



# Emergency Response Procedure - Code Blue Medical Emergency

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### 1. Guiding Principles

Health service providers must have a formal escalation procedure that details escalation and a rapid response procedure which ensures timely care is provided to any patient whose condition is deteriorating, with referral to higher levels of care when necessary<sup>1,2,4</sup>. Rapid response providers should be tailored based on the size, role, available resources and patient mix of the health facility<sup>1,2</sup>.

Outpatients, visitors, and employees of the Geraldton Health Campus (GHC) should expect that in the case of their own physiological deterioration, assistance would be given by the Medical Emergency Response (MER) Team.

### 2. Procedure

The purpose of this document is to outline the 'Code Blue' process at Geraldton Health Campus for:

- escalating inpatient care in response to acute clinical deterioration by ensuring a timely review, if indicated, by the Medical Emergency Response (MER) Team
- MER team response for all people that suffer acute physiological deterioration whilst on health campus grounds.

This procedure should be read in conjunction with the [WACHS Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#) and [WACHS Recognising and Responding to Acute Deterioration \(RRAD\) Procedure](#). These outline the systems in place to respond to acute deterioration in adult, maternity, newborn and paediatric inpatients - inclusive of mental health inpatients and aged care residents within WACHS.

#### **Manual handling and workplace safety and health**

When responding to a MER, transport of equipment or the person requiring a MER should be in compliance with manual handling requirements (see [WACHS Risk Assessment for Admission of the Heavier Patient – Site assessment form](#) and [WACHS Occupational Safety and Health Policy](#)). The slope and terrain of the GHC may make pushing wheelchairs, trolleys and resuscitation trolleys challenging.

Many areas of the GHC are open to cars and other traffic. As per the principles of first aid, it is important that Code Blue responders always check the danger to themselves, team members, bystanders and then the injured or ill person so as not to put themselves in danger when going to the assistance of others. Further guidelines for reporting OSH incidents can be found in [Midwest Report a Hazard/Incident](#).

#### **Infection prevention and control**

All staff are to comply with the requirements of the following Infection and Prevention Control policy documents:

- WACHS [Environmental Cleaning Policy](#)
- WACHS [Infection Prevention and Control Policy](#)
- WACHS [Infection Prevention and Control - Patient management and healthcare worker exclusion periods Policy](#)
- WACHS [Personal Protective Equipment \(PPE\) Procedure](#)

Useful resources:

- [Standard and Transmission-Based Precautions and Signage](#) (Australian Commission on Safety and Quality in Healthcare)
- [Coronavirus \(COVID-19\) - putting on and taking off personal protective equipment - poster-PPE-Poster](#) (WA Health)

Patients suspected or confirmed as COVID-19 positive will be responded to by the MER team in accordance with [WACHS RRAD Procedure](#) (Section 2.4.1.2 Resuscitation during the COVID-19 Pandemic).

### 2.1 Clinical Escalation

Members of the healthcare team should be aware of and use the escalation protocol(s) in place at their respective setting/department<sup>1</sup>. Refer to the [GHC Observation and Response Escalation and Medical Emergency Response plans](#) on the WACHS Midwest Intranet.

As per the [WACHS Goals of Patient Care Guideline](#), consideration is to be given to Goals of Patient Care as it is expected that all healthcare professionals (internal and external) will respect and comply with the agreed GoPC until the GoPC is reviewed and renegotiated with the patient or person responsible. The forms are in the front of the person's bedside chart, folder or record to ensure prominent placement and easy access (GoPC forms are also used for adult outpatients).

Families, patients, and carers can also escalate care or concerns if they recognise signs of deterioration through [Aishwarya's CARE Call process](#).

Clinical incidences that relates to failure in recognition and responding to acute physiological deterioration or mental state deterioration should be notified through [Datix Clinical Incident Management System \(CIMS\)](#) and managed in accordance with MP 0122/19 [Clinical Incident Management Policy 2019](#)<sup>5</sup>.

### 2.2 Resuscitation Trolleys

The location of the standardised Resuscitation Trolleys within the GHC are:

- Adult Area of the Inpatient Ward
- Maternity Area of the Inpatient Ward
- Paediatric Area of the Inpatient Ward
- High Dependency Area of the Inpatient Ward
- Emergency Department
- Hospital Allied Health
- Mental Health Unit
- Radiology
- Post-Acute Care Service (PACS)
- Cancer Centre
- Day Surgery ward
- Theatre

For Standardised Resuscitation Trolley contents lists see [Resuscitation Trolley Checklists](#) organised by Midwest Learning and Development based on the [WACHS Resuscitation trolley recommended minimum equipment list](#).

Printed or saved electronic copies of this policy document are considered uncontrolled.  
Always source the current version from [WACHS HealthPoint Policies](#).

All departments that have a Resuscitation trolley are required to arrange and ensure regular checks of the trolley and ZOLL defibrillator (if present) are completed and that these checks are recorded and signed for using the WACHS [ZOLL R series](#) defibrillator checklist.

In areas of regular use (i.e. wards, ED, theatre) the checks are required to be completed at least daily and after every use.

Other areas require the trolleys to be checked at least weekly and after every use. Where a problem is identified, the problem and actions taken are to be documented.

The completed recorded logs are saved in Records Manager. It is recommended that the line manager or a senior nurse delegated by the manager ensures that checks are done by audit<sup>2</sup>. A system of auditing can be established by each department through duty lists or use of a [Midwest Resuscitation checklist audit tool](#).

### 2.3 Code Blue Response Zones

The GHC is a Regional Resource Centre that, in addition to emergency and acute inpatient services, offers subacute and community services. The GHC physically includes the:

- Main Hospital Building
- Midwest Cancer Centre
- Community Health Building
- Gaburdiny Centre
- Palliative Care Building
- Aged and Community Care Building
- Corporate Services Building and Nurses Quarters
- Carparks and pathways.

To ensure the responding MER team attends all Code Blue calls in a timely manner, Geraldton Health Service has been divided into five (5) zones:

**ZONE A** – Main hospital first floor

**ZONE B** – Main hospital ground floor

**ZONE C** – Community Health Building

**ZONE D** – Midwest Cancer Centre

**ZONE E** – Other outer buildings – Note that the MER team does not respond to these areas due to the physical distances. If urgent medical emergency assistance is required, call “000” for an ambulance.

More detail of the zones is in table format in [Appendix 1: Code Blue Response Zones](#). This includes the MER team sub-group response and the nearest resuscitation trolley location.

