



# Capital Health

## INTERDISCIPLINARY CLINICAL MANUAL

### Policy and Procedure

<b>TITLE:</b> District Code Blue Umbrella Policy	<b>NUMBER:</b> CC 90-015
<b>Effective Date:</b> October 2013	<b>Page</b> 1 of 6
<b>Applies To:</b> All sites	

#### **POLICY**

1. A Code Blue is activated to provide a consistent, optimal resuscitation response if a patient is determined to be in cardiac arrest, respiratory arrest or in imminent life threatening medical emergency.
2. A code blue will be activated for patients:
  - 2.1. Unless there is an existing medical order not to resuscitate
  - 2.2. In situations where the patient is unable to express his/her wishes for care
  - 2.3. Unless there is a written Personal Directive (PD) that indicates the patient does not want to be resuscitated or the person named in the PD makes a substituted decision in compliance with the Personal Directives Act.
3. Capital Health will provide required basic life support (BLS) to all persons (other than inpatients) for whom a medical record is not immediately available unless a personal directive is available which indicates his/her wish is not to be resuscitated.
4. Site(s) specific policies are to be developed to provide details of the code blue team or emergency response roles and responsibilities at that site. See [Appendix A](#) for questions to consider when writing a site specific policy.
  - 4.1. Non-hospital environments (i.e. Offender Health Care, Addictions Services etc.) will also develop and follow area specific emergency response protocols.
  - 4.2. Refer to [Appendix B](#) for a list of items that are required on inpatient emergency carts.

**Note:** Crash Cart contents are to be checked weekly; the defibrillator is to be checked daily.
5. Healthcare Providers requiring BLS certification are to be recertified every 2 years.
6. All staff is to be familiar with the procedure to initiate a code blue/emergency response at their facility.

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## DEFINITIONS

<b>Advanced Cardiac Life Support (ACLS):</b>	A set of clinical interventions for the urgent treatment of cardiac arrest and other life threatening medical emergencies, as well as the knowledge and skills to deploy these interventions.
<b>Automated External Defibrillator (AED):</b>	A portable electronic device that is connected to an individual with electrode pads to automatically diagnose potentially life threatening cardiac arrhythmias and initiate defibrillation if appropriate.
<b>Basic Life Support: (commonly called CPR),</b>	A procedure used when a patient's heart stops and breathing stops. It can include chest compressions, rescue breathing and electrical shocks (using automated external defibrillator or manual defibrillator)
<b>Code Blue:</b>	A term used to alert staff of a medical emergency.
<b>Broslow Tape:</b>	A protocol for pediatric resuscitation
<b>Code Blue Team:</b>	Consists of health care providers designated to respond to a code blue. Code blue team members vary by site (see site specific policy).
<b>Staff:</b>	Employees, volunteers, students, contracted services and physicians

## GUIDING PRINCIPLES AND VALUES

1. Capital Health:
  - 1.1. Has a recognized duty to respond to the urgent health care needs of persons in Capital Health facilities and on our grounds
  - 1.2. Has respect for autonomy and person choices about not receiving BLS (as expressed in a personal directive, etc.)
  - 1.3. Supports staff who may be involved in Code Blue situations by having a policy and approach outlined as well as recognizing that the level of training and experience will affect the ability to provide this type of care.
2. A code blue is activated to alert staff to a medical emergency. Responders provide appropriate medical interventions until the recipient's condition has stabilized or care has been transferred to other providers (e.g. ICU or EHS).

## PROCEDURE

### 1. Equipment

- 1.1. Ensure that emergency equipment is available and maintained in a functional state.

- 1.2. Situate crash carts - containing at a minimum the supplies listed in [Appendix B](#) - at specific locations in the facility (Refer to site-specific Code Blue policies). Ensure that there is a standard list of supplies on the cart (within each facility).
- 1.3. Immediately following the code, restock the cart.  
**Note:** Site based policies will include who is responsible for restocking the crash cart.
- 1.4. The Code Blue Committee/Resuscitation Committee at each facility authorizes any changes in cart supplies or placement of supplies on the facility specific cart.
- 1.5. Check defibrillators daily using the checklist for that defibrillator. Check crash cart contents using the site specific checklist.
  - 1.5.1. Address any discrepancies from the checklist at the time of checking. (E.g.: restocking outdated IV solution.)
  - 1.5.2. Immediately report equipment problems to the manager/ delegate.
- 1.6. Retain completed checklists on the cart for 1 month.

