

Procedure:	CODE PINK (Acute Site) – Pediatric Medical Emergency		
Owner of Procedure:	Emergency Management and Risk Specialist		
Approval by:	Emergency Management Committee	Date: 2022-06-02	
Original Effective Date:	2019-02-14	Reviewed Date(s):	2022-05-27
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PURPOSE

St. Joseph’s Health Care London activates a CODE PINK response to ensure prompt assessment and care for an infant or child (under 15 years of age) with a medical emergency.

This emergency response procedure pertains to **St. Joseph’s Hospital only**. A physician led CODE PINK Medical Emergency Response Team (MERT) is only available from 0800-1700. Afterhours, an ambulance is dispatched at the time of the CODE PINK call. Remaining members ([UCC RN](#) and/or [RRT](#)) of the CODE PINK MERT will attend to help ([BCLS](#) only) until [EMS](#) arrives and assumes care.

The Medical Emergency Response Team (MERT) is comprised of the following members:

- Urgent Care Centre Physician (0800-1700h only). The physician is the Code Leader.
- 1 or 2 Registered Nurses from the Urgent Care Centre (0700-2100h M-F, 0700-1800 weekends and holidays)
- 1 Registered Respiratory Therapist (24/7)

The Medical Emergency Response Team (MERT) will respond to all pediatric medical emergency situations at St. Joseph’s Hospital. These include but are not limited to situations:

- Where immediate medical intervention is required to prevent imminent deterioration of patient’s status. For example, any acute medical emergency – decreased [LOC](#), seizure, hemorrhage, respiratory distress, severe hypoglycemia, coma etc.
- Where skills, equipment and/or personnel are not available to assist in the care and stabilization of a pediatric patient or visitor in the facility.
- Where cardio/respiratory arrest has occurred requiring [CPR](#) and advanced life support measures.

PROCEDURE

1. The person discovering the medical emergency/first responder(s) will:

- 1.1. Summon help from the surrounding area.
- 1.2. Initiate Emergency CODE PINK procedures.
 - 1.2.1. Locate the nearest phone and dial 55555 (may delegate).
 - 1.2.1.1. State that you have a CODE PINK.
 - 1.2.1.2. Provide information of the type of medical emergency.
 - 1.2.1.3. Provide detailed information about the location of the emergency.
 - 1.2.1.3.1. Building, floor, zone and unit/department
 - 1.2.1.3.2. Provide the room number you are in or the nearest room number to your location.
- 1.3. Trained staff will initiate basic cardiac life support procedures (CPR and [AED](#)) if indicated.
 - 1.3.1. An AED may be applied to children of all ages when cardio-pulmonary arrest is suspected.
 - 1.3.1.1. Note: At St. Joseph’s Health Care London, only registered nurses (RN and RPN), respiratory therapists (RRT) and security personnel are authorized to deliver a shock.
 - 1.3.2. See Appendix 1 – BCLS Algorithm
- 1.4. Retrieve pediatric airway box from CODE BLUE cart, if available.
- 1.5. Ensure your personal safety and the safety of others.
 - 1.5.1. Don appropriate [PPE](#), if required.
- 1.6. Be available to responders on their arrival to:
 - 1.6.1. Provide patient history and relevant data,

- 1.6.2. Answer questions,
- 1.6.3. Receive further instructions
- 1.7. Assist as directed by the CODE PINK Leader (Responding Physician).
 - 1.7.1. Examples include but not limited to:
 - 1.7.1.1. Assist in CPR
 - 1.7.1.2. Completing or retrieving documentation
 - 1.7.1.3. Provide crowd control
 - 1.7.1.4. Runner to retrieve additional supplies
- 1.8. Inform on-site area leadership, when safe to do so.

2. When notified of a CODE PINK, Security Control Centre (SCC) will:

- 2.1. Obtain information from caller.
 - 2.1.1. CODE PINK
 - 2.1.2. Nature of emergency
 - 2.1.3. Location of emergency
 - 2.1.3.1. Building
 - 2.1.3.2. Unit/department
 - 2.1.3.3. Zone
 - 2.1.3.4. Floor
 - 2.1.3.5. Room Number
- 2.2. Activate CODE PINK ([ENS1](#)).
 - 2.2.1. Send out the CODE PINK Emergency Notification System ENS1 page.
 - 2.2.1.1. The following information is relayed:
 - 2.2.1.1.1. CODE PINK
 - 2.2.1.1.2. Location of the emergency
 - 2.2.2. Advise Security Services via radio communication.
 - 2.2.3. Complete an overhead announcement.
 - 2.2.3.1. State "Attention please, CODE PINK, (location)."
 - 2.2.3.2. Repeat 3 times.
- 2.3. If Afterhours (1700-0800), immediately notify local ambulance service.
 - 2.3.1. Give information including:
 - 2.3.1.1. The nature of emergency (i.e. respiratory distress)
 - 2.3.1.2. Location
 - 2.3.1.3. Which entrance to use
 - 2.3.2. Connect the ambulance service and the person initiating the call, if caller is available, so that information can be shared accurately.
 - 2.3.2.1. Remain on the line to ensure all information is shared.
- 2.4. Keep a log of events.

