

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 8: SAFETY, SECURITY, EMERGENCY MANAGEMENT

POLICY: 8.038

SUBJECT: MEDICAL EMERGENCY (CODE BLUE)

POINT PERSON: BRIAN LITTLE
CHIEF OF MEDICINE

APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT

DATE: SEPTEMBER 17, 2012

I. POLICY

The purpose of this policy is to:

- A. Provide guidelines for the management of medical emergencies concerning patients, visitors, and staff.
- B. Provide immediate response to any medical emergency that requires a coordinated team effort by staff trained in Cardio Pulmonary Resuscitation (CPR) and First Aid. The goal is to stabilize the patient (patient, visitor, or staff), to transfer the patient to an appropriate area for continued care such as in the hospital's Medical Clinic, or to a general hospital with or without paramedics via ambulance or other appropriate transport.
- C. The Emergency Services Committee shall have responsibility for monitoring compliance with this policy through the review of Code drills and actual Code Blue incidents.

II. DEFINITIONS

- A. "Airway Rescuer" means a physician, nurse practitioner, or RN/LPN, or Emergency Medical Technician who takes charge of the victim's airway, ventilation, and oxygenation.
- B. "Code Blue" means any apparent serious medical emergency that requires the immediate application of skilled techniques, medications, and special equipment.

- C. "Communicator" means a staff member who communicates essential information with the responders and Communication Center in Salem or Front Desk in Portland.
- D. "Crowd Control Monitor" means any staff member present whose job it is to manage crowd control.
- E. "Emergency Equipment" refers to the following equipment:
- i. Ambu-bag
 - ii. Automated External Defibrillator (AED)
 - iii. Red Emergency Cart, or Blue Emergency Response Bag, including: Code Blue Worksheet, Face Masks, Gloves, Gowns, Nasal Cannula, Naso-Pharyngeal and Oral Pharyngeal Airways, Non-Rebreather, Oxygen Tubing, Utility Scissors
 - iv. Oxygen Tank ("grab and go")
 - v. Portable Suction Device
- F. "Equipment Monitor" means a staff member who arrives at the scene and takes charge of the Emergency Cart and equipment, including the Oxygen, AED, and Suction Machines.
- G. "Recorder" A staff member who completes the Code Blue Worksheet which is found on the Emergency Cart.
- H. "Serious Medical Emergency" including, but not limited to:
- Acute Mental Status change
 - Anaphylaxis or other serious allergic reaction
 - Cardiac Arrest
 - Chest Pain
 - Choking
 - Respiratory Arrest
 - Seizures (new onset, Status Epilepticus, or recurrent within 10 minutes)
 - Signs/symptoms of Cerebrovascular Accident
- I. "Team Captain" means the senior licensed staff member who is in charge of the code. This position may be delegated to a staff member with Code Blue proficiency, and/or experience.

III. PROCEDURE

- A. First Responder/ Basic Rescuer/ First Aid Provider roles and responsibilities

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1. The first trained responder to find the victim proceeds as follows:
 - a. Assesses the victim and responds appropriately
 - b. Calls or instructs a by-stander to call the Communication Center in Salem or the Reception Desk in Portland... stating: *"Code Blue, the location, identifies self."*
 - i. Communication Center at x 5-2800
 - ii. Reception desk in Portland at x8620
 - c. Follows CPR Protocol in the case of Cardiac Arrest or Respiratory Arrest
 - d. Notifies staff to bring the Emergency Cart and Emergency Equipment (including the AED)
2. Once the Communication Center has been notified, the following shall occur:
 - a. Salem Campus
 - i. An overhead announcement shall be made throughout the hospital's public address system
 - ii. All on-grounds medical physicians, as well as the on-grounds psychiatrist on duty, shall be electronically notified by pager/cell phone
 - iii. The overhead announcement, as well as electronic notification of physicians, shall be conducted until it is canceled by the Recorder/Communicator
 - iv. The Communication Center shall follow its protocols for alerting staff if additional personnel are needed to respond to a Code Blue
 - v. In the event a medical emergency is called to the Communication Center without a Code Blue request, the Communication Center staff may initiate a Code Blue
 - b. Portland Campus
 - i. An announcement shall be made utilizing the overhead speaker system
 - ii. All on-grounds available Physicians, Nurse Practitioners, Nurses, and Managers are expected to respond
 - iii. The overhead announcement shall be conducted until it is canceled by the Communicator.
 - iv. The Front Desk is staffed Monday - Friday 6:30 a.m. – 9:00

p.m. Between 9:00 p.m. and 6:30 a.m., calls to x8620 are automatically forwarded to P1A, whose staff shall make the Code Blue announcement.