#### Car Park and Pathways

Calls for medical emergency response in car parks and pathways within the campus are directed to the Hospital Coordinator who determines and coordinates the level of response, assistance and resources required. This may involve assistance from ED, security, PSAs, the MER team, or ambulance services.

The locations include:

- North side (Shenton Street)
- East side (Onslow Street- old car park, areas outside ED and main entrance)
- South side (main car park, staff car park, and Cancer Care Area)
- West side (Milford Street Access)

The Hospital Coordinator assesses the risk to the patient as well as to the MER team. A full MER response would not be expected in these locations and assistance from the ambulance for patient transfer may be necessary.

### 2.4 MER Team

The Geraldton Health Campus has a Medical Emergency Response (MER) Team which is a 24-hour emergency response service.

Clinicians in the MER team should<sup>1,2</sup>:

- be available to respond within agreed timeframes
- be able to assess the patient and provide a provisional diagnosis
- consider whether a patient is dying, and clinical deterioration is likely to be reversible
- be able to undertake appropriate initial management
- be able to stabilise and maintain the patient pending definitive disposition
- have authority to make transfer decisions and to access other care providers to deliver definitive care.

Consistent with the National Safety and Quality Health Service Standard (NSQHS), Action 8.11, the facility should ensure rapid access, always, to at least one clinician who is able to provide advance life support<sup>1</sup>. GHC maintains a roster/allocation for the different members of the MER team:

- **Medical** - The medical rosters will indicate all medical staff that have roles in the MER team for the day.
- **Nursing** - Nursing roles are allocated at the start of the shift by the Shift Coordinators utilising competent, ALS trained nurses from various roles including ward nurses, Staff Development Nurses (SDN) and Clinical Nurse Specialists (CNS). If the Shift Coordinators are **unable to fill the roles for the MER team are appropriately** the HC is to be contacted to fill the roles by utilising other senior nurses, including ED nurses, Theatre nurses, Patient Flow nurses and Clinical Nurse Managers.
- **PSA**- The PSA's at GHC all carry a pager. When a Code Blue call is made, the PSA allocated to that zone is responsible to attend the MER. If the allocated PSA is unable to attend, a replacement must be phoned and instructed to attend.

All the members of the MER team should have their dedicated pager with them. It is the pager holder's responsibility to hand over a pager to an appropriate staff member if they can no longer hold the pager e.g. due to illness, travelling off campus, anticipated lengthy assessment or consultation. If an appropriate clinician cannot be located this must be escalated to the Hospital Coordinator to ensure continuity of the team.

For further information on use of the pager, refer to [Appendix 5: How to use your pager](#).

### 2.4.1 MER Team Members

The MER team consists of the following members:

- Team Leader
- Airway Doctor
- Advanced Airway Doctor
- Circulatory Doctor
- Airway Nurse
- Circulatory Nurse
- Scribe Nurse
- Hospital Coordinator
- Primary Nurse
- PSA

### 2.4.2 MER Team Response Sub-groups

The Medical Response (MER) team consists of 4 sub-groups. Activation of a response team will depend on location and time of the call. Subgroup Response Team Members are outlined below:

**Response Team 1 (R1)** consists of:

- Team Leader – Medical Registrar
- Airway Doctor- RMO
- Circulatory Doctor –RMO
- Airway Nurse
- Circulatory Nurse
- Scribe Nurse
- Hospital Coordinator
- PSA

**Response Team 2 (R2)** consists of:

- Advanced Airway Doctor – ED SMP

**Response Team 3 (R3)** consists of:

- Advanced Airway Doctor – Duty Anaesthetist (07:30– 17:30)

**Response Team 4 (R4)** – Secondary MER Team consists of:

- Team Leader – ED Admitting Medical Registrar (0800 – 2200)
- Airway RMO
- Airway Nurse
- Circulatory RMO
- Circulatory Nurse

**NOTE:** There is always an Anaesthetist on-call if airway back-up is required.

The team leader liaises with the HC if assistance from specialist practitioners or staff is needed (e.g. Surgeon, Paediatrician, Obstetrician, PSA)





Building on Shenton Street side”. This will then be communicated via the paging and PA system (refer to [Appendix 1: Switchboard Operator Action Card](#)).

There are 4 phones in the hospital that receive “55” calls. Their locations are:

- Main Switchboard
- Medical Records
- Inpatient Ward Clerks Office
- Emergency Department Clerks Office

### **2.5.1 Concurrent Code Blue Calls**

Concurrent ‘Code Blue’ calls will trigger a response from a secondary MER team (R4). The Hospital Coordinator (HC) will alert the secondary team when they are required via pager.

The R4 Team will then attend the concurrent Code Blue and carry out a primary assessment on the patient and make a clinical decision on the support required. The HC is to arrange support for the secondary team as requested by the team leader.

There will be no secondary team assigned between the hours of 2200 and 0730 as there is only one Medical Registrar in the ward. During this time, the MER team will be required to prioritise calls and the HC will request further assistance as required.

### **2.5.2 Acute Deterioration in the Emergency Department**

In the case of acute physiological deterioration in the ED escalation should be directed to the nearest Emergency Medical Officer (EMO) – preferably the EMO assigned to the patient. The patient should be moved to a resuscitation bay as soon as possible.

Where an ED resuscitation team is not available or patient is away from main department, a Code Blue is activated (if indicated) by pressing Medical Emergency (Red) button or dialling “55”.

In the case of a patient requiring resuscitation the ED resuscitation team will respond.

The team consists of:

- Team Leader – Fellow of the Australasian College of Emergency Medicine (FACEM) or Senior Medical Practitioner (SMP)
- Airway Doctor
- Circulation Doctor
- Airway Nurse
- Medication Nurse
- Defibrillation Nurse
- Scribe Nurse
- Other staff members are called by Shift Coordinator or HC as required (e.g. FACEM, Anaesthetist on-call, Surgeon, Medical Consultant, Paediatrician, Obstetrician, PSA)

These team members are allocated their roles at the commencement of each shift.

The Shift Coordinator is to inform the HC of any patients requiring resuscitation and/or intubation.



### 2.6 Documentation and Handover

The team ensures accurate documentation in patient notes and use of iSoBAR for all communication in all transitions of care that includes interdepartmental and interfacility transfers<sup>3</sup>.

