MANUAL: **Emergency**	APPROVED BY: **Director of Nursing and Personal Care**	CATEGORY: **Code Blue/ Medical**	PLAN #: **EMERG–I–04**
REFERENCES: FLTCA /O. Reg. 246/22	**Code Blue – Medical Emergency Plan**		Page 1 of 23
Original: Aug/06	**Revised:** Nov/18, Feb/20, Jul/21, Mar/23		

Reviewed: Sep/23

GOAL

The Bob Rumball Home for the Deaf (BRHD) staff will understand the medical emergency plan and respond appropriately to a medical emergency occurring in the Home.[i]

INTRODUCTION

Code Blue is to be activated in the event of a medical emergency.
The Administrator/designate is responsible to ensure that:

- the Code Blue Plan is **tested at least annually,**[ii] and
- the **Code Blue Plan is evaluated** and updated, including the updating of all emergency contact information of the entities: [iii]
  (a) at least **annually**, and
  (b) **within 30 days** of the Code Blue emergency is activate and declared over.[iv]

The **Administrator** will assign a lead to conduct the **annual test** and to organize the arrangements, with any entities that may be involved in, or provide emergency services in the area, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities, and resources that will be involved in responding to the emergency.[v]

MOCK EMERGENCY TEST

If conducting a **MOCK EMERGENCY TEST**, you **must notify the appropriate emergency external entities** on the day of the mock test, **PRIOR** to conducting the Mock Test. **Barrie Police** 705--725-7025, **Fire** – 705-728-3131, **Ambulance** – 705-726-8103. The emergency entity will inquire as to the details (e.g., time, type of test, external entities involved, etc.)

Consultation and updating of the Emergency Plan

The following will be involved in the consultation and updating of the Code Blue emergency Plan:

- BRHD staff, particularly the registered nursing staff, and managers
- The Residents' Council (RC) and the Family Council (FC), if any, and
- The relevant external entities. The external entities that may be involved in or provide emergency medical services related to Code Blue would be the ambulance service (through 911) and Royal Victoria Hospital (if a resident or other person is sent to the hospital. [vi]

Any changes to the Emergency Plan will be identified and the following notified for feedback:

- The staff, volunteers and students
- The RC and FC if any, by bringing the updates to their respective meetings
- The entities, by providing a copy of the updated emergency plan for their review and feedback.[vii]

A **record of the changes to the plan,** and the **consultations** will be kept.[viii]

A copy of this emergency plan is available in the BRHD's Emergency Manual located in the front vestibule, and in each care centre (CC). In addition, the Home's emergency policies are located in the Home's computer system on the S drive, and on the BRHD website. Physical copies of the plan are made available upon request.[ix]

DEFINITIONS

- **Anaphylaxis** - a severe allergic reaction that may begin with itching of the eyes or face, according to WebMD. Then, the condition may progress to more serious symptoms such as difficulty swallowing and breathing, abdominal pains, vomiting, nettle (stinging / irritating) rashes and swelling beneath the skin. This condition occurs when the immune system develops an allergen-fighting antibody toward a substance that is normally harmless such as food. In severe cases, a person may go into shock which can be fatal.[x]

- **Code Blue - Medical Emergency:** For purposes of this policy, a medical emergency means a resident or other person in BRHD that requires resuscitation or immediate medical attention.
- **Emergency First Aid:** For purposes of this policy, emergency first aid is a first response to a life-threatening (or limb-threatening) medical emergency, either an illness or an injury. This type of first aid includes Cardio Pulmonary Resuscitation (CPR), clearing an airway obstruction, responding to anaphylactic shock, and potentially broken bones and controlling severe bleeding.[xi]

- **Epi-Pen Auto-Injector:** a disposable, pre-filled automatic injection device that administers epinephrine in the event of a severe allergic reaction.[xii]

- **Full Code**: means cardiac pulmonary resuscitation.

Medical Care in the Home [xiii]

Each resident of the Home has an '**Attending Physician,** who may be a physician or a RN (EC) (Registered Nurse, Extended Class), and who fulfills the requirements to provide medical care to that resident. The resident / substitute decision-maker (SDM) may retain an Attending Physician who enters into an agreement with BRHD, or if the resident does not have an Attending Physician, the Home Administrator/Director of Nursing and Personal Care (DONPC) in consultation with the Medical Director will appoint one.

The agreement for all Attending Physicians includes the requirement to provide:

a) the legislated medical care for the applicable resident(s) and
b) after-hours and on-call medical coverage.

Registered Nurse

In addition to every resident having an Attending Physician to provide medical coverage, BRHD provides at least one Registered Nurse (RN) in the building 24 hours, 7 days a week (24/7), barring an emergency.[xiv] *(An "emergency" in this incident means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.[xv])*

- All direct care registered nursing staff are trained in CPR, including how to use a defibrillator.
- In the event of an immediate medical emergency a registered nursing staff person will respond to the emergency 24/7.
- Depending on who requires the immediate medical emergency, the appropriate response may include:
    - First Aid,

- CPR
- Administration of a treatment or medication to a resident as previously ordered by the resident's attending physician
- Obtaining a medical order for the resident, to respond to the emergency, and/or
- Calling '**911**' and requesting an ambulance be sent to BRHD immediately to transport the person to the closest available hospital (e.g., Royal Victoria Hospital in Barrie), for immediate medical attention.

