High Desert Health System
POLICY AND PROCEDURE

POLICY NUMBER: 408
VERSION: 2

SUBJECT: CODE ASSIST: LOS ANGELES COUNTY HIGH DESERT REGIONAL HEALTH CENTER

PURPOSE:

To provide an organized and planned approach for responding to and managing medical emergencies occurring at the Los Angeles County High Desert Regional Health Center (HDRHC), during operating hours.

POLICY:

The HDRHC has designated a Code Assist Team (CAT) to respond to medical emergencies that occur on campus during operating hours. The CAT represents the minimum response team, and may be supplemented by Respiratory Therapists and other professional staff when available.

This policy identifies two distinct levels of code assist: advanced cardiac life support (ACLS)/pediatric advanced life support (PALS/APLS) and basic life support (BLS). ACLS and PALS/APLS emergency response will only be provided in the following areas: Urgent Care (UC) Clinic, Pediatrics Clinics, Radiology, Electrodiagnostic Testing, Adult Internal Medicine, Women's, Infusion, and Chemotherapy Unit. Code Assist for all other areas will be BLS.

All Urgent Care providers are required to maintain current ACLS and PALS/APLS certification or Board Certification in Emergency Medicine. All nursing staff (licensed nurses and certified medical assistants) are required to maintain current BLS certification.

DEFINITIONS:

ACLS - Advanced cardiac life support: A group of interventions, identified by the American Heart Association, used to treat and stabilize victims of life-threatening cardiorespiratory emergencies and to resuscitate victims of cardiac arrest, which include CPR, basic and advanced airway management, tracheal intubation, medications, electrical therapy, and intravenous (IV) access.

AED - Automated external defibrillator: An external computerized defibrillator designed for use in unresponsive victims with no breathing and no signs of circulation.

APLS - Advanced pediatric life support: Refers to attempts to restore spontaneous circulation in a pediatric victim, with basic CPR plus advanced airway management, tracheal intubation, defibrillation and intravenous medications.

BLS - Basic life support: A group of actions and interventions used to treat, stabilize, and resuscitate victims of cardiac or respiratory arrest, which include recognition of a cardiac or respiratory emergency or stroke, activation of the emergency response system, CPR, the use of an AED, and relief of foreign-body airway obstruction.

CPR - Cardiopulmonary resuscitation: Maneuvers or techniques utilized to restore circulation, or a technique combining artificial ventilation and chest compressions designed to perfuse vital organs or restore circulation to a victim of cardiopulmonary arrest.

Crash Cart: A cart containing equipment (for management of airways, placement of intravenous [IV] lines and IV fluids), medications, and a defibrillator for use ONLY in case of a cardiac or respiratory arrest.

CAT - Code Assist Team: A team of health care professionals from the UC Clinic who respond to medical emergencies. This team provides a BLS or an ACLS level of response, depending on the patient's level of acuity. The Pediatric clinic will initiate a PALS level of code assist or a BLS level of response for an adult, until the arrival of the UC CAT.

Medical Emergency: Medical emergencies may include, but are not limited to, cardiopulmonary arrest, chest pain, asphyxiation, difficulty breathing, severe bleeding, choking, convulsions, loss of consciousness, anaphylaxis.

MCAB - Mobile Code Assist Box: A mobile transport box that contains equipment and medications to be used for a medical emergency.

PALS - Pediatric advanced life support: Refers to attempts to restore spontaneous circulation in a pediatric victim, with basic CPR plus advanced airway management, tracheal intubation, defibrillation and intravenous medications.

PROCEDURE:

1. **INITIATION OF CODE ASSIST:**

   Whenever a patient, visitor or staff has a medical emergency, as defined above, a Code Assist should be initiated; the CAT should be summoned and a Code Assist completed.

   Whenever the crash cart or the mobile code assist box are opened and utilized for patient care, a Code Assist Record should be completed.

   All clinical areas will have at least one stationary telephone that will be used to call either a CAT or 911.

