

Belmont HOUSE

SUBJECT:	Medical Emergency – Code Blue		
VOLUME:	Volume 6 – Emergency Response – Code Blue		
REVIEWED BY:	DOC, Director of Support Services	ORIGINAL DATE:	January 2012
APPROVED BY:	CEO	REVISED DATE:	June 2022
SIGNATURE:		PAGE :	Page 1 of 2

PURPOSE:

To ensure all medical emergencies are responded to by designated staff carrying out the policies and procedures consistent with CODE BLUE.

POLICY:

CODE BLUE will be used to alert individuals in the facility of a medical emergency and provide a systematic approach of response.

A medical emergency is defined as a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, acute respiratory distress, syncope and/or any other situation where urgent clinical assistance is needed.

PROCEDURE:

1. Upon discovering the emergency:

- Call out for help and direct person to call front reception staff and have them page “**CODE BLUE, floor number and location**” three times.
- If there is no one in the immediate area to assist, go and make the phone call to the reception staff giving them the above directive. Return to the resident/tenant.
- If after hours, call the nurse in-charge directly.

2. Upon hearing the page for CODE BLUE:

- The RN/RPN in charge will bring the emergency response equipment to assist. This equipment is located on each care unit and in the tenant health office.
- The following equipment will be used:
 - Suction
 - Oxygen
 - BP cuff
 - O2 Sat
 - CPR protective mask
 - Gloves

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3. The in-charge RN/RPN will direct someone to call 911.
4. The in-charge RN/RPN upon arrival to the location will direct the code and ensure appropriate resuscitation endeavors and 911 is called.
5. The in-charge RN/RPN will direct the appropriate nurse from which the resident/tenant lives to:
 - Complete the transfer form and give a complete report to ambulance attendants prior to transfer to hospital.
 - Notify the substitute decision maker.
 - Inform physician of transfer.
6. The in-charge RN/RPN will ensure the all-emergency equipment is replenished/cleaned following the emergency (i.e oxygen tanks, suction machines). There is a suction machine located in each dining room.
7. The in-charge nurse will complete an incident report.

REFERENCES:

Fixing Long Term Care Act 2021

RHA 2010 O.Reg. 166/11, s. 24 (1), (2), (3), (4), (5)

RHA 2010 O. Reg. 166/11, s. 25 (1), (2), (3), (4), (5)

CROSS-REFERENCE:

Policy Title	Volume
Transfer to and Return from Hospital	Volume 2- Resident Care