Tab 2 – ERP
Code Black

Manual:	Emergency Response and Preparedness Manual
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Policy

Emergency Response Codes

Procedure
- Code Black is announced after any bomb threat whether it is called in, in a letter/email/social media or identification of a suspicious package.
- **The Charge Registered Nurse (RN) is the Incident Manager.**
  - During business hours, the role of Incident Manager **CAN be delegated** to a manager.

Prevent/Prepare
- All staff must be vigilant and if a suspicious package is noticed

Respond
- If you discover a medical emergency, summon help immediately by calling out, "CODE BLUE. I need help in (location)." You can call out and ask someone to announce Code Blue on the paging system.
- **Any employee can announce Code Blue** when they suspect or witness a medical emergency.
- **Announce "Code Blue – LOCATION" three times via the annunciator panel** (located in main office beside unit clerk's desk, 1 West nursing nook, and across from the elevators on 2nd and 3rd floors)**.**
- All registered staff and physicians must proceed to the location of the Code Blue.
- If it is determined that the person is experiencing a cardiac arrest, the first person on the scene trained in CPR will:
  - For residents:
    - Identify whether or not to initiate CPR by reviewing the Goals of Care (if available) to determine the resident's wishes. When a resident's wishes are unknown, you must proceed with CPR.
    - CPR will NOT be initiated if:
      - The individual's wish for no resuscitation is known.
      - The individual's wish is not known and the power(s) of attorney/substitute decision maker(s) have identified that they do not wish resuscitation for the individual.
      - The death was not witnessed.
      - Upon direction of the attending physician that CPR will not be of

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benefit, and is not part of the treatment plan.
  - o For non-residents, proceed with CPR.
  - o CPR will continue once initiated unless:
    - ▪ The victim recovers
    - ▪ Another trained individual takes over
    - ▪ A physician or physician-directed individual or team assumes responsibility.
    - ▪ The person is transferred to designated medical professional or emergency medical service.
    - ▪ Staff are too exhausted to continue.
    - ▪ Staff are presented with a valid Do Not Resuscitate (DNR) order.
- Based on the above information, begin CPR following current Basic Cardiac Life Support guidelines and using appropriate PPE as determined by a Point of Care Risk Assessment (PCRA).
  NOTE: The first registered nursing staff member on scene is the Incident Manager until the Charge RN arrives and assumes this responsibility.
- The Incident Manager/delegate will call 9-1-1 for a "medical emergency."
- Non-registered nursing staff should remove residents and visitors from the immediate area of the Code Blue.

Report updates of the 9-1-1 call to the Incident Manager and follow instruction from the Incident Manager.

Recover
- When the individual is stabilized or after 9-1-1 has been called and the first responders have either declared the person deceased or transferred them to the hospital, the Incident Manager announces all clear using the annunciator panel.
- A debrief with available staff as possible must be conducted as soon as possible after the Code Blue is declared over.

<u>Tools</u>
- Code Blue – Incident Manager Job Action Checklist
- Code Blue Poster