i. Outline

**CODE 99**

*(Medical Emergency)*

**If You Discover a Medical Emergency**

- **Dial 4444**
  - State area and/or room number clearly
  - Provide nature of the emergency
  - If you suspect a cardiac arrest request EMS

- Refer to Page 3

**Reception/Kingston Hospitals’ Security Operations Centre Operator**

- Announce Code 99 & location 3 times

**Contact:**
- Nurse-in-Charge
- Director of Care (when on duty)
- Assistant Director of Care (when on-duty)

**If Requested By Nurse-In-Charge/Delegate:**

- Notify Emergency Medical Services - 911

- Refer to Page 7

**Response**

- Nurse-in-Charge and the Director of Care/Assistant Director of Care will respond to the location of the Code 99 to assist.

- Refer to Page 3
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1.0  General Overview

1.1.  When to Activate a Code 99
A Code 99 can be activated when there is a medical emergency that requires a response from clinical staff in the Home. If a cardiac arrest is suspected, request paramedics (EMS) when calling 4444. A cardiac arrest is defined as when a person is unresponsive, not breathing, or a pulse cannot be felt.

Although this procedure will refer to “residents” throughout, this plan is not limited to residents; it may be used for medical emergencies related to residents, staff, volunteers, visitors, contractors, etc.

1.2.  Responding Staff
The Nurse-in-Charge and the Director of Care/Assistant Director of Care (when on duty) will attend the location of the Code 99 to provide assistance. Physicians, when in the Home, will attend to provide assistance as well. A determination of whether paramedics are required will be made by clinical staff and they will be requested by the Nurse-in-Charge/Delegate by calling 4444. A staff member will be delegated to attend the main entrance to escort the paramedics to the location of the Code 99.

1.3.  Authority to Declare a Code 99
Any staff member that is aware of a medical emergency that requires a response from clinical staff in the Home is authorized to activate Code 99 by calling 4444.

1.4.  Code Status
If the Code 99 is required for a resident, their Code Status will be assessed by clinical staff in order to determine the extent of the measures required for their treatment.

Reception/Security (4444) will notify Emergency Medical Services (911) if instructed to do so by the Nurse-in-Charge/Delegate

Note: After normal Reception hours the 4444 number is answered by the Kingston Hospitals’ Security Operations Centre Operator who has the ability to make overhead announcements and perform all Reception responsibilities.

1.5.  Code 99 Response
The goal of Code 99 is to assess, treat, and if possible, stabilize the resident (or person requiring medical treatment) by providing medical care such as basic CPR, first aid and AED (for use only by an AED certified R.N.) appropriate to the resident’s condition, in accordance with their wishes with respect to CPR, transfer, etc., and that is within the scope of practice of the provider. If the Nurse-in-Charge determines paramedic response is required, EMS will be contacted by Reception/Security by calling 4444. Upon arrival of EMS the resident will be assessed and transferred to Kingston General Hospital.

1.6.  Code 99 Responders
- First staff on scene (person who discovers person in need and activates Code 99)
• Nurse-in-Charge in the home
• 1 responder from each Resident Home Area (designated each shift)
• Physicians in the home
• Director of Care/Assistant Director of Care
• Mobile Patrol Supervisor (upon arrival)
• If requested by Nurse-in-Charge/Delegate, Emergency Medical Services (upon arrival)

1.7. When to call “All Clear”
“All Clear” is used if a code is over and staff can resume normal duties. “All Clear” is not to be used to prevent additional staff from responding, as it provides a false impression that the incident is over. If “All Clear” is called prior to the complete resolution of the code, staff resources are still being utilized at the incident site and not available to resume normal duties.

1.8. Dining Room Response
• The response in the dining rooms would be similar for all codes in the building.
• It is important for staff to be aware of and validate the Code Status of the resident. However, a choking incident is responded to no matter what a resident’s code status is.
• When setting residents up for meal times staff will ensure there is enough space between the residents to support emergency response if required.
• Staff responding to medical codes in the dining room will assess the incident and clear the area (not necessarily removing residents from the room) to ensure there is space to respond and for EMS, if called.
• Depending on the anticipated response, some of the residents in the dining room might be escorted out or allowed to remain in the room.
• Removing other residents is dependent upon availability of staff and ease of relocation without impacting the Code response or those being moved.

