

Emergency Plan

Subject:	Emergency Plan: Medical Emergencies - Code Blue
Emergency Code:	Code Blue

Overview:	<p>CARDIOPULMONARY RESUSCITATION (CPR) is a basic skill which provides artificial respirations of the lungs by mouth-to-mouth breathing, artificial circulation for the heart through external cardiac massage, and the Heimlick Manoeuvre for relief of airway obstruction.</p> <p>“CODE BLUE” PLUS A SPECIFIED LOCATION indicates a possible cardiac and/or obstructed airway emergency situation.</p>
Plan Activation:	The person discovering an unconscious person must get help.
Lines of Authority (Chains of Command):	<ul style="list-style-type: none"> ● The Executive Director ● Chief Nursing Executive ● Registered Nurse in Charge
Communications Plan:	<p><u>TO PAGE A CODE BLUE (All Hours)</u></p> <ul style="list-style-type: none"> - use “paging” button on the telephone; then press “00” for facility-wide paging. - page “Code Blue”, the location and room number three (3) times <p style="text-align: center;"><u>RESPONSIBILITIES OF SWITCHBOARD OPERATOR</u></p> <ol style="list-style-type: none"> 1. Upon hearing a code blue announcement will: <ol style="list-style-type: none"> i. halt all calls; ii. re-page Code Blue, the location and room number three (3) times.
Staff Roles and Responsibilities:	<p>All staff members who are currently certified in cardiopulmonary resuscitation are to respond to a Code Blue announcement.</p> <p>Code Blue response will be site-specific (Long-Term Care or Complex Continuing Care). The exception to this is when a code occurs in a common area: then all certified staff in the building must respond.</p> <p style="text-align: center;"><u>RESPONSIBILITY OF STAFF</u></p> <ol style="list-style-type: none"> 1. The person discovering an unconscious person must get help. <p>NOTE: If the victim is a resident/patient in their room, check the name plate at the room door. A red dot beside the resident's/patient's name indicates there is a "no code" order (on chart). If the resident/patient has an identification bracelet, a red dot will indicate a “no code” (Do Not Resuscitate) order on the medical record/chart. If unsure of code status, proceed with CPR until a registered staff member advises of the resident's/patient's Do Not Resuscitate status.</p> <ol style="list-style-type: none"> A. If not trained in CPR, the person will call for help from staff (shout or push monitor button in resident/patient room). B. If CPR-trained, the person will initiate cardiopulmonary resuscitation

	<p>according to the standards issued by Heart and Stroke Foundation of Ontario, beginning with Assessment.</p> <ol style="list-style-type: none"> 2. All staff upon hearing the Code Blue announcement will get off the elevator (if using it) and send it to Level 1. 3. If CPR-trained, report to the scene. Staff members who are not needed will be directed to return to their regular duties after "signing in". 4. The Switchboard Operator (0800 to 1600 hours) will hold the elevator on Level 1. After 1600 hours (1600 to 0800 hours), the Security Guard will hold the elevator on Level 1, and will unlock the front door and will direct ambulance personnel to the Code Blue location. 5. Staff not performing CPR will assist as directed, e.g. move residents/patients and visitors out of area, clear space, act as runners, etc., then will continue with their regular duties. <p style="text-align: center;"><u>DUTIES OF REGISTERED NURSE IN CHARGE</u></p> <p>The Code Blue responders will hold a brief critique at the scene following a Code Blue emergency and/or drill.</p> <p>The Registered Nurse in Charge will:</p> <ol style="list-style-type: none"> 1. Upon hearing a Code Blue announcement or possible Code Blue event: <ol style="list-style-type: none"> i. go to the location of the Code Blue and take charge; ii. ensure that the Ambulance (911) is telephoned; iii. ensure that the Switchboard Operator or Security Guard is aware of the Code Blue and its location. 2. Determine the CPR-trained staff needed, assign other staff to assist as necessary and allow staff members who are not needed to return to their duties. 3. Delegate staff by name to clear space, move residents/patients/visitors out of area, be runners, etc. as necessary. 4. Note the time resuscitation efforts were initiated. 5. Notify the victim's doctor and family, when possible. 6. Notify the in-house Chaplain. 7. Complete documentation in the Progress Notes (if a resident/patient) following the Code Blue. <p>The Chief Nursing Executive or Delegate will:</p> <ol style="list-style-type: none"> 1. Notify the Executive Director, if necessary. 2. Notify Spiritual Care, if required, for debriefing.
<p>Plan for Recovery:</p>	<p>The Code Blue responders will hold a brief critique at the scene following a Code Blue</p>

emergency and/or drill.

DUTIES OF REGISTERED NURSE IN CHARGE

1. Lead the debriefing immediately after the Code Blue and discuss areas for improvement with the responders, and provide a report to the Chief Nursing Executive.

The Chief Nursing Executive or Delegate will:

1. Arrange for staff training/retraining, if necessary.