Emergency Drills: *Code and Elopement Toolkit*

AAPACN
AMERICAN ASSOCIATION OF POST-ACUTE CARE NURSING

Purpose: When emergency events happen, such as cardiac and respiratory arrest or an elopement, it is imperative that staff know how to respond. Nurse leadership should provide opportunities for staff to practice and perfect their response to these emergency events. This toolkit will assist nurse leaders to set up the mock drills, evaluate staff compliance with procedural steps, and then facilitate a debrief. The procedure checklists and debrief tools can also be used when a real event occurs.

Disclaimer – these tools do not replace or supersede medical direction, regulations, clinical practice guidelines, or the facility's policy and procedure.

Preparation for Mock Code Drill

1. Determine how often the mock code drill must be completed.
2. Determine the time the mock code drill is to be completed. Be sure that a drill is completed on each shift, and vary the days to include weekdays and weekends.
3. Create a pseudo-medical record to use during the drill. Staff will confirm the code status using this medical record. The nurse leader will use the resident's age and a list of diagnoses, allergies, and medications to report basic information to the emergency responder. Staff assigned to call the physician and responsible party can pretend to make these calls, should the facilitator want to include this as part of the mock code. The pseudo-medical record should include:
    a. Resident name and age
    b. Physician name
    c. Code status
    d. Physician order for code status
    e. Responsible party name and contact number
    f. List of diagnoses, allergies, and medications (keep simple and brief)
4. Assign staff to play the role of the emergency responder so that the nurse leading the mock code can practice handing off the resident, thus ending the code.
5. Place a manikin that represents a resident somewhere in the facility or in a location staff would be involved in performing the code, e.g., in a facility transport van or the courtyard. Place a sign that says "I am unresponsive" or the facility's name for the code on the "resident" so staff know to initiate the drill. If the facility does not have a manikin, pillows may be utilized to represent the resident.
6. Develop a script the facilitator will follow during the mock code that gives staff the resident's name and other information the facilitator may call out during the code. See an outline of an example script below.

Staff find an unresponsive resident –

- Provide staff with the resident's name.
- Call out the resident's pulse and respiratory status after staff check for pulse and respirations. E.g., "*Mr. A is not breathing but does have a thready pulse*."
- Provide a prompt to find the resident's medical record if needed. E.g., "*Mr. A's chart is in the EHR*."

Staff begin chest compressions and/or rescue breathing –

- Call out changes in the resident's pulse or respirations during the mock code. E.g., "*Mr. A is still not breathing and no longer has a pulse*."
- Call out hypothetical situations to challenge the staff's ability to adapt and work together. E.g., "*The staff administering chest compressions is tired." "The ambu bag just broke."*
- When the code has been going at least 10 minutes, ask the emergency responder to enter.

Nurse leader transfers care of the resident to the emergency responder –

- End the drill and gather everyone for the debrief.

Code Procedure Checklist

Purpose: Utilize the Code Procedure Checklist to evaluate the staff's compliance with the steps of the code procedure as it compares to the facility's policy and procedure.

Instructions: Mark Yes, No, or N/A in each area, according to whether staff completed the step per facility protocol, and write in any observations for follow-up.

Steps of Code Procedure	Completed per Facility Protocol	Observations
1. Upon discovery of the resident, staff check to see if resident is responsive (e.g., staff touch, shake, and call to resident).	◯ Yes ◯ No	
2. Staff check unresponsive resident's airway, breathing, and pulse.	◯ Yes ◯ No	
3. Upon discovery of the absence of pulse and/or respirations, staff call for help.	◯ Yes ◯ No	
4. Upon hearing the "code" being called, appropriate staff (e.g., nurse, CNA, supervisor) respond with emergency cart and oxygen.	◯ Yes ◯ No	
5. Staff confirm resident's code status.	◯ Yes ◯ No	
6. After full code status is confirmed, CPR certified staff initiate rescue breathing and/or chest compressions.	◯ Yes ◯ No	
7. Nurse leader assigns the following tasks to staff. a. Staff to call 911 b. Staff to retrieve the emergency cart c. Staff to call the physician d. Staff to wait for the emergency responders at the front door e. Staff to prepare discharge documents f. Staff to record happenings during the code	◯ Yes ◯ No	
8. Staff administer oxygen adjunct to rescue breathing.	◯ Yes ◯ No	
9. Staff use automated external defibrillator (AED if available.)	◯ Yes ◯ No	
10. When staff performing the chest compressions tire, they communicate this and switch off with other staff, seamlessly resuming chest compressions.	◯ Yes ◯ No	
11. Upon arrival of emergency responders, the nurse leader relays appropriate information to transfer care.	◯ Yes ◯ No	
12. Staff transfer CPR to emergency responders.	◯ Yes ◯ No	

