



An extended CCRC group provided input in these recommendations representing emergency medicine, internal medicine, critical care medicine, anesthesiology, and pediatrics including the Chairs of the Code Blue and Code Pink Committees to develop this guidance.

This interim guidance will be presented to the Medical Advisory Committee at its next meeting for final approval. It is considered effective immediately as INTERIM GUIDANCE. Further updates to the emergency code response will be forthcoming in the coming months.

The COVID Clinical Response Committee (CCRC) has been asked to provide **INTERIM GUIDANCE** on physician presence at resuscitation codes in the organization.

This document refers to **Code Blue and Code Pink**. The framework for these emergency responses are outlined in the following currently active policies at Osler (see policies on Oslernet):

- Code Blue
- Code Pink
- Code Airway Emergency

The Emergency Physician (EP) is the on-duty emergency physician in the emergency department (ED). The General Internal Medicine (GIM) physician is the on-call internal medicine physician in-house. The Emergency Airway Physician (EAP) is no longer available. The in-house on-call OB-Anesthesiologist will make every effort to attend emergency codes when available. The Critical Care Response Team (CCRT) physician is the ICU physician on-call and is not typically part of code response unless called to assist.

1. The following tables identify the physician responders and other physicians who can be called to assist if needed:

CODE BLUE			
BCH & EGH	Public Areas	ED	Inpatient
Code Team Captain	Ground floor - EP All other areas - GIM	EP	GIM
Additional physicians responding	OB-Anesthesiologist	OB-Anesthesiologist (*if Code Blue is called overhead or stat*)	OB-Anesthesiologist
Back-up Physician (if required, called by Code Captain)	EP	Additional EP CCRT Physician	EP CCRT Physician
“Second Code” Captain	EP or GIM (if not leading 1st code)	GIM	EP

CODE PINK			
BCH & EGH	Public Areas	ED	Inpatient
Physicians Responding	EP Pediatrician on-call OB-Anesthesiologist	EP Pediatrician on-call OB-Anesthesiologist	Pediatrician on-call OB-Anesthesiologist
Back-up MD (if required, called by Code Captain)		Additional EP CCRT Physician (adolescents)	EP CCRT Physician (adolescents)
“Second Code” Captain			EP

2. The OB-Anesthesiologist will respond to the following calls:
 - a. Code Blue and Maternal Code Blue
 - b. Code Obstetrics
 - c. Code Airway Emergency
 - d. Code Pink
 - e. Calls for assistance with an expected difficult airway prior to attempting intubation.
 - f. Any general calls through locating for anesthesia assistance.
3. At a code, the OB-Anesthesiologist arrives with the code team when available. They will enter the room with the team after donning appropriate PPE.
4. Calls to anesthesia through locating will be routed to the OB-Anesthesiologist
5. If an airway is anticipated to be difficult, the anesthesiologist should be called prior to attempting intubation as part of the planned difficult airway. In the event of an unexpected failed or difficult airway, a code “Emergency Airway” should be called through locating.
6. At Peel Memorial Centre, in the setting of the temporary closure of the Urgent Care Centre, an alteration in the emergency code response has occurred and will be in effect until further notice.
 - a. For an emergency within the physical confines of the building:
 - i. Staff should activate the normal Code response for all Code Blue, Maternal Code Blue and Code Pinks. The response will be variable dependent on the time of day but this will access help on hospital grounds such as the assessment centre physician and nurse if the centre is open.
 - ii. Staff should then call 911.
 - b. For an emergency outside the physical confines of the building, staff should call 911 as is currently standard practice.

Rationale

1. During a time when resuscitation codes in the institution are run as protected codes, additional airway expertise increases staff safety and resources available to the patient.
2. As of August 1, 2020, the Emergency Airway Physician role will no longer exist.
3. This is not an intubation team as it is typically understood in many institutions as it does not include a dedicated multidisciplinary response.
4. Registered Respiratory Therapists are skilled at airway management and offer considerable expertise to all emergency resuscitations.
5. The Code "Emergency Airway" is available as a method of accessing a multidisciplinary response to emergency airway management in the event additional expertise is required.