

## **Appendix M**

### **CODE BLUE**

#### **Policy:**

A medical emergency (Code Blue) is initiated by a staff in the event anyone is experiencing a medical emergency or life-threatening situation e.g. respiratory distress, chest pain, cardiac arrest, broken bone(s), severe bleeding, choking. Au Château will respond to all life-threatening medical emergencies by immediately activating Code Blue and following the coordinated, IMS-based approach. The RN in charge acts as Incident Commander, directing responders, assigning roles, and ensuring clear communication. Staff will provide timely care within their scope, follow the resident's advance directive, use available emergency equipment, complete required documentation, and participate in a brief post-incident review to support safety and continuous improvement.

Note: please verify advanced directives, if applicable, and obtain emergency contact information.

#### **Purpose:**

The purpose of this policy is to establish a standardized, coordinated, and effective response to life-threatening medical emergencies within Au Château. This policy ensures that:

- All staff understand their roles and responsibilities during a Code Blue
- Medical emergencies are identified and responded to rapidly and consistently
- Residents receive timely, appropriate clinical interventions
- The response is organized, follows IMS principles, and supports resident safety
- Post-incident evaluation promotes continuous improvement, emergency readiness, and compliance with the *Fixing Long-Term Care Act, 2021* and *O.Reg. 246/22*.

#### **Procedure:**

1. The First Responder will:
  - a. Stay with the individual in distress (unless to call for assistance)
  - b. Call for assistance, shout to nearby team members "Code Blue" and as applicable pull call bell, telephone charge RN, or page 'Code Blue' announcement on overhead.
    - If required, Incident Commander or Designate will announce "Code Blue" three (3) times as follows:
      - “Attention All staff, Code Blue, (Announce Location)”
      - “Attention All staff, Code Blue, (Announce Location)”
      - “Attention All staff, Code Blue, (Announce Location)”

**Note:** all staff members have the authority to announce a Code Blue without delay when an emergency is identified. This can be done from any desktop phone by lifting the receiver and pressing \*444.

**2. The Response Team will:**

- a. The following individuals are expected to respond immediately to a Code Blue, as directed by the Incident Commander:
  - Staff assigned to the affected Home Area
  - The RN in charge
  - Any staff member trained in First Aid and CPR within the Home
- b. To ensure resident safety and continuity of care, at least one staff member must remain on each Home Area at all times.
- c. Responding staff will assist as directed and help keep nearby residents, visitors and family members away from the scene to maintain privacy and calm.

**3. Incident Commander/Designate will:**

- a. If required, call 911 and provide the following information:
  - Name of Site
  - Street Address
  - Nearest/Closest Main Intersection
  - Callers phone number
  - Location of the Incident/ Room Number
  - Status of the individual as applicable and may include:
    - Conscious/unconscious
    - Breathing/not breathing
    - Bleeding
    - Medical history e.g., seizure activity
- b. If required, direct appropriate resuscitation procedures and continue resuscitation procedures or comfort measures as applicable until arrival of paramedics.
  - In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles
  - For residents, confirm DNR order status to find out if resident requires CPR or not.
- c. Terminate the 'Code Blue' by announcing three (3) times as follows:
  - "Attention All staff, Code Blue has ended, ALL CLEAR"**
  - "Attention All staff, Code Blue has ended, ALL CLEAR"**
  - "Attention All staff, Code Blue has ended, ALL CLEAR"**
- d. Complete applicable transfer documentation and provide to paramedics
- e. Notify POA/SDM of transfer to hospital
- f. Ensure all resuscitation equipment is cleaned, restocked, and returned to readiness.

**4. Management of a Choking Resident**

- a. Residents who experience choking will be treated as a medical emergency and a ‘Code Blue’ emergency response will be initiated.
- b. Provide choking interventions appropriate to the resident’s condition and their scope of practice (e.g., abdominal thrusts)
- c. If the resident becomes unresponsive, the staff member must carefully lower the resident to the floor and begin CPR as per the resident’s goal of care/DNR status.
- d. The suction machine may be used at any stage if appropriate and within staff scope.

## 5. Completion of Documentation

The Incident Commander (RN)/Designated will:

- a. Complete the Post-Incident & Debrief Form (Appendix M1) before the end of their shift, or as soon as reasonable as possible.
- b. Obtain witness statements as applicable
- c. Document incident in the resident’s electronic health record.

## 6. Post- Incident Clinical Follow-Up

The Incident Commander (RN)/Designated will:

- a. Contact the physician/nurse practitioner following every “Code Blue” to complete a post-incident medical assessment, provide clinical direction and determine any required changes to the care plan or goals of care.
- b. Ensure any applicable referrals are sent, including but not limited to dietitian, SLP.
- c. All follow-up assessments and referrals must be documented according to Au Château’s procedures and communicated to relevant team members.

## 7. Management Review

The Administrator/Designate will review each “Code Blue” activation within 30 days, evaluate the effectiveness of the response, and determine whether changes to procedures, equipment or training are required in accordance with the Fixing Long-Term Care Act, 2021 and O. Reg 246/22 emergency preparedness requirements.

Any identified improvements must be documented and implemented promptly, and communicated to staff as appropriate (e.g., training updates, equipment adjustments, policy revisions).