

**Riverview Gardens - Municipality of Chatham-Kent
Emergency Response Plan
Code Blue & Medical Emergencies – Annex D**

Policy Code: EME BLU

Issued: March 2010

Revised: February 2026

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Policy

Riverview Gardens will ensure that in the event of a medical emergency or finding a resident, staff, visitor, volunteer or supplier who is in cardiac arrest, staff will provide the proper assessment and response to the situation.

Definition

Cardiopulmonary Resuscitation (CPR) – an emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. CPR is designed to sustain breathing and heartbeat and combines rescue breathing and chest compressions to restore blood flow to someone suffering from cardiac arrest.

Cardiac Arrest – The unexpected loss of heart function in a person (heart stops beating) related to a variety of causes, such as heart disease, suffocation, drug overdose, stroke, electrocution, or injury.

Medical Emergency – There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk if the treatment is not administered promptly, of sustaining serious bodily harm. May include, but not limited to: cardiac arrest, respiratory arrest, burn, and fracture, loss of consciousness, chest pain, allergic response, choking, asthma attack, cerebral vascular accident (CVA), and seizure.

Respiratory Arrest – The sudden and complete cessation of breathing.

Procedures

Code Blue Residents

A Code Blue indicates cardiac arrest and should only be called by a Registered staff member, or at the direction of a registered staff member.

If a non-registered staff member discovers a resident who is unresponsive and appears to be in cardiac arrest they are to instantly notify the RPN or RN on the floor, who will immediately respond to determine the do not resuscitate (DNR) status of the individual. **Staff are not to start CPR**, they are to wait for the RN or RPN who will confirm if there is a DNR order. A DNR order should be confirmed in PCC under the residents home tab.

A Code Blue should only be announced for a resident at the direction of a registered employee who is familiar with the DNR status of the resident (the registered staff may delegate this task to someone else).

Staff will ascertain the individual's responsiveness by:

- Visual inspection, e.g. movement of chest or nostrils due to breathing etc.;
- Verbal stimulus, e.g. Sir/Madame are you OK, can you hear me etc.;
- Contact stimulus e.g. placing your knuckles into the individuals sternum and pressing firmly while repeating "can you hear me", if there is any clenching or tightening of the

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muscles or body by the individual they are still breathing, but Registered staff should still be notified.

When the RN or RPN determines that the individual is in cardiac arrest and that they do not have a DNR order they will:

- Registered staff will start and maintain CPR until paramedics arrive,
- Delegate someone to dial 911 and provide our address of 519 King Street West, stating we have an individual in cardiac arrest or VSA (vital signs absent);
- Delegate or announce overhead:
 - **“ATTENTION ALL STAFF, CODE BLUE, FLOOR XX, ZONE YY, ROOM ZZ”**
3 times
- RN or RPN will call and notify the attending physician after the resident is stable and the situation is under control.
- RN or RPN will call and notify the SDM/POA of the current situation and status of the resident.
- RN or RPN will notify the Director, Seniors Services and Director of Nursing

When a Code Blue is announced on the following staff will immediately respond if they are not already at the scene:

- Registered Nurse (RN) in Charge;
- RN assigned to the floor;
- RPN assigned to that unit (on midnights the RPN from the floor above will also respond – in the case of the 6th floor, the RPN from the floor below will respond);
- PSW assigned to care for that resident (if applicable) or from that unit (on midnights, the PSW assigned for that floor will respond);
- Nurse Manager assigned to the floor, if available.

The PSW and RPN who are responding to the code will also bring with them the following items which are found on each unit on the west wing at the care centre by the medication room:

- Back board;
- Ambu Bag;
- O2 Concentrator (found in the west side oxygen room).

Code Blue Non-Residents

If the person discovered with absent vital signs is not a resident the staff member will instantly notify the RPN or RN on the floor.

Staff will ascertain the individual's responsiveness by:

- Visual inspection, e.g. movement of chest or nostrils due to breathing etc.;
- Verbal stimulus, e.g. Sir/Madame are you OK, can you hear me etc.;
- Contact stimulus e.g. placing your knuckles into the individual's sternum and pressing firmly while repeating “can you hear me”, if there is any clenching or tightening of the

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muscles or body by the individual they are still breathing, but Registered staff should still be notified.

When the RN or RPN determines that the individual is in cardiac arrest they will:

- Will start and maintain CPR until paramedics arrive,
- Delegate someone to dial 911 and provide our address of 519 King Street West, stating we have an individual in cardiac arrest or VSA (vital signs absent);
- Delegate or announce overhead:

“ATTENTION ALL STAFF, CODE BLUE, FLOOR XX, ZONE YY, ROOM ZZ” 3 times

- RN or RPN will call and notify the Director, Senior Services or the Director or Nursing after the individual is stable and the situation is under control, between the hours of 21:00-06:00 an email should be sent to advise either of the above mentioned Directors and they should not be called;
- Notify next of kin/family as able or requested
- Complete incident report found in the first aid room or RN office.