3. Responsibilities of staff responding to Code Blue include:
 - a. Equipment Monitor
 - i. Checks that all emergency equipment is on the scene
 - ii. Opens Emergency Cart drawers
 - iii. Plugs in and turns on the suction machine
 - iv. Turns on Oxygen
 - v. Removes Ambu-bags and connects to Oxygen
 - vi. Distributes the airway equipment to the Airway Rescuer
 - vii. Sets up the AED
 - b. Airway Rescuer
 - i. Appropriately opens the airway, inserts Oral-Pharyngeal or Naso-Pharyngeal Airway, and suctions air passages
 - ii. Maintains ventilation with Ambu-bag connected to Oxygen
 - c. Team Captain
 - i. Delegates roles and responsibilities
 - ii. Deploys team members as needed
 - iii. Determines need for Paramedics/EMTs/ambulance
 - iv. Provides all pertinent information to Paramedics/EMTs
 - v. Transfers Code Blue responsibilities to Paramedics/EMTs
 - vi. Notifies the Emergency Room physician regarding the patient's clinical history and Code Blue episode
 - vii. Assists in completing the Code Blue Worksheet, and documents in the EMR
 - d. Recorder/Communicator
 - i. Completes the Code Blue Worksheet, which is found on the Emergency Cart
 - ii. Cancels paging of Code Blue as soon as enough help is available
 - iii. Makes the medical record available for the Team Captain

e. Communicator- Salem

- i. Checks immediately with the Team Captain about the status of the call to the Paramedics/EMTs/ambulance, and makes a call for immediate response, if necessary.
- ii. Cancels paging of Code Blue as soon as enough help is available
- iii. Updates the Communication Center or Front Desk concerning any updates regarding transportation to a Staging Area (See attached Security Policy 4.007).
- iv. Checks the chart for most recent updates concerning the use of secure transport restraints and communicates this to the Responders, Security, and Paramedics/ EMTs/ ambulance.

e. Communicator - Portland

- i. Checks immediately with the Team Captain about the status of the call to the Paramedics/ EMTs/ ambulance, and makes a call for immediate response, if necessary
- ii. Cancels paging of Code Blue as soon as enough help is available
- iii. Stands outside the main front entrance doors to the Portland campus to signal the arriving Paramedics/ EMTs/ ambulance

f. Crowd Control Monitor

- i. Maintains safety and order, through ensuring essential personnel have access to the scene, patient, and equipment
- ii. Facilitates the arrival of paramedics/EMTs, or assists with transportation to a Medical Emergency Staging Area (see attached Security Policy 4.007)

4. Code Blue Worksheet

- a. The Code Blue Worksheet shall be completed by the Recorder
- b. The Code Blue Worksheet is in triplicate
 - ii. Original- ER
 - iii. Yellow- Consultation section (to supervisor if the patient is a staff member)
 - iv. Pink-Chief of Medicine

5. Additional Care Procedures

- a. Survey the scene in order to make sure it is safe to provide basic care to the victim
- b. Evaluate for breathing. If the victim is not breathing, begin artificial respiration immediately
- c. If the victim is breathing, check for bleeding. If bleeding is profuse, take measures to control it immediately
- d. Do not give an unconscious person anything to drink
- e. Do not aggravate an injury by unnecessary movements
- f. Never urge a victim to sit up, stand up, or walk until certain he/she can safely do so
- g. In the event a physician or nurse practitioner is unavailable during a medical emergency, a registered nurse may send the patient to the hospital without an order.

