Procedure:	Code Blue (Acute Site) – Adult Medical Emergency	
Owner:	Director, Patient Relations, Security Services and Chief Privacy and Risk Officer	
Sponsor:	Vice-President, Patient Care and Risk	
Approval by:	**Emergency Management Committee**	**Date: 2023-09-07**
Original Effective Date: 2019-02-14	**Reviewed Date(s):** 2023-09-07	**Revised Date(s):** 2023-09-07

This procedure applies to: Or	☐ St. Joseph's Health Care London ☐ Mount Hope Centre for Long-Term Care ☐ Parkwood Institute Main Building ☐ Parkwood Institute Mental Health Care Building ☒ St. Joseph's Hospital ☐ Southwest Centre for Forensic Mental Health Care **(If this procedure applies to all sites, please check St. Joseph's Health Care London only.)**

Former Corporate Policy:	☐ Yes ☒ No
If yes, Policy Name: **Date Changed to Procedure:**	

There is a similar/same procedure at LHSC:	☒ Yes ☐ No
If yes, Procedure Type:	☐ Department ☒ Corporate
Procedure Name:	Code Blue - Cardiac Arrest/Medical Emergency
Procedure Owner:	Capital Redevelopment and Environmental Operations Executive

PURPOSE

This emergency response procedure pertains to St. Joseph's Hospital only.

St. Joseph's Health Care London (St. Joseph's) is committed to ensuring the safety of all patients, staff, visitors and affiliates and will activate a CODE BLUE response to ensure prompt care for an adult (15 years of age or older) experiencing a medical emergency.

The **Medical Emergency Response Team (MERT)** will respond to all adult medical emergency situations at St. Joseph's Hospital (including Cromwell Street, the exterior driveways at entrances 1, 2, 3 and 4 but not parking garages or other exterior locations). These include but are not limited to situations where:

- Immediate medical intervention is required to prevent imminent deterioration of the patient's status. For example, any acute medical/surgical emergency – decreased level of consciousness (LOC), seizure, hemorrhage, respiratory distress, severe hypoglycemia, etc.
- Skills, equipment and/or personnel are not available to assist in the care and stabilization of a patient, visitor or staff member in the facility.
- Cardio/respiratory arrest occurred requiring CPR and advanced life support measures.

PROCEDURE

1. **The person discovering the medical emergency/first responder(s) will:**
    1.1. Summon help from the surrounding area.
    1.2. Initiate Emergency CODE BLUE procedures.
        1.2.1. Locate the nearest phone and dial 55555 (may delegate).

        a.   State that you have a CODE BLUE.

        b.   Provide detailed information about the location of the emergency.

            i.   Which facility are you at.

            ii.   floor, zone, location common name and unit/department

           iii.   Provide the room number you are in or the nearest room number to your location.

1.3.   Ensure your personal safety and the safety of others.

    1.3.1. Don appropriate Personal Protective Equipment (PPE), if required.

    1.3.2. Trained staff will initiate basic cardiac life support (BCLS) procedures (CPR and AED) if indicated, unless a Do Not Attempt Resuscitation directive is known.

        a.   Note: At St. Joseph's Hospital, only registered nurses (RN and RPN), respiratory therapists (RRT) and security personnel are authorized to defibrillate.

    1.3.3. Refer to BCLS Algorithm (Appendix A)

1.4.   Be available to MERT on their arrival to:

    1.4.1. Provide patient history and relevant data,

    1.4.2. Answer questions,

    1.4.3. Receive further instructions

1.5.   Assist as directed.

    1.5.1. Assistance may include but not limited to:

        a.   Assist in CPR

        b.   Completing or retrieving documentation

        c.   Provide Crowd control

        d.   Runner to retrieve additional supplies

1.6.   Inform on-site area leadership, when appropriate or able to do so.

1.7.   Spiritual Care can be made available, if required, be contacting switchboard and requesting to have the on-call chaplain paged.

2.   When notified of a CODE BLUE, Security Control Centre (SCC) will:

2.1.   Obtain information from caller.

    2.1.1. CODE BLUE

    2.1.2. Location of emergency

        a.   Zone

        b.   Floor

        c.   Unit/Department

        d.   Room Number

        e.   Location common name

            i   Prompt caller to provide information from the emergency sticker on the phone.

