

**THE SALVATION ARMY**  
**MEIGHEN HEALTH CENTRE**  
**2. Emergency Procedures**

Subject: CODE BLUE	Policy: 2.02
Effective Date: January 2, 2003	Site: MM, MRR
Revised: July 7, 2022	Approved By: Julie Wong

**PLAN ACTIVATION: CODE BLUE**

1. The person who determines that someone (resident, staff member or visitor) has had a cardiac arrest or is experiencing a medical emergency will:
  - Determine whether or not to initiate a CODE BLUE
  - When a resident is involved, review the Advance Directives to ensure that she/he wants to be resuscitated
  - When an individual's wishes are unknown (resident, staff or visitor), proceed with the CODE BLUE
  - Please Note: It is acceptable NOT to initiate CPR in any case where the cardiac arrest was unwitnessed and the affected individual exhibits obvious signs of death (i.e. vital signs absent with the presence of rigor mortis and/or tissue decay, etc.).
  - **Shout "CODE BLUE" to summon any assistance available in the immediate area**
2.
  - Call 911 and state that someone is having a "Cardiac Arrest" or "other medical emergency".
  - Direct the ambulance to the main entrance at 155 Millwood Road (Manor) or 84 Davisville Avenue (Retirement).
3. Call (or direct someone else to call) for additional assistance by paging over the emergency paging system:
  - Press Page LTC button (Manor) on any business phone in the building
  - Announcing 3 times over the paging system Code Blue and Location

*Example Announcement*

**Code Blue -Coombs Room 207**  
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4.
  - Prepare the person for CPR by positioning her/him supine on the bed or floor.
  - If a resident is in bed, roll the head of the bed down.
  - If event has occurred in a common area, move the person to the nearest private area if able to do so.
5. Begin CPR (at the Basic Cardiac Life-Support or “BCLS” level).
6. Continue CPR until ambulance arrives and paramedics assume care
7. **OBSERVING REGISTERED STAFF**
  - Obtain blood pressure equipment & oxygen
  - Remove and reassure other residents/onlookers in the area as appropriate
  - Clear a pathway for ambulance personnel and the transport stretcher
  - Contact the Chaplain to attend the area to provide spiritual comfort as necessary
  - In those cases, in which the CODE BLUE involved a resident, notify
    - o Resident POA/SDM
    - o The attending physician

8. **EMERGENCY DECLARED OVER**

**CODE Blue is declared over when the resident/staff/visitor involved has been transferred to hospital**

**The code is cleared by the receptionist/RN Nurse Designate/Designee**

- Announce 3 times over the paging system.

**Code Blue All Clear  
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**Code Blue All Clear**

**9. RECOVERY PLAN**

Recovery will take minimal time

- Charge Nurses/ Supervisors/RN Nurse Designate will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced as per the **Staffing Contingency Plan**

**10. DEBRIEF AND DOCUMENTATION**

- Director of Care/RN Nurse Designate will conduct a debriefing using code blue evaluation form (Appendix A)
- If the event involved a resident, an Incident Report is completed in PCC
- If the event involved a staff, complete a workplace incident form and forward to Director – Employee Relations.
- If the event involved a visitor, document and forward to the Executive Director.
- Resident care plan will be reviewed and updated

If the CODE BLUE is called, the following staff will respond:

Nursing Staff: Day Shifts (0700-1500 hours)

**Manor**

- One RPN/RN from Davis Unit
- One RPN/RN from Coombs Unit
- One RPN/RN from Lawrence Unit
- One RPN/RN from Fisher Unit
- One RPN/RN from Dinnick Unit
- One RPN/RN from Moore Unit
- All other RPN's/RN's on site
- Any physicians on site

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Evening Shifts(1300-2430 hours)

**Manor**

- One RPN/RN from Davis Unit
- One RPN/RN from Coombs Unit
- One RPN/RN from Lawrence Unit
- One RPN/RN from Fisher Unit
- One RPN/RN from Dinnick Unit
- One RPN/RN from Moore Unit
- All other RPN's/RN's on site
- Any physicians on site

Night Shifts (2300-0730 hours)

**Manor**

- One RPN/RN from 2<sup>nd</sup> floor
- One RPN/RN from 3<sup>rd</sup> floor
- One RPN/RN from 4<sup>th</sup> floor

**14. WITHIN 30 DAYS OF INCIDENT**

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place by the required departments
- A copy of the report will be distributed and discussed at the Interdisciplinary Quality Improvement Committee
- A synopsis of the report will be shared for information purposes with the Board

**15. ONGOING COMMUNICATION**

No ongoing communication required unless deemed necessary by the Executive Director

**16. TESTING & EVALUATION OF CODE BLUE**

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- This emergency code will be tested annually unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the Code Blue emergency plan as required

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**APPENDIX A - Code Blue Evaluation Form    IAMM     MRR**

<b>Unit/Area</b>		<b>Date:</b>		
<b>Debriefing Leader:</b>		<b>Position:</b>		<b>Signature:</b>
<b>Drill Conducted By:</b>		<b>Position:</b>		<b>Signature:</b>
<b>PARTICULARS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Did staff know what to do?				
Did all registered staff respond?				
Was equipment easily available?				
Was pertinent information readily available for first responders?				
Did the first responders arrive on site in a timely manner?				
Did staff follow steps 1?				
Did staff follow step 2?				
Did staff follow step 3?				
Did staff follow step 4?				
Did staff follow step 5?				
Did staff follow step 6?				
Did staff follow step 7?				
Did staff follow step 8?				
Did staff follow step 9?				
Did staff follow step 10?				

**STAFF PARTICIPATION**

Print Name	Position	Signature	Print Name	Position	Signature

**DEBRIEFING LEADER USE ONLY**

Staff participant #:

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Start time of event:
Total event time:
Code reported by?
Code initiated by?