1.9. Medical emergencies outside of Providence Manor
For medical emergencies that occur outside but adjacent to Providence Manor:
• While responding to the emergency staff will take all precautions necessary to ensure their safety
• Call 911 for EMS response
• Stay with the person until EMS arrives
• If the person having the emergency is staff or a resident alert the Nurse-in-Charge (613-541-8017) to activate Code 99, providing specific location details
• The Nurse-in-Charge/Delegate will dial 4444 to activate the Code 99 for the exterior location

1.10. Emergency Response Bag
A bag of medical emergency response supplies is stored at each Resident Home Area. The bag will include a checklist for the emergency medical response.
The bags will be checked each week and after use by registered staff.
2.0 Response & Recovery – All Staff

Response

2.1. If you discover an individual requiring emergent medical attention
☐ Call out “Code 99” and designate someone to call 4444
Immediately notify Reception (4444) providing:
☐ Your name and title
☐ Location (wing, floor level, and room identifier)
☐ Provide nature of the emergency (e.g. collapse, fall, injury, bleeding, choking, etc.)
☐ If a cardiac arrest is suspected, request EMS. A cardiac arrest is defined as when a person is unresponsive, not breathing, or a pulse cannot be felt
☐ The Nurse-in-Charge/Delegate will request that Emergency Medical Services be called at 911, if required
☐ Provide a call back number to provide more details, if required

Note: After normal Reception hours the 4444 number is answered by the Kingston Hospitals’ Security Operations Centre Operator who has the ability to make overhead announcements and perform all Reception responsibilities
☐ Assess, treat, and if possible, stabilize the resident by providing medical care such as basic CPR, first aid and AED (for use only by an AED certified R.N.) appropriate to the resident’s condition, their wishes, that is within the scope of practice of the provider; until the arrival of Emergency Medical Services for assessment and transfer
☐ Ensure the physician responsible for the resident is contacted immediately and aware of the Code 99 incident
☐ Document the circumstances of the incident in SafetE-Net
☐ The staff person most aware of the incident will be tasked by the Director of Care/Nurse-in-Charge to complete the SafetE-Net report

2.2. If you discover an individual requiring emergent medical attention outside and adjacent to Providence Manor
☐ While responding to the emergency staff will take all precautions necessary to ensure their safety
☐ Call 911 for EMS response
☐ Stay with the person until EMS arrives
☐ If the person having the emergency is staff or a resident alert the Nurse-in-Charge (613-541-8017) to activate Code 99, providing specific location details
Nurse-in-Charge/Delegate (when notified of a medical emergency outside and adjacent to Providence Manor)

☐ Dial 4444 to activate the Code 99 for the exterior location
☐ Proceed to the location of the medical emergency to provide assistance

2.3. Procedure if You Hear a Code 99 Announced Overhead

Nurse-in-Charge/Delegate

☐ Respond to the incident location and assess, treat, and if possible, stabilize the resident by providing medical care such as basic CPR, first aid and AED (for use only by an AED certified R.N.) appropriate to the resident’s condition, their wishes, and that is within the scope of practice of the provider; until the arrival of Emergency Medical Services for assessment and transfer, if required
☐ Ensure 4444 has been called for the Code 99 announcement
☐ If EMS is required call 4444 to have EMS respond. Provide a call back number for the 911 operator to get more information
☐ Delegate a staff member to attend the Main Entrance to escort the paramedics to the location of the Code 99
☐ Decision to transfer:
  ☐ If transfer is required, notify the resident’s physician & family as soon as possible.
  ☐ Prepare EPR transfer package, and paper chart
  ☐ If transfer is not required, continue to monitor on the unit as required and notify the resident’s physician & family
☐ Notify, the resident’s attending physician giving him/her details of the action taken and the resident’s status

Director of Care/Assistant Director of Care

☐ Provide assistance to the Nurse-in-Charge
☐ Help with containment of the area and redirection/relocation of residents and visitors in the area
☐ Direct other staff in the area as appropriate

Physicians

☐ Physicians in the Home are expected to respond and provide support and assistance at the level of their experience and training, until Emergency Medical Services arrive
  ☐ The first physician to arrive will assist unless a decision is made once other physicians arrive on scene
If a clinician arrives at a medical code that is already being run by another physician and there are an adequate number of supporting physicians and staff, they may excuse themselves and resume their normal duties once the needs are clarified.

Provide instruction to responders for treatment efforts as required.

Participate in decisions regarding treatment efforts, transfer of the person to Kingston General Hospital (KGH) via EMS or cessation of the Code.

Be prepared to attend the debriefing session, if appropriate.

Other staff in the area of the Code 99

Direct the Code 99 responders to the emergency.

Assist in isolating the area and request residents to leave the immediate area of the emergency and return to their rooms.

Attempt to identify the resident.

Document the response, as assigned by Nurse-in-Charge, using the Emergency Record Flow Sheet.

Ensure a copy of the Emergency Record Flow Sheet is provided to emergency medical services (paramedics).