If a person, other than a resident, (including an employee) is in the Home and requires immediate medical care, the registered nursing staff member will not have access to that person's full medical history, but will facilitate urgent medical care by calling '**911**', and requesting that an ambulance be sent to BRHD as soon as possible to transport that person to the hospital.

Note: *In the case of one or more medical emergencies during a partial or complete evacuation of the Home, please refer to the Code Green Plan (EMERG-I-02a.) for the process to ensure the appropriate drugs and treatments are transported and available for the affected resident(s).*

The following Procedure outlines:

- Emergency supplies and equipment
- Code Blue response for:
  - *A. CPR*
  - *B. Anaphylactic shock*
  - *C. Clearing and Airway Obstruction/Chocking*
  - *D. Severe Bleeding – First Aid*
  - *E. Potentially Broken Bones*
  - *F. Poison Control*
  - *G. Potential Opioid Overdose*
- Responding to an employee's emergency
- Specific Roles and Responsibilities
- Training / Retraining of Emergency Plan
- Related Policies
- Appendices, including the 'Advanced Health Care Directives' (Form); 'Code Blue/Medical Emergency Test Report', and the 'Administrator's Checklist for Code Blue'.

EMERGENCY SUPPLIES and EQUIPMENT: [xvi]

- Ambu bag (Bag Valve Mask) is in both Care Centre (CC) 1 and 2, in the medication room, on the wall beside first aid kit.
- Blood Pressure Units – one on each CC
- ***Defibrillator – located in the front reception area on the back wall***
- Emergency Drug Supply *(for residents only)*, which includes both epinephrine / adrenalin and an EpiPen. Epinephrine may be used to treat a number of conditions, including anaphylaxis, cardiac arrest, and superficial bleeding[xvii]
- First Aid Kits – CC2 has a full First Aid Kit, including a tourniquet. CC1 has a basic First Aid Kit. ***Note:*** *The binder to record any First Aid treatment is kept on CC2 in med room on wall beside first aid kit.*

- Personal Protective Equipment (PPE), *e.g., gloves, masks, gowns;* Alcohol based hand rub (ABHR), and a pen flashlight (for Head Injury Routine, assessment of pupils), located on each CC and in the Command Centre and Triage Bag located at the Reception
- Pharmacy – the emergency pharmacy # is posted in each CC, and in every Emergency Manual
- Poison Control Centre # - posted in each CC
- Suction machines – one on each CC
- Policies and Procedures for urgent Nursing Procedures *(Refer to list of 'Related Policies' below)*

ACTIVATION OF THE PLAN *

NOTE: *If conducting a **MOCK EMERGENCY TEST**, you **must notify the appropriate emergency external entities** on the day of the mock test, **PRIOR** to conducting the Mock Test.*

The following are the responses to various medical emergencies, implementing the emergency plan, the person in authority, the communication of the plan and the specific staff roles and responsibilities.[xviii]

CARDIAC or PULMONARY ARREST

i) Responding to a RESIDENT'S Cardiac or Pulmonary Arrest

- If a resident is witnessed as having a cardiac or pulmonary arrest and requires resuscitation**, call for a registered nursing staff immediately**, and if none in the immediately vicinity, page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*
- The registered nursing staff will assess whether the resident requires CPR and ensure the resident is not identified as 'Do Not Resuscitate' (DNR).
  ***Note:** If unfamiliar with the resident's diagnosis, medications, etc., have a staff member access the information through Point Click Care.*

Nurses should be fully aware of which resident is identified as A FULL CODE BLUE, i.e., requires CPR.

Each resident/SDM will complete an 'Advanced Health Care Directive' *(Refer to Appendix A)* as soon as possible after admission.

A list in each Care Centre bulletin boards will identify the residents who are **full code / Level 3 on the Advanced Directive**. In addition, a **Blue Dot sticker will be placed on both the resident's badge and on his/her name plate outside their room for quick reference.**

- The registered nurse in charge should assign a staff member to call **911**, and commence CPR. If two registered nursing staff are available to conduct CPR the CPR task will be shared.

  ***Note: To operate the defibrillator** (located in the front reception area on the back wall), slide glass up; take out defibrillator; cut tag;*
  Open defibrillator and push "on' button (bottom right). Defibrillator will light up and direct the user through the steps. (Written directions are also located inside the defibrillator bag, along with a face protector.)

- Call '**911**' for an ambulance to be sent immediately, you may be prompted to provide the following information:
    - Need for an ambulance *(e.g., cardiac arrest)*
    - Urgency and reason for transport *(URGENT)*
    - Your name; Location of the Home *(BRHD 1 Royal Parkside Dr., Barrie)*
    - Need for any specific equipment is required *(e.g., PPE, if person infectious)*
- The nurse will direct a staff member to go to the front door to meet the ambulance.
- The nurse will continue with CPR, as needed until the ambulance attendant takes over.
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled "Follow-up after Emergency Event."