   To initiate a Code Assist, any HDRHC employee or contract staff should:

1. Dial extension **89000**
2. When asked for the required page code, press **1#**
3. Record announcement:

   "Attention Please, Attention Please, Code Assist to (location)."

4. State the location where assistance is needed by identifying the building, floor, area number and room number, if applicable.

   For example:
   First Floor Registration, Window 6
   Adult Primary Care, Area 24, Room 24-08
   Second Floor, EKG, Area 29, Room 29B
   Urgent Care Lobby, Area 16

5. Repeat announcement twice, then press # and hang up.

6. If the page is to be cancelled, don't hang up; select the "cancel" option.

In the event of a major power failure use the "red" emergency phones, located in each clinical area, to call with the Urgent Care to request a CAT and/or 911 and the location.

2. CODE ASSIST TEAMS

The Team:
The UC and the Pediatric Clinics will assign nursing staff to the CAT at the beginning of each shift. Upon notification of a medical emergency, the CAT will respond immediately and assume responsibility for the patient under the direction of the provider team leader. All other staff will relinquish care to the CAT unless directed otherwise by the provider team leader.

A. **The Urgent Care CAT** provides both **BLS and ACLS/PALS** levels of response, depending on the location, and responds to all locations in the building.

B. **The Pediatric Clinic, including SCAN and HUB CAT,** will initiate a **PALS** level of response for pediatric patients or a BLS level of response for adult medical emergencies occurring in these areas, until the UC CAT arrives.

C. All other patient care areas will initiate a BLS response until the arrival of the UC CAT.

BLS Code Assist Team Membership and Responsibilities

A. **Provider**
- Functions as team leader, if available
- Initiates CPR, as indicated
- Determines appropriate time and method of patient transport or disposition

B. **RN**
- Functions as the team leader until the arrival of the provider, if indicated
- Moves the mobile code assist box to the appropriate location
- Prepare the AED
- Initiates or participates in CPR, as indicated
- Completes Code Assist Record
- Enters Event report into the Safety Intelligence (SI)

C. **Additional Clinical Staff (RN, LVN or CMA)**
- Initiates or participates in CPR, as indicated

ACLS/PALS Code Assist Team Membership and Responsibilities

A. **Provider**
- Functions as team leader
- Orders all medications and authorizes all procedures
- Initiates ACLS or PALS, as indicated
- Determines appropriate time and method of patient transport

B. **RN**
- Functions as team leader until the arrival of the provider
- Moves the crash cart to the appropriate location
- Places the patient on a monitor
- Establishes peripheral venous access
- Prepares and administers medication as ordered by the provider
- Prepares the defibrillator
- Enters report in the SI

C. **Licensed Nursing Staff (RN or LVN)**
- Completes Code Assist Record
- Assists RN as needed

D. **Additional Clinical Staff (CMA)**
- Perform CPR (one for ventilations and one or two for chest compressions)
- Assists as directed by provider and RN

Back-up Response:

If the UC Clinic provider cannot respond immediately to a medical emergency, due to his/her involvement in patient care responsibilities in the UC Clinic, an UC Clinic Registered Nurse will respond and initiate a BLS Code Assist.

The CAT provider, or the CAT Registered Nurse (if the CAT provider is delayed), will make the decision to call 911. If a 911 response is needed, then a member of the CAT will make the call. If 911 is called, upon arrival of the paramedics, the CAT will relinquish care to the paramedics after communicating the patient's status.

3. **LOCATION OF EMERGENCY RESOURCES:**

   A. **Crash Carts:** Crash carts will be housed in the following areas:
      i. Pediatrics Clinic Observation Room
      ii. Urgent Care Clinic Observation Room
      iii. Alcove by Women's, Oncology and the Internal Medicine Clinic
      iv. Electrodiagnostics
      v. Radiology

   B. **Mobile Code Assist Box (MCAB):** will be housed in the UC Clinic and Adult Primary Care.

4. **ACLS and PALS/APLS CODE ASSIST RESPONSE:**

   A. **Electrodiagnostics Department**

      Who responds: UC Clinic CAT, Cardiologist (if present), and Respiratory Therapist(s) (during working hours).