6. Medical Emergency Staging Areas

a. Salem Campus

In order to facilitate a more rapid and efficient transportation to the community medical hospital, Oregon State Hospital has identified several Medical Emergency Staging Areas (see Security Policy 4.007 (attached) for information and protocols).

b. Portland Campus

Paramedics/EMTs shall be met at the front door by Security staff or Managers, and shall be escorted to the patient.

7. Termination of CPR: The physician/nurse practitioner or responding community paramedic/EMTs are the only individuals authorized to terminate CPR

8. Post-Code Blue Procedure:

- a. The treating physician/nurse practitioner shall complete a summary of the Code Blue event in the EMR
- b. Authorized primary contacts shall be notified via telephone by either the treating physician/Nurse Practitioner, or unit Nurse Manager
- c. The unit physician/Nurse Practitioner or unit Nurse Manager shall discuss the Code blue with members of the Treatment Team and unit, and notify the HEART Team for debriefing

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- d. Unit nursing staff and the Treatment Team members shall attend to the needs of other patients. The HEART Team shall be notified as above, and referrals for individual counseling shall be made as needed

B. Drills and Incident Evaluation

1. Code Blue Drills shall be held once per shift per month in a designated area of the hospital
2. Code Blue Drills and Code Blue incidents shall be evaluated by the Emergency Medical Services Committee and findings shall be recorded in the meeting minutes. A quarterly report shall be provided to the Medical Staff Executive Committee, as well as to Quality Council.
3. Concerns outside of the scope of the Emergency Medical Services Committee shall be channeled to the appropriate discipline/department for corrective action

C. Training

1. All Oregon State Hospital staff shall be required to have a current American Heart Association CPR training
2. CPR training shall be conducted through the Education and Development Department
3. Reports of CPR training compliance shall be incorporated into the Quarterly Emergency Medical Services Reports

D. Equipment

Refer to Nursing Services Policy 3/E-7, Emergency Medication Kit, Supplies, and Equipment

VI. REFERENCES

OSH Nursing Services Policy 3/E-7, Emergency Medication Kit, Supplies, and Equipment
OSH Security Policy 4.007

Replaces OSH Policy and Procedure 6.051, *Medical Emergency (Code Blue)*, dated 07/16/2012.

**OREGON STATE HOSPITAL
SECURITY DEPARTMENT**



PROTOCOL

Division: Communications Center

Policy Number: 4.007

Subject: Unscheduled Medical Transports

Approved:

A handwritten signature in black ink, appearing to read "Kamal Z. J. J.", written over a horizontal line.

Effective Date:

12/28/11

REFERENCE:

- Oregon State Hospital Policy & Procedure 6.004 – Somatic Medical and Surgical Care of Patients.
- OSH Security Department Protocol 3.005 – Access to Treatment Areas for Emergency Response.

POLICY:

It is the policy of the Oregon State Hospital Security Department to assist in the coordination and transport of OSH patients to outside medical facilities for treatment of non-emergent and emergent medical conditions. Since these medical conditions arise unexpectedly, these transports are considered unscheduled.

PROCEDURE:

Non-Emergency Transports

1. In the event that an OSH patient has become ill or injured to the extent that they require medical care from an outside facility, the OSH Security Department can provide secure transportation to the patient and escorting staff as long as the patient's condition has been determined as stable and non-emergent by an OSH Physician or Registered Nurse.
2. Upon receipt of a request for transport by the OSH Communications Center, a Security Department staff should be assigned to the task as soon

as possible to ensure that the resources necessary to complete the transport successfully can be gathered and prepared (i.e. Secure Travel Restraints if required, special medical equipment, Wheelchair, Wheelchair Van, etc.)

3. Security Department staff in the OSH Communications Center should then ensure that all appropriate notifications according to the Critical Incident Contact Grid are completed concerning the transport.
4. If the OSH Security Department is unable to provide transport due to unforeseen circumstances or if there is question as to the medical stability of the patient, concern about the patients deteriorating condition during transport to an outside facility or there is a need for specialized transport, emergency transport protocols utilizing public Emergency Medical Services should be considered instead. Refer to the next section, "Emergency Transports".

