Long Term Care and Services for Seniors

Code Blue

(Medical Emergency)

Regional Municipality of Durham
Social Services Department
Long Term Care (LTC) and Services for Senior

Title: Code Blue – Medical Emergency
Section/Manual: Emergency Manual
Reviewed:
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Peer Group Approval: **Emergency Code Committee** **Date: October 29, 2025**
Also reviewed by: (other peer group) **Divisional Nursing Leadership**
Senior Leadership Approval: *Laura MacDermaid* **Date: March 6th,2026**

1. Policy

1.1 The Long-Term Care and Services for Seniors (LTC and SS) Division has an emergency plan which will be implemented in the event of a medical emergency. The safety of Residents, Staff, Students, Volunteers, and Visitors is of primary concern during an emergency.

1.2 This emergency plan will be evaluated and updated:

A. At least annually, and
B. Within 30 days of the emergency being declared over.

1.3 This emergency plan is exercised at least once annually.

1.4 All staff are trained annually on this emergency plan.

2. Purpose

2.1 To alert individuals within the Home to an acute medical emergency in a particular area of the building.

2.2 To provide an organized system of response when dealing with a medical emergency when more support is required.

3. Definitions

3.1 Automated External Defibrillator (AED)

A. A safe, portable device used during cardiac arrest to deliver an electric shock that helps restore a normal heart rhythm. AEDs automatically detect abnormal heart

rhythms and guide the user through the process with voice prompts. The device uses adhesive electrode pads placed on the chest to analyze the heart's rhythm and, if necessary, deliver a controlled shock.

3.2 AED Kit

A. A kit that contains supplies required for AED use such as the electrode pads, pocket mask, scissors, razor, gloves, gauze etc. This is stored in the AED cabinet.

3.3 Cardiopulmonary Resuscitation (CPR)

A. The manual application of chest compressions and ventilations to a person in cardiac arrest, done to maintain viability until advanced help arrives (i.e., paramedic services).
B. Compressions
C. The manual act of applying rhythmic pressure to the chest during CPR to circulate blood when the heart has stopped. High-quality chest compressions maintain perfusion to vital organs until spontaneous circulation returns or advanced medical assistance arrives.
D. Ventilation
E. The mechanical process of moving air into and out of the lungs to provide oxygen and remove carbon dioxide. This includes rescue breathing or the use of manual ventilation devices (e.g., Ambu bag, pocket mask) to assist or maintain breathing when spontaneous respirations are absent or inadequate. These devices are part of emergency response equipment, enabling safe artificial ventilation while maintaining infection control precautions.
F. Ambu Bag (Bag-Valve Mask)
G. Hand-held device used to deliver positive-pressure ventilation to a Resident who is not breathing or breathing inadequately. It consists of a self-inflating bag, one-way valves, and a mask that fits over the nose and mouth, allowing air to be delivered manually when the bag is compressed. The Ambu bag is stored in the Home's AED cabinet.
H. Pocket Mask
I. Compact, single-rescuer barrier device used to provide rescue breaths during CPR. It features a one-way valve and filter to prevent backflow of air or fluids from the Resident to the rescuer, reducing infection risk. The device allows the rescuer to maintain an effective mask seal while delivering breaths through exhalation. The pocket mask is part of the AED kit.

3.4 "Critical Injury" Under the *Health and Safety Act*

A. An injury of a serious nature that:
(1)Places a life in jeopardy
(2)Produces unconsciousness
(3)Results in substantial loss of blood
(4)Involves a fracture of a leg or arm but not a finger or toe
(5)Involves the amputation of a leg, arm, arm hand or foot but not a finger or toe

3.5 Designated Code Response Staff

A. Specific staff that have been pre-determined at the Home's emergency committee that will respond to the scene when a code has been called (i.e., designated personal support workers [PSWs] from each resident home area [RHA], members of

leadership etc.) in addition to the Emergency Coordinator (EC) and Emergency Assistant (EA).

