

FACILITY Standard Operating Procedure

Title: Code Blue – Cardiorespiratory Arrest	Policy Number: 06-03-V2
Facility Name: Stanton Territorial Hospital	
Applicable Domain: Emergency Measures	
Additional Domain(s): Hospital Based Clinical Services	
Effective Date: 20/08/2024	Next Review Date: 20/08/2027
Issuing Authority: COO Stanton Territorial Hospital	Date Approved: 20/08/2024
Accreditation Canada Applicable Standard: 1.2	
Accrediting Body and Standard: NA	

GUIDING PRINCIPLE:

Northwest Territories Health and Social Services Authority - Stanton Territorial Hospital (STH) is committed to providing an immediate and coordinated response to cardiac or respiratory arrest emergencies.

PURPOSE/RATIONALE:

Early Basic Life Support (BLS) is critical in the management of individuals requiring resuscitation to ensure the best possible outcome. Resuscitation efforts should be initiated immediately for persons determined to be pulseless or with absent or agonal breathing unless there is a written "goals of care" order by the physician that indicates otherwise.

Current Heart and Stroke Foundation of Canada BLS and Advanced Cardiovascular Life Support (ACLS) resuscitation standards will be followed.

DEFINITIONS:

Code Blue: term used at STH to announce a cardiac or respiratory arrest emergency and activate an emergency response team to provide immediate resuscitation efforts.

Team Leader: the Emergency Room Physician (ERP) physician will respond to all Code Blue announcements and will be the designated team leader; directs the overall resuscitation effort and is responsible for all management until the patient has been stabilized, pronounced dead, or is replaced by another Team

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Leader.

Registered Respiratory Therapist (RRT): certified medical professionals who treat problems related to the lungs or breathing. After hours the RRT on-call will be called in by the PCC or designate for cardiorespiratory emergencies as directed by the Physician Team Leader. An RRT will respond to Code Blue events during regular working hours.

Registered Nurses (RN)/Licensed Practical Nurse (LPN): Registered Nurse and Licensed Practical Nurse are nurses who have graduated from a recognized nursing program and have passed a national licensing exam.

For each scheduled shift, one nurse from each acute care inpatient unit (ED, ICU, Pediatrics, Medicine, Surgery, Obstetrics, Psych) will be assigned to the Code Blue Team

Patient Care Coordinator (PCC): a RN whose responsibility is to allocate and redistribute resources throughout the facility to provide safe and effective care.

SCOPE/APPLICABILITY:

Compliance with this procedure is required by all NTHSSA STH employees, including students, volunteers and other persons acting on behalf of the NTHSSA.

PROCEDURE:

- 1. Establish Unresponsiveness:** The first responder confirms unresponsiveness with absence of pulse and/or respirations or agonal breathing.
- 2. Call for Help:** The first responder calls for immediate assistance and instructs the second responder to initiate the Code Blue:
 - A Code Blue call button is in each in-patient room except for the Psychiatry Unit. There are also Code Blue buttons located on the endoscopy suite and OR booms.
 - In the Ambulatory Care Center (ACC) there are Code Blue buttons located in the procedure rooms, intake rooms and cardiac stress test room only. There are **NO** Code Blue buttons located in the ACC individual exam rooms. There is a Code Blue button in each exam room hallway located with a panic button.
 - When the Code Blue button is triggered, the PA system will make a "Code Blue" Announcement.
 - A blue light will flash outside the room where the Code Blue was triggered. The service/staff elevator SE3 or SE4 is programmed to automatically go to Level One. This will allow staff easy access to the

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elevators to attend the unit of need.

- Outside clinical areas, there are **NO** Code Blue buttons (Level zero, the first level cafeteria, atrium and sacred space).
- For Code Blue events in areas where there is no Code Blue button, the second responder will call the reception desk so the announcement can be made through the PA system. **Or** phone to access PA system by **dialing 46666 on the Avaya phone; then entering code: 900#; and announcing: "Code Blue (area name)" 3 times then press # to finish the page.**

□ If your phone looks like this:



1. Press the phone button.
2. Press **Stntn Page** on the touchscreen.
3. When prompted, enter **900#** and wait for the tone.
4. Say your message 3 times.
5. Press **#** to complete.

