

**CORPORATE POLICY & PROCEDURE  
CODE BLUE  
ROHCG  
CORP IX-i – 100**

<b>CODE BLUE</b>			
<b>SECTION: IX-i Emergency Preparedness &amp; Management – <i>Clinical Codes</i></b>		<b>NO: 100</b>	
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**1. PURPOSE:**

To provide direction to Royal Ottawa Health Care Group (ROHCG) staff regarding the management of a medical emergency.

**2. POLICY STATEMENT:**

Health care providers (HCP) are accountable for meeting the standards of practice for annual Basic Cardiac Life Support (CPR) and Automated External Defibrillator (AED) training as per their disciplines. Emergency response equipment will be available and maintained in functional state. All staff are expected to assist in the response and management of any patient, visitor or staff medical emergency, in accordance with their scope of knowledge. All staff are to be familiar with the *Code Blue* procedure in order to respond to all medical emergencies. The first staff to respond to a medical emergency is expected to assume the role as the Code Team Leader (CTL). Should this individual not be a Registered Nurse (RN) the CTL role will be transferred to the first *Code Blue Responder (RN)* who arrives on the scene.

Basic CPR is initiated if:

- the patient's wish for CPR is known through an advance directive or informed consent;

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- the patient's wish is not known, but a substitute decision-maker (SDM) has provided informed consent for CPR; or
- It is an emergency situation, there is no information about the patient's wish, and a substitute decision-maker is not immediately available.

Basic CPR is **not** initiated if:

- the patient's wish for no resuscitation is known through a care directive or other documentation;
- the incapable patient's wish is not known and the SDM has previously identified that they do not wish resuscitation for the patient; or
- The RN, Nurse Practitioner (NP) or physician identifies that the patient exhibits obvious signs of death, (vital signs are absent plus rigor mortis, tissue decay, etc.)

### **3. SCOPE:**

This policy applies to the Brockville Mental Health Centre (BMHC), the Royal Ottawa Mental Health Centre (ROMHC), and the Recovery Unit of Royal Ottawa Place (ROP) of the ROHCG, including the paved areas immediate to ROHCG main entrances. This policy does not apply to:

- the Electroconvulsive Therapy (ECT) Suite;
- the Secure Treatment Unit (STU);
- the IMHR wet labs on the 7<sup>th</sup> floor; and
- the satellite sites of the ROHCG.

Each of these sites follow their own designated procedures for medical emergencies. In addition, the ECT Suite will action a Code Blue Response from the ROMHC if their resources cannot manage the situation.

Response to medical emergencies that occur on the grounds of the ROHCG outside the paved areas immediate to the ROHCG main entrances will include initiation of basic first aid and contacting EMS via 9-1-1. **NOTE:** CPR will not be initiated by Royal staff in these areas.

### **4. GUIDING PRINCIPLES:**

It is an expectation that all staff will assist with the management of any patient, visitor or staff medical emergency.

### **5. DEFINITIONS:**

**Basic CPR:** Cardiopulmonary resuscitation (CPR) is a procedure used when a patient's heart stops beating and breathing stops. It can involve compressions of the chest or electrical shocks (AED) along with rescue breathing.

**Code Blue:** is a response to any medical emergency. Responders will provide appropriate medical interventions until the recipient's condition has stabilized or, care has been taken over by emergency response (paramedics). The purpose of a *Code Blue* is to provide the patient, visitor and staff with medical care within the non-acute care setting.

**Code Team Lead (CTL):** a RN who is responsible for the coordination and delegation of duties and processes involved in a *Code* event. **Note:** ROP-Long Term Care – the CTL will be the Nurse familiar with the Long Term Care Act and associated legislation.

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**Code Blue Responder:** a RN/RPN who has been assigned the duty of responding to any Code Blue announcements for the duration of the shift that they are working. RPNs can be Code Blue Responders as long as there are RN Code Blue Responders. RPNs need to be able to consult with a RN if required.

**Code Response Team:** consists of identified *Code Blue Responder* (one from every unit); all available on-site physicians; Manager-PCS After Hours; Manager (as per duty roster).

**Hospital Grounds:** Any area outside of the ROHCG buildings, except for the paved area immediate to the ROHCG main entrances.

**Do Not Resuscitate** a request not to have cardiopulmonary resuscitation done if the heart stops beating or breathing ceases. This request can be made via Care Directives or through a direct, documented conversation between the patient and/or SDM and the Physician or RN

**Medical Emergency:** an event requiring the rapid assessment and intervention of trained health care providers that may include serious injury, unconsciousness, respiratory arrest and/or cardiac crisis

## **6. PROCEDURE:**

### **6.1 Code Initiation:** First staff on site will:

- Assess the situation and summon assistance.
- Stay with the patient and begin CPR and/or render first aid, as appropriate, within their scope of knowledge.
- Delegate a staff member to call 333 stating 'Code Blue' and the exact location (**ROMHC** -all red phones in the corridors will automatically dial 333 when the receiver is lifted).
- Delegate a staff member to advise switchboard to call 911 for any *Code Blue* outside of ROHCG facilities.
- Use best clinical judgment in providing any initial first aid response to any medical emergency on ROHCG grounds –staff will not attempt to bring the patient into the facility.