3.6 Medical Emergency

A. A medical emergency is defined as an event requiring an urgent response such as a sudden injury, acute illness, choking, chest pain, shortness of breath, arrested breathing (respiratory arrest), cardiac arrest, or an acute altered level of consciousness where more assistance may be needed.

3.7 Resuscitation-Related Emergency

A. Refers to any medical situation in which a person has lost or is at imminent risk of losing vital functions such as breathing or circulation and may require immediate life-saving interventions such as cardiopulmonary resuscitation (CPR), use of an Automated External Defibrillator (AED), or advanced airway management. This includes, but is not limited to, cardiac arrest, respiratory arrest, and unresponsiveness with absent or abnormal breathing.

3.8 "Significant Change" under the *Fixing Long-Term Care Act*

A. A major change in the Resident's health condition that,
(1)Will not resolve itself without further intervention,
(2)Impacts on more than one aspect of the Resident's health condition,
(3)Requires an assessment by the interdisciplinary team or a revision to the Resident's plan of care.

4. Communication

A. Emergency plans will be posted on the Long-Term Care and Services for Seniors website, and physical copies are made available upon request.
B. There will be regular consultation with Residents and Family Councils as well as our internal and external stakeholders when reviewing and evaluating emergency plans.
C. Homes will consult internal and external stakeholders on a regular basis regarding emergency plan components. There will be an internal and external stakeholder list which is located in the first section of the emergency manual.

5. Procedure

5.1 First Person Arriving on Scene will

A. Seek further assistance and support from a Registered Nurse (RN)/ Registered Practical Nurse (RPN) by:

(1)Pulling a call bell

(2)Voice (yell for help)

(3)Portable phones

(4)Using the resident home area (RHA) landline

(5)Whistles, if applicable.

B. Provide immediate interventions as deemed within their scope of practice, and knowledge, skill and judgement while waiting for assistance.

5.2 For Residents

A. RN/RPN will:

(1) Don the appropriate personal protective equipment (PPE).

(2) Complete a rapid assessment to determine the interventions required.

(3) Contact/designate someone to contact the Emergency Coordinator (EC)/Emergency Assistant (EA) if more assistance is required. See section 5.5 Code Blue Paging Extensions and Response Personnel.

(4) Provide interventions as deemed clinically necessary within their scope of practice, and knowledge, skill, and judgement.

(5) For medical emergency emergencies requiring resuscitation:

(a) Confirm or designate someone to confirm the Resident's Do Not Resuscitate (DNR) status.

(b) Instruct someone to get the AED, the AED kit, Ambu bag and any other emergency response equipment that may be required.

(c) Initiate CPR under the following circumstances:

(i) If the DNR status is unknown.

(ii) In the absence of a DNR.

(iii) If there is no documented advance care plan indicating that the Resident does not want CPR performed.

(d) Begin using the AED if appropriate.

(i) Turn it on and follow the voice prompts.

(e) If confirmation of DNR documentation and/or advance care plan indicate no CPR, resuscitation efforts are to be stopped in accordance with the Resident's wishes.

(f) Designate someone to call 911 for all witnessed and unwitnessed arrests in the absence of a DNR or documented advance care plan, to support secondary level of interventions and transfer to the hospital.

(6) Prepare/designate someone to prepare hospital transfer documents if applicable.

B. Notify the Resident Care Coordinator (RCC)/Designate who will inform the Director of Care (DOC)/Designate (as appropriate).

(1) Complete any required documentation (i.e., Critical Incident Reporting to the Ministry of Long-Term Care (MLTC) through the Critical Incident System if applicable). See 5.11 Reporting and Notification Criteria.

(2) Document details related to the event and the assessment of the Resident in the Resident's electronic health record.

(3)Notify the Resident's Substitute Decision Maker (SDM) if appropriate.