3. When notified of a CODE PINK, Security Services will:

- 3.1. Respond to area of the medical emergency
 - 3.1.1. If CODE BLUE cart is not on scene, retrieve one from the nearest location.
- 3.2. Don appropriate PPE, if required.
- 3.3. Provide assistance as required.
 - 3.3.1. Direct MERT to the location
 - 3.3.2. Provide crowd control
 - 3.3.3. Locate a stretcher or wheelchair to transport patient, if required.
 - 3.3.4. Retrieve transport monitor from UCC, if required
 - 3.3.5. Retrieve and hold elevator for transporting the patient, if required.
- 3.4. If afterhours (1700-0800), a security guard will meet EMS at designated entrance and escort to & from location of medical emergency.
 - 3.4.1. This task can be delegated if additional security guard is not available.
- 3.5. Ensure clear corridor for transport of patient.
- 3.6. Ensure access and escort for paramedics if transport is occurring from the location of the medical emergency.
- 3.7. Keep the Security Control Centre apprised of the situation.
- 3.8. Complete a detailed report for the incident.

4. When notified of a CODE PINK, Urgent Care Centre Physician will:

- 4.1. Respond to the area of the medical emergency.
- 4.2. Don appropriate PPE, if required.
- 4.3. Discern patient history and course of events leading to the medical emergency.
- 4.4. Assess and manage the medical emergency including:
 - 4.4.1. Primary and secondary assessment.
 - 4.4.2. Diagnose underlying arrhythmias, if any, and order the appropriate diagnostic and treatment interventions ([PALS](#)).
- 4.5. Make the decision to abandon resuscitation.
- 4.6. Make the decision regarding urgent (priority) transfer to Children's Hospital at London Health Sciences Centre or assessment in the Urgent Care Centre.
 - 4.6.1. Transfer care to the most appropriate physician.
- 4.7. Assist with patient transfer as required.
- 4.8. Direct unit/clinic/area staff to notify the patient's physician and next-of-kin of the medical emergency.
- 4.9. Complete and sign the resuscitation record.

5. When notified of a CODE PINK, Registered Respiratory Therapist will:

- 5.1. Respond to the area of the medical emergency.
- 5.2. Don appropriate PPE, if required.
- 5.3. Provide airway or other patient management support as necessary.
 - 5.3.1. Establish Oxygen (O₂) and suction, if appropriate.
- 5.4. May intubate if required.
- 5.5. Assist with CPR, if required, and continue until relieved.
- 5.6. Assist with patient transport as required.
- 5.7. Restock Pediatric Airway box
- 5.8. Complete monthly pediatric airway box checks
 - 5.8.1. See checklist in RT office.

6. When notified of a CODE PINK, Registered Nurses from UCC will:

- 6.1. Respond to the area of the medical emergency.
 - 6.1.1. Transport pediatric code cart to the location.
 - 6.1.1.1. UCC houses the only pediatric cart.
- 6.2. Don appropriate PPE, if required.
- 6.3. Measure the child using the Broselow tape (located in top drawer of the cart).
- 6.4. List weight.
- 6.5. Open colored drawer for appropriate sized equipment.
- 6.6. Provide basic airway support or other patient management support as necessary.
- 6.7. Apply monitoring pads or leads and deliver energy as required (defibrillation).
- 6.8. Obtain vital signs.
- 6.9. Establish IV if necessary
 - 6.9.1. Ensure patency and fluids resuscitate as ordered.
- 6.10. Draw medications and prepare IV infusions
 - 6.10.1. Administer medications as directed.
 - 6.10.1.1. Open up medication binder to listed weight.
- 6.11. Obtain blood work (glucometer, venous samples).
- 6.12. Initiate documentation of observations, interventions, treatments, date and times.
 - 6.12.1. Delegate this task as appropriate.
- 6.13. Assist with CPR, if required.
 - 6.13.1. Continue until relieved.
- 6.14. Ensure all required signatures are obtained on the resuscitation record.
 - 6.14.1. Place the original copy of the resuscitation record on the patient chart.
 - 6.14.2. Send a copy to the MERT educator for review and data collection.
- 6.15. Assist with patient transfer as required.
- 6.16. Transport pediatric cart back to UCC and restock.
- 6.17. Complete monthly CODE PINK cart checks
 - 6.17.1. See checklist in the unit.