□ If your phone looks like this:



1. Press **46666**.
2. When prompted, enter **900#** and wait for the tone.
3. Say your message 3 times.
4. Press **#** to complete.

- In the situation of simultaneous Code Blue events, there will only be one code announced at the time. Therefore, it is important that once a Code Blue has been announced three times and the Code Blue Team has arrived, the Code Blue button is cancelled (by pushing the cancel button in the room where the Code Blue was activated) so an additional Code Blue announcement can be triggered (pushing the cancel button will not page a cancellation announcement over the PA system).
- **Important Note:** In case of fire (Code Red) the Code Blue will **NOT** be announced. On the unit of the Code Blue event there will be a blue light flashing light but no PA announcement. To page overhead, call the Main Security Desk in Emergency **867-292-1184** who will page the Code Blue overhead using the red phone at the Central Annunciator Command Facility (CACF) located in the main entrance vestibule.

3. **Initiate BLS:** The first responder will initiate BLS until the Code Blue Team arrives.

- Automated External Defibrillators (AED) are located outside each elevator for retrieval if needed. **Note:** For safety purposes, on level 3 Psychiatry Unit the AED is located in the stairwell adjacent to the service elevators 5 & 6. Staff will need to use their access cards to enter the stairwell to retrieve the AED.

4. **Retrieve the Crash Cart:**

- After triggering the Code Blue announcement, the second responder will retrieve the crash cart and take it to the location of the Code Blue event (See Appendix A for locations of Crash Carts on each level).
- In the event of a Code Blue on level one, the ED and ICU responders will bring the crash cart and a patient stretcher to the code location.

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5. Code Blue Team Responds:

- The Emergency Department (ED) RN will bring the difficult airway box
- In the event of a Code Blue on level one, the ED and ICU responders will need to bring the crash cart and a patient stretcher to the code location.

6. Code Blue with enhanced precautions:

In the event patient is on Droplet/Contact or Airborne precautions:

- All staff should don appropriate PPE.
- Efforts should be made to keep the door closed.
- Minimize responders in the room to just those required.

7. Role Assignment:

Upon arrival at the location team members should identify themselves and their role. It is the responsibility of each Code Blue Team member to be aware of the responsibilities that may be assigned to them, know their limitations, and seek additional training as needed. The roles in a Code Blue response are as follows:

- a) **Team Leader:** In the event of a Code Blue the ERP is the team leader until clear verbal handover has been given to another qualified provider. See second Code Blue provisions for instructions on handover to ACLS provider in the unlikely event of a second Code Blue. The team leader is responsible to:
 - Assign roles to team members if not defined.
 - Make treatment decisions.
 - Provide feedback to the team as needed and reassign roles if required/requested.
 - Assume responsibility for roles not assigned.
 - Debrief with the team.
- b) **Cardiac Monitor/Defibrillation/CPR coach:** The ED RN will assume this role and will be responsible to:
 - Operate the AED/Monitor/Defibrillator.
 - Place the monitor in a position that is visible to the team leader.
 - Give feedback on the compressors rate, depth, and recoil.
 - Ensure the documentation on the Code Blue Record is accurate and signed.
- c) **Airway Management:** The second responder will assume airway management responsibilities alternating compressions with the first responder until the Code Blue team arrives. The RRT will assume this role on arrival. The airway provider is responsible to:
 - Open the airway.
 - Provide bag mask ventilation.
 - Insert adjunct airway as appropriate.
- d) **IV/IO/Medications:** The ICU RN will assume this role and is responsible to:
 - Establish IV/IO access.
 - Administer medications.

