Medical Emergency Response System (MERS):
Annual Update Training

This handout contains brief highlights from the three policies related to your hospital’s Medical Emergency Response System (MERS) and is not all inclusive. Please refer to each policy for more specific, comprehensive details. Each policy can be accessed in Policy Stat at the website listed next to the policy name below. This website will take you to the generic DBHDD policy. From there, you will click on the link specific to your hospital, which will take you to your hospital-specific policy.

I. Policy #03-205, Medical Emergency Response System
   https://gadbhdd.policystat.com/policy/444412/latest/

   A. Medical Emergency Response System
      • A system that provides an organized, rapid response to medical emergencies
      • Applies to individuals served (on-site and off-site), staff, volunteers, and visitors

   B. Medical Emergency/Code Blue
      • A situation where an individual needs immediate medical attention to help prevent serious health problems, injuries, or even death
      • Examples: unexpected loss of consciousness, obvious severe bleeding, no pulse, not breathing or problems breathing, choking, unusual seizure, severe allergic reaction

   C. Response Zones
      • Areas identified within your hospital to help staff know who should respond to the scene of an emergency when a Code Blue is called
      • What response zone do you typically work in? Refer to Attachment B (Medical Emergency Response Zones) of your hospital-specific policy #03-205 for the answer.
D. General Steps to Follow Upon Discovery of a Medical Emergency

- Activate Code Blue and notify Emergency Medical Services (EMS)
  (Note: If emergency occurs off-site when in a staff-operated vehicle, call the area’s EMS/911 system or transport individual to nearest emergency room).
- Provide Basic Life Support (BLS) and Basic First Aid (BFA)) according to current American Heart Association (AHA) or American Red Cross (ARC) guidelines
- Transfer responsibility for care to EMS when they arrive; assist as requested
- Transfer individual to acute care hospital if clinically indicated

E. Code Blue Activation, EMS Notification, and Other Notifications

1. Code Blue Activation
   - How do you activate the Code Blue system in your hospital? For example, what number do you dial, and what do you say/announce? Refer to your hospital-specific policy #03-205 (Definition for EMS and Procedure A, #1 and #3) for the answer.

2. EMS Notification
   - Any staff member may call (or direct another person to call) EMS
   - What number do you call to get EMS? Refer to your hospital-specific policy #03-205 (Definition for EMS and Procedure A, #1 and #3) for the answer.
   - Provide EMS with the individual’s name (if known) and general condition and location and nature of medical emergency
   - Notify hospital police/security/designee, who will meet EMS at designated location when they arrive at the hospital

3. Other Notifications
   - Notify Primary Care Physician (PCP) or Medical Officer of the Day (MOD)/On-Call Physician, Attending Psychiatrist, and Nurse Manager/Supervisor

F. Basic Life Support Team (BLST): Members, Duties, and Responsibilities

- Consists of staff persons who immediately respond to a Code Blue such as physicians, RNs, LPNs, Respiratory Therapists, HSTs, FSTs, and CNAs
- Collectively, duties and responsibilities include but are not limited to the following:
  - Activate the Code Blue system
  - Notify EMS and designated hospital personnel
  - Provide BLS and Basic First Aid
• Bring the emergency cart/equipment to the scene, break locks/seals, and set-up equipment
• Document on designated forms
• Prepare individual for transport to acute care facility (if applicable)
• Assist other individuals; help direct staff where to go
• Help keep the environment as calm and orderly as possible
• Evaluate events that occurred during the Code Blue
• Clean and restock equipment and supplies after the emergency

• More specifically:
  o **On-site Physician**: Conducts face-to-face evaluation within 15 minutes of notification and acts as BLST leader (until EMS arrives)
  o **RNs and LPNs**: Respond within 10 minutes of notification and act as BLST leader pending physician arrival
  o **Senior On-site RN**: Responds within 15 minutes of notification
  o **Respiratory Therapists**: May direct respiratory support and insert airways as authorized
  o **BLST Leader**: Performs duties as clinically indicated such as: 1) determine individual’s status, 2) ensure EMS notified, 3) direct medical interventions, 4) determine disposition and order transportation, 5) terminate resuscitation and pronounce individual deceased (physician only), 6) communicate with EMS leader to transfer responsibility, 7) delegate tasks and ensure staff perform these tasks, and 8) facilitate evaluation of response immediately after Code Blue

• What specific tasks are you trained in that you might be asked to do during a Code Blue? Refer to your hospital-specific policy #03-205 (Procedures A and B) for examples of these tasks.