All MER calls are to be documented on either the:

- [MR 140 Medical Emergency Response \(MER\) / Code Blue Record](#)
- [MR 75B Newborn Medical Emergency Response \(MER\) Record](#)

The scribe or a delegated senior member of the MER team is to ensure a MER record form is completed for every MER. All Code Blue responses should be included in the HC 24-hour report.

### 2.7 Debriefing Post MER Response

Consider or follow the [WACHS Open Disclosure Procedure](#) for family or carers present at the time of MER. Resources are also provided on the [Midwest Consumer Feedback intranet page](#) to guide staff to respond to consumer feedback.

Following the occurrence of an incident, the MER Team should determine whether a debrief is warranted. There are two forms of debriefing:

- a) **Hot Debrief** - A hot debrief is a quick and informal debrief. The main objectives of a hot debrief are to determine:
- Circumstances of the MER call and the response
  - If any staff members, patients, and other building occupants have been affected by the emergency, and any follow up actions that are required. This may include referrals to [Employee Assistance Programs](#).
  - If there are any ongoing potential hazard/s or risk/s to personnel
  - Any urgent actions to mitigate risk/s
  - Appropriate reporting and notification requirements

A [Clinical Debrief Tool \(Hot Debrief\)](#) is available to assist clinicians in performing this activity post MER. It is not the objective of the Hot Debrief to assess or evaluate personal performance during resuscitation. A formal debrief (cold debrief) is recommended to be arranged within 24-72 hours post incident.

- b) **Formal Debrief** – a formal debrief may be convened several days following the occurrence of the emergency. A formal debrief involves a more detailed analysis of the MER to determine:
- What was the cause of the Code Blue call?
  - What was the impact(s) of the emergency?
  - Contributing factors that affected the outcome of the emergency
  - Any risks or issues that have been identified as a result of the emergency
  - Recognition of staff members involved in the emergency
  - Opportunities for continuous improvement with respect to training, emergency response procedures or equipment
  - Any follow-up recommendations required to prevent a reoccurrence, or mitigate the impacts, of the emergency.

A [Clinical Debrief Tool \(Cold Debrief\)](#) is available to facilitate evaluation with the concerned teams involved in a MER. This tool provides a debrief script that can be used as a guide to consider factors affecting the MER.

The formal debrief may involve an investigation, and a formal report should be drafted and tabled at the Midwest’s Emergency Management Committee. The committee track the progress on the implementation of any recommendations.

Further information – refer to WACHS [Staff Support Post-Critical Incident Guideline](#).

### 3. Definitions

<b>ALS</b>	Advanced Life Support
<b>Emergency</b>	The occurrence or imminent occurrence of a hazard which is of such consequence that it requires a significant and coordinated response
<b>CHB</b>	Community Health Building
<b>CNM - AH</b>	Clinical Nurse Manager – After Hours (Hospital Coordinator)
<b>Code Blue</b>	An emergency initiated in response to a medical emergency within the WACHS Emergency (Disaster) Management Policy consistent with Australian Standard AS4083-2010 Planning for Emergencies – Health Care Facilities.
<b>ED</b>	Emergency Department
<b>FACEM</b>	Fellow of the Australasian College of Emergency Medicine
<b>False Alarm</b>	An unintentional or mistakenly triggered emergency
<b>GHC</b>	Geraldton Health Campus
<b>GoPC</b>	Goals of Patient Care
<b>Hospital Coordinator (HC)</b>	Hospital Coordinator (Clinical Nurse Manager - After Hours)
<b>Medical Emergency Response (MER)</b>	The system for providing emergency assistance to patients whose condition is deteriorating. On the Adult, Maternal, Newborn Observation and Response Chart (ORC) this is represented by the purple section. <sup>2,21</sup> With the Paediatric ORC this is represented by the red zone
<b>MER Team</b>	Defined team or personnel required to attend to a medical emergency response as defined on the site escalation procedure <sup>2</sup> .
<b>Newborn</b>	An infant from birth to aged less than 28 completed days
<b>PSA</b>	Patient Services Assistant
<b>R1</b>	Response Team 1
<b>R2</b>	Response Team 2 – Advanced Airway Doctor ED
<b>R3</b>	Response Team 3 – Advanced Airway Doctor Anaesthetic
<b>R4</b>	Response Team 4 – Secondary MER Team
<b>Real event</b>	A genuine incident or emergency that occurs and requires an emergency response
<b>SMP</b>	Senior Medical Practitioner

## 4. Roles and Responsibilities

### All Staff

All staff are to be aware of the Code Blue Emergency Response Procedure, the escalation protocols in their corresponding department, observation and response chart, and how to activate the Code Blue Emergency Response<sup>2</sup>.

Clinical and non-clinical staff are oriented and trained, within their scope, to use the systems in place to manage early recognition of and respond to, acute deterioration<sup>2,9</sup>.

Further information relating to required competence for non-clinical and clinical staff can be found in the [WACHS Resuscitation and Competency Assessment Policy](#).

### Clinical Staff

It is the role of all clinicians to systematically assess a patient appropriate to their professional scope of practice, understand abnormal physiological parameters and other abnormal observations, initiate appropriate treatment, and escalate care accordingly (see [WACHS Clinical Observations and Assessments Clinical Practice Standard \(physiological, neurovascular, neurological and fluid balance\)](#)).

All clinicians are required to be familiar with the whereabouts and contents of the resuscitation trolley including refrigerated medications.

Clinical staff should engage with the patient, their family and carers where culturally and developmentally appropriate to identify specific factors that could precipitate deterioration, as well as factors that contribute to the patient's wellbeing<sup>2</sup>.

The clinical staff first on scene are to commence the primary DRSABCDE assessment and required interventions as per [Basic Life Support \(BLS\) and Advance Life Support \(ALS\) guidelines](#) (where competent) until the MER team arrives.

### MER Team

It must be clear to all team members who the MER team leader is at the beginning of the medical emergency response and thereafter when the leadership role changes<sup>3</sup>. The team leader will be responsible to assess treatment already occurring and allocate subsequent roles to responders, where necessary.

These roles may include medication preparation, observations and equipment retrieval if required. Once MER team arrives any non-allocated staff should return to duties. An attending responder must be delegated to retrieve all inpatients' charts and notes if not already obtained.

If members of the MER team do not attend MER call, the HC can request the Switchboard Operator page team again or make a PA announcement. If missing members need to be replaced by available staff or there is a delay in response this must be recorded on the [Midwest Medical Emergency Response Audit](#).

