CODE BLUE
(CARDIAC ARREST)
(MEDICAL EMERGENCY)
CODE BLUE

CODE BLUE is used for cardiac arrest or any other acute medical emergency (such as a respiratory arrest) that requires an immediate and coordinated response from staff to save a life.

CODE BLUE PROCEDURE

Expected Response from the First Person on the Scene:

The person who determines that someone (resident, staff member or visitor) has had a cardiac arrest or is experiencing a medical emergency will:

1. **Determine whether or not to initiate a CODE BLUE.**

   When a resident is involved, review the Advance Directives to ensure that s/he wants to be resuscitated.

   If s/he **wants to be resuscitated**, proceed with the CODE BLUE procedure.

   When an individual’s wishes are unknown (resident, outpatient, staff or visitor), proceed with the CODE BLUE procedure.

   **Please Note:** It is acceptable **NOT to initiate CPR** in any case where the cardiac arrest was **unwitnessed** and the affected individual exhibits **obvious signs of death** (i.e. vital signs absent with the presence of rigor mortis and/or tissue decay, etc.).

2. **Shout “CODE BLUE”** to summon any assistance available in the immediate area.

3. **Call “9-911”** and state that someone is having a **“Cardiac Arrest” or “[other medical emergency]”**.

   Direct the ambulance to the main entrance at 100 Westmount Road.
4. **Call (or direct someone else to call) for additional assistance.**

Staff working on or near a resident neighbourhood should proceed to one of the **red Emergency Telephones** (found in a recessed box on the wall beside each Medication Room as you exit from any pair of neighbourhoods). **Pick up the receiver and press the button to activate the emergency overhead paging system and CLEARLY announce “CODE BLUE – [LOCATION] (neighbourhood and/or room number)” THREE TIMES.**

If you are anywhere else within the facility, please call “0” to reach **Switchboard** and ask them to use the Emergency Telephone located at Switchboard to announce “CODE BLUE – [LOCATION] (department, program area and/or room number)” THREE TIMES.

When the Switchboard area is not staffed, **calls will be forwarded to the Security Guard on duty** and security personnel will access the closest Emergency Telephone to announce the “CODE BLUE”.

**Please Note:** In the event that a staff member, volunteer or visitor working in Long Term Care requires resuscitation, please announce “CODE BLUE - EMPLOYEE - [LOCATION]” THREE TIMES so that an RN from Rosewood will also respond and bring additional equipment (i.e. the Emergency Cart and defibrillator)(see Step 5).

5. **Obtain the appropriate resuscitation equipment** (see Appendix 1).

In Long-Term Care (or “LTC”), staff will obtain a **backboard** (if necessary) and a **CPR resuscitation mask** (stored in wall-mounted cases outside each neighbourhood medication room. **NO OTHER EQUIPMENT IS REQUIRED.**

In all other parts of the facility such as Complex Continuing Care (or “CCC) as well as Outpatient Services, Ambulatory Care, ABI Program, Outreach, etc., staff will obtain a backboard (if necessary) and a CPR resuscitation mask (stored in wall-mounted cases outside each medication room in CCC and centrally located within the other service areas). In addition, designated CCC staff from either Level One or Two in Complex Continuing Care will bring an **Emergency Cart and Defibrillator** (see Appendix 1).

6. **Prepare the person for CPR** by positioning her/him supine on the bed or floor.

If a resident is in bed, roll the head of the bed down, remove the headboard and place a back board underneath the resident’s upper body to aid with cardiac compressions.
7. **Begin CPR** (at the Basic Cardiac Life-Support or “BCLS” level).

8. **Continue CPR until ambulance arrives and paramedics assume care.**

9. Use the Emergency Telephone (and/or dial Switchboard/Security) to announce “CODE BLUE – ALL CLEAR” three times.

10. In those cases in which the CODE BLUE involved a resident, **notify**:

    - the next-of-kin; and,
    - the attending physician.

11. **Document** the CODE BLUE procedure in the appropriate place (interdisciplinary notes, Incident Report Form, etc).

    If the CODE BLUE involved a resident in Long-Term Care, complete a Ministry of Health Unusual Occurrence Report form and forward it to the Manager of Long-Term Care.

**Expectations for Other Staff Who Respond to a CODE BLUE:**

As the **CODE BLUE Response Team arrives**, staff members will **assist** the first person on the scene with the tasks outline above, #1 - #10.

Staff can also assist by doing the following additional tasks:

1. **Remove and reassure** other residents/onlookers in the area as appropriate.

2. **Clear a pathway** for ambulance personnel and the transport stretcher.
The CODE BLUE Response Team

PLEASE NOTE:  A CODE BLUE in Long-Term care will be managed differently than a CODE BLUE in all other parts of the facility (see Appendix 1).

If the CODE BLUE is in Long-Term Care, the following staff will respond:

Nursing Staff:

Day Shifts (0700-1500 hours):

One Staff Member from each of pair of neighbourhoods in LTC:

- one Staff Member from Level One LTC (Ashley Lane & Elmwood)
- one Staff Member from Level Two LTC (Cherrywood Lane & Linden Court)
- one Staff Member from Level Three East LTC (Oakridge Falls & Cedarbrook)
- one Staff Member from Level Three West LTC (Magnolia Court & Mapleview)
- one or both Clinical Practice Leaders

Evening & Night Shifts:

- the Registered Nurse in LTC; and,
- any other available staff working in LTC.

Note: It is assumed that any other nursing personnel (the Nurse Practitioner, Nursing Managers, the RN in Ambulatory Care, etc.) and/or any other staff with CPR training who are available will respond to a CODE BLUE as able at ALL TIMES to increase the speed and effectiveness of the emergency response.