G. Documentation

• **Medical Emergency Flow Sheet** (Refer to Attachment C of your hospital-specific policy #03-205):
  o Document details about the emergency; calls, announcements, and notifications; arrival of hospital and EMS personnel; assessment findings; interventions performed; disposition of individual; and family notification
  o BLST leader and Recorder reviews and signs
  o Original filed in the chart with copies to Clinical Director, Nurse Executive, and Risk Manager
• **Medical Emergency Response Evaluation Form** *(Refer to Attachment D of your hospital-specific policy #03-205):*
  o Document evaluation of Code Blue response, identification of improvement opportunities, and recommendations for follow-up actions
  o BLST leader and Nurse Manager/Supervisor reviews and signs
  o Not to be filed in the chart; original to Risk Manager with copies to Clinical Director and Nurse Executive

• **Physician and Licensed Nurse Progress Notes:** Document information such as description of emergent medical condition, summary of interventions and individual’s response, plan for additional treatment/observations/follow-up, etc. *(Note: If an LPN writes the note, an RN must write an additional note).*

• **Additional Documentation:** *Refer to your hospital-specific policy #03-205 (Procedure B, #10 and #11) for additional details about these and other documentation requirements.*

**H. Emergency Carts/Bags and Equipment**

1. **Contents**
   • Emergency carts/bags and equipment include items such as medical supplies, small equipment (stethoscope, BP cuff, pulse oximeter, etc.), blood glucose meter, emergency medications, oxygen tank and supplies, suction machine and supplies, and automated external defibrillator (AED), which are stored in, on, or near the carts/bags.
   • Designated hospital personnel stock and maintain carts/bags per the Emergency Cart Supplies/Equipment Inventory Sheet and the Emergency Cart Medications Inventory Sheet. *Refer to your hospital-specific policy #03-205 (Attachments E and F) for a detailed list of emergency equipment, supplies, and medications your hospital stocks.*
   • Carts/bags are secured/locked with a numbered breakaway seal at all times when not in use

2. **Locations**
   • Stored in centrally located areas immediately accessible to all staff
   • Where is the nearest emergency cart/bag to your typical work area? *Refer to Attachment A (Emergency Cart and AED Locations) of your hospital-specific policy #03-205 for a list of all emergency cart/bag and AED locations within your hospital.*
   • At least one back-up cart/bag must be available at all times to replace any used/incomplete cart/bag that cannot be immediately restocked

3. **Checks and Maintenance**
• Daily Shift Checks: Assigned nursing staff checks emergency carts/bags and equipment once per 8-hour shift at shift change and documents these checks on the Emergency Cart/Equipment Inspection Check form. *(Refer to Attachment G of your hospital-specific policy #03-205).* *(Note: Carts/bags stored in locations where individuals are not present 24/7 only need to be checked on days and shifts in which individuals might be present).*

• Other Routine Checks:
  - Every month: Pharmacist checks to ensure no emergency medications in the cart drawers/boxes have expired
  - Every 90 days: Pharmacist opens medication drawers/boxes to inspect all medications and replace as needed
  - Every 6 months: Assigned staff opens carts/bags to inspect supplies and equipment (maintenance check) and replace items as indicated

• Problems Found During Checks: If equipment not operable, lock/seal not intact, or supplies/medications missing/expired, notify Charge Nurse, Nurse Manager/Supervisor, and Pharmacist (if indicated) and take appropriate actions per your hospital policy

• After Code Blue: Assigned staff perform duties such as inspect, replace, and clean cart/bag supplies and equipment as indicated, notify Pharmacist if medications were used, notify Nurse Manager/Supervisor/designee to remove used cart and bring back-up cart, request equipment maintenance, apply new lock/seal, and initiate new inventory sheets.

• Preventative Equipment Maintenance: Performed by internal and/or external service providers at designated intervals (per manufacturer recommendations) to ensure safety and operability of emergency equipment

  • Refer to your hospital-specific policy #03-205 (Procedure E) for more details about who is designated to do what in your hospital with regard to emergency cart/equipment stocking, checking, and maintaining.

I. Code Blue Drills
• A simulated (not real), unannounced medical emergency to help staff and hospitals be better prepared when actual emergencies happen
• Conducted by designated PCP and RN at least once per shift per quarter in each response zone *(Note: An actual Code Blue that occurs in a specified response zone may replace the required drill for that zone and shift).*
• Documentation on both the Medical Emergency Flow Sheet and Medical Emergency Response Evaluation Form
• Refer to your hospital-specific policy #03-205 (Procedure F) for more details about drills.