2.2.   Activation CODE BLUE (ENS1).

    2.2.1. Send out the CODE BLUE Emergency Notification System ENS1 page.

        a.   The following information is relayed:

            i.   CODE BLUE

            ii.   Location of the emergency

    2.2.2. Advise Security Services via radio communication.

        a.   Include the location to meet the responding Ambulance, if required.

    2.2.3. Complete an overhead announcement.

        a.   State "Attention please, CODE BLUE, (location)."

        b.   Repeat 3 times.

2.3.   Notify local Ambulance Service, if required.

    2.3.1. Ambulance Service should not be contacted for any Code Blue occurring within the building, unless requested by a member of the Code Blue Medical Emergency Response Team.

        a.   Additional areas MERT will respond to when hospital entrances are not secured:

            i.   Exterior of the building on Cromwell Street (within hospital property lines)

            ii.   Exterior driveways of Entrances 1, 2, 3 and 4

    2.3.2. Ambulance Service should be contacted for a Code Blue occurring outside of the Hospital when the Hospital entrances are secured and the individual is not a registered patient.

        a.   Hours when entrances are secured:

            i.   Weekday: 18:00-05:30

            ii.   Weekends: 16:00-07:30

           iii.   Statutory holidays: 16:00-07:30

        b.   MERT does not respond to the following locations at any time of the day and a Paramedic Service should be contacted:

            i.   Parking Garages

            ii.   All other exterior locations not mentioned above

        2.3.3. Provide information
- a. Nature of emergency
- b. Location
- c. Entrance to use

        2.3.4. Keep Ambulance dispatcher on the line, if required.

        2.3.5. Connect the Ambulance Service and the person initiating the call, if the caller is available, so that information can be shared accurately.
- a. Remain on the line to ensure all information is shared.

  2.4. Keep a log of events.

3. When notified of a CODE BLUE, Security Services will:

  3.1. Respond to area of the medical emergency

        3.1.1. If Code Blue Cart is not on scene, retrieve it from the nearest location.
- a. Move the Code Blue Cart as close as safely possible to the MERT responders
- b. Notify the team of the cart's location if the cart cannot be safely moved to the patient so that team is aware to obtain supplies and equipment.
- c. Refer to Medical Emergency Response Cart Locations (Appendix B)
- d. If the Code Blue occurs outside the area of MERT response, retrieve the First Aid bag from the Security Office to assist until the paramedic service arrives.

  3.2. Don appropriate PPE, if required.

  3.3. Provide assistance as required.

        3.3.1. Direct MERT and additional responders to the location

        3.3.2. Provide crowd control

        3.3.3. Locate a stretcher or wheelchair for patient transport, if required.

        3.3.4. Retrieve additional medical support supplies or equipment, if required and requested by MERT.
- a. Refer to Medical Emergency Response AED Locations (Appendix C)
- b. Refer to Medical Emergency Response Extra Medication / Equipment Locations (Appendix D)

        3.3.5. Retrieve and hold elevator for transporting the patient, if required.

        3.3.6. Ask MERT if an Ambulance is required.
- a. If Ambulance is requested by MERT contact the SCC and request an Ambulance be dispatched.
  - i. Provide all available information related to the incident.
  - ii. Provide location where the Ambulance can meet Security.

  3.4. If an Ambulance is requested, respond to the predetermined entrance to escort the arriving Ambulance Service to and from the location of the medical emergency.

        3.4.1. This task can be delegated if additional security guard is not available.

  3.5. Clear corridor for patient transport to the Urgent Care Centre or Step Up, if required.

  3.6. Keep the Security Control Centre apprised of the situation.

  3.7. Exchange Code Blue Cart, as required

        3.7.1. Review Medical Emergency Response Cart Exchange (Appendix E)

  3.8. Complete a detailed report for the incident.

Medical Emergency Response Team

The Medical Emergency Response Team is comprised of the following members:
- EMA Physician (Urgent Care) or the Physician/Clinical Assistant from Step Up Care
- Registered Nurses:
  - PACU (Post Anesthesia Care Unit) nurse
  - Urgent Care Centre (UCC) nurse
  - B6 (inpatient) nurse
- Registered Respiratory Therapist (R.R.T)

0800-1700hrs Monday – Friday: Emergency Physician (EMA)	1700-0800hrs Monday – Friday: Step Up Clinical Assistant
UCC RN: 0700-2100hrs PACU RN: 24h RRT: 24h	UCC RN: 0700-2100hrs B6 RN: 2100-0700hrs PACU RN: 24h RRT: 24h
Weekends and Statutory Holidays (24h): Step Up Clinical Assistant	
UCC RN: 0700-1800hrs PACU RN: 24h RRT: 24h	

The **Medical Emergency Response Team (MERT)** will proceed immediately to the location of the medical emergency when the Code Blue pager/IP Phone message is received. In the event that a Code Blue is in one of the Operating Rooms (OR), the team will proceed to the OR Desk to receive instructions.

