



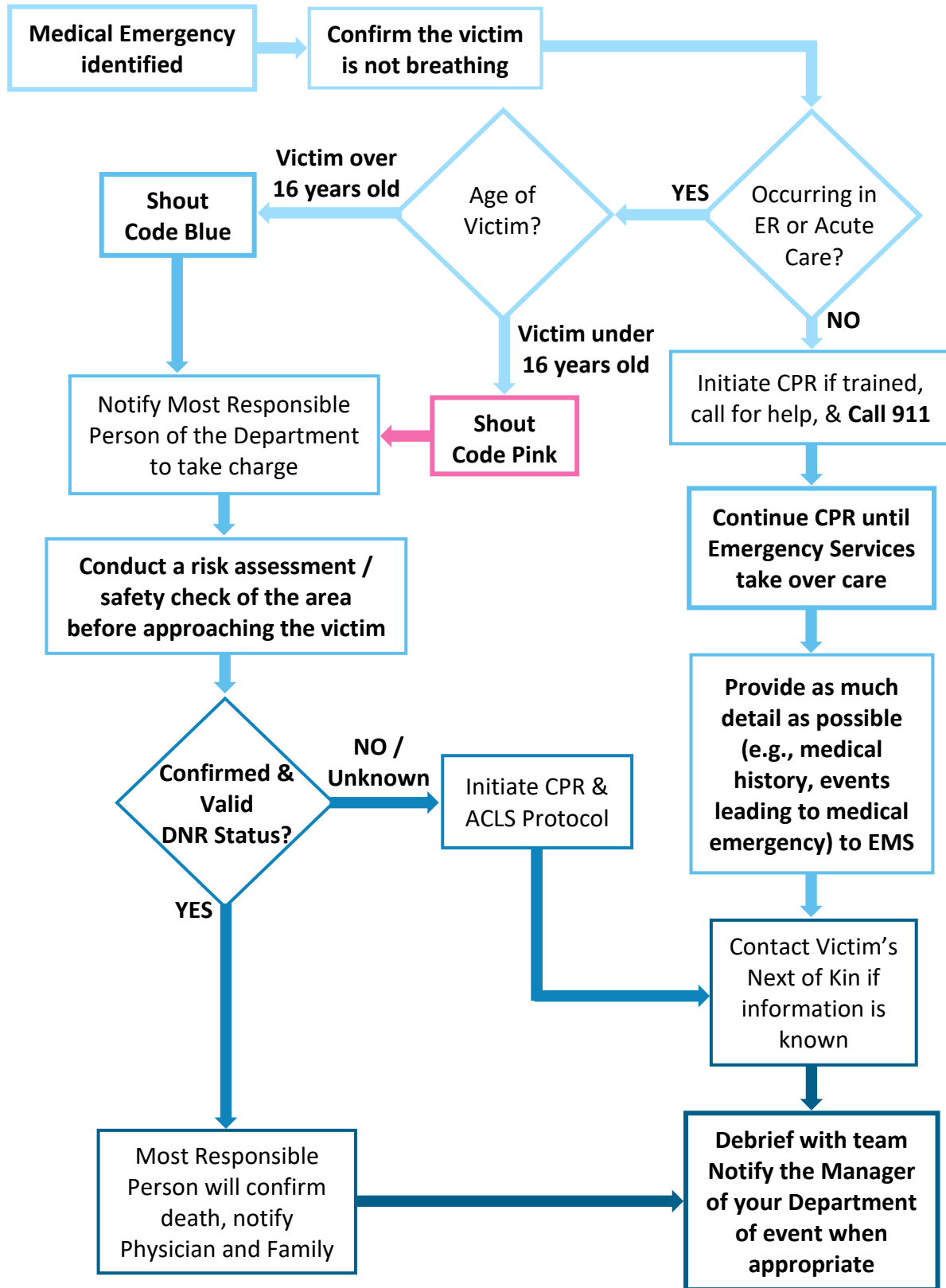
CODE BLUE / PINK CARDIAC ARREST & MEDICAL EMERGENCY

| | | |
|------------------------|--|---------------|
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| Approved By: | President & CEO Director of Facilities & Projects | |

Haliburton Highlands Health Services
Emergency Preparedness & Response Manual

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Cardiac Arrest & Medical Emergency - Algorithm



Code Blue & Pink

Policy – Cardiac Arrest & Medical Emergency

Code Blue and Code Pink (referred to jointly as Code Blue in this policy) is used to initiate an immediate healthcare team response to a cardiac arrest or medical emergency. Resuscitation expectations differ between Acute Care / Emergency Department and Long-Term Care.