Evaluator: _____ **Date:** _____

Code Debrief

Purpose: A debrief is an analysis of an event, led by a facilitator, to enable the team to reflect on the experience as well as their performance as individuals and as a team. The analysis and reflection enable staff to gain knowledge and improve their practice.

Instructions: After the mock code or a real code, the facilitator will lead staff through the debrief, posing the questions included in the template. Check the boxes that correspond with what staff share, as well as the facilitator's observations of the code or mock code.

What went well working as a team and what could be improved?			
Worked Well		**Needs Improvement**	
Staff understood what was happening and initiated the code.	☐	Staff were unclear about what was happening, and there was a delay in initiating the code.	☐
A nurse took the lead role directing the code.	☐	There was no clear nurse leader directing the code.	☐
Staff had clear roles, and tasks were assigned accordingly by the nurse leader.	☐	Staff were uncertain of their role or struggled to work as a team.	☐
Staff helped teammates.	☐	Staff did not consistently help teammates.	☐
Communication was clear, concise, and heard.	☐	Communication was unclear, inconsistent, and/or difficult to hear.	☐
Other –	☐	Other –	☐
What can be done to improve teamwork during a code?			

What did you feel confident doing, and what skills could you gain competence in?			
Worked Well		**Needs Improvement**	
Staff demonstrated the competencies within their scope of practice and are CPR certified.	☐	Staff did not have the competencies or CPR certification necessary to assist with the code.	☐
Staff followed the steps of the code and performed the tasks assigned to them.	☐	Steps of the code were missed and/or performed incorrectly.	☐
Staff were competent in their ability to use the equipment.	☐	Staff were uncertain how to use some or all of the equipment.	☐
Communication was clear, concise, and heard.	☐	Communication was unclear, inconsistent, and/or difficult to hear.	☐
Other –	☐	Other –	☐
What can be done to improve competency and confidence during a code?			

What processes and resources supported you, and what gaps existed or resources were lacking?			
Worked Well		**Needs Improvement**	
The information to confirm the code status was in the medical record.	☐	The medical record was problematic, presenting a barrier to confirming the code status.	☐
Equipment was easily accessible, retrieved for use, and was functional and current.	☐	Equipment was difficult to find, was not retrieved for use, and/or was expired or non-functional.	☐
The code's policy and procedures are realistic, and staff were able to comply with them.	☐	Barriers interfered with staff following the code's policy and procedures.	☐
Other –	☐	Other –	☐
What can be done to eliminate gaps and provide resources during a code?			

Preparation for Mock Elopement Drill

A debrief is an analysis of an event, led by a facilitator, to enable the team to reflect on the experience as well as their performance as individuals and as a team. The analysis and reflection enable staff to gain knowledge and improve their practice.