### **6.2 Roles & Responsibilities:**

#### **6.2.1 Code Team Leader (CTL) is responsible e to:**

- Provide direction to all responding staff.
- Assign one staff member who will interact with the patient.
- Direct staff as necessary to reduce activity in the area. (Removing patients, visitors from area, reducing noise levels, etc.).
- Obtain patient information.
- Assign a staff member to call switchboard (333) to phone in a 911 call in the event that the situation becomes beyond the Code Response Team's abilities.
- Delegate clinical decision making to Physician(s)/NP as appropriate.
- Assign documentation of Code Response to a specific individual. **Note:** *ROP-Long Term Care – the CTL will be the Nurse familiar with the Long Term Care Act and associated legislation.*

#### **6.2.2 Code Blue Responder is responsible to:**

- Respond to the code site with emergency equipment to assist as necessary and as directed. Emergency response equipment (i.e. crash carts and AEDs) will be

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transported to the code site from designated units. Crash carts and AEDs will not be transported outside the paved areas immediate to the ROHCG main entrances. Bags with basic first aid supplies are available in designated areas for medical emergencies on the grounds. See *Emergency Equipment Response (Appendix 1)*. Carry out duties assigned by the CTL.

- Assist with documentation as necessary.

**6.2.3 Physicians (Available on-site) are responsible to:**

- Respond to the code site to assist as necessary and as directed.
- Carry out duties assigned by the CTL.
- Assist with documentation as necessary.

**6.2.4 Director–Patient Care Services (PCS)/Delegate is responsible to:**

- Carry out duties assigned by the CTL.
- Address immediate needs of staff, other patients and visitors involved in the code.
- Ensure documentation on health record is completed by the appropriate health professional, including a complete description in the health record of all information that is relevant to code.
- Review each code through a debriefing to identify opportunities for improvement.
- Notify Pharmacy/Supply Chain Management if CPR and/or first aid were rendered. If the crash cart was deployed, an e-mail must be sent to [CrashCarts@theroyal.ca](mailto:CrashCarts@theroyal.ca) in accordance with Crash Cart Restocking and Sealing Corporate Protocols.
- Arrange additional support for staff, as required, such as Peer Support Team, Employee Assistance Program, Occupational Health and Safety Coordinator, JHSC representative, union steward, family member, other staff, etc.

**6.2.5 Switchboard Operator is responsible to:**

- Immediately announce (when call received from the first staff on site of *Code Blue*) over the public address system - *Code Blue* and the exact location. Repeat the announcement three (3) times in a slow and clear voice.
- Call 911 if directed by the CTL/delegate and patch the call through to the CTL/delegate who will provide details to the 911 operator.
- Alert Security about location and type of incident.

**6.2.6 Security Officer(s) is responsible to:**

- Escort ambulance attendant(s) to site of code.

**6.2.7 Pharmacy is responsible to:**

- Restock emergency medications, seal, and inspect crash cart following a *Code Blue* (in accordance with the Crash Cart Restocking and Sealing Corporate Protocols).

**6.2.8 Supply Chain Management is responsible to:**

- Restock and inspect crash carts and their associated emergency equipment following a *Code Blue* (in accordance with the Crash Cart Restocking and Sealing Corporate Protocols).

**6.3 Code Blue in Royal Ottawa Place (ROP):** Designated responders from ROMHC will respond when a Code is called in the ROP. Access will be via the door on the North East corner of the Geriatric South Inpatient Unit. (**Appendix 2**)

**6.4 Code Blue in the Gym during Forensic Assessment Unit Gym Times (ROMHC site):** Patients and staff from the secure Forensic Assessment Unit access the third floor

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gym via a secure elevator through a secured corridor located by the west gym door beside the Male Change Room. During this time, all gym doors are locked, and cannot be accessed in the usual manner. The Forensic Recreation Therapist and Forensic Inpatient Unit staff accompany the patients. Should a *Code Blue* situation arise, the Forensic staff in the gym will:

- Initiate a *Code Blue* using the Red Phone by the west gym door, or by 2211 phone (dial 333).
- Press the intercom buzzer to the left of the Red Phone, which notifies the Forensic Guard station of a *Code Blue* situation.
- Ensure all responders arrive at the west gym door beside the Male Change Room and follow the posted signs.

**6.5 Reporting and Debriefing:** The CTL, in collaboration with involved staff, will be required to complete a Client Staff Incident and Feedback System (CSIF) report following a *Code Blue* response. A debriefing review using the *Code Debriefing Tool (Appendix 3)* will be done as soon as reasonably possible following each code to identify opportunities for improvement in order to continue to provide safe healthcare of the highest possible quality. The review committee should consist of representatives from Nursing, Medical Services and Psychiatry from the most responsible program in association with the *Code Blue*.

**7. RELATED PRACTICES AND / OR LEGISLATIONS:**

*Heart and Stroke CPR Guidelines*

*Mental Health Act (2001).*

*Ontario OH&S Act and Regulations*

*Health Care Consent Act, 1996*

*Personal Health Information Protection Act, S.O. 2004, c. 3, Sched. A*

*Regulated Health Professions Act, 1991,*

*Human Rights Code*

**8. REFERENCES:**

**9. APPENDICES:**

<http://oreo.rohcg.on.ca/policies/Resources-FormsTools.cfm>

**Appendix 1 – Emergency Equipment Response**

**Appendix 2– Flow Chart for Response to ROP**

**Appendix 3 – Debriefing Tool for Code Response**

**Appendix 4 – Code Blue Protected Protocol** <http://oreo.rohcg.on.ca/policies/Resources-Protocols.cfm>

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**Appendix 2– Flow Chart for Response to ROP**

**Code Blue Initiation & Response:  
Royal Ottawa Place (ROP)**

