EMERGENCY PROCEDURES

Emergency Codes

All employees must ensure that an updated Code reference/Pavilion Addresses Card are attached to their Hospital Identification (ID) tag. The ID tag must be worn at all times. Human Resources (HR) will replace a lost or damaged card.

A larger version of the Emergency Codes is posted throughout the department.

The local to report an emergency code is **5555**.

Common codes

Code Red: FIRE

All staff must be familiar with and understand the Fire Safety Plan and the separate folder "Code Red Orientation" (powerpoint) on the hospital's shared drive.

Also, code Red Fire Safety manual (RED vinyl folder) is kept in the Ocupational Therapy Department near the kitchen.

There is one **fire extinguisher** in the department, located in the bathroom adjacent to the kitchen. There are 2 pull alarms in outside hallways across from the front (D2) door and the "hydro" door C-19. The fire hoses located across from C-17 and in front reception area are designated for use by firemen.

Staff should be familiar with the respective codes in the various units where they work but should verify location of Code Red at all times.

Fire Alarm Procedure

When the bells are triggered and ring: establish location of fire from bell code (posted throughout the units. The General Alarm Code 15-15-15.

When heard over Hospital intercom, determine if fire is in a near location, distant area or OT department. It must be kept in mind that fires in adjacent or distant areas may have consequences to one's area of service. Remain alert.

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If in the area, assist with fire procedures, Zone monitor will assign tasks such as "search", close fire doors and windows, return patients to rooms, clear corridors or gather charts.

If fire is in adjacent areas, including one floor above and one floor below, local Zone Monitor must report to the Zone monitor of this adjacent area.

If distant from one's area or ward, work may continue with ongoing readiness to receive instructions from Zone Monitor/delegate (team leader), to evacuate work area or to receive evacuees.

Patients should be reassured, visitors should remain in the area and informed that the situation is being managed.

Await instructions from monitors, intercom system, fire marshal or delegate.

Wait for "all clear" communication via intercom or designated individual and inform staff, patients and visitors.

Discovery Fire / Smoke / Assisting Code Red
Initiate **RACCE** as follows:

Remove everyone from immediate danger area
Activate fire alarm by pulling alarm
Call 5555 and specify exact location of fire
Contain by **c**losing doors and windows
Extinguish fire with available equipment if possible without incurring risk.

Await further instructions. Do not use elevator or enter smoke-filled stairwells.

As there should be more than one individual in a location, the above should be carried out almost simultaneously. NOTE: the evacuation of the person(s) in the affected room and fire containment are the top priorities. The fire team will arrive. 911 to be called.

If evacuation necessary, either local or more widespread, CODE GREEN is initiated.

Additional information:

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- ➢ OT department staff are not to use the Fire Hose.
- ➢ Ventilation and elevators will stop. Fire doors will be activated
- ➢ Sprinklers come on at 68 degrees centigrade.
- ➢ Extinguishers last up to 50 seconds. Use from 3 meters distance.
- ➢ **PASS** – **P**ull safety pin, **A**im, **S**queeze, **S**weep

Code Blue: CARDIORESPIRATORY ARREST

The department supports any occupational therapy staff members wishing to certify or recertify for basic life support courses whether inside or outside the hospital. Hospital Training and Development may be contacted.

On the units, the patient's Level of Intervention Status must be indicated in the current chart. In the case of an intervention status of 2B or greater, a code can still be called to assist a patient wishing supportive measures to be given although no chest compressions.

The Code Blue Team manages all Code Blue situations. This multi-disciplinary team is comprised of physicians, nurses, respiratory therapists and auxiliary staff, each with their roles and responsibilities.

A Code Blue is to be called for a fainting patient who does not regain consciousness within seconds after being supine, or for a patient found unconscious who does not arouse with being gently shaken and asked to "open your eyes" in each ear. Once a Code Blue is paged overhead, it will not be cancelled. The senior resident on the Code Blue team is responsible for assessing the patient and will release members of the code team if their services are not required.

In the event of a Code Blue at the bedside of a hospitalized patient during occupational therapy treatment, the therapist will pull on the emergency "Code Blue" alarm to activate a local response on the unit and call loudly for help. After an immediate response from the nursing and medical staff on the unit, if necessary a Code Blue will be called and Code Blue team will be summoned by dialing **5555**, and stating "Code Blue" with exact location.

Should a staff member be in the near vicinity of the hospital find him/herself first on the scene of a Code Blue, he/she may have to perform CPR. There have been changes in the Heart Association Guidelines as survival rates after cardiac arrest of are similar with hands-only CPR or CPR with both compressions and rescue breaths providing an emphasis on chest compressions for the untrained bystander.

The sequence for a lone rescuer is CAB (rather than ABC) The lone rescuer should begin CPR with 30 compressions (rather than 2 ventilations to reduce the delay to first compression). The hell of one hand should be located 1 – 1-1/2 inches above Xiphoid and reinforced with other hand.

The sternal compression rate is at least 100/minute and depth is at least 2 inches or 5 cm. Trained rescuers should provide at the minimum chest compressions. If able to perform rescue breath, they are provided in a ratio of 30 compressions to 2 breaths.

Team resuscitation allows simultaneous actions to be performed. One rescuer can activate the emergency response by calling the Code Blue, while a second begins chest compressions and a third either retrieves the ambu bag for rescue breathing or provides the ventilation.

Code White: PSYCHIATRIC EMERGENCY

A JGH Code White Policy exists and a committee is in place. The OMEGA approach is used for management and prevention of violence related to patients. The Code White team consists of a group of auxiliary staff who are summoned to the scene by dialing **5555** and providing exact location.

A zero workplace violence policy is in effect. A multidisciplinary committee is in place as well.

Code Orange: EXTERNAL DISASTER

The hospital has a Disaster Plan for Emergency influx of patients. All staff are expected to be responsible as needed. The department disaster "fan-out" system is generated from an updated staff list provided via email. Staff will download and save on their personal (F) drive and maintain a secure copy for use outside of work hours.

Medical Emergency – ELECTRIC SHOCK

1. Turn off source of current. Do not touch patient until this is done.
2. If unable to turn off source, move patient away from source with wooden pole, cane
3. Seek medical help. Call CODE BLUE **5555.**
4. Commence C.P.R. if necessary.