When a Code Blue is announced on the following staff will immediately respond if they are not already at the scene:

- Registered Nurse (RN) in Charge;
- RN assigned to the floor;
- RPN assigned to that unit (on midnights the RPN from the floor above will also respond – in the case of the 6th floor, the RPN from the floor below will respond);
- PSW assigned to care for that resident (if applicable) or from that unit (on midnights, the PSW assigned for that floor will respond);
- Nurse Manager assigned to the floor, if available.

The PSW and RPN who are responding to the code will also bring with them the following items which are found on each unit on the west wing at the care centre by the medication room:

- Back board;
- Ambu Bag;
- O2 Concentrator (found in the west side oxygen room).

Staff Roles – Code Blue

RN or RPN– After being made aware of the Code Blue

- Staff will ascertain the individual’s responsiveness.
- Once determined that the individual is in cardiac arrest and that they do not have a DNR order they will:
 - Start and maintain CPR until paramedics arrive,
 - Delegate someone to dial 911 and provide our address stating we have an individual in cardiac arrest or VSA (vital signs absent)

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- Delegate or make the overhead announcement.
- Call and notify the attending physician after the resident is stable and the situation is under control.
- Call and notify the SDM/POA of the current situation and status of the resident.
- Notify the Director, Seniors Services and Director of Nursing

PSW or RPN responding will:

- Bring with them the required items which are found on each unit on the west wing at the care centre by the medication room

All other staff – finding the resident/individual:

- Request emergency assistance of the closest staff member to stay with the resident/individual.
- One staff goes to find the RN/RPN and one stays with the resident/individual until the RN arrives

Medical Emergencies Residents

If a non-registered staff member discovers a resident who is experiencing a medical emergency, such as, but not limited to, a fall, difficulty breathing or a seizure they are to instantly notify the RPN or RN on the floor, who will immediately respond to determine the status of the individual. If the resident is found in the great room staff are to call 6700.

When the RN or RPN determines that the resident requires further medical attention they will:

- Delegate someone to dial 911 stating we have a resident experiencing a medical emergency (this should ONLY be done if it is deemed necessary by the Charge Nurse) and provide our address of **519 King Street West**
- announce overhead only if additional assistance is required - **“ATTENTION ALL STAFF, MEDICAL EMERGENCY, FLOOR XX, ZONE YY, ROOM ZZ” 3 times;**
- RN or RPN will call and notify the attending physician (if applicable).

When a medical emergency is announced the following staff will immediately respond if they are not already at the scene:

- Registered Nurse (RN) in Charge;
- RN assigned to the floor;
- RPN assigned to that unit (on midnights the RPN from the floor above will also respond – in the case of the 6th floor, the RPN from the floor below will respond);
- PSW assigned to care for that resident (if applicable) or from that unit (on midnights, the PSW assigned for that floor will respond);
- Nurse Manager assigned to the floor, if available.

Nursing staff will provide the care required based on the medical emergency at the time.

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Medical Emergencies Non-Residents

If a staff member discovers someone who is experiencing a medical emergency, such as, but not limited to, a fall, difficulty breathing or a seizure they are to instantly notify the RPN or RN on the floor, who will immediately respond to determine the status of the individual.

When the RN or RPN determines that the individual requires further medical attention they will:

- Delegate someone to dial 911 stating we have an individual experiencing a medical emergency (this should ONLY be done if it is deemed necessary by the Charge Nurse) and provide our address of **519 King Street West**
- announce overhead if additional assistance is required - **“ATTENTION ALL STAFF, MEDICAL EMERGENCY, FLOOR XX, ZONE YY, ROOM ZZ” 3 times;**
- RN or RPN will call and notify the Director, Senior Services and the Director of Nursing after the individual is stable and the situation is under control
- Complete the incident report found in the first aid room or RN office.

When a medical emergency is announced the following staff will immediately respond if they are not already at the scene:

- Registered Nurse (RN) in Charge;
- RN assigned to the floor;
- RPN assigned to that unit (on midnights the RPN from the floor above will also respond – in the case of the 6th floor, the RPN from the floor below will respond);
- PSW assigned to care for that resident (if applicable) or from that unit (on midnights, the PSW assigned for that floor will respond);
- Nurse Manager assigned to the floor, if available.

Nursing staff will provide the care required based on the medical emergency at the time.

Staff Roles – Medical Emergency

RN or RPN– After being made aware of the Medical Emergency

- Staff will determine if further medical attention is required.
- Provide the care required at that time.
- Delegate someone to dial 911 and provide our address stating we have an individual having a medical emergency.
- Delegate or make the overhead announcement only if determined that additional assistance is required.
- Call and notify the attending physician after the resident is stable and the situation is under control.
- Call and notify the SDM/POA of the current situation and status of the resident.
- Notify the Director, Seniors Services and Director of Nursing

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