

Purpose

To provide prompt and effective response to any incident of severe cardiac or respiratory distress or arrest involving patients, visitors, or staff members.

Definitions

Medical Emergency: Any incident of severe cardiac and/or respiratory distress, or arrest involving patients, visitors, or staff members.

Code Blue: The declaration of a medical (somatic) emergency and the subsequent procedures and interventions which are designed to sustain life and stabilize victims until paramedics arrive.

Code Leader: The individual who is granted authority under this policy to direct the execution of clinical interventions during a Code Blue.

Policy

In the event of a medical emergency in which additional help is required a "Code Blue" shall be declared by a licensed member of the Department of Nursing, or by any member of the medical staff according to the procedure outlined in this document. In the unlikely event that none of the above personnel are immediately available, a Code Blue may be declared in good faith by any employee of the hospital.

Note: Even in the event of a medical emergency, a Code Blue need not necessarily be declared if:

1. A physician has determined that help from additional hospital personnel is not needed. Under the direction of a nurse and in an appropriate medical emergency other than an actual cardiopulmonary arrest, the "Rapid Response" is effectuated; or,
2. There is a valid "No Code/Do not Resuscitate" order on record (See SGHC031792); or,
3. There is clear and overwhelming evidence that death has occurred, and that there is no possibility that the individual may be revived. Findings that indicate that death has occurred and that there is no possibility that the individual may be revived may include pronounced lividity (skin discoloration from pooled blood), rigor mortis, and/or pronounced hypothermia (unless other factors may be responsible.) If there is any doubt, a code should be called.

In a medical emergency, appropriate efforts to stabilize the victim are initiated and continued by available staff on site, pending a response to a code for additional staff. A Code Blue shall be led by a somatic physician. When a somatic physician is not on site, or until a somatic physician arrives, the Code is led by the first non-somatic physician to arrive at the scene. It shall be the prerogative of a higher ranking non-somatic physician to take control of the Code in the event that a somatic physician is not on the scene. Until a physician (somatic or non-somatic) arrives, the charge nurse or the ranking Registered Nurse covering the area provides the initial leadership. All available licensed nursing staff, all available physician's assistants, and all available physicians (psychiatric and somatic medicine) are required to respond to all Code Blue emergencies by proceeding to the scene, and by participating in the Code as directed by the Code Leader.

In general, once cardio-pulmonary resuscitation efforts have begun, they should be continued until the patient has been revived, or until the Baltimore County Mobile Medical Emergency Unit (911) has responded to transport the individual to a designated emergency treatment facility. However, emergency cardio-pulmonary resuscitation efforts may be ordered discontinued by the Code Leader (see Procedure, Section 2) in the event that there is clear and reasonable evidence that death has occurred, and that, with a reasonable degree of medical probability, further resuscitation efforts would not revive the individual.

All medical and nursing staff members shall be trained and current in basic CPR and in the use of the Automated External Defibrillator. It is the responsibility of the Head Nurse to assure that on an annual basis, all unit nursing staff members are competent in all associated emergency procedures (CPR, mask use, ambu bag use, O2 operation and administration, Automated External Defibrillator use, suction machine use and the Heimlich maneuver). The shift Charge Nurse and Department of Learning Resources shall assure continued competency through practices on the unit. The Charge Nurse of each shift shall also assure that all urgent care equipment is present and operational at the beginning of each shift, and that equipment problems are immediately corrected. The Head Nurse shall assure that mechanisms are in place for the staff to account for the medical equipment as per the policy entitled "Urgent Care Equipment and Medical Supplies".

This policy and procedure applies to medical emergencies involving patients, staff, and visitors. Spring Grove Hospital staff are required to respond to a Code Blue, anywhere on campus, regardless of the area in which the emergency exists.

Procedure

I. Personnel at Scene of Emergency

- A. Report emergency to the hospital operator.
 1. Dial X7555 to reach the operator. Note: X7555 is the hospital's emergency number. X7555 calls are given priority to all other calls by the hospital operator.
 2. Give operator the following information:
 - a. Use the words "Code Blue"
 - b. Give location and nature of emergency.

For multiple unit buildings where the location is designated by a letter, the letter should be highlighted by giving an example of a word that begins with that letter (e.g., "Dayhoff (B) as in (boy) unit.")
 - c. Give your name and telephone extension.
 3. Stay on the line until 911 EMT is connected to give or receive any further necessary information.
- B. Under the authority of the Code Leader, the Charge Nurse or other nurse as designated by a nursing supervisor, shall assure that appropriate staff members are assigned to perform the following actions:
 1. Initiate and continue CPR and/or other emergency treatment as directed by the Code Leader.
 2. Transfer urgent care equipment to the scene.
 3. Record necessary information on Code Blue form (found on the urgent care equipment clip board).
 4. Stand by the entrance to the area to monitor the number of staff members responding to the Code, and to direct staff and paramedics to the site of the emergency. Unneeded personnel should be directed to return to their assigned areas.
 5. Gather other patients on the unit or in the area into the dayroom or other safe location. The staff member who is assigned to this responsibility shall remain with the other patients while the emergency exists, and explain to these patients what is happening.