Religious and Spiritual Care:

All available staff will respond.

Security Services:

On ALLhifts, the Security Guard will proceed to the main entrance (or direct another staff person to do so) to meet and direct ambulance personnel to the correct CODE BLUE location.
If the CODE BLUE is in any part of the facility EXCEPT Long-Term Care (i.e. Complex Continuing Care, Outpatient Services, Ambulatory Care, ABI Program, Outreach, etc.) or it involves a staff member/volunteer/visitor in Long Term Care, the following staff will respond:

**Nursing Staff:**

**Day Shifts** (0700-1500 hours):

- one Registered Nurse (RN) from Rosewood (Level 1 Rehabilitation);
  
  The RN from Rosewood will bring the Emergency Cart and Defibrillator to the CODE BLUE location **unless** the CODE BLUE is on Level 2 CCC (Sunny Oaks & Whispering Pines).

- one Staff Member from Apple Blossom (Level 1 CCC)

- one Staff Member from Sunny Oaks (Level 2 West CCC);

- one Staff Member from Whispering Pines (Level 2 West CCC).

**Evening & Night Shifts:**

- one Registered Nurse (RN) from Rosewood (with the Emergency Cart & Defibrillator);
  
  - one Staff Member from Apple Blossom; and,

  - any other available staff working in CCC.

**Note:** It is assumed that any other nursing personnel (the Nurse Practitioner, Nursing Managers, the RN in Ambulatory Care, etc.) and/or any other staff with CPR training who are available will respond to a CODE BLUE as able at ALL TIMES to increase the speed and effectiveness of the emergency response.

**Religious and Spiritual Care:**

All available staff will respond.

**Security Services:**

**On ALL SHIFTS, the Security Guard** will proceed to the main entrance (or direct another staff person to do so) to meet and direct ambulance personnel to the correct CODE BLUE location.
RESUSCITATION EXPECTATIONS IN LONG-TERM CARE

According to a March 2002 Policy Directive distributed to Long-Term Care Facility Administrators, Medical Directors and Advisory Physicians in a March 2002 Memorandum from the Ministry of Health and Long-Term Care:

“LTC facility staff should initiate CPR at the Basic Cardiac Life-Support (BCLS) level until emergency/ambulance personnel arrive to initiate Advanced Cardiac Life-Support (ACLS). […]

Where CPR is determined to be the appropriate action, LTC facility staff should initiate BCLS as soon as they have determined that an actual cardiac arrest has occurred. Survival is dependent on the rapidity of emergency response services, with improved outcomes when CPR is initiated within four minutes of the onset of cardiac arrest.

BCLS involves the application of artificial ventilation (mouth-to-mouth resuscitation or bagging) and chest compressions. Where CPR is the appropriate response, facility staff must initiate BCLS within four minutes of the cardiac arrest and continue until the arrival of emergency/ambulance personnel. […]

ACLS activities include intubation and defibrillation. Long-term facilities are not expected to provide ACLS in the event of a cardio-pulmonary arrest [emphasis added]. Once emergency personnel arrive, they can initiate ACLS.”

Given the above policy directive, nursing staff are expected to act as follows:

CODE BLUE in Long Term Care:

Resuscitation will include the provision of BCLS using chest compressions and artificial ventilation (“mouth-to-mouth”) using a CPR mask.

The appropriate equipment to obtain will include:

- a back board; and,
- CPR mask.

Please Note: The CPR masks at SJHC are one-time use disposable products that MUST be replaced after any Code Blue procedure.
CODE BLUE in Complex Continuing Care & the Remainder of the Facility:

The **two Emergency Carts** and **defibrillators** (see Appendix 2) in Rehabilitation and Complex Continuing Care will be stored on:

- **Rosewood** (Level 1, Rehabilitation); and,
- **Sunny Oaks/Whispering Pines** (Level 2, CCC).

Resuscitation will include the provision of **BCLS using chest compressions and artificial ventilation** (“mouth-to-mouth”) **using a CPR mask**; however, it will also include **additional medical procedures as ordered** by any physician in attendance.

For this reason, the **appropriate equipment** to obtain will include:

- a back board;
- CPR mask;
- the Emergency Cart (which is stocked with an Ambu bag, oral airways, portable suction, intravenous equipment, emergency medication, etc.; and,
- the Defibrillator.

**Please Note:** The CPR masks at SJHC are one-time use disposable products that MUST be replaced after any Code Blue procedure.
APPENDIX 2

MAINTENANCE AND USE OF EMERGENCY CARTS & DEFIBRILLATOR

Please note the following details re: the maintenance and use of the emergency carts and defibrillators that are stored on Rosewood and Sunny Oaks/Whispering Pines:

1. Drugs and equipment must NOT be removed from the emergency carts except for use in a CODE BLUE (emergency) situation.

2. Drugs and equipment other than those on the emergency cart checklists must NOT be added.

3. The staff on Rosewood and Sunny Oaks/Whispering Pines are responsible for checking and/or restocking the Emergency Carts and Defibrillators twice weekly (Monday and Thursday nights). These checks must be documented (signed and dated) by the staff member who completes it.

4. Whenever the Emergency Cart/Defibrillator is used at a CODE BLUE, a Registered Nurse working on the neighbourhood where that cart is stored will ensure that the Central Supply attendant is notified to remove, clean and restock the cart and defibrillator.

The Registered Nurse is also responsible for contacting Shopper's Drug Mart to replace any medications that were used.