

DEARNESS HOME POLICIES AND PROCEDURES

MANUAL: Emergency Management Plan	INDEX NO: EMP11-001		
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SUBJECT: Code Blue – Medical Emergency Response Plan	Implemented M / D / Y 07 01 22	Reviewed M / D / Y	Revised M / D / Y
APPROVED BY:			
DOCUMENT APPLIES TO: All Staff			
<i>A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Emergency Management Plan on Surge Learning.</i>			

POLICY

In the event of a medical emergency, the Registered Nurse will be immediately notified to report to the area to provide the appropriate assessment and response to the situation. Cardiopulmonary Resuscitation (CPR) will be provided by staff certified and competent in CPR

Consent must be obtained from the capable Resident or the SDM if the Resident is incapable when any treatment is being proposed

PURPOSE

To ensure that the wishes of the capable Resident or incapable Resident's Substitute Decision Maker (SDM) are met if a Resident suffers a cardiac arrest, which meets the criteria for resuscitation

BACKGROUND

Residents who reside in a Long-Term Care Home may experience a medical emergency from time to time. The current treatment plan, which can include medical directives, reflects the most recent plan for which consent was received

Visitors and staff may occasionally experience a medical emergency. CPR will most commonly be initiated unless the individual's wishes are known that CPR should not be started

DEFINITION

Cardiopulmonary Resuscitation (CPR) – An emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. CPR is designed to sustain breathing and heartbeat and combines rescue breathing and chest compressions to restore blood flow to someone suffering from cardiac arrest

Cardiac Arrest – The unexpected loss of heart function in a person (heart stops beating) related to a variety of causes, such as heart disease, suffocation, drug overdose, stroke, electrocution, or injury

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Medical Emergency – There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk if the treatment is not administered promptly, of sustaining serious bodily harm. May include, but not limited to: cardiac arrest, respiratory arrest, burn, and fracture, loss of consciousness, chest pain, allergic response, choking, asthma attack, cerebral vascular accident (CVA), and seizure

Respiratory Arrest – The sudden and complete cessation of breathing

CODE BLUE EMERGENCY INVOLVES A RESIDENT

1. The first responder (staff/visitor who discovers the Resident) will:
 - a) Initiate a Code Blue
 - b) Request emergency assistance
 - c) Remain with the Resident and wait for instructions from the RN/RPN
2. All RNs on duty will respond immediately to a “CODE BLUE” paging. If the Code Blue occurs on an RPN’s unit, the unit RPN will also respond immediately to a “CODE BLUE” paging
3. The unit RPN or charge RN (whoever arrives first – when the charge RN arrives, they will take over the Code Blue response) will:
 - a) Assess the resident to determine unresponsiveness, including the following:
 - The Environment
 - Assess the visibility and safety of the situation prior to responding
 - Level of Consciousness
 - Response to voice, touch or painful stimuli
 - Papillary response
 - Unconscious
 - Airway
 - Presence of respiration
 - Presence of foreign object in the mouth or airway
 - Breathing
 - Respiration rate, depth and character
 - Circulation
 - Presence of carotid pulse, strength and rhythm
 - Presence of haemorrhage
 - Skin colour, temperature, moisture
4. In the event that it involves a resident, the unit RPN or charge RN **will initiate CPR** if vital signs are absent and if:
 - The resident’s last known capable wishes to receive CPR are known and documented in PCC

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- The resident's wish is not documented but the SDM has provided informed consent for CPR during notification of the emergency
 - It is an emergency situation and there is no information on record for the resident's wishes, SDM consent or the information is not available
5. The charge RN will assign a staff member to initiate a call to 911:
- Provide as much privacy to the individual as able
 - Notify the SDM of the current situation and status of the resident
 - Notify the attending physician/nurse practitioner and DRC as required
 - The DRC/ADRC/Administrator or designate will notify the Ministry of Long-Term Care, if applicable
 - Initiate the required report to the MLTC as required
6. In the event that it involves a resident, the unit RPN or charge RN **will not initiate CPR** if vital signs are absent and if:
- The capable resident's expressed and/or documented wishes indicate no CPR that apply to this particular situation
 - The resident is currently incapable and the SDM communicates the resident's previously expressed capable wishes for no CPR and these wishes apply to this particular situation
 - The resident exhibits obvious signs of death (death as determined by physical assessment, i.e. cardiac and respiratory vital signs have ceased)
 - There is current, documented and consent to plan of treatment that includes no CPR or the attending physician/nurse practitioner has ordered no CPR following notification of intent to the capable resident/incapable resident's SDM (within a reasonable amount of time) to ensure they are not opposed to the decision not to initiate emergency measures and CPR
 - Upon direction of an attending physician/nurse practitioner that CPR will not benefit the resident and is not part of the treatment plan

NOTE: If the resident is deceased, see policy PCS02-002 Death and Palliation – Death of Resident – Procedure to Follow after Death

CODE BLUE EMERGENCY INVOLVES A STAFF/STUDENT/VISITOR/CONTRACT WORKER

1. In the event that the emergency situation involves a **staff/student/visitor/contract worker**:
2. Based upon the assessment of the situation the Registered Nurse may direct that 911 is to be contacted and initiate immediate assistance, if safe to do so
3. Provide as much privacy to individual as able
4. Notify next of kin as able or requested
5. Notify Administrator, Director of Care as soon as possible

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6. In the event that the situation involves the **Registered Nurse**, the Registered Practical Nurse will provide the direction for the Code Blue situation. In the event that an RPN is not working the shift, a HCA/PSW may contact 911 directly

DOCUMENTATION

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response.

Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of 2 years.

REPORTING

Once situation is stabilized, initiate reports to MLTC and Ministry of Labour as required