



## HOMES AND SENIORS SERVICES

**POLICY & PROCEDURE NUMBER: 3.15.04**

**DEPARTMENT:** *Emergency Planning and Response*

**SUBJECT:** *Code Blue –  
Medical Emergency*

**APPROVAL DATE:**

**REVISION DATE:** April 2016; July 2022; Oct. 2022

**REVIEW DATE:** Oct. 2019; Dec. 2020; March 2022

**Page 1 of 3**

---

### **PURPOSE:**

To ensure staff respond appropriately, consistently and safely in the event of a medical emergency consistent with CODE BLUE.

CODE BLUE will be used to alert individuals in the home of a medical emergency and provide a systematic approach of response.

A medical emergency is defined as a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, acute respiratory distress, syncope and/or any other situation where urgent clinical assistance is needed.

### **PROCEDURE:**

#### **RN/RPN on Duty:**

**Upon discovering the emergency, the following will be announced over the paging system:**

**“CODE BLUE– (location)” – 3 times**

1. Upon hearing the page for CODE BLUE:

- All RNs and RPNs on duty will immediately respond.
- The following emergency response equipment may be required and should be brought to the location:
  - Suction machine
  - Portable oxygen/oxygen concentrator and tubing
  - Vital signs monitor – BP, P, O<sub>2</sub> sats
  - CPR protective mask
  - Stethoscope
  - Flashlight



## HOMES AND SENIORS SERVICES

**POLICY & PROCEDURE NUMBER: 3.15.04**

**DEPARTMENT:** *Emergency Planning and Response*

**SUBJECT:** *Code Blue –  
Medical Emergency*

**APPROVAL DATE:**

**REVISION DATE:** April 2016; July 2022; Oct. 2022

**REVIEW DATE:** Oct. 2019; Dec. 2020; March 2022

**Page 2 of 3**

---

○ Glucometer

2. The RN/RPN in charge will direct the code and ensure appropriate resuscitation endeavors and 911 is called. Where possible, a staff member will be assigned to the front doors to direct first responders (fire/EMS) to location of medical emergency.
3. The appropriate paperwork will accompany a resident who is transferred to hospital by ambulance.
4. The physician and substitute decision maker will be notified of all resident situations requiring transfer to hospital or emergency measures.
5. The following nursing policy and procedures shall be applied for resident situations as applicable:
  - Section C – Choking
  - Section C – Plan of Treatment for CPR
  - Section N – Assessment of the Non-Responsive Resident
  - Section S – Suctioning
6. The RN/RPN in charge will complete the General Incident Form for resident/staff/visitor situations. The Manager of Resident Care/Administrator will complete the Critical Incident Report for resident situations to Ministry of Health and Long-Term Care as required.
7. For any staff/visitor incidents, the RN/RPN in charge will immediately notify the Manager of Resident Care and Administrator.
8. Human Resources will be informed of all staff and visitor incidents through completion of the General Incident Report.

Post Incident Plan for Recovery



## HOMES AND SENIORS SERVICES

**POLICY & PROCEDURE NUMBER: 3.15.04**

**DEPARTMENT:** *Emergency Planning and Response*

**SUBJECT:** *Code Blue –  
Medical Emergency*

**APPROVAL DATE:**

**REVISION DATE:** April 2016; July 2022; Oct. 2022

**REVIEW DATE:** Oct. 2019; Dec. 2020; March 2022

**Page 3 of 3**

Following a Code Blue, a debrief will be conducted and will include staff, management, and, as applicable, others (students, volunteers, etc.) involved in the incident. Debriefing is an opportunity to build morale, listen to concerns, document lessons learned, and plan for regular operations. Emotional/physical support for those directly involved/witness to the code blue will be provided as determined by assessed need(s).

A documented evaluation of the incident, policy and procedure shall be conducted within 30 days of the Code Blue including what went well, opportunities for improvement, those in attendance, and dates changes implemented.

### Testing and Evaluation

Homes are required to test emergency plans including arrangements made with emergency providers. Code blue testing must be conducted annually.

Exercises can be developed to test essential elements, interrelated elements, or the entire plan.

These can take the form of table-top exercises, drills, functional exercised and field exercises.

Testing shall include a written record of testing and changes made to improve the plans including the corrective action, and timeframes.

Emergency plans must be evaluated and updated within 30 days of an emergency being declared over and annually should the plan not be activated.

### References:

Fixing Long-Term Care Act, 2021

ON Reg. 246/22