STRATHMERE LODGE

Emergency Management Program

MEDICAL EMERGENCIES RESPONSE PLAN

CODE **BLUE**

Original Date(s): **April 16, 2025**

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1. PURPOSE

The purpose of this Plan is to establish a rapid, coordinated response to a medical emergency involving a resident or other person at Strathmere Lodge.

The Plan is intended to:

- ensure immediate recognition and response to a medical emergency;
- summon appropriate clinical and emergency assistance without delay;
- provide clear staff roles and responsibilities;
- support timely access by Emergency Medical Services (EMS);
- ensure that resident-specific wishes, goals of care and applicable treatment directions are respected;
- provide appropriate communication and documentation; and
- support recovery following the emergency.

2. SCOPE

This Plan applies to medical emergencies involving:

- residents;
- staff;
- visitors;
- volunteers;
- students; and
- other persons attending Strathmere Lodge.

Examples include, but are not limited to:

- cardiac arrest or unresponsiveness;
- choking or severe airway obstruction;
- severe respiratory distress;
- suspected stroke;
- suspected heart attack;
- anaphylaxis or severe allergic reaction;
- uncontrolled or significant bleeding;
- seizure requiring emergency intervention;
- serious fall or trauma;

- suspected poisoning or overdose;
- sudden significant deterioration in condition; and
- any other situation requiring immediate medical intervention.

This Plan establishes the **emergency response framework**. Clinical assessment and treatment shall be provided in accordance with applicable legislation, professional standards, Strathmere Lodge clinical policies, resident-specific plans of care and authorized medical directives/protocols.

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3. DEFINITION AND GUIDING PRINCIPLES

3.1 Medical Emergency

For the purpose of this Plan, a medical emergency is a sudden illness, injury or deterioration in condition requiring immediate assessment or intervention to prevent serious harm or death.

3.2 Guiding Principles

During a medical emergency:

Respond immediately.

Staff shall not delay calling for assistance while attempting to determine the precise diagnosis.

Call 911 when emergency medical assistance is required.

Administrative authorization is not required before calling 911.

Provide care within scope and competence.

Staff shall provide appropriate immediate care within their role, training and scope of practice.

Respect resident-specific treatment directions.

For residents, emergency interventions shall be consistent with known goals of care, consent, treatment directions and applicable plan of care information.

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4. PLAN ACTIVATION – CODE BLUE

4.1 Activation

Any staff member discovering a person experiencing an apparent medical emergency shall:

1. remain with the person;
2. call/shout for assistance;
3. activate **Code Blue** where an immediate emergency response is required; and
4. initiate appropriate immediate first aid/emergency interventions within their training and role.

4.2 Code Blue Announcement

Announce:

"Code Blue – [home area location]. Code Blue – [home area location]."

The location shall be sufficiently specific to allow responding staff to immediately locate the emergency.

4.3 Emergency Leadership

The first registered nursing staff member responding shall assume clinical leadership of the medical emergency.

The Charge Nurse (RN) shall provide overall coordination where required.

Where the emergency involves a staff member, visitor or other non-resident, the Charge Nurse shall coordinate the response until EMS assumes care.

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5. IMMEDIATE RESPONSE

5.1 First Staff Member at the Scene

The staff member discovering the emergency shall:

- ensure the immediate area is safe to enter;
- remain with the person;
- assess responsiveness and obvious immediate danger within their training;
- summon assistance;
- initiate Code Blue;
- call or have another person call 911 where required;

- initiate appropriate first aid or emergency measures within their training and role; and
- provide information to responding registered staff.

5.2 Registered Nursing Staff

Registered nursing staff shall:

- assess the resident/person;
- determine immediate clinical priorities;
- direct emergency interventions;
- ensure 911 has been called when required;
- direct staff assisting with the response;
- obtain required emergency equipment;
- review resident-specific treatment directions where applicable and where this does not delay necessary immediate action;
- monitor the person until EMS arrives;
- prepare appropriate information for EMS.

5.3 Charge Nurse

The Charge Nurse shall:

- ensure adequate staff respond to the emergency;
- ensure resident care continues elsewhere in the Home;
- coordinate EMS access;
- arrange required notifications;
- support staff responding to the emergency;
- ensure appropriate documentation and follow-up occur.

