)

Registration Clerk

- Receives demographic info from EHS (if known) once Airway secured and Paramedics doff PPE
- Registers patient
- If unknown (or delay in identifying patient): Creates Unknown Profile patient at registration
- Provides wrist band for patient when possible

CODE-19 RN Checklist

STRETCHER with Green Sling (maybe with Lucas board ready) + Oxygen Tank

CODE-19 CART:

Airway Box: Checked by RT

Medication Box:

- 2 x IV Kit
- NS 1L + Primary Line
- MEDS:
 - ➔ Rocuronium (100 mg)
 - ➔ Ketamine (100 mg)
 - ➔ Phenylephrine (100mcg/mL) x 1 10 mL syringe
 - ➔ Epinephrine x 2 amps
- ZOLL Transport Monitor (* bring out vs In room)

Portable Pulse Oximeter

Side Table

LUCAS

CPR Stool

PPE Cart / Supplies

CARDIAC ARREST

EHS continues ACLS / BLS on arrival



Resus Team receives patient onto stretcher



CPR is resumed by RN 1 + RN 2



RN establishes IV/IO Access

RT Pre-oxygenates patient + SpO2 monitoring

MD Prepares equipment + Reviews BC Airway Checklist

EHS Monitoring is discontinued

Defibrillation suspended

SpO2 Monitoring established

(EHS hands off care and may doff PPE)



EP + RT Proceed to Intubate patient

ONCE ETT ESTABLISHED

Patient Enters ED transferred to ISO ROOM



Establish Monitoring + Resume ACLS Resuscitation at bedside



If ROSC Established: Proceed to Post-Cardiac Arrest Care



Resus Team to Doff PPE + Shower when feasible

RESPIRATORY ARREST

EHS continues Assisted Ventilations



Resus Team receives patient onto stretcher



Prepares + Administers RSI Meds

RT Pre-oxygenates patient + SpO2 monitoring

MD Prepares equipment + Reviews BC Airway Checklist



EHS discontinues monitoring

(EHS hands off care and may doff PPE)



EP + RT Proceed to Intubate patient

ONCE ETT ESTABLISHED

Patient Enters ED + transferred to ISO ROOM



Establish Full monitoring

Post-intubation care



Resus Team to Doff PPE + Shower when feasible

CODE 19 (Outdoor Resus Zone) CHECKLIST

If EHS notifies regarding a patient in:

- **Active** or Impending Respiratory Arrest

OR

- Cardiac Arrest

Notify Physician to take call.

Time:

ETA:

ERP asks:

- **Is the patient receiving Bag Valve Mask Ventilation?**
- **Does the patient have an advanced Airway (iGel?)**
- **Is the patient in Cardiac Arrest and CPR in progress?**

If yes to any of the above:

TRIAGE NURSE TO: Page Overhead " CODE-19 "

COVID-19 Outdoor Resuscitation Zone Protocol (ORZ)

EHS will provide early notification to SPH ED of incoming patient in:

- **Impending or Active Respiratory Arrest**

OR

- **Cardiac Arrest**

Physician to receive call and advise if patient is to proceed to ORZ.

EP to communicate to EHS the resuscitation plan.

“Proceed to unload patient in last (designate) ambulance bay. The ER Resus Team will receive the patient in the Outdoor Resuscitation Zone. Please continue resuscitative efforts until care is transferred to ED Physician.”

CALL OVERHEAD: “ **CODE 19** ”

CODE-19 Activates Resuscitation Team to:

- ERP, RT, RN 1 (Trauma) + RN 2 Don Intubating PPE (Type 1 or Type 2)
- RT: brings airway box
- RN 3:
 - Dons Standard Airborne PPE
 - Gathers RSI MEDS, IV/IO Kits, STRETCHER w/ SLING + O2 Tank
- CNL: ensures clear ambulance bay & Notify Anaesthesia + ICU
 - Coordinates Security for crowd control

On Patient Arrival: (see Cardiac + Respiratory Arrest Streams)

- Patient unloaded from EHS Gurney to ED Stretcher
- RN 1 + RN 2 Take over CPR / Establish IV/IO Access / Administer Meds
- EP: Assesses need for intubation.
- RT: Assists with equipment and Pre-oxygenation
- EHS: Discontinues monitoring and suspends Defibrillation. Hands over care to ED.
- LUCAS employed ASAP after ETT insertion

Once Definitive Airway / ETT established:

- Patient BVM ventilated with HEPA Filter
- Patient transported via stretcher through ED entrance to Isolation Room (STR-03*)
- Resus Team will:
 - Proceed to doff Intubating PPE one at a time in doffing room + showers when able
 - Dons clean standard Airborne Contact PPE
 - Resumes providing Post-Cardiac Arrest Care
- Paramedics: doff dirty PPE by side loading door, may use shower when possible