J. Performance Improvement and Executive Level Review
• Your hospital’s Leadership Team reviews all actual medical emergencies and drills within two business days after the event to evaluate various aspects of the response (e.g., timeliness, functionality of equipment and supplies, quality of assessments, appropriateness of interventions, staff performance, BLST leadership, etc.)
• Leadership team’s findings and recommended corrective action plans (if any) are documented on the Medical Emergency Response Improvement Plan (Refer to Attachment H of your hospital-specific policy #03-205).
• Risk Manager or designee prepares and presents monthly summaries of BLST and Leadership Team Reviews to the hospital’s Quality Council
• Refer to your hospital-specific policy #03-205 (Procedures H and I) for more details about performance improvement and executive level reviews.

K. Training, Certification, and Recertification
• All applicable employees are required to demonstrate MERS competency during orientation and at least annually thereafter
• All applicable employees shall maintain CPR, AED, and First Aid Certification per DBHDD policy #03-203, CPR, AED, and First Aid Certification Requirements

II. Policy #03-206, Medical Emergency Respiratory Support
https://gadbhdd.policystat.com/policy/444422/latest/

A. Respiratory Distress
• Acute Respiratory Distress: Determine individual’s status, activate Code Blue, notify physician, and initiate rescue breathing/respiratory support as indicated
• Obstructed Airway: Follow BLS guidelines, and suction as needed
• Respiratory Conditions Not Requiring Code Blue Activation: Examples include conscious choking (relieved by abdominal thrusts) and wheezing/labored breathing improved with aerosol treatments or inhalers
B. **Respiratory Support**

- Physicians/other staff with delineated privileges order type of respiratory support based on clinical status.
- In a medical emergency, pending physician arrival, designated trained and competent staff may initiate these supports.
- Respiratory equipment and supplies are stored with or near emergency carts/bags.
- **Supplemental oxygen** (via nasal cannula, simple oxygen mask, or bag valve mask/Ambu bag):
  - Physicians, RNs, LPNs, and Respiratory Therapists (as authorized) may administer oxygen.
  - With a nasal cannula, oxygen is delivered at 1-5 liters/minute; With a bag valve mask, oxygen is delivered at a flow rate of at least 15 liters/minute; With a simple oxygen mask, oxygen is delivered at 5-10 liters/minute.
  - After use, replenish used supplies and check oxygen tank pressure; if psi less than 500, notify Nurse Manager/Supervisor or designee to remove used tank and replace with new tank.
- **Airway maintenance**:
  - Physicians, APRNs, and Respiratory Therapists (as authorized) may insert oropharyngeal tubes in unconscious individuals to ensure patent airway.
  - Observe respirations, and suction as needed.
- **Oral and Nasal Suctioning**:
  - Physicians, RNs, LPNs, and Respiratory Therapists (as authorized) may perform oral and nasal suctioning to clear the airway, improve oxygenation, and/or decrease respiration rate and labor.
  - Monitor heart rate during suctioning, and apply oxygen as needed.

C. **Respiratory Equipment and Supplies Maintenance/Checks**: Refer to your hospital-specific policies #03-206 (Procedures H and I) and #03-205 (Procedure E) for details on daily shift and other routine maintenance/checks of respiratory equipment and supplies.

D. **Training**: Refer to your hospital-specific policies #03-203 and #03-205 for training and certification requirements for MERS, CPR, AED, and First Aid. In addition, RNs, LPNs, and respiratory care professionals (as required) demonstrate competency for suctioning and other non-invasive respiratory supports during orientation and at least annually thereafter.
III. **Policy #03-207, Automated External Defibrillator Use**


A. **Storage:** AEDs are stored with emergency carts/bags and in other designated hospital areas. *Refer to Attachment A (Emergency Cart and AED Locations) of your hospital-specific policy #03-207 for a list of all emergency cart/bag and AED locations within your hospital.*

B. **Indications for Use:** Do not use an AED if the individual 1) is conscious, 2) is breathing, 3) is hypothermic, 4) is in or covered by water, 5) has major trauma, or 6) has a DNR order.

C. **Safety Issues**
   - Do not use AED next to radio transmitter/cell phone or flammable agents
   - Do not touch individual or connected equipment during defibrillation
   - Use designated batteries only
   - Follow all instructions in AED manual

D. **Operation of AED:** Operate the AED per BLS guidelines and the operator’s manual. *Refer to your hospital-specific policy #03-207 (Procedures C – G) for more specific steps.*

E. **After Use:** Ensure immediate availability of functional AED; replace used supplies and request equipment maintenance as indicated. *Refer to your hospital-specific policy #03-207 (Procedure I) for more details about what must be done in your hospital after using the AED.*

F. **AED Maintenance/Checks:** *Refer to your hospital-specific policies #03-207 (Procedures J and K) and #03-205 (Procedure E) for details on daily shift and other routine maintenance/checks of AED equipment.*

G. **Training:** *Refer to your hospital-specific policies #03-203 and #03-205 for training and certification requirements for MERS, CPR, AED, and First Aid.*