

Resuscitation COVID-19 May 7 20 1523


Josephina Kik

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Standard Work Activity Sheet		Author: Josephina K Kik
Step:	Purpose: Clarify Roles and Responsibilities of providers when resuscitating a potential COVID-19 patient to minimize staff exposure.	Value Stream:

Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who
	Be familiar with donning and doffing PPE, including PAPR. Protection is a must with aerosol-generating procedures such as utilizing high flow, CPAP, BVM, and intubation.	Reference the personal protective equipment page on InSite.	All
	Keep door closed. Door can be open for communication to the team outside. *In the ED, the door may remain open.	Preferably a Negative Pressure room.	All
	Crash cart positioned outside the patient's room. PPE stocked on or near crash cart. Gowns gloves N95 goggles /face shield to be stocked	PPE: Gown, gloves, N95, face shield, and yellow isolation mask. PAPR to be accessible. <i>This PPE is for resuscitation purpose only</i> N95 is strongly encouraged for all participants inside the room. Yellow isolation mask for outside the room.	All

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	<p><u>Grand Rapids Roles:</u></p> <p>These 7 roles are to operate <i>inside</i> the room.</p> <ol style="list-style-type: none"> 1. Physician 2. Physician/ICU APP/Fellow (1) 3. Respiratory Therapist 4. Registered Nurse 5. Recorder (RN) 6. HCW (Compressor; recommended ACLS or PALS RN) 7. HCW (2nd compressor) <p>These 3-5 roles are to operate <i>outside</i> the room.</p> <ol style="list-style-type: none"> 1. Pharmacist 2. Runner <p>Other recommended roles if available;</p> <ol style="list-style-type: none"> 3. Care Management 4. An extra Respiratory Therapist 5. HZB <p><u>Regional Roles:</u></p> <p>These 6-8 roles are to operate <i>inside</i> the room.</p> <ol style="list-style-type: none"> 1. Physician 2. 2nd Physician or APP (if available) 3. Respiratory Therapist 4. Recorder (RN) 5. Registered Nurse 6. HCW (Compressor; recommended ACLS or PALS RN) 7. Additional RN (only if necessary) 8. 2nd compressor 	<p>Roles preferably identified beginning of shift or assign each role prior to patient arrival.</p> <p>RN's preferably to be ACLS/PALS trained.</p>	<p>All</p>

Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who
	<p>Regional Roles:</p> <p>These 3-5 roles are to operate outside the room.</p> <ol style="list-style-type: none"> 1. Pharmacist 2. Runner <p>Other recommended roles if available;</p> <ol style="list-style-type: none"> 3. Care Management 4. An extra Respiratory Therapist 5. HZB 		
	<p>Bacterial/Viral filter (if available) is recommended to be placed on resuscitation bag.</p>	<p>Reference AHA</p> 	<p>RT/Team Leader</p>
	<p>HCW outside the room hands the defibrillator and pads to the Primary Nurse inside the room.</p> <p>Place defibrillator on the bed in a position so Compressor and Team Leader can visualize the full screen.</p> <p>Place pads on patient immediately.</p>	<p>Primary could take this in once dons PPE.</p> <p>Defibrillator in room, and cords not a trip hazard for code team.</p>	<p>HCW/Primary Nurse</p>
	<p>Do not take the Airway Box into the patient's room, only take necessary supplies into the room.</p>	<p>Prevent contamination of unused supplies.</p>	<p>ALL</p>

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	<p>Bedside table to be positioned outside the door for clean equipment and medications.</p> <p>This is optional based on space and equipment availability.</p>	Clean space for medication preparation.	Pharm
	RN or Pharmacist verbalizes the medication and dose to the Primary Nurse when handing it off at the door.	Closed Loop Communication Per AHA	RN/ Pharm
	All communication needs to be precise and clear.	<p>Only conversation necessary to resuscitation to occur, all other discussions to cease.</p> <p>Closed loop communication</p> <p>Practice good safety behaviors by validating and verifying</p>	ALL
	Be mindful of all movements and actions. Progress in a slow cautious manner.	Awareness of possible contamination	ALL
	Follow the appropriate AHA algorithm; ACLS or PALS		ALL
	Minimize potential contamination through all aerosol-generating procedures.	<p>RSI needs to be prioritized in both pediatric and adult. (AHA 2020)</p> <p>Chest compressions should be held during intubation to avoid exposing the face of the intubating clinician (Peng et al 2020)</p>	RT/ Team Leader

Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who
	<p>Transport:</p> <ul style="list-style-type: none"> • Ensure receiving location is aware of patient's isolation status. • The hallways should be cleared of people and the doors to patient rooms should be temporarily closed. <p>If patient is receiving aerosol-generating procedure during transport: A N95 mask/PAPR/CAPR is worn during care prior to transport, the transport team should leave the N95 mask/PAPR/CAPR in place rather than removing it for transport. These team members should also wear eye protection, clean gown, and clean gloves during travel and should only have contact with the patient, the bed or the patient's equipment and the environment. They should not touch the elevator buttons, doors, etc.</p> <ul style="list-style-type: none"> • During travel, a second team member should act as the "clean" person to touch surfaces (e.g. doors, door handles, elevator buttons). • All team members should wear a standard isolation mask or leave the N95 mask/PAPR/CAPR in place 	<p>Reference HZB FAQ</p>	<p>All</p>

Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who
	<p>rather than removing it for transport.</p> <ul style="list-style-type: none"> • The second team member may carry a clean pair of gloves and/or hand sanitizer. • After reaching the destination, these team members will leave mask/PAPR/CAPR in place, perform hand hygiene, and put on clean eye protection, gown and gloves if assisting with transfer. 		
	<p>Post Transport</p> <ul style="list-style-type: none"> • Any equipment leaving the room should be wiped down with a quat with alcohol disinfectant (SuperSani wipes; Purple top). • Clean and disinfect room • Restock Crash cart 	<p>Preparation for the next patient with no additional contamination</p>	<p>HZB/Primary Nurse</p>

References:

Peng, P; Ho, P; Hota, S. 2020. Outbreak of a new coronavirus: what anaesthetists should know. British Journal of Anaesthesia, doi:10.1016/j.bja.2020.02.008
[https://bjanaesthesia.org/article/S0007-0912\(20\)30098-2/pdf](https://bjanaesthesia.org/article/S0007-0912(20)30098-2/pdf)

AHA (2020). Interim Guidance for Healthcare Providers during COVID-19 Outbreak. Obtained from <https://cpr.heart.org/-/media/cpr-files/resources/covid-19-resources-for-cpr-training/interim-guidance-during-covid19-healthcare-providers.pdf?la=en&hash=613D491E7C9A6F5868D269F60892CCAB5EDCFD53>