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- Support the timer/recorder to accurately record on the Code Blue Record.
- e) **Timer/Recorder:** This role will be assigned to the responding pediatrics RN. They are responsible to:
 - Record the time of interventions and announce when these are next due.
 - Record the frequency and duration of interruption in chest compressions.
 - Record the rhythm determined by the team leader during pauses in chest compressions.
 - Record cardioversion/defibrillations.
 - Communicate these to the team leader.
- f) **Compressor:** Responding Medicine/Surgery nurses will be assigned to this role and will be responsible to:
 - Assess the patient.
 - Perform compressions according to protocol.
 - Incorporate feedback from the CPR coach.
 - Rotate every 2 minutes or sooner if fatigued.
- g) **Family Support:** The responding Psychiatry nurse will take the responsibility of supporting the family/escorts.
 - Move family members to a quiet area or remain with them in/near the room during the resuscitation efforts to provide information and support.
- h) **PCC**
 - Ensure all members of the code team have responded.
 - Call in resources as required.
 - Retrieve medication/supplies required or designate personnel to do so.
 - Ensure Code Blue review is completed.
 - When there are multiple responders relay to staff to return to their home units, recall staff when required.

8. Simultaneous Code Blue:

- In the unlikely event of a second, Code Blue being called simultaneously, and it were to occur after hours when resources are reduced, the following steps should be taken:
 - The ERP will respond to the second Code Blue.
 - The ED RN will assume team leader responsibilities at the initial Code Blue.
 - The RRT will remain at the first Code Blue and will support the ED RN as a second ACLS provider at the initial Code Blue.
 - The ICU RN will attend the second Code Blue with the ERP.
 - The PCC should attempt to facilitate designation of additional ACLS providers and coordinate resource incorporating feedback from the team leaders.

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- In the event of a 2nd Code Blue is on the same level, the PCC will ensure crash cart retrieval.

9.

10. Code Blue Review

- The PCC is responsible for ensuring the team has completed the Code Blue Review and ensures it is forwarded to the Unit Manager.

11. Debriefing

- A post critical incident debrief should occur as soon as possible following a Code Blue. This is typically facilitated by the team leader but may be delegated to an appropriate employee with expertise in debriefing. Additional technical debriefs may be arranged at a future date. Attendance will be supported when operationally possible.

PERFORMANCE MEASURES:

100% of STH staff are aware of and in compliance with this Standard Operating Procedure.

To maintain proficiency, team members will be provided with initial education on the STH Code Blue procedure. All team members will be certified in current BLS. The code team nurses from ICU/ED, and RRT will be certified in current ACLS. The Code Blue committee meets regularly to review the Code Blue evaluations to share information, inform quality improvement, education, and policy development aimed at optimizing efficiency during code blues.

- Certifications will be monitored by unit managers.
- Evaluations will be completed on all incidents of a Code Blue and will be reviewed by the Code Blue Committee.
- Debriefs will be completed post codes.
- Roles and responsibilities will be clearly defined in all incidents of a Code Blue.
- Crash cart audits will be completed every six months and will be monitored by the Code Blue committee.

CROSS-REFERENCES:

NA

ATTACHMENTS:

Appendix A – Location of Crash Carts and AEDs

REFERENCES:

2020 Handbook of Emergency Cardiovascular Care of Healthcare Providers.
Ottawa, Canada: Heart and Stroke Foundation of Canada; 2020

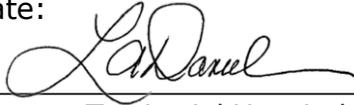
Heart and Stroke Foundation of Canada, Basic Life Support Provider Manual, 2020
Canadian Resuscitation and First Aid Guidelines; 2020

Heart and Stroke Foundation of Canada, Advance Cardiovascular Life Support
Provider Manual, 2020 Canadian Resuscitation Guidelines; 2020

APPROVAL:

20 August 2024

Date:



Stanton Territorial Hospital COO

Appendix A – Location of Crash Carts and AEDs

	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
Crash Carts	None	ER in the crash cart alcove & the trauma room (2)	OR/PARR (1)	Psych equipment storage room (1)	Medicine in the alcove beside the main nursing station (1)	Surgery/ ECU in the alcove beside the main nursing station (1)
		ICU in the crash cart alcove (1)	Peds (1)			
		Renal Dialysis (1)				
		Cardiac Stress Test Room (1)				
Pediatric (4)		ER in the crash cart alcove & the trauma room (2)	Peds (1) OR/PARR (1)			
AEDs (18)	Outside all elevators (2)	Outside all elevators (3)	Outside all elevators (3)	Outside Elevators 1&2, 3&4 (2)	Outside all elevators (3)	Outside all elevators (3)
		Main central hallway ACC (1)		Stairwell 5 (1)		

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