

Code Blue Drill Report Form

This form must be completed after each Code Blue drill. Provide a copy of the completed form to the Emergency Management and Risk Specialist.

Other building system operations are evaluated during the drill to ensure proper functionality. These systems include but not limited to the voice communication system and ENS paging system.

Drills may help identify local risks or hazards and the need to update procedures and practices. The drill outcomes are documented and where concerns are identified, corrective measures are implemented.

An attendance form should also be completed, in addition to this form, to capture the names of the staff that participated in the drill.

Date of Drill: _____

- Location/Facilities:**
- St. Joseph's Hospital
 - Mount Hope Centre for Long Term
 - Parkwood Institute Main Building
 - Parkwood Institute Building J (Former NRC Building)
 - Parkwood Institute Mental Health Care Building
 - Southwest Centre for Forensic Mental Health Care
 - Other: _____

Pre-Drill Information:

Description of the Scenario:

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Goals of the Drill:

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Location of the Scenario:

Building/Zone: _____
 Floor/Level: _____
 Room Number: _____

Pre-Drill Notifications:

Was the Security Control Centre Contacted Prior to Drill:

Yes No **Time of Notification:** _____

Was the Departmental Leadership Contacted Prior to Drill:

Yes No **Time of Notification:** _____
Name of Contact: _____

Code Blue Drill Details:

Start time of scenario: _____
 Incident reported to 55555: Yes No
 Time of Code Blue announcement: _____
 Was the overhead announcement heard? Yes No
 Time Code Blue Drill was completed: _____

Evaluation of Response:

Evaluate the following questions in **bold** related to tasks completed or verbally stated. Circle Yes or No based on the staff response. Indicate **NO** if staff miss any of the steps related to each question. If a step is missed provide staff with the correct guidance and information.

What actions were taken by staff when presented the scenario?

- Remained calm Yes No
- CPR was initiated Yes No
- Summoned help for immediate area Yes No
- Called 55555 to report the incident Yes No

What action were taken while on the phone with 55555 (Security Control Centre)

- Stayed on the line to provide necessary information Yes No
- Information provided:
 - Type of emergency Yes No
 - Provided location of the emergency (Facility, Building, Floor and Room Number) Yes No
 - Identify if person is breathing Yes No
 - Stated if the person fell Yes No
 - If person fell, did they hit their head Yes No
 - Stated if person is conscious or unconscious Yes No
 - Stated if vital signs are absent (VSA) Yes No
 - Stated if CPR has begun Yes No
 - Provided age and gender of the person Yes No
 - Provided all other relevant medical information Yes No

What actions did Code Blue Responders complete upon arrival?

- Code Cart or Emergency Equipment was retrieved Yes No
- Staff donned appropriate PPE Yes No
- Response roles/duties were assigned:
 - Code Blue Leader Yes No
 - Chest Compressions Yes No
 - Bag Valve Mask (BVM) Yes No
 - AED Application and Management Yes No
 - Record Keeper Yes No
 - Traffic Control/Scene Security Yes No
 - Runner Yes No
 - Manager of Code Cart/Code Equipment Yes No
- Did someone respond to the entrance to meet EMS Yes No
- Was an elevator reserved for EMS transport Yes No

What actions did the other responders complete?

- Additional responders attended the location Yes No
- Appeared to assess the situation Yes No
- Followed directions given by Code Blue Leader Yes No

Once the “All Clear” is announced what actions should staff complete?

- Completed a check in with peers Yes No
- Completed a check on other patients/residents Yes No
- Completed the necessary reporting processes Yes No
 - Code Blue Record
 - WORS
 - PSRS
 - Other patient/resident charting

Were staff aware of locations to find emergency response procedures and reference materials

- Emergency Code Procedure on the intranet Yes No
- Staff reference handbook Yes No
- Code of the Month Yes No
- Corporate Policies on the intranet Yes No

Additional Observations of Staff’s Response:

Issues Identified During the Drill:

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Additional Comments, Concerns or Feedback:

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Drill/Form Complete By:

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(Print Your Name)

Signature:

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Date Form was Completed:

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