7. When notified of a CODE PINK, Unit/Clinic/Area Secretary/Receptionist or Staff will

- 7.1. Direct the Medical Emergency Response Team to the medical emergency location, on arrival.
- 7.2. Don appropriate PPE, if required.
- 7.3. Assist, as required.
 - 7.3.1. Assistance may include but not limited to:
 - 7.3.1.1. Obtain supplies or equipment
 - 7.3.1.2. Page physicians as requested
 - 7.3.1.3. Arrange chart for patient transfer, if appropriate,

DEFINITIONS

AED –automated external defibrillator

BCLS – Basic Cardiac Life Support

CPR –Cardiopulmonary Resuscitation

Emergency Notification System – The Emergency Notification System is an in house, proprietary automated system which is operated from the Security Control Centre (SCC). This system is utilized when a caller dials 55555 to report an emergency, or the SCC is notified of through the Community. The ENS system is also activated when an internal monitoring system (i.e., Fire Alarm System) indicates an emergency.

The ENS System is based upon two levels of notification. The first notification is for assigned first responders. The second level of notification is an escalated notification for leadership (on-call) to respond to provide additional support.

ENS1:

- Upon notification, the SCC notifies “first responders” by radio, pager and overhead announcement to respond and assess, mitigate or prevent the emergency from escalating and conduct response activities. Depending on the situation, the SCC will also notify key external responders (i.e. local fire, police, and ambulance) as required.

EMS – Emergency Medical Services

LOC – Level of Consciousness

PALS – Pediatric Advanced Life Support

PPE – Personal protective equipment

RN – Registered Nurse

RRT – Registered Respiratory Therapist

REFERENCES

Related Corporate Policies

Health and Safety

Hand Hygiene

Infection Safety and Personal Attire

Safe Patient Handling (Lifts, Transfers and repositioning)

Critical Injury

Diseases of Public Health Significance (Reportable Diseases)

Legislation

Occupational Health and Safety Act

Government of Ontario (1990) Occupational Health and Safety Act (OHSA), Section 51: Notice of death or injury

Other Resources

Patient Safety Reporting System

Workplace Occurrence Reporting System

Infection Safety

Hand Hygiene for All Health Care Settings

Personal Protective Equipment

St. Joseph's Occupational Health and Safety Figure 1: Critical Injury General Procedure Flowchart *(Rev. 2020-05)*

St. Joseph's Occupational Health and Safety Process for Responding When Occupational Health and Safety Services (OHSS) is Closed Flowchart *(Rev. 2020-05)*

St. Joseph's Critical Injury to Staff/Affiliate or Critical incident to Patient/Visitor Flowchart *(Rev. 2020-05)*