## 2. Emergency Response - General

- 2.1. Areas either have a "Code Blue Team" response or staff designated to provide emergency care until the arrival of Emergency Health Services (EHS).
- 2.2. When inpatients, visitors, staff or outpatients have a medical emergency activate a code blue/emergency response by calling the site specific emergency number (i.e. 473-3333.)
  - 2.2.1. Include in site based policies information on what other response is needed (E.g.: call EHS to transport person to an emergency department.)
- 2.3. For persons who have a medical emergency in areas excluded from an internal code blue response/emergency response (see site specific policy for details), call 911 for EHS.
  - 2.3.1. For emergency situations on the grounds of the facility, all staff assist, as appropriate within their scope of knowledge and if able to do so based on their care responsibilities for other patients.  
**Note:** If dialling 911 using a hospital phone at the QEII, Rehab & DGH, the connection will be to Capital Health Voice Services who will then connect the call to EHS.
- 2.4. Any health professional who has received AED training in a BLS course initiates defibrillation as required using an automated external defibrillator (AED).
- 2.5. The physician (i.e.: Code Blue Team Leader, the attending or covering staff physician or resident) determines when the resuscitation efforts are to be terminated. In areas that do not have designated code blue teams continue resuscitation efforts until EHS staff arrive and assume responsibility for the code.
- 2.6. In the event of death, the physician of record or covering physician completes the Registration of Death and/or autopsy requisition forms, informs the family/substitute decision maker (SDM) and discusses tissue donation if appropriate. (Refer to CC

90-045 *Organ And Tissue Donation*). If this result in an undue delay then the code blue team leader completes the required forms/notification.

### 3. Pediatric Resuscitation

*Pediatric resuscitation kits are available at some sites (locations in site specific policies).*

- 3.1. If the medical emergency involves an infant/child call the designated hospital emergency number and indicate that it is an infant/child; Voice Services connects the caller to EHS to provide more information.
- 3.2. For pediatric resuscitation (Code Pink at some sites) use the [Broslow Tape](#) located in the pediatric resuscitation kit) to guide decision-making during the resuscitation.
 

**Note:** Pediatric defibrillation is the responsibility of the physician.
- 3.3. Once stabilized arrange for transfer of the pediatric patient to the IWK via ambulance.

### 4. Obstetrical Emergency

- 4.1. Contact EHS LifeFlight (**1-800 743-1334**) **from all sites** for information regarding transportation of an obstetrical patient.

## RELATED DOCUMENTS

### Policies

CC 10-014	Cardiopulmonary Resuscitation Record
CC 90-040	Care of the Patient after Death
CC 90-015(a)	Code Blue DGH
CC 90-015(b)	Code Blue NSRC
CC 90-015(c)	Code Blue Hants
CC 90-015(d)	Code Blue QEII
CC 90-015(e)	Code Blue NSH on grounds
CC 90-015(f)	Code Blue NSH inpatients
CC 06-020	AED
CC 04-040	Clinical Documentation in the Health Record
CH 02-029	Emergency Preparedness and Communications

### Forms

CD0739MR	Consent for Autopsy
CD0167MR	Checklist Following the death of a patient
CD0202MR	Cardiopulmonary Resuscitation Record

### Appendices

- [Appendix A](#) - Questions to Consider When Writing a Site-Based Code Blue Policy  
[Appendix B](#) - Minimum Requirements for Hospital Crash Carts

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## APPENDIX A

### Questions to Consider When Writing a Site Based Code Blue Policy

1. Who currently responds to your medical emergencies?
2. How is the medical emergency communicated to those who respond to the emergency?
3. What is the emergency response for those who are not inpatients?
4. What is the emergency response for those who are on the grounds of the facility but not inside the facility?
5. Who is responsible for checking the emergency equipment?
6. Are the contents of the crash cart standardized throughout the facility?
7. What emergency equipment is needed at my site i.e. family medicine clinics?

## APPENDIX B

### Minimum Requirements for Hospital Crash Carts

- Standard Emergency Drug Box
- Back board
- Respiratory Kit, Airway management equipment (airways, endotracheal tubes, laryngoscope with blades, intubation stylet, lubricant).
- Oxygen masks
- CPR Record
- LifePak Defibrillator with extra rolls of paper
- Oxygen Tank
- Multifunction Adult Radiotransparent electrodes (pacing/defib/ECG)
- ECG electrodes pre-gel
- Molded masks
- Disposable gloves
- Algorithms/tables for drugs
- IV normal saline and D5W
- Safety needles various sizes
- Blunt fill needles
- Alcohol swabs
- Syringes various sizes
- Tape
- Tourniquet
- Transparent occlusive dressings
- Goggles
- Suction unit with catheters
- IV pole
- Sharps container
- IV administration sets

Site specific crash carts vary in what is on them but at a minimum should have the above items.

**Note – Crash carts are to be checked weekly; the Defibrillator is to be checked daily.**