Department: Emergency Preparedness	Section: CODES	Subject: Code Blue Cardiac Arrest Medical Emergency ADULT
Policy:	Original Date: 2023-08-23	Supersedes: 2023-08-23
Last Reviewed: 2026-06-24	Next Review Date: 2027-06-13	Approver: Angie Brunetti (Emergency Preparedness Committee)

POLICY STATEMENT

Code Blue is the term used to declare a cardiac arrest or medical emergency of an **adult (18 years or older)**. The Code Blue policy is a risk management strategy used to ensure Espanola Regional Hospital and Health Centre (ERHHC) employees are able to react appropriately in a Code Blue situation, in order to ensure the safety and protection of staff, patients, residents and visitors. The plan is reviewed, tested and evaluated annually by the Emergency Preparedness Committee (EPC).

Resuscitation efforts will correspond with evidence based best practice guidelines including American Heart Association (AHA) guidelines for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

AUTHORITY TO DECLARE

Any staff member who becomes aware of an adult (18 years or older) experiencing a cardiac arrest or medical emergency may initiate Code Blue by dialing ext. 7777.
In the case of a neonate (30 days or less), refer to Surge policy *Code Pink Infant.*
In the case of a child (31 days-17 years of age), refer to Surge policy *Code Blue Child.*
In the case of an individual known to be infected with a high consequence respiratory pathogen, refer to Surge policy, *COVID-19 Protected Code Blue*.

Code Blue Cardiac Arrest will be announced when the victim is unresponsive, not breathing, gasping or agonal breathing, and no palpable pulse is present.

Code Blue Medical Emergency will be announced when the victim is in a critical medical situation in which the person's life may be compromised and he/she/they are unable to get help safely or independently (e.g., seizures, fainting, unconsciousness, difficulty breathing, acute chest pain etc.)

Definitions

Cardiopulmonary Resuscitation (CPR): a lifesaving technique that is useful in many emergencies, in which someone's breathing, or heartbeat has stopped.

Point of Care Risk Assessment: includes assessing for the risk of contamination of skin/clothing by microorganisms in the patient environment, exposure to any of the following: blood, body fluids, secretions, excretions, tissues, non-intact skin, mucous membranes, and contaminated equipment surfaces.

Personal Protective Equipment (PPE): is to be worn by all responders and includes a surgical mask with shield, size large gloves, gown. PPE kits are located in the following areas:

- Main entrance/auxiliary desk
- Cafeteria (by kitchenette)
- Lab collection room
- Stress room
- Echo room
- Queensway place (isolation storage)
- LTC- North/South Dining rooms, North reporting station, South Chapel

SPECIAL INSTRUCTIONS

FAMILY HEALTH TEAM, SENIORS APARTMENTS OR QUEENSWAY PLACE

- Any person who becomes aware that an individual is experiencing a cardiopulmonary arrest, or medical emergency must call 911 to notify Emergency Medical Services (EMS) and provide care appropriate to their knowledge, skill, and judgement.

STAFF OR VISITORS

- Individuals who are not registered inpatients that experience a cardiopulmonary arrest or medical emergency within the hospital or Long-Term Care home should be transported to the Emergency Department as quickly as possible.

ROLES AND RESPONSIBILITIES

I. Employees

- Review the emergency plans annually and when changes are made, ensuring understanding of the roles and processes.
- Attend BLS, ACLS or PALS programs as required
- Participate in mock exercises and debriefs as required

II. Managers

- Ensure all employees review and can respond competently in an emergency situation
- Ensure employees attend scheduled education programs or training opportunities
- Participate in mock exercises and debriefs as required

III. Emergency Preparedness Lead/Committee

- Review and update the policy annually

NOTIFICATION PROCEDURE

In all cases where it is suspected that a patient has sustained a cardiopulmonary arrest or medical emergency, a “Code Blue” will be initiated through the emergency activation system.

WITHIN HOSPITAL OR LONG-TERM CARE

1. Depress the “Code Blue” or “Staff Assist” button to activate local departmental response.
2. Dial 7777 from any hospital phone and provide Incident Command (IC) specific instructions as to where the Code Blue is located i.e., the department and specific room/location.
    - Code Blue, Acute Care room 202

- Code Blue, LTC, North Wing, room 543
- Code Blue, Laboratory, collection room

3. Repeat the information.
4. PPE must be donned by all responding staff.
5. Initiate BLS, or appropriate care, according to knowledge, skill and judgement.
6. Arrange for transportation to the emergency department as soon as possible.

OUTSIDE OF THE BUILDING ON ERHHC PROPERTY, OR IF ALONE UPON DISCOVERY:

1. Perform a rapid risk assessment of the victim and the environment.
2. If possible, call for assistance from persons nearby to dial 7777 (internal) or 911 (external).
3. If alone, the responder will inform the victim that they are leaving to get help and will return.
4. Obtain PPE kit from the closest area.
5. Remain with the individual in crisis until additional help arrives.
6. Initiate BLS, or appropriate care, according to knowledge, skill and judgement.
7. Arrange for transportation to the emergency department as soon as possible.

