COMMUNITY AND HEALTH SERVICES DEPARTMENT
PARAMEDIC AND SENIORS SERVICES BRANCH
LONG-TERM CARE

Medical Emergencies Emergency Plan – CODE BLUE (Policy and Procedures)

Manual	Emergency Management – Module 3	**Policy Number**	EM-03.07 (v.1.24)
Applies to	All Long-Term Care Staff, Students and Volunteers		
Effective Date	November 22, 2022	**Replaces**	December 18, 2018

PURPOSE: The policy provides guidelines for staff to respond and manage the following medical emergencies (in the Home or on its grounds) to ensure the safety and security of residents, staff members, volunteers and visitors in the Homes:

- Unexpected cardiac or respiratory arrest

- Any medical emergency that involves ABCs (airway, breathing, circulation) or loss of consciousness

DEFINITIONS:

Cardiopulmonary resuscitation (CPR)	The manual application of chest compressions and ventilations to a person in cardiac arrest, done to maintain viability until advanced help arrives
CODE BLUE	A term used to alert Registered Nursing Staff of a cardiac arrest or medical emergency in an adult that requires their immediate response
Do Not Resuscitate (DNR)	A medical order given by a resident or his/her Substitute Decision-Maker (SMD) not to attempt CPR if a respiratory or cardiac arrest occurs
Staff	Means a person who works at the Home either: (a) **As an employee of the Region/Home.** This includes unionized staff, including but not limited to CUPE 905 Long-Term Care Bargaining Unit Staff (excluding Seniors Community Program Staff), and Non-Union staff working in the Homes. This also includes any redeployed Regional staff (b) **Has a contract or agreement with Region/Home.** This includes but not limited to the Medical Director, Registered Dietician, Pharmacy Service Provider, Physiotherapist, etc. (c) **At the Home due to a contract or agreement between the Region/Home and an employment agency or other third**

	party. This includes agency staff (including those who may not provide direct care to residents)
	Note: Education and Training exemptions apply for those in (b) and (c) who provide occasional maintenance and repair services to the Home and will not provide direct care to residents. These staff will receive information about emergency plans before commencing their services
Unwitnessed Cardiac arrest	A cardiac arrest is called unwitnessed if the person is found without a pulse and no one was present at the time the person had the arrest
	Note: Any person in the Home may witness an arrest (such as another resident / roommate or visitor)

POLICY: The key requirements of this policy are:

1. A **Medical Emergencies Emergency Plan (CODE BLUE) MUST** be **activated** by **any** staff member, student or volunteer for **any** resident or person experiencing a cardiac or respiratory arrest or other life-threatening medical emergency at the Home

    Note: Excludes residents who have a Do Not Resuscitate form **and** unwitnessed cardiac arrests that meet the criteria

2. The Homes will ensure the following access to medical services:

    - That residents have access to medical services 24 hours a day

    - Defibrillators and response equipment are available at both Homes

    - Registered Nursing staff coverage is available 24 hours per day

    - All residents have timely access to all prescribed drugs

3. All staff have a duty to support and respond to a **CODE BLUE**

4. **Equipment and Supplies:** The Homes will ensure staff have access to resources, supplies, personal protective equipment, and equipment to adequately respond to a **CODE BLUE**

5. **Communications:** The Homes will be equipped with an effective public address system for announcing **CODE BLUE** to those in the Home

6. **Reporting:** The Home must report a critical incident that presents an emergency to the Ministry of Long-Term Care immediately

    Note: This includes reporting immediately an unexpected or sudden death, including a death resulting from an accident or suicide

7. **Education and Training:** All staff, students and volunteers will be provided with education and training on the **Medical Emergencies Emergency Plan (CODE BLUE)** at orientation and annually thereafter

   Note: For CODE BLUE testing and exercise requirements, see the **Long-Term Care Emergency Preparedness and Response Training and Exercise Plan**

PROCEDURES: This section contains procedures for the following:

A. **Activating and responding to a CODE BLUE**

B. **During a CODE BLUE**

C. **Ending a CODE BLUE**

D. **Post CODE BLUE Procedures and Documentation**

A. **Activating and responding to a CODE BLUE**

1. **When to activate a CODE BLUE**

   - Any staff member, student or volunteer who finds a resident or person experiencing cardiac arrest, respiratory arrest, or an imminent life-threatening medical emergency (such as being unresponsive) must immediately notify Registered Nursing staff

