

MEDICAL EMERGENCIES EMERGENCY PLAN – CODE BLUE (POLICY AND PROCEDURES)

Purpose

The policy provides direction 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

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).

PARAMEDIC AND SENIORS SERVICES

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Policy

The key requirements of this policy are:

1. Activation: 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: However, CPR will not be performed on residents who have a Do Not Resuscitate (DNR) form or in cases where CPR is deemed clinically inappropriate.

2. Medical Services: 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 they required
3. Response: 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

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, RNs/RPNs will assess the person's ABC (Airway, Breathing, Circulation) to determine and provide interventions and care accordingly

2. Responding to a CODE BLUE

RNs/RPNs will:

- Initiate and begin CPR for all non-residents (such as visitors, staff, etc.)

Exception for Maple ADP client: If an ADP client is found within the LTC Home during an ADP Code Yellow event, CPR will not be performed if the ADP client has a valid DNR form. During a search for a missing ADP client, ADP Supervisor (or Designated Lead) will share copy of missing client's DNR with LTC staff, as applicable.

- Initiate and begin CPR for all LTC residents, unless:
 - CPR is explicitly excluded from their care plan (e.g., a complete signed DNR form exists), or
 - CPR would not be clinically appropriate (e.g., the resident is unresponsive and shows clear signs of irreversible death)

Notes:

1. Applies to witnessed and unwitnessed incidents.
 2. 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 DNR form in place unless they have given explicit consent otherwise.
- Provide care within their scope of practice, knowledge and skill until Paramedics arrive
 - Delegate a staff member to announce the following statement three times over the public address system:

"CODE BLUE (Home Area, room number). All available RNs/RPNs on (Home Area) please report"
 - Delegate staff members to:
 - Call "8-911" and state that someone is having a "medical emergency," provide the address of the Home and follow their direction
 - Retrieve and bring the appropriate response equipment

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

- Designate a RN/RPN to complete Appendix B for all medical emergencies

B: DURING A CODE BLUE

Available RNs/RPNs and Physicians in the Home Area will:

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

All other 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 announce the following statement three times over the public address system: “CODE BLUE STAT (home area, room number). All available RN/RPNs please report”

Outbreak Considerations

RNs/RPNs 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:

- Practicing proper hand hygiene
- Replacing any PPE in the corridor outside the Home Area experiencing an emergency before entering
- 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:
 - At the direction of Paramedic Services,
 - The person is pronounced dead, or
 - 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/injuries using the appropriate tools
- Designate a RN/RPN 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
- 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* and report an unexpected or sudden death, including a death resulting from an accident or suicide
- If the resident has died, follow the Death Protocol

- Notify Joint Health and Safety Committee regarding all incidents involving staff, volunteers, visitors, and contract workers
- Notify Wellbeing and Culture Transformation, PSS to ensure staff supports are in place for those who experienced distress

Roles and Responsibilities

All staff, students and volunteers

- Immediately notify RN/RPNs of any medical emergency
- Must support a CODE BLUE

RNs/RPNs

- Must respond to a CODE BLUE
- Must maintain annual certification in CPR and provide copies to Seniors Services Education
- Complete Appendix B, as required

Attending Physician

- Respond to CODE BLUE, if present onsite
- 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 B after every CODE BLUE
- Ensure completion of Appendix A monthly and after every CODE BLUE

Emergency Management Specialist

- Provide education and training on Emergency Plans
- Complete After-Action Review (AAR), as required

Seniors Services Education

- Maintain staff records of education and training

Wellbeing and Culture Transformation, PSS

- In coordination with People, Equity and Culture, maintain staff supports and resources for those who experienced distress and provide referral(s), as required

AUTHORITY

Fixing Long-Term Care Act, 2021; General Regulation 246/22; CARF Aging Services Standards; and York Region Seniors Services Administration

Alternate formats or communications supports are available upon request by emailing newmarkethealthcentre@york.ca or maplehealthcentre@york.ca