MERT will assess the situation, provide appropriate treatment or assist with basic cardiac life support (BCLS) (CPR and AED) and initiate advanced cardiac life support (ACLS) measures as required.

Primary Accountability: Respond to adult medical emergencies and provide advanced life support and medical management.

All MERT members participating in high-risk procedures as defined in the St. Joseph's Infection Control Manual will don personal protective equipment (PPE) before proceeding with treatment or resuscitative measures. PPE includes approved eye protection or face shield, surgical mask, gloves and gown. When the high-risk procedure is complete, remove PPE, discard in the patient's room and wash hands.

4. **When notified of a CODE BLUE, the UCC Physician or Step up Physician/Clinical Assistant will:**
   4.1. Respond to the area of the medical emergency.
       4.1.1. The physician is the Code Blue Leader upon arrival
   4.2. Discern patient history and course of events leading to the medical emergency and any advanced patient directives.
   4.3. Asses and manage the medical emergency including:
       4.3.1. Primary and secondary assessment
       4.3.2. Diagnose and order appropriate diagnostic and treatment interventions
   4.4. Make the decision to abandon resuscitation.
   4.5. Make the decision regarding urgent (priority) transfer to London Health Sciences Centre (LHSC), transfer to Step Up Care, or assessment in the Urgent Care Centre. Transfer care to the most appropriate physician.
       4.5.1. The UCC and Step Up physicians will assess the most appropriate location for the patient based on the condition of the patient and the skills of the team.
       4.5.2. For medical emergencies involving an outpatient, visitor or staff, the patient may be transported to the Urgent Care Centre or LHSC ED for on-going assessment and/or transfer.
       4.5.3. For medical emergencies involving an inpatient, the patient will either be transferred to Step Up or LHSC for further care or continue to be cared for by the admitting physician on the nursing unit.
   4.6. Assist with patient transfer as required.
   4.7. Direct unit/clinic/area staff to notify the patient's physician and next-of-kin of the medical emergency.
   4.8. Responsible for completing and signing the resuscitation record.

5. **When notified of a CODE BLUE, the Registered Respiratory Therapist (RRT) will:**
   5.1. Respond to the area of the medical emergency.
   5.2. Provide airway or other patient management support as necessary.
       5.2.1. Establish oxygen (O2) and suction, if appropriate.
           a. RRTs may apply oxygen as per MERT medical directive.
   5.3. Assist the physician as directed.
   5.4. May intubate if required.
   5.5. Assist with CPR if required and continue until relieved.
   5.6. Assist with patient transport as required.
   5.7. Complete monthly equipment checks.

6. **When notified of a CODE BLUE, the Registered Nurses on the MERT will:**
   6.1. Respond to the area of the medical emergency.
       6.1.1. PACU RN brings the MERT knapsack with additional supplies.
   6.2. Provide basic airway support or other patient management support as necessary.
       6.2.1. RNs may apply oxygen as per MERT medical directive.
   6.3. Provide cardiac monitoring and deliver energy as required/requested.
       6.3.1. RNs may defibrillate as per MERT medical directive.
       6.3.2. RNs may perform preform synchronized cardioversion and transcutaneous pacing when ordered as per MERT medical directive.
   6.4. Obtain vital signs.
   6.5. Establish IV if necessary, ensure patency and fluid resuscitate as ordered.
       6.5.1. RNs may initiate an IV as per MERT medical directive.
   6.6. Prepare and administer medications as directed.
   6.7. Obtain blood work (glucometer, venous samples).

6.7.1. RNs may perform point of care blood glucose as per MERT medical directive.
6.8. Initiate documentation of observations, interventions, treatments, dates and times or delegate this task as appropriate.
6.9. Assist with CPR if required and continue until relieved.
6.10. Ensure all required signatures are obtained on the resuscitation record.
6.10.1. Place the original copy of the resuscitation record on the patient chart and send a copy to the MERT Educator for review and data collection.
6.11. Assist with patient transfer as required.