Staff not in the area of the Code 99 and not an identified Code 99 responder

Continue with your normal duties.

Avoid going to the affected area until the situation is resolved.

Recovery

2.4. When the crisis has concluded:

Nurse-in-Charge/Delegate

Once the situation is resolved, that it is safe to resume normal operations, notify Reception Services/Kingston Hospitals’ Security Operations Centre Operator at 4444 to provide the “All Clear Code 99 (location)” overhead announcement.

Organize and conduct a post code debriefing session. Use the Personnel Debriefing and Reflective Practice Tool (Appendix A of this document).

Ensure the SafetE-Net report is completed by the delegated staff member.

Notify the Occupational Health, Safety & Wellness department if the Code 99 response was required for a staff member/volunteer/affiliate.

Ensure proper documentation and reporting have been completed.

Physicians
☐ Participate in an incident debriefing session coordinated by the Nurse-in-Charge/Director of Care/Delegate following the incident, if appropriate

**All Code 99 Responders**

☐ Participate in an incident debriefing session, coordinated by the Nurse-in-Charge/Director of Care/Delegate following the incident

☐ Resume normal duties
3.0 Response & Recovery – Reception
(Note: After normal Reception hours the 4444 number is answered by the Kingston Hospitals’ Security Operations Centre Operator who has the ability to make overhead announcements and perform all Reception Services responsibilities)

Response

3.1. Upon Notification of a Code 99 (Medical Emergency)
☐ Announce overhead three times “CODE 99 (location)”
☐ Contact
  ☐ Nurse-in-Charge
  ☐ Notify the Director of Care/Assistant Director of Care/Delegate
  ☐ When requested by the Nurse-in-Charge/Delegate:
    ☐ Obtain a call back number for 911 operator to get more information
    ☐ Notify Emergency Medical Services (911) and provide all information given by staff and direct EMS to respond to the main entrance

Recovery

3.2. Upon Notification That the Crisis Has Concluded
☐ Announce overhead three times “Code 99 (location) All Clear”
☐ Resume normal duties
☐ Participate in an incident debriefing session following the incident, if requested
4.0 Response & Recovery – Protection Services

Response

4.1. Upon Receiving the Code 99 Notification

Security Operations Centre Operator
☐ After normal Reception hours refer to section 3.0 Response & Recovery – Reception on page 7 and complete all Reception responsibilities

Recovery

4.2. When the crisis has concluded

Security Operations Centre Operator
☐ After normal Reception hours refer to section 3.0 Response & Recovery – Reception on page 7 and complete all Reception responsibilities
- This page left blank intentionally -
The term “debriefing” refers to conversational sessions that revolve around the sharing and examining of information after a specific incident/event has taken place. This may be done as a team huddle with the team members and other stakeholders, e.g. Protection Services, support services, or an informal conversation if only one person was involved, but it is to be arranged after the incident/event with as many of the participants present as can be arranged. This process is intended to be a supportive and positive exercise to ensure the wellness of personnel.

<table>
<thead>
<tr>
<th>Date and Time of Incident/Event: YYYY/MM/DD HH:MM</th>
<th>Date and Time of Debrief: YYYY/MM/DD HH:MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site:</td>
<td>Department/Unit:</td>
</tr>
<tr>
<td>Specify Type of Incident/Event:</td>
<td>Brief Description of Code:</td>
</tr>
<tr>
<td>Facilitator:</td>
<td>Recorder:</td>
</tr>
</tbody>
</table>

The purpose of debriefing is to address the following four questions:

1. Are you/is everyone okay?  
2. What were our successes during this event?  
3. What were opportunities for improvement?  
4. What do you need to be able to continue with your work?

Document responses identified in the debriefing process:

__________________________________________________________________________
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**Providence Manor Code 99 – Medical Emergency**

**Appendix A: Personnel Debriefing and Reflective Practice Tool**

<table>
<thead>
<tr>
<th>Action Taken/Recommendations/Follow Up</th>
<th>Most Responsible Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Reminder about EFAP Crisis Management Services (Manager to coordinate date and time)</td>
<td></td>
</tr>
<tr>
<td>▪ Reminder about Employee &amp; Family Assistance Program (EFAP)</td>
<td></td>
</tr>
<tr>
<td>▪ Completion of SafetE-Net report</td>
<td></td>
</tr>
</tbody>
</table>

