
	Manual: Emergency Preparedness	Section: Codes	Code: 03	Pages: 1 of 3
Subject: Code Blue				Area of Focus: Care & Service

1.0 Purpose	<p>The purpose of a Code Blue (for Cardio-Pulmonary Resuscitation) is to achieve the prompt restoration of effective circulation and respiration in residents suffering a cardiac arrest.</p> <p>There are conditions of ill health and inevitable death by which an order of “no resuscitation” is appropriate. It is the resident’s right to accept or refuse treatment. See individual resident plan of care for advanced directives.</p>
2.0 Definitions	<p>Cardio-Pulmonary Resuscitation (CPR) is the action of attempting to restart the beating of the heart, and breathing of the lungs.</p> <p>CPR involves the application of artificial ventilation (mouth-to-mouth resuscitation or bagging), and chest compressions.</p> <p>*Please note the Villa Long Term Care Home does not have or use an AED for residents.</p> <p>Advanced Cardiac Life Support (ACLS) activities include intubations and defibrillation.</p>
3.0 Procedure	<p>Process:</p> <p>Where appropriate or based on the advanced plan of care of an individual resident, certified staff should initiate CPR until emergency/ ambulance personnel arrive to initiate ACLS.</p> <p><i>CPR is initiated</i> at St. Joseph’s Villa for an actual witnessed cardiac arrest in the absence of a DNR order, or in the absence of an expressed wish not to be resuscitated. CPR will consist of chest compressions and usage of a disposable self- inflating Manual Resuscitator or BAG. The following guideline will be followed:</p> <ol style="list-style-type: none"> a) The arrest should have been witnessed by a reliable observer, or where able to determine that the arrest has occurred within minutes of when the resident was last seen functioning normally. (Health Professionals must use clinical judgment to determine whether to proceed with CPR considering signs such as: absence of vital signs, skin discolouration, lividity, fixed stare, corneal opacification, rigor mortis). b) The event should have been unexpected, given the clinical situation – ANTICIPATED DEATHS SHOULD NOT BE TREATED AS CARDIAC ARRESTS. c) The resident should not be suffering from a complex multi-system medical problem that has been shown not to benefit from CPR. This would have been determined by the team as part of the treatment plan. d) The resident clearly does not have an illness for which death would be the expected outcome. <p><i>CPR should NOT be initiated if there is a DNR order, or where staff know the resident /substitute decision maker does not wish resuscitation, whether expressed orally, in a written document (POA, Advance Care Planning), or other communication.</i></p>

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Procedure:

When it has been determined that an actual cardiac arrest has occurred, and it is determined that CPR is appropriate:

(a) Assign or access the paging system by dialing “8-0” on any in-house telephone. There will be an approximate 5-second delay before the overhead speakers are activated. After dialing “8-0” repeat “Attention All Staff” until you hear your voice coming through the speakers, then proceed with the following announcement, three times:

- “Attention All Staff – Code Blue {Home Area} {Location}” – Repeat three times.
- A second staff calls 9-1-1.

(b) The RN or RPN first on the scene initiates CPR consisting of chest compressions and bagging with the disposable Manual Resuscitator or BAG, and will continue until the arrival of emergency personnel.


c) Manual Resuscitator BAG Operation:

1. TEST the Bag Function Prior to Use:

- Remove the BAG from the plastic bag and inspect to ensure intact, then expand from the collapsed position-inflate. Rapid bag re-expansion confirms efficient air intake.
- Block the patient valve /mask connector part and try to compress the bag. If the bag cannot be compressed with reasonable force, the valve is efficiently preventing backward escape of air.
- Compress the filled reservoir bag. Air should vent to the atmosphere as indicated by lifting the disk membrane at the base of the mask connector and not return to the ventilation bag.

d) Operation Instructions:

- Open the patient’s airway
- Clear the patient’s mouth of any foreign material
- Apply mask firmly to the face. Squeeze and release the bag allowing enough time between inspirations for the patient to exhale and the bag to re-expand.
- Observe the rise and fall of the patient’s chest and listen for the air flow from the valve as the patient exhales.

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	<p>Key Points:</p> <p>Face masks / flat boards are located in the service corridors of the resident home areas.</p> <p>CPR/DNR instructions must be included when transferring a resident to another facility. For residents who are not to be resuscitated, the MD or Nurse must sign a DNR Validity Form, where a DNR order exists, for EMS personnel to accept.</p> <p>Registered Staff are offered CPR re-certification annually at the BCLS Level, through a reputable organization. Re-Certification opportunities are provided by St. Joseph's Villa annually through the oxygen service provider and recommended at least every two years.</p>
Documentation:	<p>De-brief form filled out and filled with EPC committee.</p> <p>Document any events in resident specific health records.</p>