



CLINICAL POLICY

Medical Response: Cardiac Response

A. EFFECTIVE DATE:

August 16, 2022

B. PURPOSE:

To outline policy/procedure for medical emergency response at UConn Health

C. POLICY:

UConn Health will provide appropriate on-site response to medical emergencies.

D. SCOPE:

UConn Health

E. DEFINITIONS:

1. **"Cardiac Arrest"** - Term used to identify a medical emergency such as cardiopulmonary arrest.
2. **"Pedi Cardiac Arrest"** - Term used to identify a medical emergency such as cardiopulmonary arrest for a child under the age of 8.

F. MATERIAL(S) NEEDED:

Code cart, as available. (Pharmacy maintains a list of Adult Code Cart locations.) AED / Defibrillator as available; Other emergency equipment as indicated for emergency medical management of the patient.

G. PROCEDURE:

1. Activating Emergency Response:

- a) For all Emergencies **Upper and Lower Campus**, including **off campus areas (i.e. off-site clinics / satellite offices) and Jackson Labs** , call "911"
- b) For clinical emergencies requiring medical response or clinical response on the Upper Campus, call 7777 to activate RRT response.
- c) Public Safety Dispatcher and the Hospital Operator will answer all "7777" calls.

- d) If a unit has a “Code” button, this should be pressed to alert unit staff of the code event. A call to 7777 or 911 must still be placed.
- e) Staff in the NICU and Staff caring for inpatient Newborns will manage Pedi Cardiac Arrest in those areas. In the event of an adult Cardiac Arrest in those areas, call 7777 and notify Dispatch that it is an “Adult Cardiac Arrest” in the NICU /L&D/OB.
- f) ED staff manages Cardiac Arrest in the Emergency Department. If additional assistance is required, the RRT team can be activated by calling 7777.

2. **Primary responders** are delineated depending on the area:

- a) **UConn Health Upper Campus Patient Care Areas** (except Emergency Department) - UConn Health Cardiac Arrest Team will respond; UConn Paramedics will also respond, with the exception of codes called for inpatients (including observation or extended stay) to which they would respond if specifically requested by the Cardiac Arrest Team.
- b) **UConn Health Upper Campus Non-Patient Care Areas** - Primary responders are UConn Paramedics. If dispatch states that the paramedics are not available, the Cardiac Arrest Team should be requested and will assume primary response. The Cardiac Arrest Team will also respond if specifically requested by staff.
- c) **UConn Health Lower Campus areas** - Primary responders are UConn Paramedics. EMS / Community Ambulance will provide back-up if UConn Paramedics are not available.
- d) **UConn Health Off-Site Areas and Jackson Labs** - Serviced by 911 - UConn Paramedics or Community Ambulance will respond.

3. **RESPONDERS GRID:**

Responder	UConn Health Upper Campus <u>Patient Care Areas</u>	UConn Health <u>Upper Campus Non-Patient Care Areas</u>	UConn Health Lower Campus, Off Site Areas and Jackson Labs
Senior Medical Resident*	X	**	
Surgical Resident	X as available	**	
Anesthesiologist*	X	**	
Pharmacist*	X	**	
Respiratory Therapist *	X	**	
Attending Physician	X as available	X as available	X as available
ICU APP*	X as available	**	
ICU RN*	X	**	
Nursing Admin. Manager*	X	**	
UConn Paramedics	X (except for inpatient or observation /extended stay)	X	X
UConn Police/Public Safety	X	X	X
Transport Aide*	X	X	
Area Personnel	X	X	X
Community Ambulance-Farmington or Local EMS / Mutual Aide		** if requested by Paramedics or code Blue team.	X - primary response for satellite offices

			** back-up for Lower Campus/Jackson Labs
X = Primary responders * = Notified by code beeper/Code Blue Team member. ** = backup responders if UConn Health Paramedics are not available, or per specific request.			