St. Joseph's Critical Injury Report *(Rev. 2020-05)*

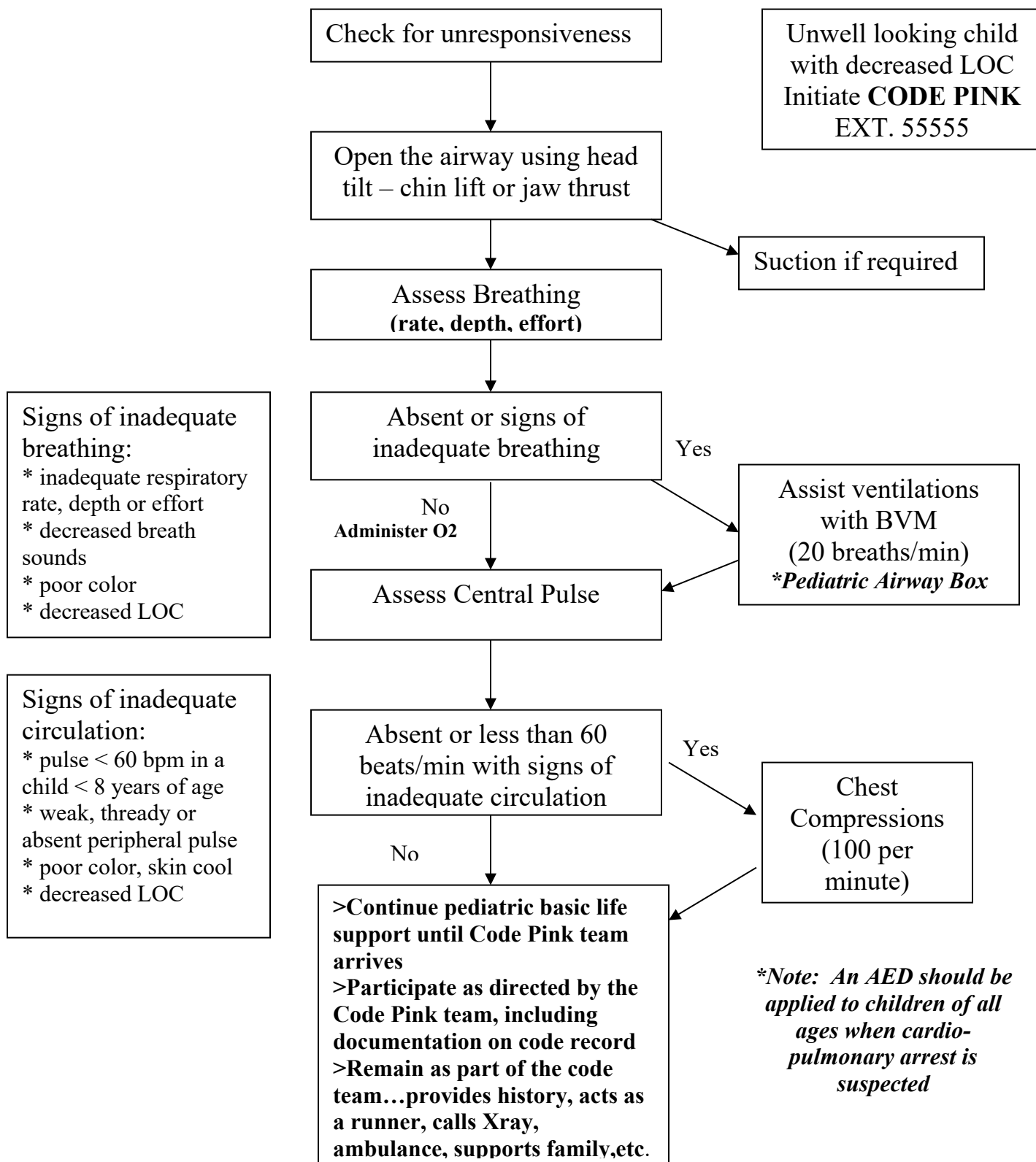
APPENDICES

Appendix 1 – BCLS Algorithm

Appendix 2 – Code Pink Roles and Responsibilities

Appendix 1: BCLS Algorithm

The first priority in dealing with a pediatric emergency is to assess the ABCs.



Appendix 2: Code Pink Roles & Responsibilities

First Responder- discovers unwell child

- Initiates pediatric Basic Life Support (assessment of the ABCs)- see Appendix 1
- Summons help (second responder)
- Maintains paediatric BLS until the Code Pink Team arrives
- Provides history to Code Pink Team
- Participates as directed by the Code Pink team, including documentation on code record

Second Responder

- Dials 55555 (switchboard), stating: "Code Pink and what unit"- may delegate
- Retrieves pediatric airway box
- Assists first responder
- Participates as directed by the Code Pink team, including chest compressions, acting as a runner, calling Xray, ambulance, supporting family, etc.

The Code Pink Team

- Responds immediately to the code and brings the paediatric code cart from UCC

Code Pink Team Members

Registered Respiratory Therapist (usually first code team member on scene)

- Airway management- open airway, suction and use airway adjuncts as required
- Assess breathing effectiveness- administer oxygen, BVM and intubate as required
- If team has not arrived at this point, assess circulation status- chest compressions as required (may delegate)
- Assists with transport as required
- Restocks Pediatric Airway box (RRT)

Urgent Care Centre Physician (Code Pink Team Leader)

- If first code team member on scene, assumes RRT/anesthetist's role until their arrival
- Manages arrest
 - primary and secondary assessment (ABCD, head to toe, history)
 - orders diagnostics and treatment interventions (PALS)
- Transfers care to most responsible physician
- Assists with transport as required

Registered Nurses-2 (Urgent Care Centre)

- Urgent Care Centre RN brings Code Pink cart
- At the Code, the RNs:
 - Measures child using the Broselow tape (located in top drawer), lists weight and opens colored drawer for appropriate sized equipment
 - Ensures patency of IV or establishes IV access, fluid resuscitate as ordered
 - Attaches monitor
 - Obtains vital signs
 - Opens up medication binder to listed weight and draws up medications & prepares continuous IV infusions
 - Obtains bloodwork (glucometer, venous blood samples)
 - Gives medications
 - Assists with transport as required
 - Restocks Pediatric Code cart