Resuscitation Expectations in Acute Care & Emergency Department

The following Staff will respond:

- Nursing Staff
 - Day Shifts (0700-1900 hours)
 - Staff Registered Nurse (RN) from ER
 - The RN from Acute Care will bring the Emergency Cart and Defibrillator to the **Code Blue** location. (See Appendix 3 for Cart Locations)
- Night Shifts (1900-0700 hours)
 - One Registered Nurse (RN) from ER (with the Emergency Cart & Defibrillator)
 - One Staff Member from Acute Care
 - Any available Staff working in the area

Note: It is assumed that any other Nursing personnel (the Nurse Practitioner, Nursing Managers, the Registered Nurse in Acute 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.

Resuscitation Expectations in Long-Term Care

A Code Blue in Long-Term Care will be managed differently than a Code Blue in all other parts of the Facility.

If the Code Blue is in Long-Term Care, the following Staff will respond:

- Nursing Staff
- LTC Staff - all shifts
- Two Staff Members from LTC (Registered Nurse / Registered Practical Nurse, any other available Staff working in LTC.)

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According to a 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).

According to Advanced Directives:

Option #2 Residents – Transfer to Emergency Care with CPR

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 using a CPR mask 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 Care Facilities are not expected to provide ACLS in the event of a Cardiac arrest. Once emergency personnel arrive, they can initiate ACLS.

The appropriate equipment to obtain in the LTC setting will include:

- A back board Location: Nursing Supply Storage Room in LTC
- CPR mask
- See Appendix 4 for PPE direction

Please Note:

The CPR masks at HHHS are one-time use disposable products that **MUST** be replaced after any Code Blue procedure.

Code Blue & Pink in Long Term Care, Community Support Services, GAIN, and Mental Health

Given the above policy directive, Nursing Staff are expected to act as follows:

- Resuscitation will include the provision of BCLS using chest compressions and artificial ventilation using a CPR mask as available - In absence of an available mask, initiate and maintain chest compressions.

The Code Blue Response Team

Note: It is assumed that any other nursing personnel (the Nurse Practitioner, Nursing Managers, the Registered Nurse in Acute 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.

On **all shifts**, a Staff member is to be directed to proceed to the main entrance to meet and direct ambulance personnel to the correct Code Blue location.

Maintenance and Use of Emergency Carts & Defibrillators

Staff of Acute Care and the Emergency Departments are responsible for checking and restocking Emergency Carts and Defibrillators daily during night shift.

- These Carts are stored at HHHS Acute Care and both ER Departments and checks must be documented (signed and dated) by the Staff member who completes it. (See Appendix 3 for Location of Defibrillators)
- Unsealed areas of the Crash Carts **MUST** be checked daily by a Nurse and recorded on the appropriate checklist unless otherwise stipulated.
- Crash Carts must be opened and expiry dates checked once a month. If O² tanks are empty, call Maintenance for replacements.
- Defibrillators are checked daily by auto QC function. If a problem occurs, contact our Biomedical Service for immediate attention.
- Check the Intubation Cart and O₂ tanks daily.
- Drugs and equipment must **NOT** be removed from the Emergency Carts except for use in a CODE BLUE (Emergency) situation.
- Drugs and equipment other than those on the Emergency Cart Checklists must **NOT** be added.
- The Registered Nurse is also responsible for contacting RMH Pharmacy to replace any medications that were used that are not available from regular stock for replacement.

Definitions

Code Blue – Cardiac arrest or medical emergency for a Patient, Resident, Client, Visitor, or Staff member greater than 16 years of age

Code Pink – Cardiac arrest or medical emergency for a Patient, Client, or Visitor less than 16 years of age

Medical Emergency – An acute injury or illness that poses immediate risk to the person’s life or long-term health

Management Responsibilities

- The Clinical Manager is responsible for the implementation of Code Blue & Code Pink and a review of the procedures annually
- The Acting Incident Manager, the Area Manager, and Directors of Care (if necessary) will perform an event debrief within 10-days of an event being over, and provide a report summarizing the event to the HHHS Management Committee and the Joint Health & Safety Committee
- HHHS Managers (or designates) to organize select drills with Clinical Staff, LTC, and other Staff as necessary, to practice and identify areas of improvements. These drills will be summarized and shared with the HHHS Management Committee.