Factors to consider when undertaking a response on ERHHC property:

- Is the situation appropriate for staff to assist?
- Will providing assistance jeopardize the safety of the staff or victim, i.e., put the staff member in danger or harm?
- Are there additional risks to the responder related to distance from the building, weather conditions, environmental hazards, responder knowledge, skill, and ability?

RESPONSE PROCEDURES

ED WARD CLERK (700-2300) **OR** ED NURSE (2300-700)

Upon receipt of a '7777' call for a Code Blue, announce overhead by dialing **9—00 for entire campus notification.
Announce "Your Attention Please, Your Attention Please [Code Blue_____ (location and/or room number)]" x3
The Code Blue binder will be obtained from the emergency response area at the ED nursing station.

CODE BLUE TEAM
Initial responders will complete a point of care risk assessment and provide basic life support and basic first aid.
When Code Blue is announced, the Code Blue team will respond to the location and provide BLS and/or ACLS response.

The following staff members **must** respond to the announced location upon hearing "Code Blue" overhead.

- ED physician (will assume role of CODE LEADER)
- 1 ED RN-Will bring the crash cart
- 1 Acute Care RN (Charge RN-day shift, NR RN-night shift)
- 1 LTC RPN - (North wing)

CODE LEADER

Responsible for assigning the following roles, collection of documentation:

- Compressor/Compressions
- Airway Management
- AED/Monitor/Defibrillator
- Medication Administrator
- Scribe/recorder/timer (refer to Appendix C Cardiac Arrest Record)
- Runner (additional supplies, stretcher etc.)

All persons not essential to the Code Blue response must remain outside of the room in case attendance is necessary to function as a runner for additional supplies, to assist with CPR relief or provide support for family.

EDUCATION

All employees complete the Code Blue policy review in Surge Learning upon orientation and annually. Code Blue drills will occur at least quarterly throughout the hospital and long-term care home to allow staff to understand and practice the response in order to ensure preparation for effective response to a real event. Simulation exercises are conducted frequently in the emergency department, and specifically with the Code Blue team. Regulated Health Care professionals are required to complete BLS training annually.

Donning and doffing of Personal Protective Equipment (PPE) education will be provided during onboarding and as required by the Infection Control Lead or delegate to all staff. Refer to Appendix A and B for proper donning and doffing procedures.

RECOVERY PROCEDURES

Once the victim has been transferred to the Emergency Department, and at the discretion of the Code Leader, additional responders may be asked to return to their posts. All documentation of the incident will be collected by the Code Leader.
A debrief meeting will occur for staff, residents, patients, students by the Code Leader or delegate. An action plan to resume operations, evaluate current processes, and identify improvement opportunities will be created as required.

SURGE REFERENCED DOCUMENTS

COVID-19 Protected Code Blue
Code Blue Cardiac Arrest Medical Emergency CHILD
Code Pink Cardiac Arrest Medical Emergency INFANT
Routine and Additional Precautions Infection Control

REFERENCES AND RELATED DOCUMENTS

Acute Care GD - June 2, 2022 - English (gov.on.ca)

COVID-19 Guidance Personal Protective Equipment (PPE) (gov.on.ca)

Health sciences north. (2021). Pdf. June 2021; Sudbury. Emergency Response Plan for Health Sciences North.

Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (publichealthontario.ca)

North Shore Health Network. (2022). Code Blue – Cardiac Arrest or Code Blue – Medical Emergency.

Ontario Hospital Association (2008). OHA Emergency Management Toolkit.

Appendix A Donning of PPE

Appendix B Doffing of PPE

Appendix C Cardiac Arrest Record Page 1

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Arrest / Code Record

Date:_____

Time:_____

Patient Sticker

Type of Code

☐ Cardiac ☐ Respiratory Other _____ Witnessed: Yes ☐ No ☐

Location **CPR** initiated @ _____

Home ☐ EGH ☐ Other _____

Respirations **Ventilation**

☐ spontaneous ☐ assisted ☐ agonal ☐ apneic ☐ BVM ☐ ETT ☐ Tracheostomy

☐ Other

Intubation

ETT size:_____@_____hr, inserted by: _____, _____cm @ the lips

Placement Confirmed: ☐ ascultation ☐ End-tidal C02

IV Therapy 1) # _____IV initiated to _____(site) @_____ hrs, _____solution, by:_____

2) # _____IV initiated to _____(site) @_____ hrs, _____solution, by:_____

Initial Vital Signs HR_____ R_____ BP _____, CARDIAC RHYTHM _____

Vital Signs						Medications (Dose/Route)				
Time		RR	HR	BP	Shocks	Time	Drug	Dose	Route	Given by:

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Code Team: ______________________
Physician(s): ______________________
Nurse(s): ______________________
____

PATIENT STICKER

Nursing Notes

Time	

OUT-COME Resuscitation ended @ __________hr ☐ pronounced @ _____ ☐ admitted to ___________ ☐ transferred to __________

OTHER Family ☐ present, ☐ notified @ _________hrs Spiritual & Religious Care Notified d Yes ☐ No ☐

Belongings returned to family: ☐ Clothing and Belonging List Completed ☐ Yes ☐ No

Belongings sent to morgue with patient: ☐

Nurses Signature / Credentials ____________________