1. Determine how often the mock elopement drill must be completed.
2. Determine the time the mock elopement drill is to be completed. Be sure that a drill is completed on each shift, and vary the days to include weekdays and weekends.
3. Create a pseudo-medical record and pseudo-elopement book information page to use during the drill. The nurse leader will use the resident's age and a list of diagnoses, allergies, and medications to provide basic information, along with a picture, to the staff and authorities. The pseudo-elopement book information page should be completely filled out as the facility would for an actual resident. The pseudo-medical record should include:
    a. Resident name and age
    b. Physician name
    c. Responsible party name and contact number
    d. List of diagnoses, allergies, and medications (keep simple and brief)
4. Staff assigned to call the police can pretend to make this call, should the facilitator want to include this as part of the mock elopement drill.
5. Assign staff to play the role of the police so the nurse leading the mock elopement drill can practice handing off the information, thus ending the elopement drill.
6. Place a manikin or other object, such as a stuffed animal, that represents a resident somewhere in the facility or in a location staff would be involved in performing the search, e.g., in a facility transport van or the courtyard. Place a sign that says "I have eloped" or the facility's name for the elopement code on the "resident" so staff know when they have located the resident.
7. Notify a staff member that a "resident" is missing to initiate the mock elopement drill.

Elopement Procedure Checklist

Purpose: Utilize the Elopement Procedure Checklist to evaluate the staff's compliance with the steps of the elopement procedure as it compares to the facility's policy and procedure.

Steps of Code Procedure	Completed per Facility Protocol	Observations
1. Upon suspicion that the resident is not in the facility, staff notify the nurse leader.	◯ Yes ◯ No	
2. Upon notification, the nurse leader checks to see if the alleged missing resident was on a planned absence from the facility.	◯ Yes ◯ No	
3. Upon discovery that the resident is not on a planned absence, the nurse leader notifies all staff of the missing resident and asks for a current resident count.	◯ Yes ◯ No	
4. Staff provide a current resident count to the nurse leader in a timely manner.	◯ Yes ◯ No	
5. The nurse leader designates staff to lead teams in a search of each area of the facility.	◯ Yes ◯ No	
6. Staff who are not familiar with the resident check the resident information from the elopement book provided so they know what the resident looks like along with other pertinent information.	◯ Yes ◯ No	
7. All available staff members conduct a thorough search for the resident in the facility, including areas such as the kitchen, closets, and stairwells.	◯ Yes ◯ No	
8. The nurse leader is notified of the result of the search of each area inside the facility.	◯ Yes ◯ No	
9. The nurse leader notifies the administrator, DNS, physician, and responsible party of the missing resident.	◯ Yes ◯ No	
10. If the nurse leader was not found in the facility within the time limit stated in the facility's policy and procedure, the nurse leader designates staff members to conduct a search outside on the facility grounds.	◯ Yes ◯ No	
11. Staff search in opposite directions around the building, meeting in the back of the building.	◯ Yes ◯ No	
12. If the resident was not located during the search outside, authorities are notified of the missing resident in the timeframe designated in the facility's policy and procedure.	◯ Yes ◯ No	
13. The nurse leader notifies the responsible party and attending physician.	◯ Yes ◯ No	
14. Staff widen the search beyond the facility grounds.	◯ Yes ◯ No	
15. The nurse leader contacts destinations the resident may have gone to inquire if the resident is there.	◯ Yes ◯ No	
16. When the resident is located, care is provided to stabilize the resident.	◯ Yes ◯ No	
17. Upon return to the facility, appropriate care is provided to the resident.	◯ Yes ◯ No	
18. Authorities, the physician, and the responsible party are notified of the resident's return to the facility.	◯ Yes ◯ No	

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Elopement Debrief

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Other –	☐	Other –	☐
What can be done to improve teamwork during a code?			

What did you feel confident doing, and what skills could you gain competence in?			
Worked Well		**Needs Improvement**	
Staff demonstrated the competencies within their scope of practice and are CPR certified.	☐	Staff did not have the competencies or confidence to effectively assist.	☐
Staff followed the steps of the code and performed the tasks assigned to them.	☐	Steps of the elopement protocol were missed and/or performed incorrectly.	☐
Staff were competent in their ability to use the equipment.	☐	Staff were uncertain as to how to locate information about the resident.	☐
Communication was clear, concise, and heard.	☐	Communication was unclear, inconsistent, and/or difficult to hear.	☐
Other –	☐	Other –	☐
What can be done to improve competency and confidence during a code?			

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