### DISTRIBUTION OF COMPLETED DEBRIEFING FORMS

<table>
<thead>
<tr>
<th>After a Hospital CODE Blue/99/White</th>
<th>After a Hospital Emergency Restraint</th>
<th>After a Workplace Violence Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send a copy of the debrief form to:</td>
<td>Send a copy of the debrief form to:</td>
<td>Send a copy of the debrief form to:</td>
</tr>
<tr>
<td>At Providence Care Hospital:</td>
<td>At Providence Care Hospital:</td>
<td>Director, Occupational Health Services</td>
</tr>
<tr>
<td>▪ Vice-President, Medical and Academic Programs</td>
<td>▪ Vice-President, Patient and Client Care</td>
<td>For repository:</td>
</tr>
<tr>
<td>▪ Vice-President, Patient and Client Care</td>
<td>▪ Senior Director</td>
<td>▪ Secretary, Occupational Health Services</td>
</tr>
<tr>
<td>▪ Senior Director</td>
<td>▪ Manager</td>
<td></td>
</tr>
<tr>
<td>▪ Director, Medical Administration</td>
<td>▪ Educator</td>
<td></td>
</tr>
<tr>
<td>▪ Manager</td>
<td>At Providence Manor:</td>
<td></td>
</tr>
<tr>
<td>▪ Educator</td>
<td>▪ Director of Care</td>
<td>Director of Care</td>
</tr>
<tr>
<td>▪ Chair, Medical Codes Subcommittee</td>
<td>▪ Medical Director</td>
<td>Medical Director</td>
</tr>
<tr>
<td>(Code Blue/99 only)</td>
<td></td>
<td>For repository:</td>
</tr>
<tr>
<td>At Providence Manor:</td>
<td>▪ Secretary, Occupational Health Services</td>
<td>▪ Secretary, Occupational Health Services</td>
</tr>
<tr>
<td>▪ Director of Care</td>
<td></td>
<td></td>
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<tr>
<td>▪ Medical Director</td>
<td></td>
<td></td>
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<tr>
<td>For repository:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Secretary, Occupational Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After Other CODES, e.g. Red/Green/Black/Brown</th>
<th>After a Traumatic Workplace Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send a copy of the debrief form to:</td>
<td>Send a copy of the debrief form to:</td>
</tr>
<tr>
<td>▪ Manager(s)</td>
<td>▪ Manager</td>
</tr>
<tr>
<td>▪ Portfolio Directors(s)</td>
<td>▪ Director, Occupational Health Services</td>
</tr>
<tr>
<td>▪ Portfolio Vice-President(s)</td>
<td>For repository:</td>
</tr>
<tr>
<td>▪ Manager, Emergency Management, Parking and Security Crisis Control</td>
<td>▪ Secretary, Occupational Health Services</td>
</tr>
<tr>
<td>For repository:</td>
<td>For repository:</td>
</tr>
<tr>
<td>▪ Secretary, Occupational Health Services</td>
<td>▪ Secretary, Occupational Health Services</td>
</tr>
</tbody>
</table>
### 6.0 Appendix B: Emergency Record Flow Sheet

#### Code

- **BLUE**
- **99**

#### Emergency Record/Flowsheet

- Providence Care Hospital
- Providence Manor
- Off site: _______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Code Called</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>YYYY/MM/DD</td>
<td>HH:MM</td>
<td></td>
</tr>
</tbody>
</table>

- Patient
- Staff
- Visitor
- Name: _______________________
- Witnessed
- Unwitnessed

- **CPR Indicated**
  - Yes
  - No
  - Time CPR Initiated: _______ HH:MM

- **AED Initiated**
  - Yes
  - No
  - Time: _______ HH:MM

#### Extent of Treatment/Advance Directives

<table>
<thead>
<tr>
<th>Condition at time of code:</th>
<th>First physician to arrive</th>
<th>Time: HH:MM</th>
<th>Physician code leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathless</td>
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<tr>
<td>Pulseless</td>
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<tr>
<td>Unresponsive</td>
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<td>Seizure</td>
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<tr>
<td>Choking</td>
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<tr>
<td>Other</td>
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- First nurse to arrive
- Time: HH:MM

#### Assessment/Treatment/Medications Given

<table>
<thead>
<tr>
<th>Time (HH:MM)</th>
<th>Assessment/Treatment/Medications Given</th>
</tr>
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<tbody>
<tr>
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</table>

- **Patient Outcome**
  - Transferred to KGH
  - Remain at site
  - Deceased
  - Other: _______________________

- EMS Arrival Time: _______ HH:MM
- Recorder’s Signature: _______________________

- Transferred at: _______________________
- Other Code Participants: _______________________
- Other Code Participants: _______________________
- Physician Signature: _______________________

#### Distribution: Original with Client, Carbon with Personal Health Information Record
<table>
<thead>
<tr>
<th>Time (HH:MM)</th>
<th>Assessment/Treatment/Medications Given</th>
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<tbody>
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Distribution: Original with Client, Carbon with Personal Health Information Record