Notes re DNR:

- *"Consent is required for all plans of care, including treatments or refusal of treatment.*
- *Nurses must be aware of the policy related to **DNR** orders within the organization where they work."* [xix]
- *In a situation where the resident has stated that **he/she does NOT wish to be resuscitated**, consent for treatment **refusal** is required from the resident or that of their SDM, i.e., the nurse does **not** also need a physician's order in addition to the resident/SDM's refusal of treatment / CPR.*

ii) Responding to a Person – Other Than a Resident – Experiencing a Cardiac or Pulmonary Arrest

- Call for a registered nursing staff immediately and if none in the immediate vicinity page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*
- The registered nursing staff will assess the person.
- Have a staff member call **911** for the person to be transported by ambulance to the hospital immediately, then meet the ambulance at the front door and direct to location
- The registered nursing staff person(s) should commence CPR, unless you are aware that the person does not want CPR.
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled "Follow-up after Emergency Event."

B. ANAPHYLACTIC SHOCK

i) *Resident* experiencing an anaphylactic shock

- Call for a registered nursing staff immediately, and if none in the immediately vicinity, page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*
- Have a staff member call **911** for the person to be transported by ambulance, to the hospital immediately, then meet the ambulance at the front door and direct to location
- The registered nursing staff member will assess whether the resident is having a severe allergic reaction and requires an Epi-pen immediately or whether a physician's order can be obtained.
- If the resident's airway is in danger of obstruction due to an anaphylactic reaction the registered nursing staff member give the Epi-pen immediately.[xx] (Blue to the sky)
  Note: EpiPen is in the Emergency Drug Box

- Grasp with orange tip pointing downward
- Remove BLUE safety cap by pulling straight up – do not bend or twist

- Place orange tip against middle of outer thigh

- Swing and push the auto-injector firmly into the thigh until it “clicks”
- Hold firmly in place for 3 seconds – Count slowly “1, 2, 3”
- After injection, the orange cover automatically extends to ensure the needle is never exposed.

- Call **911** for an ambulance after using EpiPen, if they have not been called already.
- Stay with the person until the ambulance arrives and provide any additional emergency procedures.
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled “Follow-up after Emergency Event.”

ii) Person, Other than a Resident experiencing anaphylactic shock

- Call for a registered nursing staff immediately, and if none in the immediately vicinity, page: **“Code Blue – A registered nursing staff member report to xx location, immediately.”** *(Repeat X 3)*
- Have a staff member call **911** for the person to be transported by ambulance to the hospital immediately, then arrange for someone to meet the ambulance at the front door and direct to location
- A registered nursing staff person should obtain the Epi-pen from the Emergency Drug Box; and assess whether the person is having a **severe** allergic reaction and requires an Epi-pen immediately or whether the person can wait for the ambulance to arrive. The person may request urgent treatment.

- If the resident's airway is in danger of obstruction due to an anaphylactic reaction give the Epi-pen immediately as outlined above. *(Blue to the sky)*
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled "Follow-up after Emergency Event."

C: CLEARING an AIRWAY OBSTRUCTION / Choking – All Persons

- If a person presents with an airway obstruction, i.e., has the clinical signs of choking, call for a registered nursing staff immediately, and if none in the immediately vicinity, page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*
- **Commence the Heimlich Manoeuvre** to expel the food or foreign body lodged in the throat that is creating a blockage of the airway. *(Refer to Heimlich Manoeuvre policy NUR-V-186)*
- Call '**911**' for an ambulance, if **unable** to immediately clear the airway.
  Note: *Clinical signs of choking include difficulty breathing or noisy breathing, squeaky sounds when trying to breathe, cough, which may either be weak or forceful, skin, lips and nails turning blue or dusky, skin that is flushed, then turns pale or bluish in color, and loss of consciousness.*
- A suction machine is available on both CC1 and CC2 for emergency purposes.
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled "Follow-up after Emergency Event."

Choking on Phlegm

If the resident or other person is choking on phlegm, use the suction machine, available for use on each of the Care Centre's, to suction resident/another person.

- Call '**911**' for an ambulance, if the suctioning is not effective and the resident is a Full Code, or if unaware of the code of the other person.
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled "Follow-up after Emergency Event."

D: SEVERE BLEEDING – First Aid[xxi]

If a person presents with severe bleeding, call for a registered nursing staff immediately and if none in the immediate vicinity page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*

For severe bleeding, take these first-aid steps and reassure the injured person.

- **Remove any clothing or debris on the wound.** Don't remove large or deeply embedded objects. Don't probe the wound or attempt to clean it yet. Your first job is to stop the bleeding. Wear disposable protective gloves, if available.

- **Stop the bleeding.** Place a sterile bandage or clean cloth on the wound. Press the bandage firmly with your palm to control bleeding. Apply constant pressure until the bleeding stops. Maintain pressure by binding the wound with a thick bandage or a piece of clean cloth. *Don't put direct pressure on an eye injury or embedded object*.
  Secure the bandage with adhesive tape or continue to maintain pressure with your hands. If possible, raise an injured limb above the level of the heart.

- **Help the injured person lie down.** If possible, place the person on a rug or blanket to prevent loss of body heat. Calmly reassure the injured person.
- **Don't remove the gauze or bandage.** If the bleeding seeps through the gauze or other cloth on the wound, add another bandage on top of it. And keep pressing firmly on the area.

- **Tourniquets:** A tourniquet is effective in controlling life-threatening bleeding from a limb. Apply a tourniquet if you're trained in how to do so. When emergency help arrives, explain how long the tourniquet has been in place.

