



Lakeland Long Term Care	
Manual: Code Blue Policy	Department:
Section: Emergency Planning	Index
Subject: Code Blue Medical Emergency	Issued: October 2022
Related Amendment:	Effective: October 2022
Issued by: Administrator	Date:
Reviewed by: Steve white	Review:
Applies to: Lakeland Long Term Care	Page:

POLICY

- 1.1 The home shall ensure that the emergency plans for the home include a coordinated plan to respond to and manage medical emergencies occurring with residents, staff or visitors in the home.
- 1.2 Staff will be trained on this code annually and there will be a review/evaluation conducted annually or within 30 days of the plan being activated.

PURPOSE

- 2.1 To alert individuals within the facility to an acute medical emergency in a particular area of the building
- 2.2 To provide an organized system of response when dealing with a medical emergency when more support is required.

DEFINITIONS

- 3.1 A Medical Emergency is defined as an event requiring an urgent response such as a sudden injury, acute illness, choking, chest pain, shortness of breath, arrested breathing, or an acute altered level of consciousness where more assistance may be needed.

COMMUNICATION

- 4.1 Emergency plans will be posted in the homes and on the Lakeland Long Term Care website. There will be regular consultation with Residents and Family Council as well as our internal and external stakeholders when reviewing and evaluating emergency plans.
- 4.2 Lakeland LTC will consult with internal and external stakeholders on a regular basis regarding emergency plan components. There will be an internal and external stakeholder list which is located in the Emergency Response Manual.
- 4.3 The WPSHC paging system will be used to announce the Code Blue to the Lakeland LTC building and staff.
- 4.4 Cellular phones or landlines are used as a mode of communication if family/Substitute decision (SDM) or staff need to be informed on any aspect of their role during a code blue.

PROCEDURE

5.1 First person arriving on scene will:

- Seek further assistance and support by calling for help, pulling the call bell or utilizing a cellular phone
- Provide immediate interventions as deemed within their scope of practice, and knowledge, skill and judgement while waiting for assistance.

5.2 Registered Staff will:

- a) Assess the individual and determine the level of intervention required
 - b) Provide interventions as deemed clinically necessary within their scope of practice, knowledge, skill and judgement
 - c) Document details related to the event and the assessment of the resident in the resident's electronic health record; for non-resident medical emergencies, details related to the event and assessment of non-resident are to be documented on a incident reporting form.
 - d) Ensure regulatory reporting is completed as described below
 - e) Ensure immediate supervisor/designate is notified if applicable
- f) **Acute Medical Emergency for a Resident:**
1. CPR **MUST** be initiated for all witnessed and unwitnessed arrests if:
 - a. The resuscitation status is known
 - b. In the absence of a documented Do Not Resuscitate (DNR)
 - c. In the absence of a documented advanced care plan outlining the residents wishes to not have CPR performed
 2. Call to 911 **MUST** be completed for all witnessed and unwitnessed arrests in the absence of a DNR or documented advance care directives, to support secondary level of interventions and transfer to the hospital. If Paramedic Services are required, provide name, address, room number and location.
 3. Once confirmation of DNR documentation and/or advanced care directive to not have CPR is known, resuscitation efforts are to be stopped in accordance with the residents wishes.
 4. Assign a staff member to meet paramedic services at the front entrance to grant them access into the building and direct them to the appropriate home area/location of emergency.
 5. Prepare transfer forms and notify the appropriate care provider and/or Power of Attorney (POA/SDM) as appropriate.
 6. Document details in the residents electronic health record
 7. Notify the Nurse Manager on duty if not already aware and the Nurse Manager will notify Senior Leadership during business hours and the on-call Manager after hours.
 8. Complete any required documentation/reporting (i.e. Critical Incident reporting to the Ministry of Long Term Care (MLTC))
- g) **Acute Medical Emergency for Non-residents:**
1. Call to 911, if required for other medical emergencies, to support secondary level of interventions and transfer to hospital; provide Paramedic Services name, address and location of non-resident.
 2. Staff are encouraged to assist injured or ill non-residents within their scope of practice, their knowledge and training until Paramedic Services arrive.
 3. Notify the Nurse Manager who will then notify Senior Leadership during business hours and the On-Call Manager after hours.
 4. Complete any required documentation (i.e. Critical Injury reporting to the Ministry of Labour, completing Lakeland LTC Incident reporting form)

5.3 **Additional Roles of the Nurse Manager:**

- A. Support the resident home area as required, this may include but is not limited to the following:
- 1) Reallocating resources and/or reassigning staff between resident home areas to support care needs.
 - 2) Supporting staff with medical emergency if further support required, and/or responding/coordinating a response effort to any additional emergencies.
 - 3) Supporting resident care needs including but not limited to monitoring of a resident post fall, provision of pain medication for complaints of acute pain, continued provision of palliative care interventions to palliative/end of life residents, medication administration as appropriate
 - 4) Completing the Code Blue Checklist (appendix 1)

