



Capital Health

INTERDISCIPLINARY CLINICAL MANUAL Policy & Procedure

TITLE:	Code Blue Response – NSH - Inpatient	NUMBER:	CC 90-015(f)
Section:	Special Procedures	Date Issued:	October 2009
Source:	Mental Health Services	<i>Date to Be Reviewed:</i>	<i>October 2012</i>
Distribution:	Capital Health – MH Services Nova Scotia Hospital Site	Issuing Authority:	Health Services Director – Mental Health Services

POLICY

1. Any staff will initiate a Code Blue where they assess a Life Threatening Medical Emergency.
2. All inpatient clinical staffs are to renew BLS-C for Health Care Providers certification every two years and the emergency response procedures annually.
3. Security staff are to renew BLS every two years, and First Aid certification annually.
4. All Family Physicians (FPs) and General Practitioners (GPs) working as hospitalists in the Department of Psychiatry are to biannually renew Advanced Course in Life Support (ACLS)
5. All inpatient nursing staffs (RN's and LPN's) are to annually complete the learning module 'Code Blue Review.'

Note: Each unit has a learning module "Code Blue review" outlining the equipment, responsibilities and procedures for responding to a Code Blue and follow up procedures.

GUIDING PRINCIPLES

1. All staff work collaboratively to provide Basic Life Support in an emergency situation.
2. Advanced emergency medical care is provided by FP's/GP's from the NSH until EHS (Paramedics) arrives to the scene during working hours (0830-1630). After hours and on weekends advanced emergency medical service is exclusively provided by EHS.



DEFINITION

- Code Blue:** **Cardiac Arrest /or Any Life Threatening Medical Emergency** as determined by the individual activating the emergency medical response.
(refer to policy: CH 80-030 Emergency Preparedness and Communication)
- FP/GP:** Family Physicians (FPs) and General Practitioners (GPs) working as hospitalists with the Department of Psychiatry at the Nova Scotia Hospital

EQUIPMENT

- Inpatient Unit Emergency cart (located in the treatment room)
- Automated External Defibrillator (AED LifePak 1000) - located on top of the 2 Major Emergency cart.
- Major Emergency Carts - located:
 - Purdy Building, Basement, Room B-03
 - Mt. Hope Basement, ECT Department

PROCEDURE

1. Initiate the following procedures when a life threatening medical emergency (e.g. Cardiac arrest, respiratory arrest, choking, and suicide attempt) is encountered within the Nova Scotia Hospital:
2. **Role of the First Responder**
 - 2.1. Call for help and initiate CPR/first aid procedures (Wherever possible, use protective mask to provide mask to mouth resuscitation)
 - 2.2. Dial '3333' to connect to the NSH Switchboard.

Note: Addictions Services located at the NSH site: dial 464-3037 (activates the emergency phone with NSH Switchboard)
 - 2.3. State: 'Code Blue', give specific location and first responder's name.

Switchboard immediately connects the First Responder with the EHS Dispatch. (Switchboard stays on the line).
 - 2.4. EHS Dispatch asks a number of questions to determine which emergency services are required:
 - 2.4.1. Location of the emergency and call back number
 - 2.4.2. Nature of the problem
 - 2.4.3. Level of consciousness (conscious, unconscious, level of alertness, ability to speak)
 - 2.4.4. Status of breathing (breathing, not breathing, choking)
 - 2.4.5. Presence or history of chest pain