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6. ROLES AND RESPONSIBILITIES

6.1 Registered Nursing Staff

- Provide clinical assessment.
- Direct the clinical response.
- Initiate interventions within scope and applicable policies/protocols.
- Confirm resident treatment directions as appropriate.
- Communicate with EMS.
- Provide clinical documentation.
- Notify physician/Nurse Practitioner (NP) as appropriate.

6.2 Personal Support Workers

- Immediately summon assistance.
- Remain with the resident/person where appropriate.
- Provide first aid/emergency assistance within training.
- Obtain equipment or supplies as directed.
- Assist registered staff.
- Support other residents in the immediate area.

6.3 Other Staff

When hearing Code Blue:

- continue essential resident care unless directed to assist;
- keep corridors and access routes clear;
- direct responding EMS to the emergency location when requested;
- provide assistance within training and assigned responsibilities.

6.4 Reception/Ward Clerk

When Reception/Ward Clerk is staffed:

- facilitate EMS entry;
- provide directions to the emergency location;
- keep the entrance accessible;
- notify the Charge Nurse when EMS arrives.

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7. SPECIFIC MEDICAL EMERGENCY CONSIDERATIONS

The following provides general response direction only. Staff shall follow applicable clinical procedures and professional standards.

7.1 Cardiac Arrest / Unresponsive Person

- Activate Code Blue.
- Call 911 as appropriate.
- Assess responsiveness and breathing.
- Initiate Cardiopulmonary Resuscitation (CPR) and use the Automated External Defibrillator (AED) where indicated and consistent with applicable resident-specific treatment directions (AED location is on Rose Room wall by elevator)
- Continue emergency response until relieved by appropriate clinical personnel or EMS.

7.2 Choking

- Activate Code Blue for severe airway obstruction.
- Call 911 where indicated.
- Initiate appropriate choking response within training.
- Continue assessment following resolution because further clinical evaluation may be required.

7.3 Severe Respiratory Distress

- Activate Code Blue where immediate assistance is required.
- Position and support the resident/person appropriately.
- Provide oxygen or other interventions where authorized and clinically indicated.
- Call 911 where emergency transfer or assistance is required.

7.4 Suspected Stroke

Recognize sudden neurological changes such as:

- facial weakness;
- arm/leg weakness;
- speech changes;
- sudden confusion;
- sudden loss of balance; or
- other acute neurological changes.

Record the **time the person was last known well** whenever possible.

Call 911 promptly where emergency assessment is indicated.

7.5 Suspected Heart Attack

Symptoms may include:

- chest pain or pressure;
- shortness of breath;
- sweating;
- nausea;
- unusual weakness;
- pain radiating to the arm, jaw, back or shoulder.

Initiate emergency assessment and call 911 as clinically indicated.

7.6 Anaphylaxis

- Activate Code Blue.

- Call 911.
- Administer emergency medication where ordered/authorized and within scope.
- Monitor airway, breathing and circulation until EMS arrives.

7.7 Serious Fall / Trauma

- Do not move the person unnecessarily where serious injury is suspected unless remaining in place creates greater danger.
- Obtain registered nursing assessment.
- Call 911 where indicated.
- Monitor until EMS arrives.

7.8 Seizure

- Protect the person from injury.
- Do not forcibly restrain the person.
- Do not place objects in the person's mouth.
- Monitor the duration of the seizure.
- Follow resident-specific seizure interventions where applicable.
- Call 911 where clinically indicated.

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8. EMERGENCY MEDICAL SERVICES (EMS)

When 911 is called, provide:

- Strathmere Lodge's name and address;
- exact location within the Home;
- nature of the emergency;
- resident/person's condition;
- known immediate hazards;
- callback number.

Staff shall:

- ensure EMS can promptly enter the building;
- direct EMS to the correct Resident Home Area/location;
- keep hallways and elevators accessible;
- provide relevant clinical information;
- provide required transfer documentation where the resident is transported.

Where a resident is transferred to hospital, applicable transfer of care procedures shall be followed.

9. RESIDENT-SPECIFIC WISHES AND GOALS OF CARE

Emergency treatment involving a resident shall be consistent with applicable:

- consent and treatment decisions;
- goals of care;
- advance care planning information;
- resuscitation status/treatment directions;
- plan of care; and
- applicable legislation and professional standards.

Resident-specific information shall be readily accessible to registered nursing staff.