- **Immobilize the injured body part as much as possible.** Leave the bandages in place and get the injured person to an emergency room as soon as possible.

- **Call 911** for an ambulance requesting emergency medical help for severe bleeding that you can't control.

- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled “Follow-up after Emergency Event.”

E: POTENTIALLY BROKEN BONES

If a ***resident*** presents with potentially broken bones, call for a registered nursing staff immediately and if none in the immediate vicinity page: **“Code Blue – A registered nursing staff member report to xx location, immediately.”** *(Repeat X 3)*
The registered nursing staff member will take immediate action, including conducting a physical assessment of the resident for any possible injury and ensure the safety of the resident.

- If the potential broken bone is related to a resident **fall**, the registered nursing staff member will follow the *“Falls Prevention and Management” Policy and Procedure (NUR-V-165), specifically, the section titled ‘Post – Fall Assessment’,* which includes;
  - arranging for and transporting the resident to the hospital for emergency treatment, as required;
  - notifying the resident’s physician and SDM; and
  - other post follow-through action.

If a person ***other than a resident*** presents with a potentially broken bone, call for a registered nursing staff immediately and if none in the immediate vicinity page: **“Code Blue – A registered nursing staff member report to xx location, immediately.”** *(Repeat X 3)*
The registered nursing staff member will take immediate action, and inquire and assess, as much as possible based on the consent of the person, for any possible injury.

- The nurse will offer to arrange for appropriate transportation, including an ambulance as appropriate, based on the person’s approval.
- The nurse will offer to call an emergency contact person for the person, if the person so desires.

- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled “Follow-up after Emergency Event.”

F: POISON CONTROL – any person

If a person is suspected of ingesting a toxic substance, Call for a registered nursing staff immediately and if none in the immediate vicinity page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*

- The registered nursing staff member is to assess the person. If possible, identify the toxic substance. If the substance has been swallowed check the Material Safety Data Sheet (MSDS) or label for direction or contact the poison control centre for direction.
- The Poison Control # is **1-800-268-9017**, which is also posted in both Care Centre med rooms.
- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled "Follow-up after Emergency Event."

Note**: This information is also available in the **Silver Fox Pharmacy Policy #1.4.

G: POTENTIAL OPIOID OVERDOSE

If a person ***other than a resident*** is suspected of an opioid overdose, call for a registered nursing staff immediately and if none in the immediate vicinity page: **"Code Blue – A registered nursing staff member report to xx location, immediately."** *(Repeat X 3)*

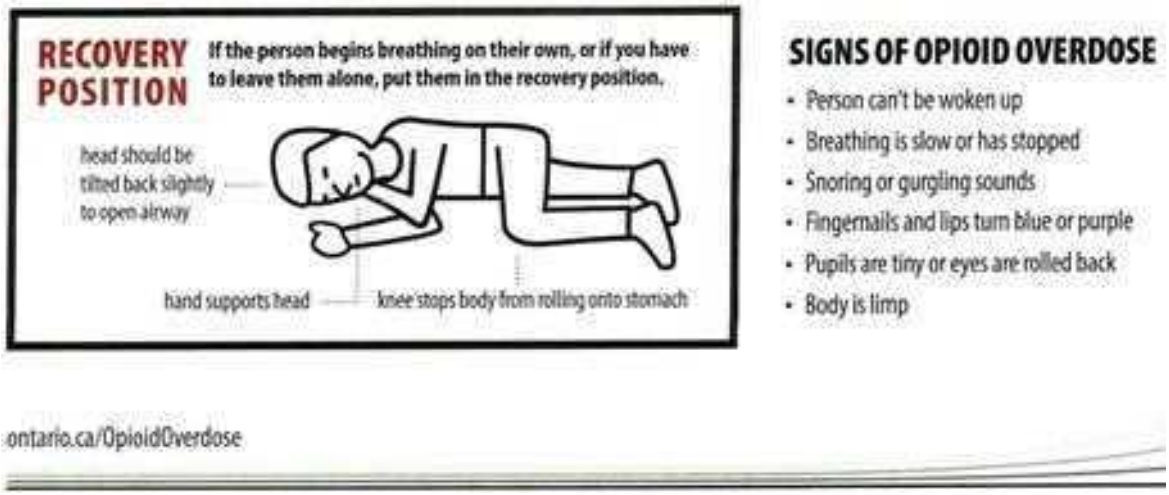
Signs of Opioid Overdose:

- Person cannot be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp.

The registered nursing staff member is to assess the person for the signs of opioid overdose, and as appropriate, follow the 5 steps:

Step 1: Shout their name and shake their shoulders
Step 2: Call **911** (for an ambulance) if unresponsive
Step 3: Give Naloxone: 1 spray into nostril or inject 1 vial or ampoule into arm or leg. (Emergency Box has Narcan Nasal Spray 4 mg. kit.
Step 4: Perform rescue breathing and/or chest compressions.
Step 5: Is it working? If no improvement after 2-3 minutes, repeat steps 3 and 4. Stay with them.

Recovery Position: If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



- The nurse/designate will ensure the appropriate follow-up is taken as outlined in the section below titled “Follow-up after Emergency Event.”