   - Upon notification of the emergency, Registered Nursing staff will assess the person's ABC (Airway, Breathing, Circulation) to determine and provide interventions and care accordingly

   FOR LTC RESIDENTS

   - Resuscitation efforts (e.g., CPR) will be started for all **WITNESSED** cardiac arrests **AND** a CODE BLUE activated **UNLESS** the resident has signed a Do Not Resuscitate form

     Note: Staff should commence CPR only if there are resuscitation wishes (e.g., no DNR). At each shift report, Registered Nursing staff will review resuscitation wishes with Home Area staff

   - All **unwitnessed** cardiac arrests **WILL NOT** be resuscitated if the resident meets one or more of the following criteria:

     o The resident had a serious chronic health issue and is not a suitable candidate for CPR

     o The resident would not benefit from such a treatment

     o The treatment would be deemed futile or possibly detrimental (such as the resident being unresponsive for a period of time)

Note: Corrective action **MUST** be taken if the resident is choking. Corrective action for choking may include CPR, if needed, **regardless** of whether the resident has a <u>Do Not Resuscitate</u> form in place unless they have given explicit consent otherwise (See Advanced Care Planning Policy and Procedure)

FOR NON-RESIDENTS (such as visitors, staff, etc.)

- All cardiac arrests **MUST** be resuscitated, **AND** a CODE BLUE activated
  Note: The Home does not maintain records of advanced care plans or <u>Do Not Resuscitate forms</u> for non-residents

2. **Responding to a CODE BLUE**

Registered Nursing staff will:

- Begin CPR and provide care accordingly until Paramedics arrive

- Delegate a staff member to announce the following statement **three times** using the public address system:

  "CODE BLUE (Home Area, room number). All available Registered staff on (Home Area) please report"

- Delegate staff members to:

  o Call "8-911" and state that someone is having a "medical emergency," provide the address of the Home and follow their direction

  o Retrieve and bring the appropriate response equipment. See **Appendix A: Medical Emergency (CODE BLUE) Response Kit Checklist**

  o Prepare medication list, transfer sheet and Advanced Care Plan (if one exists) for transport to hospital

  o Wait for Paramedic Services at the entrance and escort them to the **CODE BLUE** location

  Note: Defibrillators are located on the wall opposite to the elevators at both Homes

The Charge Nurse (or designate) will:

- Go to the location of the **CODE BLUE** and assume command of the emergency, as well as assist with CPR if required

  Note: The number of staff attending the **CODE BLUE** should be limited to the minimum staff required to safely respond the situation

B. During a CODE BLUE

Available Registered Nursing staff (and Physicians) in the Home Area will:

- Report to the location and assist with CPR and other duties as required

Non-registered staff members will:

- Keep residents calm and away from the **CODE BLUE** area, continue with regular duties unless otherwise assigned and clear a pathway for paramedics

The Charge Nurse (or designate) will:

- Determine how many staff may enter the location where the medical emergency is occurring and what equipment or supplies need to be passed into the room where the emergency is occurring

- Request additional support if required and announce the following statement **three times** using the public address system:

  "CODE BLUE STAT (home area, room number). All available Registered staff please report"

Outbreak Considerations

Registered Staff responding from another Home Area will:

- Wait outside the Home Area in the event they are required to replace another responder whose personal protective equipment (PPE) has been breached

- If needed to replace another responder, follow appropriate Infection, Prevention and Control (IPAC) precautions, including:

  o Practicing proper hand hygiene

  o Replacing any PPE in the corridor outside the Home Area experiencing an emergency before entering

  o Donning enhanced PPE when a **CODE BLUE** is on a Home Area in surveillance or outbreak **OR** for a resident on additional precautions

C. Ending a CODE BLUE

The Charge Nurse (or designate) will:

- Declare the **CODE BLUE** over:

  o At the direction of Paramedic Services,

  o The person is pronounced dead. See **Registered Nurse Pronouncement of Death Policy and Procedures** and **Managing Resident Death Policy and Procedures**, or

  o The person regains consciousness

- Delegate a staff member to announce the following statement **three times** over the public address system:

"CODE BLUE. All clear"

Note: Once a **CODE BLUE** has been declared over, normal operations resume

D. Post CODE BLUE Procedures and Documentation

The Charge Nurse (or designate) will:

- Report any incidents involving visitors and other members of the public using the **Bodily Injury Reporting Form**

- Upon notification of incident/injury of **employees**, request that the employee's supervisor follow the employee incident / injury process. See Incident and Concern Reporting

- Upon notification of incident/injury of **students, volunteers, agency staff and contracted service providers**, notify the supervisor of that individual about the need to complete the **Non-Regional Incident Reporting Form**

- Designate Nursing Staff to:

  1. Notify the resident's SDM (if applicable), the resident's most responsible Physician, Medical Director, Director of Care (DOC, or designate) regarding the **CODE BLUE** incident

  2. Document the **CODE BLUE** incident in the Homes' electronic record system

  3. Ensure all emergency response equipment is replenished and cleaned after each CODE BLUE ends. See **Appendix A: Medical Emergency (CODE BLUE) Response Kit Checklist**

  - Conduct debrief(s) and other actions as required by the **Long-Term Care Emergency Recovery Plan**

The Director of Care (or designate) will:

- Follow the **Mandatory and Critical Incident Reporting Policy and Procedures**

- Follow the **Managing Resident Death Policy and Procedures**

- Notify Joint Health and Safety Committee regarding all incidents involving staff, volunteers, visitors, and contract workers

- Notify the Education and Wellbeing Team to ensure staff supports are in place for those who experienced distress. See **Appendix D: Suggested Support Resources** in **Emergency Recovery Plan (Policy and Procedures)**

A Supervisor of any employee involved in the incident (and who sustains an injury or a near miss) will:

- Follow the employee incident / injury process. All incidents must be reported through the **Online e-Incident Report Form** on the Homes' incident reporting system

  Note: All incidents (including near misses) must be investigated by employers. See Incident and Concern Reporting

A Supervisor of a student, volunteer, agency staff or contracted service providers, **involved in the incident (and who sustains an injury or a near miss) will:**

- Complete the **Non-Regional Incident Reporting Form**

ROLES AND RESPONSIBILITIES:

Role	Responsibilities
All staff, students and volunteers	• Immediately notify Registered Nursing staff of any medical emergency • Must support a CODE BLUE
All Registered Staff	• Must respond to a CODE BLUE • Registered nursing staff must maintain annual certification in CPR and provide copies to Education and Wellbeing Team
Attending Physician	• Respond to CODE BLUE • Review assessment, intervention and implement treatment related to responding to a CODE BLUE, as required
Director of Care (or designate)	• Initiate Mandatory Critical Incident System, if required
Charge Nurse (or designate)	• Assume command of a CODE BLUE until the paramedics arrive on site • Ensure completion of **Appendix A** monthly **and** after every CODE BLUE
Emergency and Contingency Planning Specialist	• Provide education and training on Emergency Plans • Complete After-Action Review (AAR) as required by the **Long-Term Care Emergency Recovery Plan**
Education and Wellbeing Team	• Offer registered nursing staff onsite CPR training • Ensure staff supports are in place for those who experienced distress. See **Appendix D: Suggested**

	Support Resources in **Emergency Recovery Plan (Policy and Procedures)** • Maintain staff records of education and training

Authority	*Fixing Long-Term Care Act*, 2021 s.16, 82(2)8 and 90; General Regulation 246/22 s.85, 86, 115, 263(2)2, 268, 270, 271(1)f and 273; CARF Aging Services Standards; and York Region Seniors Services Administration
Related Resources	• Appendix A: Medical Emergency (CODE BLUE) Response Kit Checklist • **Related Home Policies:** Emergency Planning Policies and Procedures; Mandatory and Critical Incident Reporting Policy and Procedures; Orientation and Training Program Policies and Procedures; Palliative Care Policy and Procedures; Managing Resident Death Policy and Procedures; Advance Care Planning Policy and Procedures; and Substitute Decision-Maker Fact Sheet • Do Not Resuscitate form • LTC Emergency Preparedness Manual
Policy Contact	Senior Program Analyst	**Review Period**	Annually