

## GOOD SAMARITAN SENIORS COMPLEX POLICY AND PROCEDURE

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE BLUE – Medical Emergency</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: November 2017, June 2020</b>

### APPENDICES:

- Appendix 1 – Code Blue Emergency Checklist
- Appendix 2 – Code Blue – Post-Emergency Checklist

### POLICY

Good Samaritan Seniors' Complex is committed to providing a safe and healthy environment for everyone.

A nurse and/or a CPR/first aid trained staff must render aid for an acute medical emergency involving Residents, staff, volunteers, visitors or others. Staff members who discover a medical emergency anywhere on the property, including parking lots, external sitting areas and the front lobby, must respond as directed by this policy.

“**Code Blue (Location)**” will be the designated page used to inform staff in all areas that a medical emergency is presenting and assistance is required immediately.

### BACKGROUND

This policy is a guide for staff finding and responding to a cardiac arrest or any other acute medical emergency that requires an immediate and coordinated response to save a life.

This policy serves to mobilize nursing and/or first aid/CPR trained staff to the location of an acute medical emergency involving Residents, visitors, staff or volunteers, to provide immediate intervention and assistance.

### GUIDELINES

The RN/RPN, where time permits and the situation allows, may include the following in her pre-treatment assessment:

- **Airway:** Assess the patency of the airway by observing and checking:
  - air entry into the lungs; if the amount of air is adequate
  - the position of the head
  - for any signs of obstruction (stridor, hoarse voice dyspnea)
- **Breathing:** Assess the effectiveness of ventilation and oxygenation by

## GOOD SAMARITAN SENIORS COMPLEX POLICY AND PROCEDURE

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE BLUE – Medical Emergency</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: November 2017, June 2020</b>

observing/checking:

- chest expansion (e.g., equal and symmetrical);
  - adequate inspiration and expiration
  - ease of breathing, are there signs of increased work of breathing
  - audible breath sounds on auscultation - snoring, grunting, wheezing
  - oxygen saturation and colour (e.g., pink versus pale or cyanotic)
- **Circulation:** Assess the effectiveness of circulation by observing/checking:
    - skin colour (pallor, mottling and cyanosis)
    - skin temperature - warm centrally, cool peripherally
    - heart rate - fast, slow or normal
    - presence of peripheral (radial and pedal) and central (carotid, femoral, brachiocephalic) pulses - weak or strong
    - blood pressure
    - capillary refill time - normal or prolonged
    - decline in level of consciousness, irritability or lethargy
    - decreased response to pain, and/or surroundings
    - decreased muscle tone

### PROCEDURES

#### ALL STAFF

#### Calling and Responding to the Code Blue:

- Any staff may call a Code Blue upon discovery of a medical emergency;
  - Press '55' on the phone to page overhead "Code Blue and Location" x3
- All RN/RPN are to respond to the location immediately;
  - the AED machine and ambubag (located in the front lobby of the LTC Home) is to be brought with them;
    - If it is determined to be a cardiac arrest and you are the first person on the scene trained in CPR, begin CPR following current Basic Cardiac Life Support guidelines and using appropriate PPE as determined by a Point of Care Risk Assessment (PCRA)
    - **only proceed with treatment if the Resident has a directive for CPR;**
- The RN/RPN(s) must ensure the area is safe before proceeding with their response;
  - This requires rapid assessment of the location and circumstances associated with the Code Blue;

**GOOD SAMARITAN SENIORS COMPLEX  
POLICY AND PROCEDURE**

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE BLUE – Medical Emergency</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: November 2017, June 2020</b>