FOLLOW-UP AFTER EMERGENCY EVENT

Declare the Emergency Over

- After the Code Blue emergency is over, **if Code Blue was paged** at the beginning of the event, ensure that “Code Blue “**All Clear**” is announced x 3.
- Direct staff and others, to return to their normal operations of the Home.

A. DOCUMENTATION / COMMUNICATION

1. Resident’s Medical Emergency

- The resident’s wishes re CPR or DNR, will be identified on the resident’s Advanced Health Care Directives (Appendix A) and in his/her plan of care.

  Note: If there are no Advanced Health Care Directives, the nursing staff will consider the resident as a full Code Blue, until directed otherwise by the resident / SDM.
- The **nursing staff in charge of the emergency/designate** will:
  - Promptly notify the resident’s attending physician, the DONPC/designate; the SDM, and any other person designated by the SDM.[xxii]
  - Follow-through with any new orders, as directed.
  - Document all relevant information re the resident’s need for urgent medical attention, including any known trigger, care given or action taken, and who was notified re the resident’s medical emergency, e.g., SDM will be documented in the resident’s progress notes. Pictures may be used as appropriate.

2. Employee's Medical Emergency

- The **nursing staff in charge of the emergency/designate** will:
  - Ensure the emergency contact person is notified, if obtained by the employee or manager, unless otherwise directed by the employee.
  - Document all relevant information re the employee's medical emergency and need for urgent medical attention, including any known trigger, care given or action taken, and who was notified re the employee's medical emergency, e.g., emergency name on file, must be documented.
  - Direct all written documentation to the employee's supervisor.
- The **DONPC/designate** will:
  - If the employee suffered a medical emergency related to an **accident/incident in the BRHD workplace,** immediately report the incident to the employee's supervisor. If an employee suffered a critical injury or death in the workplace the MLITSD must be notified within 48 hours. An "Accident/Incident Report" in the workplace must be completed and reported to the WSIB within 72 hours/3 days. Pictures may be used as appropriate. *(Refer to the Occupational Health and Safety Act and definition of a critical injury.)*
  - Ensure the Administrator is aware of the incident.

3. The Medical Emergency of a Person, who is NOT a Resident or Employee

- The **nursing staff in charge of the emergency/designate** will:
  - Notify the person's emergency contact, as soon as possible if known, to apprise them of the situation.
  - Document as much pertinent information as possible and appropriate related to the Code Blue / Medical Emergency involving the person. Use the "Accident/Incident Report" as a guide.
  - Forward the documentation to the Administrator and the DONPC, as soon as possible.
  - If any person (other than a resident) suffered a critical injury or death in the workplace, the MLITSD must be notified within 48 hours *(Refer to the Occupational Health and Safety Act and definition of a critical injury.)*

B. SPECIFIC ROLES AND RESPONSIBILITIES

Registered Nursing Staff person responding to the Emergency will:

- Follow the direction as outlined above, depending on the type of medical emergency.

DONPC / designate will:

- Follow the assigned tasks as outlined above, depending on the type of medical emergency.
- As soon as possible after the emergency, conduct **an evaluation** of the medical emergency using the **Code Blue / Medical Emergency Test Report** *(Appendix B).*
  - Invite key individuals involved in emergency, including key staff, the registered nursing staff person, who responded to the Emergency, Administrator, external entities (Ambulance, Royal Victoria Hospital) and other pertinent persons involved in the emergency event that are able to attend, to ensure the documentation reflects

the details of the event, **feedback from those involved** [xxiii]**, and potential areas of improvement.**

- Complete as much information as possible, including but not limited to:
  - a summary of what happened, the response, what was done well, what needed improvement, and any recommendations for improvement.

- Forward a copy of the completed Code Blue / Medical Emergency Test Report *(Appendix B)* to the Administrator.
- Notify the MLTC Director of the emergency event immediately, by commencing a Critical Incident System (CIS) Report,[xxiv] and completing the report within 10 days of the Code Blue event, or sooner if required by the Director.[xxv]
- Ensure any equipment and supplies that were used, are disinfected, or replaced as appropriate, and returned to their normal location.[xxvi]
- Ensure notification of WSIB, MLITSD, or other entities, if applicable.
- Conduct a review of the 'Code Blue **Plan**', i**.e., EMERG-I-04.**
  - Identify any recommendations for improvement to update the plan, and forward recommendations to the Administrator for discussion with the Management Team.

Administrator / designate will:

- Ensure the CIS Report was submitted to the MLTC.
- Review the "**Code Blue / Medical Emergency Test Report"** to ensure documentation is completed, as required.
  - If any external entities were involved in an emergency response, ensure the entities will be provided an opportunity to offer feedback, if they were unable to attend the post emergency evaluation.[xxvii]
- Ensure the Code Blue **Plan (**EMERG-I-04) was reviewed.
  - If changes are required, bring written recommendations for change to the Management Team, RC and FC if any, the external entities that may be involved in Code Blue (ambulance and RVH), and assign the DONPC/designate to complete the **approved** updates to the Plan, within 30 days after the event was declared over.[xxviii]
  - Maintain a written record of the changes made to improve the plan.[xxix]
- Address the **recovery** from the Emergency: [xxx]
  - **Debrief** the residents, their SDMs, if any, staff, volunteers, and students after the emergency *(maintain a written record of the debrief),* as appropriate, e.g., the fact that the Code Blue Emergency Plan was tested (mock or actual), and the recovery, i.e., any recommendations for improvement, to be implemented.
  - Determine if anyone experienced distress during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support.[xxxi]
- Follow through on all the recommendations for improvement with the Management Team *(maintain records).*
  - Ensure documentation of approved and rejected recommendations, and the Lead staff assigned to implement the approved changes.
- Arrange for staff **training/retraining** to be updated and conducted, as required. *(Refer to the sections below.)*
- Complete the "**Administrator Checklist for Code Blue/Medical Emergency**", *(Appendix C),* as outlined.