A medical emergency does not automatically mean that every resident receives the same intervention.

Where a resident's treatment directions indicate that CPR or other particular interventions are not to be initiated, staff shall continue to provide appropriate comfort, assessment, support and other authorized care.

Uncertainty regarding documentation or treatment direction shall be addressed by registered nursing staff in accordance with applicable clinical policy and legal/professional requirements.

10. COMMUNICATIONS AND NOTIFICATIONS

For a resident medical emergency, registered nursing staff shall notify, as appropriate:

- the resident's SDM/family;
- physician or Nurse Practitioner;
- Charge Nurse;
- Director of Resident Care (DRC)/Assistant Director or Resident Care (ADRC) or other leadership where warranted.

The SDM/family shall be provided with factual information concerning:

- what occurred;
- the resident's current condition;
- interventions provided;
- whether the resident was transferred to hospital;

- known next steps.

For a medical emergency involving a staff member, visitor or other non-resident, appropriate emergency contact and organizational notification procedures shall be followed.

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11. DOCUMENTATION AND REPORTING

Registered nursing staff shall document resident medical emergencies in accordance with applicable documentation requirements.

Documentation should include, as applicable:

- circumstances of the emergency;
- time identified;
- assessment findings;
- interventions;
- Code Blue activation;
- 911 notification;
- EMS response;
- physician/NP notification;
- SDM/family notification;
- transfer to hospital;
- resident condition and disposition.

An incident report shall be completed where required.

The Administrator/DRC shall ensure Ministry or other external reporting is completed where the circumstances independently meet applicable reporting requirements.

Not every Code Blue or 911 call requires a Critical Incident Report submission to the Ministry of Long-Term Care.

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12. RECOVERY AND FOLLOW-UP

Following the medical emergency:

- ensure ongoing care needs of the resident are addressed;
- restore normal operations in the affected area (announce an All Clear on the Code Blue activation);

- replace and restock emergency equipment and supplies;
- clean equipment/area as required;
- ensure documentation is complete;
- review the resident's plan of care where appropriate;
- communicate changes to relevant staff.

Where the event constituted activation of the Medical Emergency Response Plan, the Home shall:

- debrief affected residents and their SDMs, staff, volunteers and students as applicable;
- identify and support persons experiencing distress;
- evaluate the response;
- identify opportunities for improvement; and
- update this Plan within the required timeframe where appropriate.

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13. TRAINING, TESTING AND REVIEW

Staff, volunteers and students shall receive training regarding this Plan appropriate to their responsibilities:

- before performing their responsibilities; and
- at least annually thereafter.

The Medical Emergency Response Plan shall be **tested at least annually**.

Testing may use different scenarios from year to year, such as:

- cardiac arrest;
- choking;
- anaphylaxis;
- serious fall/trauma;
- acute respiratory emergency.

The exercise should assess:

- recognition of the emergency;
- Code Blue activation;
- response time;
- staff roles;
- availability of emergency equipment;

- 911 notification;
- EMS access;
- communication;
- resident-specific treatment information; and
- post-event procedures.

A written record shall be maintained of testing and improvements made to the Plan.

APPENDIX A

CODE BLUE – QUICK RESPONSE GUIDE

MEDICAL EMERGENCY

1. RECOGNIZE

Person is:

- unresponsive;
- choking;
- experiencing severe respiratory distress;
- experiencing a suspected cardiac/stroke emergency;
- seriously injured; or
- otherwise requiring immediate medical assistance.

2. CALL FOR HELP

Activate CODE BLUE

Announce:

“CODE BLUE – [HOME AREA LOCATION]”

3. CALL 911

Call immediately when emergency medical assistance is required.

Administrative authorization is not required to call 911.

4. PROVIDE IMMEDIATE CARE

- Registered staff assume clinical leadership.
- Provide emergency care within scope/training.
- Obtain emergency equipment.
- Follow resident-specific treatment directions where applicable.
- Monitor continuously until EMS arrives.

5. PREPARE FOR EMS

- Clear access.
- Meet/direct paramedics.
- Provide clinical information.
- Prepare transfer documentation.

6. COMMUNICATE

For residents, notify as appropriate:

- SDM/family;
- physician/NP;
- Charge Nurse/leadership.

7. RECOVER

- Document.
- Restock equipment.
- Review resident care needs.
- Debrief where required.
- Identify improvements.