In the event of a MER being called in a specialist area, the MER team leader is to ensure the treating specialist is contacted immediately to attend the MER (e.g. paediatrician, obstetrician, surgeon etc). There is always an anaesthetist on call to provide airway back-up as required.

Some roles may already be adequately attended on MER team arrival. The MER team leader and HC will determine which roles are required and adjust team accordingly. This includes calling the R2 and R3 (advanced airway doctors) if assistance is needed.

Where a clinical incident is considered to have occurred this is to be reported in the [Datix Clinical Incident Management System \(CIMS\)](#) and investigated in accordance with the WA Health Clinical Incident Policy.

**Action cards** are available for each position on the MER team to outline roles and responsibilities (refer to [Appendix 3: MER Roles and Responsibilities - Action Cards](#)).

### 5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System must be managed in accordance with the [Records Management Policy](#).

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

### 7. Evaluation

All 'Code Blue' calls and cardiac arrests for patient without an advanced care directive or an agreed treatment limiting order require a full clinical review<sup>3</sup>.

The review should ascertain if:

- the response occurred in a timely manner
- all required team members were present
- required equipment was available
- the deterioration in the patient condition could have been identified earlier

Any failure to escalate care prior to the 'Code Blue' call should be entered into the [Datix CIMS system](#) for investigation.

The outcome and events preceding every MER are to be assessed by a senior nurse or medical officer to determine if a clinical incident has occurred using the [Midwest Medical Emergency Response Audit](#).

A copy of the MER record form and the MER review form is forwarded to:

- The Geraldton Operation Managers Administration Assistant in person or via email [GeraldtonHospitalAdmin.WACHS-Midwest@health.wa.gov.au](mailto:GeraldtonHospitalAdmin.WACHS-Midwest@health.wa.gov.au)  
The administration assistant registers this onto the Midwest Code Reporting Register.
- Safety and Quality Team ([Quality.WACHS-Midwest@health.wa.gov.au](mailto:Quality.WACHS-Midwest@health.wa.gov.au)). Results of these MERs based on the MER review form will be tabled quarterly at the National Standard 8 meeting.

## 8. Standards

[National Safety and Quality Health Service Standards:](#)

Clinical Governance Standard: 1.01, 1.02, 1.03, 1.05–1.12, 1.15, 1.16, 1.19, 1.23–1.25, 1.28 and 1.29

Partnering with Consumers Standard: 2.01, 2.05 and 2.06

Preventing and Controlling Infections Standard: 3.0 and 3.06

Comprehensive Care Standard: 5.0–5.07, 5.10–5.13 and 5.20

Communicating for Safety Standard: 6.01–6.04, 6.0–6.11

Blood Management Standard: 7.10, 7.04 and 7.06

Recognising and Responding to Acute Deterioration Standard: 8.01–8.13

## 9. Legislation

[Carers Recognition Act 2004](#) (WA)

[Disability Services Act 1993](#) (WA)

[Guardianship and Administration Act 1990](#) (WA)

[Health Practitioners Regulation National Law \(WA\) Act 2010](#)

[Health Services Act 2016](#) (WA)

[Mental Health Act 2014](#) (WA)

[Medicines and Poisons Act 2014](#) (WA)

[Medicines and Poisons Regulations 2016](#) (WA)

[State Records Act 2000](#) (WA)

## 10. References

1. Australian Commission on Safety and Quality in Health Care. (2021). [National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration \(3<sup>rd</sup> Ed.\)](#).
2. WACHS [Recognising and responding to acute deterioration \(RRAD\) Policy](#) [Accessed 25 December 2021]
3. WACHS [Recognising and responding to acute deterioration \(RRAD\) Procedure](#) [Accessed 25 December 2021]
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6. Australian Commission on Safety and Quality in Health Care. (2022). [Recognising and responding to acute deterioration standard](#). [Accessed 1 March 2022]
7. WACHS [Clinical observations and Assessments Clinical Practice Standard \(physiological \(vital signs\), neurovascular, neurological and fluid balance\)](#). [Accessed 2 March 2022]
8. Government of Western Australia Child and Adolescent Health Service. (2021). [Procedure: Resuscitation and Responding to Clinical Deterioration MET Review and Code Blue](#). [Accessed 2 March 2022]
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12. WACHS [Aishwarya's CARE Call resources](#). [Accessed 25 December 2021]
13. WACHS [WACHS Massive Transfusion Protocol for WACHS sites WITH Blood Products](#). [Accessed 25 December 2021]
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16. Rose, S., & Cheng, A. (2018). [Charge nurse facilitated clinical debriefing in the emergency department](#). *Canadian Journal of Emergency Medicine*, 20(5).
17. [WACHS Midwest - Geraldton Hospital Switchboard Procedure – Code Blue Medical Emergency](#)
18. [WACHS Emergency Response Procedure – Geraldton Hospital](#)

## 11. Related Forms

[MR00H.1 Goals of Patient Care Summary](#)

[MR00H.1P WACHS Paediatric Goals of Patient Care](#)

[MR75B WACHS Newborn Medical Emergency Response \(MER\) Record](#)

[MR140 WACHS Medical Emergency Response / Code Blue Record](#)

[MR141 WACHS CARE Call Clinical Review Record](#)

[Midwest Clinical Debrief Tool \(Cold Debrief\) - fillable pdf](#)

[Midwest Clinical Debrief Tool \(Hot Debrief\) - fillable pdf](#)

[Midwest Medical Emergency Response Audit](#)

[Midwest Resuscitation checklist audit tool](#)

WACHS [Safety Risk Report Form](#)

WACHS [Risk Assessment for Admission of the Heavier Patient – Site assessment form](#)

## 12. Related Policy Documents

WACHS [Adults with Impaired Decision-Making Capacity Procedure](#)

WACHS [Advance Health Directive and Enduring Power of Guardianship](#)