      Primary Resource: Electrodiagnostic Crash Cart

      The decision to call 911 will be made by the Cardiologist, the Electrodiagnostic staff, the CAT provider, or the CAT RN.

   B. **Radiology Department**

      Who responds: UC Clinic CAT, Respiratory Therapist(s) (during working hours).

      Primary Resource: Radiology crash cart

      The decision to call 911 will be made by the CAT provider, or the CAT RN, if provider response is delayed.

C. **Urgent Care Clinic**

Who responds: UC Clinic CAT, Respiratory Therapist(s) (during working hours).

Primary Resource: UC Clinic crash cart

The decision to call 911 will be made by the CAT provider, or the CAT RN, if provider response is delayed.

D. **Pediatrics Clinic including SCAN and HUB**

Who responds:

- **Pediatric patient** – Pediatric Clinic staff initiates a PALs level of response while awaiting the arrival of the UC Clinic CAT, and Respiratory Therapist(s) (during working hours).

- **Adult** (escorting a pediatric patient, staff member and any other adult) – Pediatric staff initiates a BLS level of response until the arrival of the UC Clinic CAT, and Respiratory Therapist(s) (during working hours).

Primary Resource: Pediatric Clinic crash cart for PALS. UC MCAB for adult BLS.

The decision to call 911 will be made by the CAT provider, or the CAT RN, if provider response is delayed.

E. **Second Floor Alcove Women's/Internal Medicine/Chemotherapy Unit**

Who responds: UC clinic CAT, Respiratory Therapist(s) (during working hours).

Primary Resource: Alcove crash cart

The decision to call 911 will be made by the CAT provider, or the CAT RN, if provider response is delayed.

5. BLS CODE ASSIST

All areas not otherwise designated as ACLS/PALS response areas.

Who responds: The UC Clinic CAT and Respiratory Therapist(s) (during working hours), will provide a BLS code assist.

Primary Resource: UC Clinic MCAB.

The decision to call 911 will be made by the CAT provider, or the CAT RN, if provider response is delayed.

6. **CODE ASSIST SUPPORT RESPONSIBILITIES:**

County Police/Contract Security Guards will be responsible for:

A. Providing crowd control if the incident occurs in a public area

B. Directing Paramedic/Fire Department responders to the appropriate building entrance, if other than the main building (County Police only).

C. Escorting CAT members responding to emergencies, where appropriate.

D. Security staff will obtain and hold the elevator for code assists to the second floor.

7. **DOCUMENTATION OF CODE ASSIST:**

A. The Code Assist Record will be located on each crash cart and included with each Mobile Code Assist Box.

B. The CAT nurse will complete the Code Assist Record in an accurate manner at the time of the occurrence.

C. The CAT provider will sign the Code Assist Record, once completed, thereby authorizing medications and authenticating verbal orders.

D. The original Code Assist Record will be placed in the patient's medical record, or sent to Employee Health Nurse, if it involves an employee. Copies of the Code Assist Record will be sent to Risk Management.

E. A CAT member will enter a report in the Patient Safety Net for any code assist that has an unanticipated outcome or a problem such as an equipment malfunction. The code assist record is to be used to record the event only. Any ongoing treatment after the event must be recorded on a progress note or entered into the electronic medical record. For any ongoing documentation following the CAT documentation will occur on a progress note will be scanned into the electronic medical record.

8. **CODE ASSIST DRILLS**

Code Assist drills will be conducted in all patient care areas per schedule on a regular basis and will be evaluated, by the Code Assist Committee.

9. **EVALUATION OF CODE ASSIST:**

Code Assists that provide areas for improvement will be evaluated by the Code Assist Committee.

ATTACHMENTS:

1. Code Assist Record
2. Code Assist Initiation Log