5.3 For Staff

A. Call 911.

B. Page or designate someone to page **"Code Blue/Location**" three times (x3) using the extensions under **5.5 Code Blue Paging Extensions.**

C. All staff may assist injured or ill staff within the scope of their knowledge and training until paramedic services arrive. This may include initiating CPR, retrieving the AED, and following instructions provided by trained personnel or the AED device for suspected resuscitation-related emergencies.

D. Notify the staff's immediate Manager/Supervisor/Designate.

E. **See 5.11 Reporting and Notification Criteria**.

5.4 For Visitors/Volunteers

A. Call 911.

B. Page or designate someone to page **"Code Blue/Location**" three times (x3) using the extensions under **5.5 Code Blue Paging Extensions.**

C. Anyone may assist injured or ill Visitors/Volunteers within the scope of their knowledge and training until paramedic services arrive This may include initiating CPR, retrieving the AED, and following instructions provided by trained personnel or the AED device for suspected resuscitation-related emergencies.

D. Document details related to the event and assessment of the Visitor/Volunteer in the Universal Incident Report.

E. See **5.11 Reporting and Notification Criteria**.

5.5 Code Blue Paging Extensions and Response Personnel

A. If paging a Code Blue, use the below extensions:

Fairview Lodge	Ext
Hillsdale Estates	Use overhead page at reception or at the Fire Panel on the main floor. If not possible, use the desk phone ext. (wait for the tone, will reach 50 desk phones).
Hillsdale Terraces	Ext wait for tone, push 00 and then make announcement
Lakeview Manor	# , then 00 wait for 2 beeps and make announcement

B. If not calling a Code Blue, but EC and EA assistance is required, use the following extensions:

Fairview Lodge	RN on Cullen Garden/Ashburn Way
Hillsdale Estates	RN on Honey Harbour/Strawberry Fields EA
Hillsdale Terraces	RN on Vineyard View
Lakeview Manor	RN on Beaver River

5.6 Role of the EC/EA

A. Respond to the location if contacted for extra help with a Resident.

B. Respond immediately to the scene when a Code Blue is called.

C. Support staff with the medical emergency.

D. Ensure 911 was called for Residents who do not have a DNR or documented advance care plan and for all non-resident medical emergencies.

E. Page or designate someone to page "**Code Blue All Clear"** three times (x3) when the emergency is over.

F. See the Code Blue checklist (Appendix 1).

5.7 Role of the Designated Code Response Staff

A. Report to the scene when a Code Blue is called.
B. Take direction from the first person on the scene and/or the RN/EC/EA to support the medical emergency.

5.8 Personal Support Workers (PSWs)

A. Take direction from the first person on scene and/or RN to support the medical emergency. This may include, but is not limited to:

(1) Assisting to get more help.

(2) Obtaining necessary equipment (e.g., gauze, ice packs).

(3) Transferring Resident from one location to another (e.g., supporting transfer from the floor to the bed).

(4) Supporting the care needs of other residents on the RHA or other RHAs as deemed necessary.

(5) Assisting with moving other Residents and visitors from the area of the medical emergency.

5.9 Role of the Manager/Supervisor/Designate

A. Support the RN/EC/EA with the emergency response, as requested.
B. Inform the DOC and/or Administrator/Designate as appropriate.
C. If the incident involved a staff member, notify the staff's emergency contact if appropriate.
D. Follow the appropriate reporting procedures and complete the required documentation as outlined in **5.11 Reporting and Notification Criteria**.

5.10 DOC/Administrator/Designate

A. Inform Director Long-Term Care and Services for Seniors as appropriate.

5.11 Reporting and Notification

A. Ministry of Long-Term Care (Resident)
(1) Under the *Fixing Long-Term Care Act*, the following would describe a reportable medical emergency:

(2) An incident that causes an injury to a Resident for which the Resident is taken to a hospital and that results in a significant change in the Resident's health condition. Refer to ADM-01-07-16 Mandatory Critical Incident Reporting-MLTC.