[WACHS Clinical Observations and Assessments Clinical Practice Standard \(physiological \(vital signs\), neurovascular, neurological and fluid balance\)](#)  
[WACHS Emergency \(Disaster\) Management Arrangements Policy](#)  
[WACHS Documentation Clinical Practice Standard](#)  
[WACHS Environmental Cleaning Policy](#)  
[WACHS Goals of Patient Care Guideline](#)  
[WACHS Infection Prevention and Control Policy](#)  
[WACHS Infection Prevention and Control - Patient management and healthcare worker exclusion periods Policy](#)  
[WACHS Major Haemorrhage Protocol for WACHS Sites WITH Blood Products](#)  
[WACHS Medication Handling and Accountability Policy](#)  
[WACHS Occupational Safety and Health Policy](#)  
[WACHS Open Disclosure Procedure](#)  
[WACHS Personal Protective Equipment \(PPE\) Procedure](#)  
[WACHS Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#)  
[WACHS Recognising and Responding to Acute Deterioration \(RRAD\) Procedure](#)  
[WACHS Recognition and Response to Acute Deterioration \(RRAD\) in the Newborn Policy](#)  
[WACHS Resuscitation, Education and Competency Assessment Policy](#)  
[WACHS Staff Support Post-Critical Incident Guideline](#)

### 13. Related WA Health System Policies

MP 0095 [Clinical Handover Policy](#)  
MP 0122/19 [Clinical Incident Management Policy 2019](#)  
MP 0086/18 [Recognising and Responding to Acute Deterioration Policy](#)

### 14. Policy Framework

[Clinical Governance, Safety and Quality](#)

### 15. Appendices

Appendix 1: [Code Blue Response Zones](#)  
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**This document can be made available in alternative formats  
on request for a person with a disability**

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## Appendix 1: Code Blue Response Zones

Zone and Response	Department	Area	Resus Trolley Location
<b>Zone A</b> <b>-</b> <b>R1</b>  <b>&amp;</b>  <b>R3</b> <b>(0730 – 1730)</b>  <b>or</b>  <b>R2</b> <b>(1900 – 0700)</b>	<b>Inpatient Ward</b>	<b>Adult Area</b>	Main hallway adjacent to Nurses station
		<b>HDU Area</b>	On wall near bed 18A
		<b>Paediatric Area</b>	Treatment Room
		<b>Maternity and Newborn Area</b>	Main Hallway next to CTG room and opposite heat pack warmer
		<b>Discharge Lounge</b>	Main hallway adjacent to Nurses Station
		<b>Rehab Lounge</b>	Main hallway adjacent to Nurses Station
		<b>Hallways, offices and waiting areas of Inpatient Ward</b>	Main hallway adjacent to Nurses Station (or nearest as above)
	<b>Renal Dialysis Unit</b>	<b>Renal Dialysis</b>	Main dialysis treatment area opposite Bay 1
			Nil – closest Day Surgery
	<b>Medical Admin</b>		Nil – closest Renal Dialysis Unit
	<b>Theatre</b>	<b>Main Theatre (including Recovery)</b>	Recovery on wall next to Bay 1
		<b>Day Surgery</b>	In front of nurse's station
		<b>Wing C</b>	In front of nurse's station in main Day Surgery Ward
	<b>First floor Hallway</b>	<b>Hallway</b>	Ward, Theatre or Day Surgery Ward depending on position
	<b>Hospital Admin</b>	<b>Hospital Administration</b>	
<b>Infection Control</b>			
<b>Health Information Management</b>		PACS Main treatment area	

Zone and Response	Department	Area	Resus Trolley Location
<b>Zone B - R1 &amp; R2</b>	Main Entrance	Foyer, Courtyard	Nil – closest ED
		Axillary / Kiosk	Nil – closest ED
		Reception, Concierge, Customer Liaison, HC office, Quiet Room / ED Nurses Office, Telehealth	Nil – closest ED
	Emergency Department <b>(Initiate local response first)</b>	ED Bays, Consult Rooms	Opposite Bay 3
		Waiting Rooms	Opposite Bay 3
		Ambulance Bay	Opposite Bay 3
	Medical Records		Nil- Closest ED
	Radiology	X-ray, Ultrasound, CT, Waiting area	In CT room
	Pathology	Lab, Consult Rooms, Waiting area	Nil – closest Radiology
	Hospital Allied Health	Hospital Physiotherapy, OT, and Speech Pathology	Physio Treatment Room main entrance
		Podiatry	Nil – closest Physio
	Aged Care	Day Therapy Unit	Nil – closest Physio
		Treatment rooms	Nil – closest Physio
		OPI	Nil – closest Physio
	Population Health Allied Health	Physio, OT, Speech Pathology, Dietetics Audiology, Clinical Psychology	Nil – closest Physio
	Community Care	Day Therapy Centre	Nil – closest Physio
		Respiratory Services	Nil – closest Physio
	Social Work	Social Work	Nil – closest Physio
		Aboriginal Liaison Officers	Nil – closest Physio
	Community Mental health	Mental Health Offices, Treatment Room, Meeting Rooms	Treatment Room
	Facilities	Offices	Nil – closest Physio
	Gaburdiny Centre	Specialist Clinics, Renal, Meeting room	Nil – closest Physio
	Catering	Kitchen, Dining Room	Nil – closest Physio
Support Services	PSA offices, Linen Room, Maintenance, Engineering, supply	Nil – closest Physio	
Other	Hallways / Walkways on ground floor	Depends on location	

Zone and Response	Department	Area	Resus Trolley Location
<b>Zone C</b> - <b>R1</b> & <b>R2</b>	<b>Community Health Building</b>	<b>HITH</b>	PACS main treatment area
		<b>PACS</b>	PACS main treatment area
		<b>Fracture Clinic</b>	PACS main treatment area
		<b>Specialist Clinics</b>	Nil – closest PACS
		<b>Child Health and Immunisation Clinic</b>	Nil – closest PACS
		<b>Allied Health Assistants</b>	Nil – closest PACS
		<b>PATS</b>	Nil – closest PACS
		<b>Public Health Clinic</b>	Nil – closest PACS
		<b>Dental Clinic</b>	Nil – closest PACS
		<b>CAMHS</b>	Nil – closest PACS
		<b>COVID Vaccination Clinic</b>	Nil – closest PACS

<b>Zone D - R1 &amp; R2</b>	<b>Midwest Cancer Centre</b>	<b>Chemotherapy</b>	<b>Main Chemotherapy Treatment Area</b>
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<b>Zone E</b> - <b>Call “000”</b>	<b>Corporate Services Building</b>	<b>IT, Safety and Quality, L&amp;D, Staff Quarters</b>	Nil
	<b>Palliative Care Building</b>	<b>Palliative Care</b>	Nil
	<b>ACAT Building</b>	<b>ACAT, TCP</b>	Nil
	<b>Rodanthe Room</b>	<b>Meeting / Training Room</b>	Nil
	<b>Sheds</b>	<b>Equipment and Engineering Sheds</b>	Nil

## Appendix 2: Switchboard Operator Action Card

### Receive 'Code Blue' via 55 Phone or direct call

Obtain the following information from the caller:

- **Confirm 'Code Blue'**
- **Exact location – Department and Area or location on the campus using nearest road or building**

**Page 998 (Code Blue Assistance)**

### Follow 'Code Blue' calls with PA announcement

"Attention, Attention – **Code Blue in Progress** - (...advise location), appropriate teams please respond.