7. When notified of a CODE BLUE, the Unit/Clinic/Area Staff will
7.1. Respond to area of the medical emergency
7.1.1. Retrieve and transport the nearest Code Blue Cart to the location of the medical emergency if able.
   a. Refer to Medical Emergency Response Cart Locations (Appendix B).
7.1.2. Don appropriate PPE, if required.
7.2. Assist with directions for the responding Medical Emergency Response Team upon arrival.
7.3. Assist as requested.
7.3.1. This may include but not limited to:
   a. Computer entry
   b. Obtain supplies and equipment
   c. Page physicians
   d. Arrange chart for patient transfer, if appropriate.
   e. Arrange transfer to Step Up Care for on-going management, as directed by MERT.
   f. Follow discharge routine for death.
   g. Page Spiritual Care, if needed and they are not already at the location.
7.4. Clean up and ensure Code Blue Cart is replaced
7.4.1. Review Medical Emergency Response Cart Exchange (Appendix E).

8. When notified of a CODE BLUE, additional CODE BLUE responders:
8.1. Respond to the area of the medical emergency.
8.2. Ensure your personal safety and the safety of others.
8.2.1. Don appropriate PPE, if required.
8.3. Assist as directed.
8.3.1. Assistance may include but not limited to:
   a. Retrieve equipment
      i. Review Medical Emergency Response Cart Locations (Appendix B)
      ii. Review Medical Emergency Response AED Locations (Appendix C)
      iii. Review Medical Emergency Response Extra Medication/Equipment Locations (Appendix D)
   b. Assist with CPR
   c. Complete documentation
   d. Crowd control
   e. Runner to retrieve additional supplies

Disposition of Patient

Disposition decision by MERT physician:
Inpatients
- Remain on unit, or
- Transport to Step-Up Unit under the care of the Step-Up physician, or
- Transport to LHSC

Outpatients, visitors, and staff
- Remain in area under care of clinic staff, or
- Discharge from scene, or
- Assume care of patient in UCC, or
- When UCC closed, transport to LHSC Emergency Department

DEFINITIONS

Administrator on Call (AOC) – A member of the Senior Leadership Team responsible for leadership and decision making after regular hospital hours, including weekends and statutory holidays, as well as during emergencies and other situations.

AED –automated external defibrillator

Affiliates – Individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians, dentists), students, volunteers, researchers, contractors or contracted staff who may be members of a third-party contract or under direct contract to the organization and individuals working at the organization but funded through an external source (e.g., research employees funded by Western).

BCLS – Basic Cardiac Life Support

CPR –Cardiopulmonary Resuscitation.

Emergency Notification System – The Emergency Notification System is an in house, proprietary automated system which is operated from the Security Control Centre (SCC). This system is utilized when a caller dials 55555 to report an emergency, or the SCC is notified of through the Community. The ENS system is also activated when an internal monitoring system (i.e., Fire Alarm System) indicates an emergency.

The ENS System is based upon two levels of notification. The first notification is for assigned first responders. The second level of notification is an escalated notification for leadership (on-call) to respond to provide additional support.

> **ENS1:**
> - Upon notification, the SCC notifies "first responders" by radio, pager and overhead announcement to respond and assess, mitigate or prevent the emergency from escalating and conduct response activities. Depending on the situation, the SCC will also notify key external responders (i.e. local fire, police, and ambulance) as required.
> - Responders at the scene determine if the incident can be maintained safely. As well, responders determine if the emergency has reached thresholds of risk where additional leadership is required.

Staff – An individual who is hired and paid by the organization.

REFERENCES

Legislation
Government of Ontario (1990) Occupational Health and Safety Act, 1990
Government of Ontario (1990) Occupational Health and Safety Act (OHSA), Section 51: Notice of death or injury

Appendices

Appendix A
BCLS Algorithm

Appendix B
Medical Emergency Response Carts Locations

Appendix C
Medical Emergency Response AED Locations

Appendix D
Medical Emergency Response Extra Medication / Equipment Locations

Appendix E
Medical Emergency Response Cart Exchange

Appendix F
Code Blue with a Surgical Emergency - Days

Appendix G
Code Blue with a Surgical Emergency - After-Hours

Appendix H
Guide for Outpatient Areas to Manage Stable Patients