

OREGON STATE HOSPITAL

POLICY

SECTION 8: Safety, Security, Emergency Management **POLICY: 8.038**

SUBJECT: Code Blue Medical Emergency

POINT PERSON: Chief Medical Officer

APPROVED: James Diegel
Interim Superintendent



DATE: JUNE 13, 2025

SELECT ONE: ☐ New policy

☒ Minor/technical revision of existing policy

☐ Reaffirmation of existing policy

☐ Major revision of existing policy

PURPOSE AND APPLICABILITY

- A. Oregon State Hospital (OSH) will provide immediate response to any medical emergency that presents anywhere on campus and requires a coordinated team effort by staff trained in American Heart Association Health Care Provider Basic Life Support cardiopulmonary resuscitation (CPR) and first aid. In accordance with OSH licensing requirements, OSH will offer reasonable basic life safety emergency response to stabilize the person, if possible, and transfer their care to an acute-care facility when needed.
- B. This policy applies to all staff, including employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at OSH.

I. POLICY

- A. If a person experiences an apparent emergency medical condition on OSH grounds, the situation must be handled as directed by this policy, OSH Policy 8.002, "Emergency Care Provided by OSH", relevant department protocols, and other regulations.
 - 1. If the situation appears to be life threatening or life altering to the person, staff must call a Code Blue.
 - 2. If any person calls a "Code Blue", the incident must be treated as such until the Code Blue can be canceled or cleared.
- B. A physician, nurse practitioner (NP), or registered nurse (RN) must assess the person to determine whether an emergency medical condition exists and determine whether they need additional emergency care.
 - a. In the event a physician or nurse practitioner is unavailable during a Code

- Blue, a RN may send a patient to an acute-care facility without a physician's order.
- b. The physician, NP, or RN may decline to initiate or may authorize canceling or clearing a Code Blue if, in their judgement, such an intervention is unnecessary.
 - C. If a person experiences an apparent emergency medical condition during an off grounds outing, staff must call 911. Until emergency medical services (EMS) response arrives, staff should assess and treat the person as appropriate within their professional scope of practice and training.
 - D. Once initiated, staff must continue CPR until authorized to terminate CPR by an OSH physician, responding community paramedic, or when the person has a return to spontaneous circulation.
 - E. Transportation to an acute-care facility may not be delayed for documentation reasons. Necessary documentation must be sent to the acute-care facility when completed per appropriate established process.
 - F. Code Blue incidents must be reviewed by the Code Blue team and the Chief of Medicine (COM) to determine opportunities for systemic improvements. This review must include a completed "Code Blue Review Form" which must be securely stored and retained for 3 years by the Code Blue Team.
 - G. Emergency Medical Equipment Check Requirements (see Attachment B for further detail)
 - a. Daily checks of Emergency Medical Equipment in patient care areas, patient dining areas, cafeterias, and admissions areas must be performed by Staff as outlined in Procedures B. Such checks must be a documented in the Emergency Medical Equipment Checklist (Attachment B).
 - b. Checks of Emergency Medical Equipment must occur every working day in the Medical Clinic, Treatment Malls (this includes gyms and fitness areas), Vocational Services, and Empowerment Center and must be performed by staff as outlined in Procedures B. Such checks must be documented in the Emergency Medical Equipment Checklist (Attachment B).
 - c. Checks of Emergency Medical Equipment must occur weekly in non-patient used cottages, the Kirkbride outside the secure perimeter (Salem), and Admin 1 and Admin 2 (JC) and must be performed by staff as outlined in Procedures B. Such checks must be documented in the Emergency Medical Equipment Checklist (Attachment B).
 - H. For regular maintenance, checks and after use care of Code Blue Emergency Medical Equipment, staff must follow Procedures B.
 - I. Staff listed in Attachment A must complete Code Blue drill training annually.
 - J. Code Blue Drills will occur on both Salem and Junction City campuses. Mental Health Registered Nurses, Licensed Practical Nurses, and Mental Health

Therapy classifications are required to complete Code Blue drill annually.

- K. OSH follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services, Shared Services, and Oregon Health Authority policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.

II. DEFINITIONS

- A. "Code Blue" means a request for immediate response to any apparent emergency medical condition that could be either potentially life threatening or life altering.
- B. "Emergency medical equipment" refers to tools and supplies designated to be used for an emergency medical condition.
- C. "Emergency medical condition" in accordance with 42 Code of Federal Regulations § 489.24 means:
1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in –
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b. Serious impairment to bodily functions; or
 - c. Serious dysfunction of any bodily organ or part; or
 2. With respect to a pregnant woman who is having contractions –
 - a. That there is inadequate time to affect a safe transfer to another hospital before delivery; or
- D. That transfer may pose a threat to the health or safety of the woman or the unborn child. "Patient care area" is as defined in OSH policy 5.017, "Dress Code for Staff." Patient care area for the purpose of this policy means any portion of the facility wherein a patient is intended to be examined or treated.
- E. "Staff" includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).

III. PROCEDURE

- Procedures A Code Blue Medical Emergency Response
- Procedures B Emergency Medical Equipment Maintenance

IV. ATTACHMENT

- Attachment A Code Blue Training List
- Attachment B Emergency Medical Equipment Checklist- Carts
- Attachment C Emergency Medical Equipment Checklist- Bags
- Attachment D OSH Code Blue Debrief

V. RELATED OSH POLICIES AND PROTOCOLS

OSH Policy 9.001 "Basic life safety cardiopulmonary resuscitation training and certification"

OSH Policy 8.002 "Emergency Care Provided By OSH"

OSH Policy 1.003 "Incident Reporting"

OSH Policy 1.001 "Policy System at Oregon State Hospital"

OSH Policy 5.012 "Injury or Illness Reporting"

OSH Policy 8.039 "Secure Transport Restraints"

OSH Policy 5.024 "HEART Trauma Response Program"

VI. REFERENCES

42 CFR § 482.12.

42 CFR § 489.24.

Joint Commission Resources, Inc. (2020). *Comprehensive accreditation manual for behavioral health care*, CTS.04.03.35. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2020). *Comprehensive accreditation manual for hospitals*, PC.02.01.11. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2020). *Comprehensive accreditation manual for hospitals*, PC.02.01.19. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2020). *Comprehensive accreditation manual for hospitals*, MS.03.01.01. Oakbrook Terrace, IL: Author.

Oregon Administrative Rule § 333-505-0020.

Oregon Administrative Rule § 333-520-0070.