Once advised by Hospital Coordinator or delegate of "All Clear";

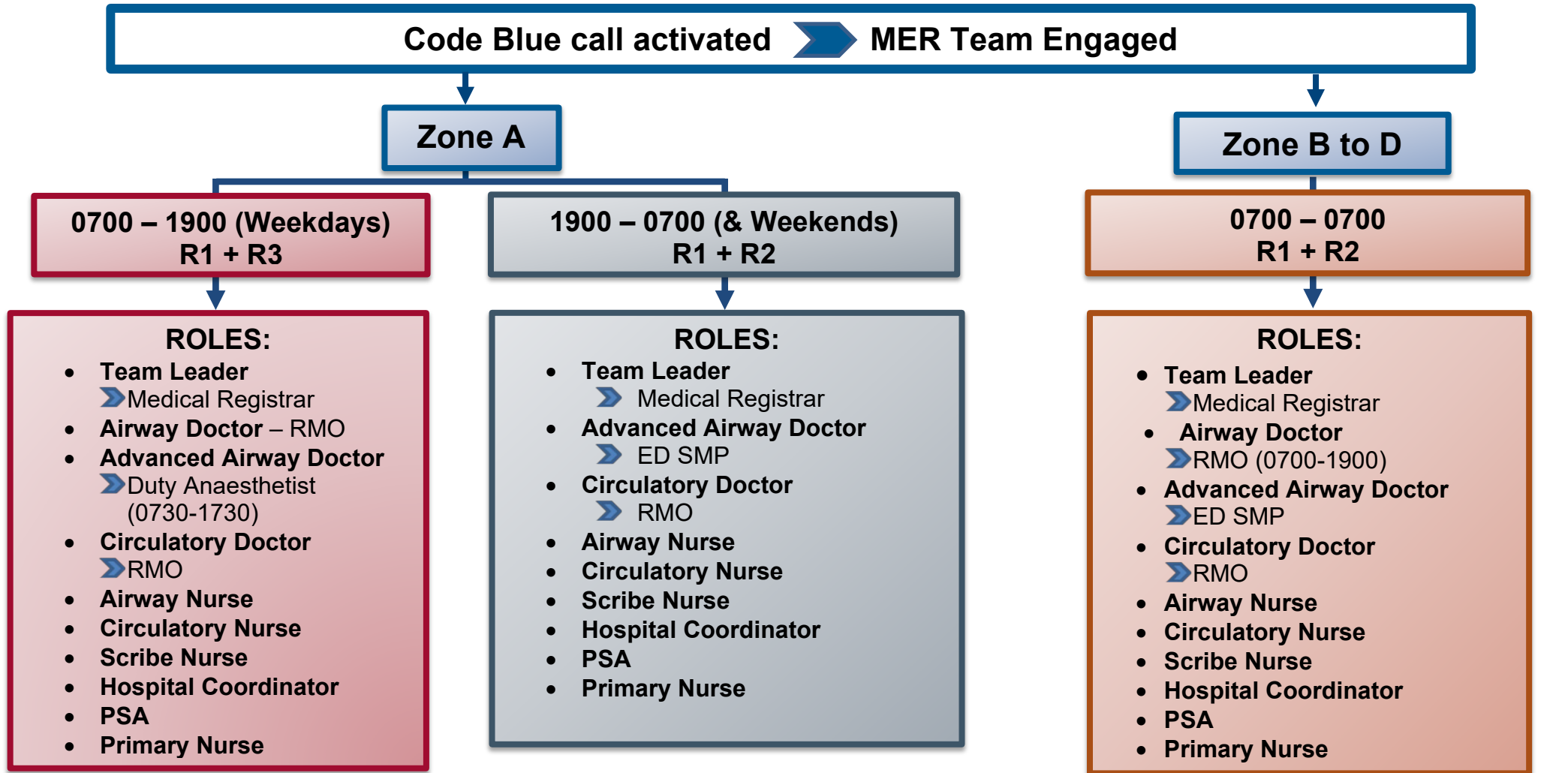
- All clear, to be given via PA announcement:  
"Attention, attention. Code Blue – all clear – (... advise location)"
- Page 998 "**Code Blue All clear – *Location***"

If you receive a call from anyone in the following areas: Corporate Services Building, Palliative Care Building, ACAT Building, Rodanthe Room, and Sheds, **request they call '000'**

If you receive a call from anyone from the carpark or pathways, **redirect call to Hospital Coordinator**



### Appendix 3: MER Team Flowchart



**NOTE: If R1 can manage airway, R2 or R3 (Advanced Airway Doctors) are to be stood down. There is always an Anaesthetist on-call if airway back-up is required.**

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**Appendix 4: MER Roles and Responsibilities – Action Cards**

<b>MER Team - TEAM LEADER</b>
<ul style="list-style-type: none"> <li>• Receive pager from previous shift</li> </ul>
<ul style="list-style-type: none"> <li>• On receipt of Code Blue page in a defined MER area attend immediately</li> </ul>
<ul style="list-style-type: none"> <li>• Identify self as the Team Leader at MER call and confirm roles</li> </ul>
<ul style="list-style-type: none"> <li>• Communicate effectively with all team members</li> </ul>
<ul style="list-style-type: none"> <li>• Identify the tasks or roles required specific to the emergency</li> </ul>
<ul style="list-style-type: none"> <li>• Identify and notify all available human resources including ensuring sufficient and suitable medical, nursing/midwifery and support personnel are called</li> </ul>
<ul style="list-style-type: none"> <li>• The team leader is to ensure that emergency medications accompany the MER team to the patient</li> </ul>
<ul style="list-style-type: none"> <li>• Coordinate and delegate roles in accordance with priority of need and in consideration of skill levels/ competency/ scope of practice of team members</li> </ul>
<ul style="list-style-type: none"> <li>• Delegate the retrieval of additional equipment/ medications to an appropriate nursing/midwifery or other staff member</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure situational awareness of immediate and surrounding environments including the delegation of care of all other patients to appropriate personnel</li> </ul>