B. Occupational Incident Report (Staff)
C. If the medical emergency involved a staff, ensure the Occupational Incident Report is completed, if applicable. See Corporate Health, Safety and Wellness Occupational Incident Reporting and Program.
D. Universal Incident Report

(1) If the Occupational Incident Report was not applicable to the staff, or if the medical emergency occurred with a Visitor/Volunteer, fill out the Universal Incident Report. See OPER-06-02-01 Security.

E. Ministry of Labour, Immigration, Training and Skills Development (Staff /Volunteer/Visitor)

(1) Pursuant to section 51(1) of the *Occupational Health and Safety Act*, Each Home must immediately notify any critical injury or death of a person from any cause at a workplace to:

(a) The MLTSD Health and Safety Contact Centre at 1-877-202-0008
(b) The Joint Health and Safety Committee.
(c) The Corporate, Health, Safety and Wellness team via email at safety@durham.ca.

(2) Within 48 hours, the employer must also notify, in writing, a Director of the MLTSD, giving the circumstances of the occurrence and any information that may be prescribed. No person can alter the scene where the injury occurred in any way without permission of an inspector.

(3) Refer to: ADM-01-07-13 Critical Injury Reporting – Ministry of Labour.

6. Debrief and Summary (See Appendix 2)

6.1 All Departments will be Responsible for:

A. Maintaining a record of supplies and equipment used, where it was sent, and ensuring its return when the emergency is over.
B. Participating in the debriefing and summary report to evaluate the emergency and provide any recommendations within 30 days of the emergency being declared over.
C. Assist in creating revisions and implementation of adjustments to the emergency plan.
In-service any modifications with staff in their respective departments.

7. Training Requirements

7.1 General Orientation – New Staff

A. Education and training on the Emergency Plans are provided through the Divisional Orientation and at Departmental Orientation.

7.2 Annual and Ongoing – All Staff

A. Education is provided on the all-emergency codes on an annual basis through e-learning platform.

7.3 CPR and First Aid training

A. RNs and RPNs participate in CPR and First Aid training in accordance with divisional training processes.

8. References

8.1 Fixing Long Term Care Act, 2021 O Reg 246/22 s 268

8.2 Occupational Health and Safety Act

8.3 ADM-01-07-16 Critical and Mandatory Incident Reporting

8.4 ADM-01-07-13 Critical Incident Reporting – Ministry of Labour.

8.5 OPER-06-02-01 Security

8.6 Heart & Stroke Foundation of Canada. (n.d.).*AEDs*. https://www.heartandstroke.ca/how-you-can-help/learn-cpr/aeds

8.7 Bucher, J. T., Vashisht, R., & Cooper, J. S. (2025, May 3). *Bag-valve-mask ventilation*. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK441924/

8.8 Fundamental First Aid. (n.d.). *Pocket masks: Essential PPE for first aid attendants*. https://fundamentalfirstaid.ca/first-aid-blog/pocket-masks-essential-ppe-for-ofa-level-1-attendants/

9. Attachments/Appendices

9.1 Appendix 1 - Code Blue Emergency Checklist

9.2 Appendix 2 – Code Debrief and Summary Report

Appendix 1- Code Blue Emergency Checklist

Date	Time
Incident involved : Resident_____ Staff _____ Visitor_____	
Reporting staff:	

	Y/N/ or N/A	Comments
RN/EC/EA notified about Code Blue		
Code Blue paged x3		
Designated Code Response Staff attend the scene		
DNR status checked for Residents (If applicable)		
Emergency response equipment retrieved (AED, AED Kit, etc).		
CPR initiated (if applicable)		
AED applied and used (if applicable)		
911 called (if applicable)		
EC directed someone to meet emergency services (if applicable)		
Hospital transfer documents prepared (if applicable)		
Administrator/Director of Care/Designate informed (if applicable)		
SDM notified (if applicable)		
Staff Emergency Contact notified (if applicable)		
Ministry of Long-Term Care notified via CIS system (if applicable)		
Ministry of Labour, Immigration, Training and Skills Development notified (if applicable)		
Summary and Debrief form completed		

Date: _____ Incident Manager: _____