- The RN/RPN(s) function collaboratively during the code with one identified as the code leader; the leader shall direct others as necessary;
  - An RN/RPN will be assigned to call 911 for emergency assistance.
    - Call 9-1-1 and describe the specific problem.
    - The dispatcher will need to know:
      - Is the person conscious?
      - Is the person breathing?
      - What is the nature of the emergency?
      - The location of the incident.
      - The location telephone number.
        - Report back to the RN/RPN leader when call is complete.
  - An RN/RPN will be assigned to take notes of everything being done and the applicable times/persons involved; (may be the same person as calling 911)
  - An RN/RPN or staff designated by the RN/RPN will be assigned to bring any emergency equipment available (suction machine, oxygen, v/s readers, etc.).
  - A staff member will be assigned to wait at the front entrance to meet EMS/Fire Department and bring them to the location of the code;
- Other staff, if not required to support in the code, should return to their unit and to the care of the Residents; direction will be taken from the RN/RPN(s);
- If family members are present during the code, they should be supported with a designated person whether remaining close by or in another location; a call to the family/POA shall be completed as soon as possible to advise of the situation.

**Administering CPR and use of the AED Plus machine:**

**For AED:**

- *Do NOT use the AED Plus when the person:*
  - Is conscious; or
  - Is breathing; or
  - Has a detectable pulse or other signs of circulation;
- Always place the person on their back on a firm, flat surface;
- Apply the AED machine immediately; follow instructions on the machine;

**For CPR:** (should be done by a person with a minimum of BCLS training)

- Place hands on the centre of their chest;

**GOOD SAMARITAN SENIORS COMPLEX  
POLICY AND PROCEDURE**

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE BLUE – Medical Emergency</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: November 2017, June 2020</b>

- Position shoulders directly over hands; keep elbows locked;
- Compress 30 times; push hard – push fast
- Tilt the head back to open the airway;
- Place the mask of the ambubag over the person’s mouth and press firmly to create a seal;
- Squeeze the ambubag twice giving 2 “breaths” (just enough to make the chest rise);
- Continue the cycle of 30 compressions and 2 “breaths” until one of the following occurs:
  - EMS arrives
  - The person responds
  - The AED instructs you to stop
  - You cannot physically continue

**Emergency Services Response:**

Upon arrival of the emergency services (Police, Fire, Ambulance) they may assume lead on the code; staff are expected to take direction from them as appropriate.

**When the Code Blue has been deemed over, the RN/RPN shall page “Code Blue all clear” x3 on the overhead PA system.**

**Definitions:**

**ACUTE MEDICAL EMERGENCY:** Serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

**CRITICAL INJURY:** An injury of a serious nature that:

- places life in jeopardy; • produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- consists of burns to a major portion of the body; and
- causes the loss of sight in an eye.

**FIRST AID KIT:** A kit that meets the requirements under the Occupational Health and Safety Act.

**NURSE(S):** Registered Nurses, Registered Practical Nurses and Licensed Practical Nurses.

**GOOD SAMARITAN SENIORS COMPLEX  
POLICY AND PROCEDURE**

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE BLUE – Medical Emergency</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: November 2017, June 2020</b>

CARE STAFF: Personal Support Workers.

**RESUSCITATION:** Resuscitation is an invasive and immediate lifesaving treatment that is administered to a person who has a sudden unexpected cardiac or respiratory arrest. It may include basic cardiac life support involving the application of artificial ventilation (such as mouth-to-mouth resuscitation and bagging) and chest compression. It may also include advanced cardiac life support, such as intubation and the application of a defibrillator.

**References:**

Extendicare: Emergency Preparedness and Response Manual, accessed June 13, 2022  
<http://scoc.ca/wp-content/uploads/2021/06/2021-01-25-emergency-preparedness-and-response-manual-2021.pdf>

ST. JOHNS AMBULANCE  
<https://www.sja.ca/English/Safety-Tips-and-Resources/Pages/CPR/cpr-how-to.aspx>

SICK KIDS' HOSPITAL: CODE BLUE  
<http://www.sickkids.ca/Nursing/Education-and-learning/Nursing-Student-Orientation/module-3-emergency-procedures/mod3-codeblue/index.html>