C. TRAINING – Emergency Plan

- **BRHD staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.[xxxii] [xxxiii] [xxxiv]
- The training will be based on that staff, volunteer's and student's responsibilities, prior to that person performing his/her responsibilities.[xxxv] [xxxvi]
  Note: *In the event of an emergency or exceptional unforeseen circumstances, e.g., the new employee is being orientated on-site with another employee, the emergency training must be provided within one week of when the person begins performing their responsibilities.*[xxxvii]

D. RETRAINING

- All **staff, volunteers and students**,
  - Will receive retraining / reassessment on the Emergency Plan annual and whenever there is a change to the emergency plan, through Surge Learning and related Qs and As, or by an alternate method as appropriate.[xxxviii] If staff, volunteers and students at that time, or at any time are assessed as requiring further retraining, this will be done by the employee's supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..[xxxix]
  - During the annual testing of the emergency procedure, any staff, volunteers and students assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.[xl]

Related Policies

- Advance Health Care Directives *[NUR-VI-09]*
- Ambulance / Transfer Booking *[NUR-V-12]*
- Death - Pronouncing Death When Expected *[NUR-IV-07]*
- Diabetic Management – Hypoglycemia *[NUR-V-304]*
- Diabetic Management – Sliding Scale Insulin *[NUR-V-303]*
  - Glucagon *[NUR-V-309]*
- Electrocardiograms – After Hours *[NUR-VI-06]*
- Employee Injury – Care and Reporting *[NUR-VI-30]*
- Employee Procedures – First Aid *[NUR-VI-24]*
- Falls Prevention and Management *[NUR-V-165]*
- Head Injury Routine *[NUR-V-183]*
- Heimlich Maneuver *[NUR-V-186]*
- Hypertension – When to call Physician *[NUR-V-61]*
- Medication Medical Directives – Only to be given if ordered by physician
- Organ Donation *[NUR-V-214]*
- Palliative Care Directives: Dilaudid; Palliative Care Directives: Morphine
- Poison Control *[NUR-VI-93]*

Appendices

Appendix A - Advanced Health Care Directives (pages 1 and 2)

Appendix B - Code Blue / Medical Emergency Test Report

Appendix C - Administrator Checklist for Code Blue/ Medical Emergency

** Please make 1 copy of the "Activation of the Plan" pages 4-10 inclusive, for the Command Centre Bag, Code Blue (EMERG-I-04) folder.*

Appendix A: Advanced Health Care Directives (pages 1 and 2)

BOB RUMBALL HOME FOR THE DEAF
1 Royal Parkside Drive, Barrie, ON L4M 0C4

Advanced Health Care Directives

Agreement Made Between: _____

-and-

Bob Rumball Home for the Deaf
1 Royal Parkside Drive
Barrie, ON L4M 0C4

Policy: Residents have the right to specify their health care wishes prior to an illness or injury that makes the communication of their wishes impossible. These wishes will never be used if the resident is competent to make these decisions. If the resident is already incapacitated, the Substitute Decision Maker will make decisions on the resident's behalf. These decisions should be based on what the Substitute Decision Maker believes the resident would have chosen if they were capable.

This document is deemed legal and standing once signed by all parties and can be changed with the expressed written consent of the resident, substitute decision-makers or *Consent and Capacity Board Adjudication*.

Herein ***Cardiopulmonary Resuscitation (CPR)*** will include:

- Cardiac Massage
- Mouth to Mouth Resuscitation/Artificial Respiration
- IV/Cardiac Medications (decided by Hospital)
- Defibrillators (decided by Hospital)
- Endotracheal Tubes (decided by Hospital)

Herein ***Palliative Care*** will include:

- Support of Social Worker to resident and family
- 24 hour Palliative Care support
- Use of quiet lounge
- Physician on call 24hrs
- No restriction on visiting times
- Availability of refreshments for family and visitors

After discussion, the resident or substitute decision-makers have decided that Advanced Health Care Directives including: Life Threatening Illness, illness or injury should be managed as indicated by the checkmark below.