Employee Responsibilities

- All Staff trained in BCLS are to initiate CPR upon the discovery of a cardiac arrest or medical emergency, unless the Patient, Resident, or Client has a known and valid DNR.
- All Staff trained in BCLS are to review the DNR statuses of Patients, Residents, and Clients, if information is available.
- Staff of Acute Care and the Emergency Departments are responsible for checking and restocking Emergency Carts and Defibrillators daily during night shift
- All Staff are to obey the Acting Incident Manager’s instructions and the instructions of the Emergency Responders and Physician upon arrival.
- All Staff are to participate in training, drills, and mock procedures, and to respond to Fire Panel PA System instructions.

Appendices / Links

Appendix 1 – Checklist Procedure for First Person Responding to Medical Emergency

Appendix 2 – Responding Staff Responsibilities

Appendix 3 – Location of Defibrillators

Appendix 4 – Infection Prevention and Control Precautions

Appendix 5 – Emergency Evacuation Kit Contents

References

Provincial Infectious Diseases Advisory Committee. *Preventing Febrile Respiratory Illnesses; Protecting Patients and Staff Best Practices in Surveillance and Infection Prevention and Control for Febrile Respiratory Illness (FRI), excluding Tuberculosis, for All Ontario Health Care Settings (Revised Edition)*. Ministry of Health and Long Term-Care – Published – September 2005, Revised – August 2006, Reprint – March 2008

Appendix 1 – First Person Responding to Medical Emergency – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

The First Person on the Scene Shall:

| TIME | INIT | ACTIONS |
|------|------|--|
| TIME | INIT | 1. Determine whether or not to initiate a CODE BLUE |
| TIME | INIT | 2. If the Victim has no DNR status, or DNR status is unknown, proceed with CODE BLUE procedure. Note: When a Patient or Resident is involved, review the Advance Directives (if possible) to ensure status of DNR. |
| TIME | INIT | 3. Shout “CODE BLUE” to summon any assistance available in the immediate area a. Call 911 if in area where Code Blue would not be appropriate, e.g., parking lot |
| TIME | INIT | 4. Assign an assisting Staff member to notify ER if appropriate and to Call “911” if not already done, and state that someone is having a “Cardiac Arrest” or “[medical emergency]” |
| TIME | INIT | a. Direct the ambulance to the Main Entrance <ul style="list-style-type: none"> • Community Support Services, Haliburton - 7185 Gelert Rd • Highland Wood, Haliburton - 7199 Gelert Rd. • Hyland Crest, Minden - 6 McPherson Street • GAIN, Minden - 8 Winchester St • Mental Health, Minden - 14 IGA Rd. Heritage Plaza, Suite 201 |
| | | 5. DON PPE (See Appendix 4 for PPE Direction) |
| TIME | INIT | 6. Assign an assisting Staff member to remove or reassure other Patients, Residents, and Onlookers in the area as appropriate |
| TIME | INIT | 7. Obtain the appropriate resuscitation equipment. <ul style="list-style-type: none"> • In Long-Term Care, Staff will obtain a backboard and a CPR resuscitation mask, located in the Nursing Supply Storage Room • NO OTHER EQUIPMENT IS REQUIRED |

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| TIME | INIT | ACTIONS |
|------|------|---|
| TIME | INIT | 8. Prepare for CPR by positioning the Victim on their back with face upward on the backboard (if on bed) or floor |
| TIME | INIT | a. a Resident is in bed, lower the head of the bed down and place a back board underneath the Resident's upper body to aid with cardiac compressions b. If an air mattress is in place, remove the hose from the motor of the unit |
| TIME | INIT | 9. Begin CPR (at the Basic Cardiac Life-Support or "BCLS" level) if certified, if not wait for Emergency Response |
| TIME | INIT | 10. Assign an assisting Staff member to clear the pathway for ambulance personnel and the transport stretcher. |
| TIME | INIT | 11. Continue CPR until ambulance arrives and Paramedics assume care. |
| TIME | INIT | 12. In the case in which Code Blue involves a Patient or Resident, notify: <ul style="list-style-type: none"> • The Next-of-Kin; POA/SDM • The attending physician |
| TIME | INIT | 13. Document the Code Blue procedure in the appropriate place - interdisciplinary notes - document in POINT CLICK CARE, etc. |
| TIME | INIT | 14. If the Code Blue involves a Resident in Long-Term Care |
| TIME | INIT | a. Contact the Director of Care, if after hours call the Ministry after hours contact line 1-800- 268-6060 to notify of the details of the unusual occurrence/unexpected death, obtain the CIS# and notify the Manager On Call (705) 455-2964 or (705) 313-2303 of the incident. |
| TIME | INIT | b. Document all of the details in a Progress Note including who was have contacted and who witnessed the event. |