- 2.4.6. Presence or history of seizure
- 2.5. If unable to answer the questions due to the need to return to the emergency, EHS dispatch is alerted to activate the highest level of alert and send the Advanced Care Paramedic.
- 3. Role of Switchboard**
 - 3.1. Upon receipt of a Code Blue, repeat the message back to the caller: “Code Blue and location”.
 - 3.2. Radio Security Services to respond
 - 3.3. Connect directly with EHS dispatch (and stay on the line)
 - 3.4. Contact the FP’s/GP’s in the hospital during regular working hours (0830-1630). After hours and on weekends notify the Duty FP/GP.
 - 3.5. Contact any other medical staff and learners on site.
- 4. Role of Security Services**
 - 4.1. Bring Major Emergency Cart and Defibrillator to the emergency location.
 - 4.2. Direct traffic and escort Advanced Emergency Responders (EHS) to the scene.
 - 4.3. Provide additional support as directed by the RN or GP.
- 5. Role of Unit and Duty Family Physician/General Practitioner (on site)**
 - 5.1. Immediately report to the scene of the emergency
 - 5.2. Provide medical emergency treatment as required within individual competency level (including BLS and AED)
 - 5.3. Coordinate the care until EHS (paramedics) arrive.
 - 5.4. Complete documentation of the incident, as appropriate (Cardiopulmonary Resuscitation Record, Patient Safety Reporting system, Transfer documentation, and progress notes).
 - 5.5. If termination of resuscitative efforts occurs at the NSH site, complete the Registration of Death and/or Autopsy Requisition forms and communicates with the Substitute Decision Maker/Family.
- 6. Role of Inpatient Nursing staff**
 - 6.1. RN coordinates the Code Blue until the Physician/EHS arrives.
 - 6.2. Assign staff roles; give directions about removing unnecessary people from the area and calming fears of other clients and bystanders.
 - 6.3. Assist with medical treatment (including BLS and use of AED). See the Code Blue Review learning module for specific skills).
 - 6.4. Ensures that patient’s family /caregivers are notified in a timely manner, as appropriate.



Following Code Blue

- 6.5. Ensures completion of all written and verbal communication as appropriate. (Cardiopulmonary Resuscitation record, Patient Safety Reporting, Progress notes, Transfer information)
- 6.6. Prepares transfer documentation and provides verbal report of patient's condition to receiving services.
- 6.7. Assists with procedure for post-mortem care as appropriate.
- 6.8. Ensures that the Unit Emergency cart, Major Emergency cart and Automated External Defibrillator are restocked, returned to the designated locations (see [Appendix A](#) for procedure)
- 6.9. Notify HSM /Administrator -on - call
- 6.10. Initiate team debriefing of the event

7. Role of Health Services Manager/Administrator on Call

- 7.1. Co-ordinates debriefing process with staff as necessary.
- 7.2. Conduct a review of the event with staff, and implement quality improvement recommendations.

8. Documentation

- 8.1. Use the Cardio-pulmonary resuscitation record as the legal documentation of all resuscitation measures. (See policy CC 10-014)
- 8.2. Report as per Patient Safety reporting: On line reporting system

RELATED CDHA DOCUMENTS

Policies

CH 06-020 Automated External Defibrillator (AED), application and Use of

CH 80-030 Emergency Preparedness and Communication

CC 10-014 Cardiopulmonary Resuscitation Record

CC 90-040 Care of the Patient after Death

Forms

Cardiopulmonary Resuscitation Record (CD0202MR).

Other

[Appendix A](#): Procedure post code blue

HISTORICAL DATES

New (Replaces Policy #1601 Code Blue and Policy Stat Calls NSH 608)

Appendix A: NSH site specific Post Code Blue Procedure Replenishing the Emergency Equipment

The RN is responsible to ensure that the emergency equipment is checked and replaced accordingly, as soon as possible following use of the cart/defibrillator. This task may be assigned to an RN or LPN.

Defibrillator:

- Print off Two (2) Rhythm code summaries within 15 minutes of postcode
 - one (1) to accompany the patient to Emergency dept
 - one (1) to be retained on the health record

- Replace used battery with spare battery located in pouch provided. Make sure it “snaps” into place and secure it. Test apparatus to make sure battery is functional (refer to Operator’s Manual).
 - Plug in the used battery as replace in the pouch (on side of defibrillator)

- Assure that three (3) sets of Fast Patch Defibrillator Pads are located in pouch provided. Replace when necessary from spare supplies cupboard/bin.

- Check / replace Rhythm paper.
- Check and replace Oxygen as required

Major Emergency Cart:

- Record on the Form located on the side of the Major Cart, the date and time the cart and defibrillator were used.

- Using the checklist provided, replace all used equipment and supplies on the Major Emergency Cart. Items are located in the spare supplies cupboard/bin.

- Check Drug Box – if the seal has been broken, return the drug box to pharmacy and pick up a new drug box. If after hours, return and retrieve a new drug box from the night cupboard on the Short Stay Unit.

- Return all equipment to storage area(s):
 - Purdy Building, Basement B-03
 - Mount Hope Building: ECT room #0077

Unit Emergency cart:

- Using the checklist, replace using unit stock supplies as soon as possible