

MANUAL: <i>HEALTH & SAFETY</i>	HOME SPECIFIC NAME: <ul style="list-style-type: none"> ○ Fairfield Park ✓ Brouillette Manor ○ LaPointe-Fisher Nursing Home ○ Corporate
TITLE: <i>CODE BLUE- MEDICAL EMERGENCY PLAN</i>	SECTION: EMERGENCY PREPAREDNESS
	PAGES: 3

EFFECTIVE DATE: JUNE 2022

REVISED:

POLICY:

The Home shall have a plan in place in the event of a medical emergency and assistance is required right away. The emergency code denoting this situation shall be "Code Blue".

DEFINITIONS

A medical emergency is defined as the sudden onset of an illness or injury serious enough to require medial or skilled nursing intervention.

A sudden illness or injury can happen to anyone – resident, staff member, volunteer or visitor.

Examples of such emergencies may be as followed, but not limited to:

- Heart attack
- Head injury due to a fall
- Severe bleeding
- Loss of consciousness
- Broken limb(s)
- Seizures
- Choking

PROCEDURES:

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TRAINING & EDUCATION

Staff shall be trained on this plan upon hire and provided with refresher education annually thereafter.

Residents and/or their legal representative shall be provided with a copy of this plan upon admission

TESTING OF PLAN

This plan shall be tested annually.

ACTIVATION OF PLAN

Upon discovering the emergency:

1. Pull the nearest call bell and alert nearby staff by shouting CODE BLUE;
2. Stay with the injured person
3. If no response to the call bell or the call for help, use the overhead paging system announcing CODE BLUE, home area, room number or location of the emergency, then return to the injured person. Repeat this announcement x3.

Upon announcement of the "CODE BLUE":

1. The professional nursing staff of the units will respond immediately to the location. The vitals cart, including a stethoscope will be delivered to area as well.
2. The unit Charge Nurse will go immediately to the area and direct the emergency scene until EMS personnel arrive.

The Charge Nurse on duty will direct the code and ensure appropriate emergency procedures are administered.

The Charge Nurse directs the Emergency Medical Services to be activated by calling 911 where appropriate. A staff member will be delegated to make the call, indicating the emergency, giving the injured person's name, date of birth, address to facility, and location of emergency and follow the instructions from the dispatcher. This staff member will receive the EMS at the front door and direct them to the location of the emergency.

The registered staff on the unit where the code is will:

1. Complete the transfer record and all appropriate paperwork deemed necessary for transfer.
2. If time permits, give a verbal report to EMS prior to transfer to hospital.

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3. Contact the Director of Care and/or Administrator, if not on the premises and inform him/her of situation.
4. Notify the resident's family or substitute decision maker.
5. Inform the attending physician if unable to contact prior to transfer.
6. Complete all required documentation.

Reporting / Documentation

- ✓ Resident emergency – Complete Risk Management in PCC, if applicable
- ✓ Staff emergency – Refer to Employee Incident Report and complete the investigation.
- ✓ Volunteer / visitor emergency – Refer to Occurrence Report
- ✓ Refer to MOLTC Critical Incident/Mandatory reporting to identify if any further reporting is required.

EVACUATION

In the event an evacuation of the home is required, refer to the emergency plan, "Code Green – Evacuation".

COMMUNICATION

The Home shall communicate to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home

- ✓ at the beginning of the emergency,
- ✓ when there is a significant change throughout the course of the emergency
- ✓ when the emergency is declared over

RECOVERY

1. A debrief is provided for residents, substitute decision-makers, staff, volunteers and students involved.
2. The Administrator or delegate will ensure resumption of regular operations of the home takes place (i.e. coordinate with managers, service providers and support workers to ensure all essential services are in place)
3. Coordination with Social Services to meet with residents, families and staff who may have experienced distress during the emergency, to offer support and resources.

EVALUATION

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The emergency plan shall be evaluated annually and updated, if needed. If the plan has been activated, it shall be evaluated within 30 days of the emergency being declared over and updated, if needed.

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