<b>MER Team - TEAM LEADER continued</b>
<ul style="list-style-type: none"> <li>• Assist with Treatment / Resuscitation of patient as required</li> </ul>
<ul style="list-style-type: none"> <li>• Liaise with HC and arrange assistance from specialist practitioners as required (e.g. Surgeon, Paediatrician, Obstetrician etc)</li> </ul>
<ul style="list-style-type: none"> <li>• Complete MR 140A (or MR 75B) documentation as required</li> </ul>
<ul style="list-style-type: none"> <li>• Request for R2 or R3 (advanced airway doctors) if assistance is required.</li> </ul>
<ul style="list-style-type: none"> <li>• Liaise with HC for possible patient transfer if required</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure a clinical management plan has been documented in collaboration with the admitting team.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure information and findings relayed to scribe.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure full handover of MER event is given to Primary Care Team</li> </ul>
<ul style="list-style-type: none"> <li>• Complete MR 140 or MR 75B Medical Emergency Response Record as required</li> </ul>
<ul style="list-style-type: none"> <li>• A MER call can only be cancelled by the Team Leader after a complete review of the patient / situation</li> </ul>
<ul style="list-style-type: none"> <li>• Participate / assist in debriefing as required</li> </ul>

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<b>MER Team - AIRWAY DOCTOR</b>
• Receive pager from previous shift
• On receipt of Code Blue page in a defined MER area attend immediately
• Identify self at MER call and confirm role
• Assist in treatment/resuscitation of patient as required. Principle responsibilities are AIRWAY and BREATHING
• Clear communication with team leader; all clinical information and management questions to be passed through team leader
• Complete MR 140A (or MR 75B) documentation as required
• Stay in attendance until stood down by Team Leader
• Participate / assist in debriefing as required

<b>MER Team - CIRCULATION DOCTOR</b>
• Receive pager from previous shift
• On receipt of Code Blue page in a defined MER area attend immediately
• Identify self at MER call and confirm role
Assist in treatment/resuscitation of patient as required. Principle responsibilities are CIRCULATION and DEFIBRILLATION
• Clear communication with team leader; all clinical information and management questions to be passed through team leader
• Complete MR 140A (or MR 75B) documentation as required
• Stay in attendance until stood down by Team Leader
• Participate / assist in debriefing as required





## MER Team - AIRWAY NURSE

- Receive pager from previous shift
- On receipt of Code Blue page in a defined MER area attend immediately
- Identify self at MER call and confirm role
- Assist in treatment/resuscitation of patient as required. Principle responsibilities are AIRWAY and BREATHING.
- Ensure oxygen and suction is working and available as required for transfer
- Clear communication with team leader; all clinical information and management questions to be passed through team leader
- Liaise with area coordinator and handover role if applicable
- Complete MR 140A (or MR 75B) documentation as required
- Stay in attendance until stood down by Team Leader
- Participate / assist in debriefing as required

## MER Team – CIRCULATION NURSE

- Receive pager from previous shift
- On receipt of Code Blue page in a defined MER area attend immediately
- Identify self at MER call and confirm role
- Assist in treatment/resuscitation of patient as required. Principle responsibilities are CIRCULATION AND DEFIBRILLATION
- Ensure defibrillator is available as required for transfer
- Clear communication with team leader; all clinical information and management questions to be passed through team leader
- Liaise with area coordinator and handover role if applicable
- Complete MR 140A (or MR 75B) documentation as required
- Stay in attendance until stood down by Team Leader
- Participate / assist in debriefing as required



## MER Team – SCRIBE NURSE

- Receive pager from previous shift
- On receipt of Code Blue page in a defined MER area attend immediately
- Identify self at MER call and confirm role
- Assist in treatment/resuscitation of patient as required. Principle responsibilities include identifying team members and commence DOCUMENTATION on the MR 140 or MR 75B Medical Emergency Response Record.
- Document findings, interventions, ongoing management and outcome of each call including disposition of the patient.
- Clear communication with team leader; all clinical information and management questions to be passed through team leader
- Liaise with Primary Nurse or delegated staff to obtain patients medical records
- Ensure a clinical management plan has been documented in collaboration with the admitting team
- Stay in attendance until stood down by Team Leader
- Participate / assist in debriefing as required

## MER Team – PRIMARY NURSE

- Activate a Code Blue Medical Emergency- Press emergency bell or dial 55 – State "Code Blue – department, area and location"
- Initiate primary patient assessment and immediately commence compressions if patient is not breathing and not responding.
- Delegate a staff to bring the resuscitation trolley to the scene
- Handover to MER team on arrival using iSoBAR format, including ADH, APC, GoPC.
- Ensure Shift Coordinator is aware of patient's condition
- Ensure all patients current medical records are at the scene
- Assist in treatment/resuscitation as required
- Liaise with Shift Coordinator to ensure ongoing care for other allocated patients
- Liaise with carer/family if present and follow up that NOK is made aware MER call
- Document in patient medical records.
- Stay in attendance until stood down by Team Leader
- Participate / assist in debriefing as required

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<b>MER Team – HOSPITAL COORDINATOR</b>	
•	Activate a Code Blue Medical Emergency- Press emergency bell or dial 55 – State "Code Blue – department, area and location"
•	Initiate primary patient assessment and immediately commence compressions if patient is not breathing and not responding.
•	Identify self at MER call and confirm role
•	Ensure all MER members are present; re-activate Code Blue if needed. If a MER pager has malfunctioned, or a team member is not present contact or replace the missing members.
•	Control area and reassign non-essential staff
•	Call Advanced Airway Doctors (R2 or R3) if assistance is required.
•	Page R4 if necessary, for concurrent Code Blue Calls
•	Assist in treatment/resuscitation of patient as required
•	Contact the anaesthetist and any specialists on call as required