1. ***Remaining at Home, with additional treatment for comfort*** ❒ **Initial:_____**

- No transfer to Acute Care Facility
- Care would consist of nursing care, relief of pain, oral fluids, controlling fever if present, and management of any other symptoms ***TO PROMOTE COMFORT*** (i.e. pain medications, oxygen, etc.)
- No CPR
- Antibiotics, X-rays, & blood tests would be initiated if relating to pain and comfort management
- *Palliative Care support (see above)*
- Basic Feeding (Fluid and Diet) and treats i.e. favorite snack—ice cream etc. as tolerated
- Oxygen therapy if needed as a comfort measure

BOB RUMBALL HOME FOR THE DEAF
1 Royal Parkside Drive, Barrie, ON L4M 0C4

2. ***Transfer to Acute Care Facility without CPR*** ☐ **Initial:_____**
- Includes all necessary treatment as stated above in option one
- Intravenous or tube feeding as ordered by a physician
- No CPR
- The Home will transfer the resident to Acute Care Facility (i.e. hospital)
- The Acute Care Facility will decide whether to admit to hospital or return to the Home

3. ***Transfer to Acute Care Facility with CPR*** ☐ **Initial:_____**
- Includes all necessary treatment as stated above in option one and two
- CPR will be initiated on site or when on route to acute care facility
- The Home will transfer the resident to Acute Care Facility
- The Acute Care Facility will decide whether to admit to hospital or return to the Home
- The Acute Care Facility has final control over admissions to the intensive care unit
- It is the policy of the Home to only initiate CPR if cardiac arrest is witnessed

The Home will respect cultural and religious beliefs. We will endeavor to accommodate related practices subject to approval of Board of Directors.

This agreement will be reviewed annually and upon resident's/substitute decision maker's request. Any changes to this agreement must follow established Ministry of Attorney Generals Public Guardian and Trustee/Consent and Capacity Board guidelines.

_____ _____
Resident/Substitue Decision Maker Signature ***Date***

_____ _____
Physician Signature ***Date***

_____ _____
Witness ***Date***

Reassessments:

DATE	*SIGNATURE*	*NAME*

COMMENTS:

Appendix B: Code Blue / Medical Emergency Test Report *(template)*

Note: *Start to complete as soon as possible after the emergency is declared over.*

DATE Code Blue initiated: _____ (**MMM)** _____ (**DD)** _____ (**YYYY**); **Time**: _____ AM/PM
Note*: Code Blue must be tested at minimum* ***annually****.*[xli]

TEST: Actual Emergency (Y/N) _____**;** **Mock Emergency (Y/N)** _____

Time incident declared over: _____ AM/PM

Instructions:

- The evaluation/test report is available for completion electronically and should be completed to the extent possible, by the onsite Administrator/designate and the registered nursing staff who responded to the medical emergency**, as soon as possible after the incident is no longer an emergency**. The following additional persons ***if involved*** in the emergency, are encouraged to participate and provide feedback: Managers, external entities,[xlii] and representatives from involved staff, resident, and family, as appropriate.

Attendees:

NAME	Position		NAME	Position

List ***external entities*** *involved, if* ***not*** *in attendance, so they can be given the opportunity for feedback:* _____
_____

Brief summary of the Code Blue emergency events: *action taken, by who, when, observations and comments for improvement****.***

Location: _____
Type of medical emergency: _____
Name of affected person with medical emergency. _____

- **Emergency Contact person notified? (Y/N)** _____**; If yes, Name of Contact:** _____
- **Phone number of contact:** _____ **Time of Contact:** _____ AM/PM

Action taken, by whom _____
Description of incident and actions taken: _____
_____
_____
_____
_____
_____
_____

What went well?

What didn't go well?	**Recommendation for improvement?**

- Was **MLTC** notified about the emergency either verbally, or by a CIS report? Y/N ____
- If a CIS Report was not submitted, who is assigned to immediately notify MLTC and submit the CIS report? _____

In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced/disinfected and returned. Identify who will complete that task.

Supplies/Equipment Used	**Replace or Disinfect & Return**	**Assigned to:**
Triage and Command Centre Bags items used:		

Did any person(s) experienced distress as a result of the emergency? Y/N ___
If yes, list names of person(s) who experience distress, and indicate whether emotional support was provided.

Person's name who experienced distress	**Emotional Support Provided**	**Follow-through required**

Signature of staff member (RN/RPN) who responded to the medical emergency: _____

Signature of the Administrator/designate completing the report: _____

Ensure this report and supporting documentation are forwarded to the Administrator.

***Note**: The remainder of the evaluation is to be completed by the Administrator/designate.*

This portion of the evaluation to be completed by Administrator/designate.

- A CIS report related to the emergency, was submitted to the MLTC. Y/N _____
- Does WSIB, MLITSD, or any other government boy or entity need to be notified? Y/N ____. If yes, who will notify them? _____
- Were the entities *(ambulance & or Royal Victoria Hospital)* involved in emergency response provided an opportunity to offer feedback.[xliii] Y/N ____. If no, who will contact them and inquire if they have any feedback?
  _____

The **Administrator** will discuss the recommendations for improvement **with the Management Team**. *(Refer to recommendations as listed above, and any additional recommendations that were received.)*

The following are the Authorized Recommendations for Change

#	Authorized Recommendations for Change, including any changes to Code Blue Plan, if any:	Assigned to	Date of Implementation
1.			
2.			
3.			
4.			

Note: *Authorized changes for improvement are to be promptly implemented and documented.*[xliv]

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change
1.		
2.		
3.		

Code Blue Plan (EMERG–I–04)
Within 30 days after the test is declared over, the emergency plan must be **reviewed and updated,** if necessary, based on the authorized recommendations.[xlv]

If the Code Blue Plan (EMERG–I–04) requires updating, this will be done by: _____, **DONPC.**

If changes were made to the Code Blue Plan indicate how staff, volunteers, students, RC, FC if any, and external entities were involved / informed of changes, and any training/retraining, as required.
Retain all supporting documentation, e.g., completed templates, changes made to the Plan, training records, etc.