Appendix 2 – Other Staff Responding Responsibilities – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

The Second Staff Responding Shall:

| TIME | INIT | ACTIONS |
|------|------|--|
| TIME | INIT | 1. Dial 911 state “Code BLUE”, unit/area and room number - if not already done |
| TIME | INIT | 2. If Code Blue is in a parking lot, Dial 911 and provide address <ul style="list-style-type: none"> a. CCS Parking Lot b. McPherson Street Entrance off second Floor c. Diabetes Education Parking Lot d. Staff Entrance e. Main Entrance |
| TIME | INIT | 3. Await emergency response arrival at entrance and direct to location of Code Blue |

ACLS Trained / DMA Certified Nurse Shall:

| TIME | INIT | ACTIONS |
|------|------|---|
| TIME | INIT | 1. Dons PPE. (See to Appendix 4 for PPE direction) |
| TIME | INIT | 2. Assess cardiac rhythm through quick look pads or paddles |
| TIME | INIT | 3. Follow ACLS standards and performs delegated medical acts as per protocol /doctors’ orders |

The Primary Nurse Shall:

| TIME | INIT | ACTIONS |
|------|------|---|
| TIME | INIT | 1. Dons PPE. (See to Appendix 4 for PPE direction) |
| TIME | INIT | 2. Initiate documentation |
| TIME | INIT | 3. Clear the room of unnecessary equipment and people |
| TIME | INIT | 4. Give concise history to Physician |
| TIME | INIT | 5. Assign a Staff member to obtain IV access document |

The Physician Shall:

| TIME | INIT | ACTIONS |
|------|------|--|
| TIME | INIT | 1. Dons PPE. (See to Appendix 4 for PPE direction) |
| TIME | INIT | 2. Direct resuscitation efforts and assess overall effectiveness |
| TIME | INIT | 3. Ensure airway management and ventilation |
| TIME | INIT | 4. Perform endotracheal intubation if necessary |
| TIME | INIT | 5. Make decisions regarding medications, defibrillation, respiratory therapy, i.e., intubation, cessation or resumption of CPR |

Appendix 3 – Location of Defibrillators

| Crash Cart | Area Covered | ACLS/DMA Response Team |
|----------------------------------|--------------|------------------------|
| ER Trauma Rooms | ER | ER |
| Acute Care hall outside Room 285 | Acute Care | ER |

Appendix 4 – Infection Prevention and Control Precautions

In accordance with the Provincial Infectious Diseases Advisory Committee (PIDAC), everyone in the room during the Code Blue or Code Pink (including family members there on compassionate grounds) MUST wear appropriate PPE (Personal Protective Equipment) listed below and be instructed in its use.

- Long sleeved disposable isolation gown
- A fluid shield procedure mask with eye shield attached
- Gloves
- Must perform hand hygiene practices.
- An N95 mask and goggles MUST be worn in place of the fluid-shield mask with the eye shield attached for patients that are in Airborne Precautions.

Appendix 5 – Emergency Evacuation Kit Contents

| Emergency Evacuation Kit Contents | | Quantity |
|-----------------------------------|--|----------|
| <input type="checkbox"/> | Small Flashlights | 4 |
| <input type="checkbox"/> | Headlamp | 1 |
| <input type="checkbox"/> | Identification Vests | 4 |
| <input type="checkbox"/> | Name tags | 1 pack |
| <input type="checkbox"/> | Masking tape | 1 |
| <input type="checkbox"/> | Flagging tape | 1 |
| <input type="checkbox"/> | Caution tape | 1 |
| <input type="checkbox"/> | Coloured chalk | 1 box |
| <input type="checkbox"/> | White chalk | 1 |
| <input type="checkbox"/> | Clipboards | 2 |
| <input type="checkbox"/> | Markers/pens | 1 bag |
| <input type="checkbox"/> | Triage Tags | 1 pack |
| <input type="checkbox"/> | Emergency Preparedness & Response Manual | 1 |
| <input type="checkbox"/> | First Aid Kit | 1 |
| <input type="checkbox"/> | Search Kit | 1 |
| Search Kit Contents | | |
| <input type="checkbox"/> | “Searched” Flyers | 2 sheets |
| <input type="checkbox"/> | Minden or Haliburton Detailed Zone Maps | 1 doc |
| <input type="checkbox"/> | Whistles | 1 pack |