6. Monitor vital signs and assist with other necessary duties under the direction of the Code Leader.
7. Verify that calls have been made to 911 and the necessary physicians.
8. Prepare a clinical brief and list the medications which the patient is currently receiving on a Request for Offsite Medical Service to accompany the patient to the emergency room.
9. After the emergency has passed:
 - a. Notify the hospital operator to announce "All Clear." (Give location and your name).
 - b. Complete the Code Blue Report and Evaluation Forms, place the original Report Form in the patient's chart, send copies immediately to the following: Clinical Director, Chief of Somatic Medicine, Director of Nursing, Nursing Performance Improvement Manager, and the Director of the Department of Learning Resources.
 - c. Immediately following the code the charge nurse will hold a post Code Blue conference with the staff involved in the code to evaluate the effectiveness of the Code Blue process and offer recommendations for improvement. Use the form entitled: "Code Blue Evaluation – Interdisciplinary Conference." Send completed evaluation form to the same individuals noted in "b" above. The nurse will also enter a progress note summary in the chart.
 - d. Assure that a Code Blue form and any other equipment/supplies used during the Code are replenished.

II. Code Leader

- A. According to the hierarchy established in this policy, the appropriate individual shall confirm that he or she is assuming the authority of the Code Leader.

- B. Assures that the Charge Nurse, or other designated individual assumes the responsibilities enumerated under #1B.
- C. Takes and/or orchestrates any reasonable steps which are necessary to sustain life and stabilize the victim until paramedics arrive.

III. Hospital Operator

- A. Upon notification of a Code Blue medical emergency, the Hospital Operator shall sound the emergency audio signal over the hospital's loudspeaker system, and announce the following: "Code Blue (location)." This message shall be repeated at least three times. In the event that the location of the emergency is a unit which is designated by a letter, the operator shall emphasize the identity of that letter by using it as part of a word (e.g., "Code Blue, Dayhoff (D) as in (dog) unit.")
- B. Immediately text page ("beep") all on-duty (primary care) somatic providers, through the emergency group call paging procedure, in order to notify the providers of the emergency. After 7 p.m. Monday through Friday and all day Saturday, Sunday and holidays the operators will also notify the OD somatic provider via their assigned phone (in addition to the pager notification.)

The operator shall employ the text paging emergency group call procedure by keying in the words "Code Blue" followed by the location of the emergency, (i.e., Dayhoff D).

- C. Contact "911," describe the nature of the emergency, and if necessary connect "911" with the individual who has reported the emergency to the operator (See #1A.)
- D. Notify the hospital police. Give the nature and exact location of the emergency. (Note: The operator notifies hospital police anytime "911" is called, regardless of whether it is called in association with a code.)
- E. Upon notification that the Code Blue has been "cleared", the hospital operator shall announce the following over the hospital's loudspeaker system: "Code Blue (location) all clear." This announcement shall be repeated at least twice.
- F. The hospital operator shall log the following: the date and time he or she was given initial notification, the location of the victim, the victim's age and gender, victim's physical

symptoms, the name and extension of the notifying individual, the time at which "911" was contacted, and the time at which the physician(s) was/were paged, time that the CEO was notified, and the time the code was cleared as well as the name of the individual clearing the code.

IV. Central Nursing Office

- A. The CNO Staffing Coordinator will assure that their Automated External Defibrillator, back-up oxygen bag, portable suction (and med box only if the incident occurs somewhere other than a unit) are delivered to the scene as quickly as possible.
 - a. The Staffing Coordinator will give this equipment to a driver or CNO supervisor to take to the scene if either is *immediately* available.
 - b. If not, the Staffing Coordinator will drive this equipment to the scene personally after locking the office (The Staffing Coordinator must return to CNO immediately after delivering the equipment.)
 - c. The Staffing Coordinator will NOT wait for the other staff members, as it is imperative that the Automated External Defibrillator arrive on the scene as quickly as possible, since *every minute of delay greatly reduces the patient's chance of survival.*

V. Hospital Police

- A. Upon notification by the hospital operator of a Code Blue, the hospital police shall immediately proceed to the location of the medical emergency.
- B. It is the duty of the hospital police to assure clear access by any emergency vehicles, and to direct these emergency vehicles and personnel to the scene. In the event that the emergency exists in a locked location, security shall stand by to allow emergency personnel to gain access to the location and to assist in the prevention of elopements by patients through any opened or unlocked doors during the emergency.

VI. Mock Codes

- A. The Department of Learning Resources (DLR) will coordinate mock code blue drills involving staff on all units. Code Blue instructors will run and evaluate these drills and conduct repeated drills as needed to help staff to meet practice

compliance. DLR will also submit their review of any identified problems with mock code events and processes to the appropriate discipline supervisors for follow-up and directions.

VII. Performance Improvement

- A. On a quarterly basis, DLR will submit a report of findings, analyses and corrective measures related to mock code blue drill processes to the hospital PI Steering Committee.
- B. On a quarterly basis, Nursing PI will submit a report of findings, analyses and corrective measures related to actual code blue events and processes to the hospital PI Steering Committee.

Reference

Code Blue Report Form

Approved by

Elizabeth R. Tomar, M.D., Clinical Director

Andrea A. Braid, MHA, NHA, Chief Executive Officer
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DH/jw

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