- _____ New staff / volunteers & students will review updated Code Blue as part of their **orientation**
- _____ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant external entities given an opportunity for feedback and **advised of changes to the emergency plan**, available on website, & internally in Emergency Manual, as appropriate.
- _____ If changes were made to Code Blue Plan, the revised Plan was sent to Fred /IT Specialist, for posting on the BRHD website and the former version of the Plan removed.

- After a review of this form, is there any additional follow-through required? Y/N___
  If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	**Assigned to:**

Retain this record as part of the Home's quality management activities.

Name of person(s) completing report:

Administrator / designate: _____*(Print);* _____ *(Signature)*

Ensure the Administrator and the DONPC has a copy of the completed evaluation.

Date of completion: _____*(within 30 days after the emergency was initiated).*

Appendix C ~ Administrator Checklist for Code Blue/ Medical Emergency

The Administrator is responsible to ensure that:

- the Code Blue Plan was ***tested*** **at least annually** (Y/N) ____; and

- the **Code Blue Plan was *evaluated, and updated as necessary***,
  (a) at least **annually**, including the updating of all emergency contact information of the entities, (Y/N) ____; and
  (b) ***within 30 days*** of the Code Blue emergency is activate and declared over.[xlvi]
  Note*: If the Code Blue Plan is changed, ensure the Emergency Manuals and the website have the most current version of the Plan.*

- The **related documentation** for **all** medical emergencies (activation of Code Blue Plan) that occurred in the year are completed, compiled, and retained as per the retention requirements, including but not limited to:
  - the **Code Blue / Medical Emergency Test Report**(s) *(Appendix B),*
  - the **debriefing** of staff, and volunteers and students, if any; [xlvii]
  - any **changes made to the emergency plan**, and
  - **when the emergency plan is changed,[xlviii] consultation with the entities**, e.g., ambulance services and RVH, and the RC and FC, if any, as appropriate; and
  - any training/retraining.

Number of Code Blue emergencies **activated** in the year? ____

Identify any recommendations for improvement that will be **carried over** to the next year for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				
3.				

Signature of the Administrator: _____

Date: _____

Endnotes

[i] O. Reg. 246/22. s.268.(4) vi.
[ii] O. Reg.246/22. s.268.(10)(a).
[iii] O. Reg.246/22 s.268 (9).
[iv] O. Reg.246/22 s.268 (8).
[v] O. Reg.246/22. s.268.(10)(a).
[vi] O Reg. 246/22. s.268. (4)4.
[vii] O. Reg.246/22. s.268.(9).
[viii] O. Reg.246/22 s.268 (3)(4)4 and 5.
[ix] O. Reg.246/22 s.268 (7).
[x] Anaphylaxis - Symptoms and causes - Mayo Clinic
[xi] https://www.verywellhealth.com/what-is-first-aid-1298418
[xii] How EpiPen® works | Epipen.ca
[xiii] O Reg. 246/22, s.88-90.
[xiv] FLTCA. s.11(3).
[xv] O Reg. 246/22. s.268. (15).
[xvi] O Reg. 246/22. s.268. (4)3.
[xvii] Wikipedia https://en.wikipedia.org/wiki/Epinephrine_(medication)
[xviii] O. Reg.246/22. s.268.(5).
[xix] DNR orders (cno.org)
[xx] How to Use EpiPen® | Epipen.ca
[xxi] https://www.mayoclinic.org/first-aid/first-aid-severe-bleeding/basics/art-20056661
[xxii] O. Reg. 246/22 s.115(6).
[xxiii] O. Reg.246/22. s.268.(9).
[xxiv] O. Reg.246/22. S.115 (1) 1.
[xxv] O. Reg.246/22. S.115 (5).
[xxvi] O. Reg.246/22. s.268.(13) (b).
[xxvii] O. Reg.246/22. s.268.(9).
[xxviii] O. Reg.246/22. s.268.(8)(b).
[xxix] O. Reg.246/22. s.268.(10) (d).
[xxx] O. Reg.246/22. s.268.(13).
[xxxi] O. Reg.246/22. s.268.(13) (c).
[xxxii] FLTCA. s. 82(2)8; and s.82(4).
[xxxiii] O. Reg.246/22. s.260.(1).
[xxxiv] O. Reg.246/22. s.268.(14).
[xxxv] FLTCA s.82(6).
[xxxvi] O. Reg.246/22. s.268.(14) (a)(b).
[xxxvii] FLTCA. s, 82(3).
[xxxviii] O. Reg.246/22. s.260.(1).
[xxxix] O. Reg.246/22. s.260.(3).
[xl] O. Reg.246/22. s.260.(3)(b).
[xli] O. Reg.246/22. s.268.(10)(a).
[xlii] O. Reg. 246/22 s.268(9).
[xliii] O. Reg.246/22. s.268.(9).
[xliv] O. Reg. 246/22. 168.(2) 6. ii.
[xlv] O. Reg.246/22. s.268.(8).
[xlvi] O. Reg.246/22 s.268 (8).
[xlvii] O. Reg.246/22 s.268 (13).
[xlviii] O. Reg.246/22. s.268.(3).