



Manual: Emergency Measures	Policy Number: EM-CB-01
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CODE BLUE

CODE BLUE is used for **cardiac arrest or any other acute medical emergency** (such as a respiratory arrest) that requires an **immediate and coordinated response from staff to save a life.**

CODE BLUE PROCEDURE

Expected Response from the First Person on the Scene:

The person who determines that someone **(resident, staff member or visitor) has had a cardiac arrest or is experiencing a medical emergency** will:

1. **Shout “CODE BLUE”** to summon any assistance available in the immediate area. Staff working in or near the area should proceed to pull the call bell out of the wall unit to indicate a Staff Assist, and then direct staff who respond to the code.

2. Determine whether or not to initiate a CODE BLUE.

When a **resident** is involved, **the second staff on the scene will review the Advance Directives** to ensure that s/he wants to be resuscitated. If s/he **wants to be resuscitated, proceed** with the CODE BLUE procedure.

When an **individual’s wishes are unknown** (resident, outpatient, staff or visitor), **proceed** with the CODE BLUE procedure.



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Please Note: It is **acceptable NOT to initiate CPR** in any case where the cardiac arrest was **unwitnessed** and the affected individual exhibits **obvious signs of death** (i.e. vital signs absent with the presence of rigor mortis and/or tissue decay, etc.).

3. Once the need for resuscitation is determined:

Direct the staff that responds to the code to Call “9-1-1” and state that someone is having a “Cardiac Arrest” or “[other medical emergency]”.

Direct the ambulance to Block C at 233 Fourth Avenue, Finlandia Village.

Call 705-920-2640 to inform the Charge RN.

Please Note: In the event that a staff member, volunteer or visitor working in Long Term Care requires resuscitation, Immediately initiate CPR and Call 9-1-1.

4. **Prepare the person for CPR** by positioning her/him supine on the bed or floor.
5. **Begin CPR** (at the Basic Cardiac Life-Support or “BCLS” level).
6. **Continue CPR until ambulance arrives and paramedics assume care.**
7. In those cases in which the CODE BLUE involved a resident, **notify:**



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- **the substitute decision-maker;** and,
- **the on call or resident physician,** and

8. **Document** the CODE BLUE incident details in the appropriate place
- If the CODE BLUE involved a resident in Long-Term Care, document the incident details in PCC; and Unusual Occurrence Report form and forward it to the Director of Care or designate. Review Mandatory Reporting under MOHLTC NM-Form-1 to identify if incident is reportable to the Ministry.
 - If the Code Blue involves a staff member, complete and Incident Report.

Expectations for Other Staff Who Respond to a CODE BLUE:

Staff members will **assist** the first person on the scene with the tasks outline above, **#1 - #8**.

Staff can also assist by doing the following additional tasks:

1. **Remove and reassure** other residents/onlookers in the area as appropriate.
2. **Clear a pathway** for ambulance personnel and the transport stretcher.

Note: It is assumed that **any other nursing personnel** (Rai Coordinator, Care Plan coordinator, Nursing Managers, etc.) and/or **any other staff with CPR training who are available** will respond to a CODE BLUE **as able at ALL TIMES** to increase



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the speed and effectiveness of the emergency response.