UConn Health Upper Campus Patient Care Areas

- a) Attending Physicians are ultimately responsible for the care of the patient. When they are present they may direct the resuscitation effort in collaboration with the Cardiac Arrest Team as well as determine the appropriateness of effort, drug administration, defibrillation, and termination or continuation of effort.
- b) The Senior Medical Resident (Medical Officer of the Day (MOD)) will assume the overall direction of ACLS. The resident is also responsible for documentation of the arrest in the medical record.
- c) The Surgical Resident *as available*, will assist in resuscitation efforts in collaboration with the resuscitation team.
- d) Anesthesiologist will establish an airway, establish ventilation and assist with vascular access if required.
- e) Respiratory Therapist(s) will assist in the establishment of an airway, ventilation, and arterial blood gas (ABG).
- f) Pharmacist will advise on drug therapy and prepare required medications. The Pharmacist will be responsible for the flow of equipment from the code cart and will replace the code cart following the resuscitation effort.
- g) ICU Advanced Practice Provider (APP) *as available*, may assist with ACLS, treatment and interventions during a Cardiac Arrest. The APP may serve in the team leader role and would then assume responsibility for completing code documentation in the medical record.
- h) Area Personnel / Nursing Staff: will activate the Cardiac Arrest Response system and perform care within their level of training and scope of practice, including BLS and defibrillation with an AED or manual defibrillation if indicated.
 - The nurse assigned to the patient will stay with the patient to provide pertinent data to the responding team.
 - Nursing is responsible for assuring that code documentation is completed.
- i) Nursing Administrative Manager/Designee will assure that necessary resources (equipment, supplies and personnel) are available, facilitate patient transfer as needed, procure or release extra responding personnel as appropriate.
- j) ICU or Critical Care RN will respond to assist in care, administration of medications, stabilization of patient and preparation for transport to the ICU or ED as needed.
- k) Transportation Aide will respond to assist with obtaining supplies and equipment as needed, transport labs and other delegated duties.

- l) UConn Police Officer/Public Safety will assist with traffic control and as directed, assist to the level of their training.
- m) UConn Paramedics *as available* will respond to provide backup for ACLS.

UConn Health Upper Campus Non-Patient Care Areas

- a) UConn Paramedics provide ACLS care and patient transport.
- b) UConn Police Officer will respond to the scene of the Cardiac Arrest, and will assist other responders in locating unfamiliar sites. The officer will assist in traffic flow at the scene and may assist to the level of their medical training.
- c) Area Personnel will assist to their level of ability and training as directed and inform the Department Manager/Designee.
- d) Transportation Aide will respond to assist as needed.
- e) If UConn Paramedics are not available, the Cardiac Arrest Team will assume primary response per previously defined roles.

UConn Health Lower Campus, Off- Campus Areas and Jackson Labs

- a) UConn Paramedics are the primary providers of ACLS care.
- b) Attending Physicians or designee, when present, will collaborate with the paramedics in the resuscitation effort.
- c) UConn Police Officer will respond to the emergency, assess the situation, report to the dispatcher and may assist to the level of their training.
- d) Area Personnel will assist to their level of ability and training as directed and notify Department Manager/designee.
- e) Community Ambulance will provide transportation to the Emergency Department and assist UConn Paramedics as directed. If UConn Paramedics are not available, EMS/ Mutual Aid will be the primary providers of emergency care.

H. ATTACHMENTS:

None

I. REFERENCES:

None

J. SEARCH WORDS:

Cardiac Arrest, CPR

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

Nursing Standards Committee, Resuscitation Review Committee

N. FINAL APPROVAL:

- | | |
|--|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine | <u>09/02/2022</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>08/24/2022</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>08/26/2022</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>08/26/2022</u>
Date |

O. REVISION HISTORY:

Date issued: 10/88

Date Revised: 12/94, 12/97, 8/00, 2/07, 9/08, 11/08, 1/09, 12/11, 9/12, 3/14, 5/22/19, 6/22, 8/22

Date Reviewed: 12/91, 10/03, 3/05, 4/12, 1/22