Emergency Transports

1. Upon notification by a unit that a medical emergency exists or request for an emergency transport of a patient to an outside medical facility, the Communications Center will:
 - A. Inquire as to whether or not the person in need of assistance can be moved to a medical emergency staging area.
 - B. Facilitate a three-way phone call between 911, the unit requesting assistance and the Security Department staff taking the call.
 - C. As soon as all three parties are connected, Security staff will initiate introductions and identify the entrance for emergency providers to respond to and relay this information to the 911 operator. These points of entry are:
 - Main Entry: Sallyport 2
 - General Admissions: Sallyport 9
 - Neuropsychiatric Admissions: Sallyport 5

- D. Throughout the call, 911 will solicit information from both the Security staff and the treatment unit. However, unit staff will be the primary information provider about the patient and their condition.
 - E. During this time, the Security staff involved in the call will enter the required information pertaining to the incident on an Emergency Transfer Checklist form.
 - F. Immediately after the call, the Communications Center will direct Security staff to escort responders to the medical staging area or the scene of the emergency.
2. Although treatment unit supervisors are responsible for locating and assigning staff to escort the patient, Security staff on scene of the emergency will ensure that adequate unit staff are present to escort the patient during transport and admission to the outside medical facility.
 3. Based upon the patient's Risk Review privilege level, Security staff will ensure that Secure Travel Restraints (STR's) are properly applied if they are required. STR's do not need to be applied to a patient that has off grounds privileges unless it is ordered by the units Treatment Team.

Transport of OSH Staff for Medical Treatment

1. In the event that an OSH staff member requires emergency medical services and transport due to sudden illness or an on the job injury, the OSH Communications Center will request an ambulance through 911.
2. The OSH Security Department may provide transportation to the Salem Hospital Emergency Department for staff members who have sustained a work related injury but do not require an ambulance.
3. If requested, the OSH Communications Center will request an ambulance via 911 on behalf of staff members who suddenly become ill while on duty and request to go to the hospital. The OSH Security Department is not permitted to utilize state owned resources to provide transport to medical facilities for staff members whose illness or injury is not work related.

Communications Center Administrative Tasks

1. Ensure the Emergency Transfer Checklist is completed and properly distributed.

2. Ensure that notifications according to the Critical Incident Contact Grid are completed.
3. Ensure that a detailed entry into the Communications Center Log is completed.
4. Ensure that a Security Incident Report is completed if a Security staff was directly involved in the incident or observed events resulting in non-emergent or emergent medical care.

Replaces all previously dated protocols and policies related to this subject.

OREGON STATE HOSPITAL
CODE BLUE FLOW SHEET

DATE _____ TIME _____ TIME OF ONSET _____ TIME OF CODE BLUE _____

LOCATION _____

CHIEF COMPLAINT _____

TIME	BP	P	R	T	PULSE OXIMETRY on RA (room air) or supplemental O2 with rate via NC, NRB, or AMBU	CBG

MEDICATIONS ADMINISTERED

TIME	MEDICATION	DOSE	ROUTE	EFFECT

PERTINENT PHYSICAL FINDINGS: _____

AED UTILIZATION

No Yes Defibrillation: No Yes How many times: _____ Successful: No Yes

SUCTION UTILIZATION: No Yes

EMS CALLED @ _____ EMS ARRIVED @ _____

PHYSICIAN / NURSE PRACTITIONER CALLED HOSPITAL @ _____

PATIENT TRANSPORTED by: N/A OSH TRANSPORT EMS TIME: _____

DISPOSITION OF PATIENT: _____

EMERGENCY CONTACT CALLED: No Yes Name: _____

Relationship: _____ Phone Number: (_____) _____

TEAM CAPTAIN _____ Title: _____

RECORDER Printed Name: _____ Signature: _____

DATE/TIME: _____

Provide copies of the following to the EMS Team:

- Vital Signs Flow Sheet
- Diagnostic (e.g., EKG)
- Medical H&P
- Medication Administration Record
- Laboratory Data
- Emergency Medical Transfer Report

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State (ORS 179.505) and Federal Law (42CFR, Part 2). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

ADDRESSOGRAPH