5.4 **Role of the Person Support Worker (PSW)**

- A. Take direction from the first person on scene and/or registered staff to support the medical emergency. This may include but is not limited to the following:
- 1) Assisting to get more help
 - 2) Obtaining necessary equipment (e.g. gauze, ice packs etc)
 - 3) Transferring a resident from one location to another when directed to
 - 4) Supporting the care needs of other resident on the home area or on other resident home areas as deemed necessary
 - 5) Assisting with moving other residents, families and visitors from the area of the medical emergency

5.5 **Role of the On-Call Manager**

- 1) Support the staff who are responding to emergency and with the allocation of resources as appropriate
- 2) Inform the Director of Care and/or Administrator or designate as appropriate
- 3) If the incident is staff related notify emergency contact is appropriate

5.6 **Director of Care/ Administrator:**

- 1) Inform Director of Care/Administrator and Senior Leadership as appropriate

5.7 **Reporting and Notification**

- A. MLTC (Resident)

Under the Fixing Long-Term Care Act, the following would describe a reportable medical emergency:

- 1) An incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
- 2) Significant change is defined as a major change in the resident's health condition that
 - a. Will not resolve itself without further investigation
 - b. Impact on more than one aspect of the resident's health condition
 - c. Requires an assessment by the interdisciplinary team or a revision to the residents plan of care.

Refer to ADM-OP Reporting Process for Critical Incidents.

B. Ministry of Labour, Immigration, Training & Skills Development (MLTSD): (Staff/Volunteer/Visitor)

Please note, if a person, whether a worker or not, has been critically injured or killed at the workplace the employer must immediately notify the MLTSD Health and Safety Contact Centre and the co-chairs of the health and safety committee. This notice must be by telephone or other direct means. Within 48 hours, the employer must also notify, in writing, a director of the MLTSD, giving the circumstances of the occurrence and any information that may be prescribed [section 51(1)]. No person can alter the scene where the injury occurred in any way without permission of an inspector. Definition of a critical injury are as follows:

Under the Occupational Health and Safety Act., (R.R. 1 1990, Reg 834, s.1) a critical injury means an injury of a serious nature that:

- 1) Places a life in jeopardy
- 2) Produces unconsciousness
- 3) Results in a substantial loss of blood
- 4) Involved a fracture of a leg or arm but not a finger or toe
- 5) Involved the amputation of a leg, arm, hand or foot but not a finger or toe

Refer to A.6.1 Health and Safety, Section A - Incidents, Accidents and Injury Reporting.

Summary and Debriefing – See Appendix 2

6.1 All departments will be responsible for:

- Maintaining a record of supplied and equipment used, where it was sent, and ensuring its return when the evacuation is over
- Participate in debriefing to evaluate the emergency and in the post, review providing reports and recommendations
- Assist in creating revisions and implementation of adjustments to the plan
- In-service any modifications with staff in their respective departments

Training Requirements

7.1 General Orientation – New Staff

Education and training on the Emergency Plans are provided through an e-Learning platform and departmental orientation checklists

7.2 Annual and Ongoing – All Staff

Education is provided on all the emergency codes on an annual basis through e-learning platform

References

- 8.1 Fixing Long Term Care Act, 2021 OReg 246/22 s 268
- 8.2 Occupation Health and Safety Act.
- 8.3 A.6.1 Health and Safety, Section A - Incidents, Accidents and Injury Reporting
- 8.4 ADM-OP Reporting Process for Critical Incidents

Attachments/Appendices

9.1 Appendix 1 – Code Blue Emergency Checklist

9.2 Appendix 2 – Code Blue Post Incident Debrief/Evaluation Checklist

Appendix 1

Code Blue Post Incident Debrief/Evaluation Checklist

Date: _____ Time of Incident: _____ Location: _____

Scenario Description:

Circle the appropriate answer

Was 911 called? Yes No

Was a "Code Blue" announcement made? Yes No

Was the location and announcement clear? Yes No

Did appropriate Team Members respond to the location? Yes No

Did a Team Member meet Emergency Services at the Main Entrance? Yes No

Were First Aid supplies available? Yes No

Were CPR supplies available? Yes No

Was DNR status confirmed? Yes No

Was treatment given? Yes No

Names of Team Members who participated

Comments/Recommendations:

Nurse Manager: _____ Signature: _____

Manager: _____ Signature: _____

Signing Authority

Date

Appendix 2

Code Blue Post Incident Debrief/Evaluation Checklist

Date: _____

Completed by: _____

Incident: _____

Reports:	Yes/No	Comments:
Evaluation Completed		
Has a formal debrief occurred with staff/residents/family		
Has there been a formal report completed and sent to the Director ?		
Were the external Partners informed of the outcome?		
Dietary Department Checklist		
Was any equipment or supplies used during the emergency by the department?		
Environmental Services		
Was any equipment or supplies used during the emergency by the department?		
Recreational Department		
Was any equipment or supplies used during the emergency by the department?		
Nursing Department		
Was any equipment or supplies used during the emergency by the department?		
Administration Department		
Was any equipment or supplies used during the emergency by the department?		
Process Review		

Processes which went well		
Any gaps identified in the process?		
Improvement suggestions		
Any revisions to the plan required		
Other:		