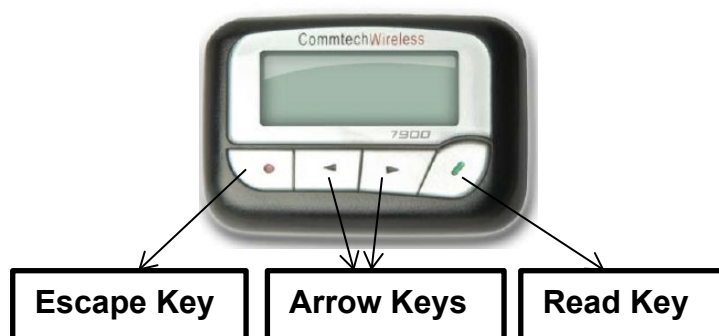
<b>MER Team – HOSPITAL COORDINATOR continued</b>	
•	Liaise with area coordinators and ensure adequate resources are available and appropriate transfer of the patient if required
•	Ensure the treating consultant is informed of the change in the patient's status
•	Ensure an effective clinical management plan has been documented in collaboration with the admitting team
•	Ensure patients Next of Kin (NOK)/ Carer has been informed by medical officer or delegate, and appropriate support available
•	Stay in attendance until stood down by Team Leader
•	Ensure a photocopy of MR140 (or MR 75B) is sent to the Hospital Admin and a MER review is arranged after
•	Record "Code Blue" in 24-hour report
•	Participate / assist in debriefing as required

<b>MER Team – PSA</b>
<ul style="list-style-type: none"> <li>• Receive pager from previous shift ensuring BLS trained PSA holding page</li> </ul>
<ul style="list-style-type: none"> <li>• On receipt of Code Blue page attend any MER call in allocated zone immediately</li> </ul>
<ul style="list-style-type: none"> <li>• If unable to attend phone alternative PSA and instruct to attend</li> </ul>
<ul style="list-style-type: none"> <li>• Identify self at MER call and confirm role</li> </ul>
<ul style="list-style-type: none"> <li>• Assist in performing cardiopulmonary resuscitation as required.</li> </ul>
<ul style="list-style-type: none"> <li>• Assist with equipment retrieval, deliver specimen and collect blood from pathology, and assist in transfer of patients as required</li> </ul>
<ul style="list-style-type: none"> <li>• Assist with repositioning of patient as required</li> </ul>
<ul style="list-style-type: none"> <li>• Stay in attendance until stood down by Team Leader</li> </ul>
<ul style="list-style-type: none"> <li>• Participate in debriefing as required</li> </ul>

<b>MER Team - ADVANCED AIRWAY DOCTOR</b>
<ul style="list-style-type: none"> <li>• Receive pager from previous shift</li> </ul>
<ul style="list-style-type: none"> <li>• On receipt of Code Blue page in a defined MER area attend immediately</li> </ul>
<ul style="list-style-type: none"> <li>• Identify self at MER call and confirm role</li> </ul>
<ul style="list-style-type: none"> <li>• Assist in treatment/resuscitation of patient as required (when R1 is unable to stabilise airway). Principle responsibilities are AIRWAY and BREATHING</li> </ul>
<ul style="list-style-type: none"> <li>• Clear communication with team leader; all clinical information and management questions to be passed through team leader</li> </ul>
<ul style="list-style-type: none"> <li>• Complete MR 140A (or MR 75B) documentation as required</li> </ul>
<ul style="list-style-type: none"> <li>• Stay in attendance until stood down by Team Leader</li> </ul>
<ul style="list-style-type: none"> <li>• Participate / assist in debriefing as required</li> </ul>

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## Appendix 5: How to Use Your Pager



Icon	Description
	Vibrate Alert
	Beeping Alert
	Daily Alarm On
	Duplicate Message
	Unread Message
	Message Locked
	Out of Range Indicator
	Low battery
	Message continues on next

### Power on;

Inserting the alkaline battery (AA) will turn the pager on.

If the battery is already installed, press the key for 3 seconds. The pager may beep and/or vibrate depending on the current alert settings in the pager. After the initialization is complete, the pager will display a start-up message for two seconds, if this has been programmed in. After the start-up message has been displayed, you will be at the *Standby Screen*. The *Standby Screen* shows the current date and time after a short time, the screen will go blank to preserve battery power. Any key can be pressed to wake up the pagers screen.

### Turn the pager 'off';

Go to the *Standby Screen*, press and hold the *Escape key* to display *settings* menu. Using the *Arrow keys*, scroll through the *settings* menu until *Pager off* is selected. Press the *Read key* to select. Press the *Read key* again to confirm.

### Activating the Backlight;

By press and hold any key for two seconds to turn on the backlight. Press and hold any key for two seconds again to turn off the backlight.

**Read Messages** – The pager will display a new message when it is received. To read stored messages press the *Read key* and then use the *Arrow keys* to scroll through all your messages.

### Protecting a Message;

Whilst the message is being displayed, press and hold the *Escape key* to display the *Delete Menu*. Using the *Arrow keys*, scroll through the menu until *protect* is found. Press the *Read key* to confirm your choice. The *message locked* icon will appear on the LCD screen to confirm the message is locked. Press the *Escape key* to return to the *Standby Screen*

### Unprotecting a Message;

Whilst the protected message is being displayed, press and hole the *Escape key* to display the *Delete Menu*. Using the *Arrow keys*, scroll through the menu until *Unprotect* is found. Press the *Read key* to confirm your choice. The message locked icon will disappear from the LCD screen to confirm the message is now unlocked. Press the *Escape key* to return to the *Standby screen*.

### Deleting Individual Messages;

Press and hold the *Escape key* to display the *Delete menu*, using the *Arrow keys*, scroll through the menu until *Delete* is found. Press the *Read key* to confirm deletion of this message. Press the *Escape key* to return to the *standby screen*.

### **Deleting all messages;**

Press and hold the *Escape* button to display the *Delete* menu. Using the *Arrow keys*, scroll through the menu until *Delete all* is found. Press the *Read* key to confirm the deletion of all messages, press the *Escape* key to return to the standby screen. **Please delete previous messages on handover.**

### **Alarm Settings;**

Enter the *Setting* Menu, Using the *Arrow* key, scroll through the various settings until the *Alert* set menu is found. Press the *Read* key to confirm the selection of this menu item. Using the *Arrow keys* to toggle between the four various alert types. Once you have chosen the alert type you wish to use, press the *Read* key to confirm the selection. You will then automatically go to the *Standby* screen.

### **Daily Alarm Settings;**

Enter the *Setting Menu*, Using the *Arrow* keys, scroll through the settings until the *Daily Alm* menu item is found. Press the *Read* key to confirm selection of this menu item. The *Daily* alarm menu will appear. Using the *Arrow* key, you can scroll through the five types of alarms available. Press the *Read* key to confirm selection of the desired alarm type. Using the *Arrow* keys to alter fields and the *Read* key to move along to the next field. One of the fields within the screen is a bell icon. Using the *Arrow* keys, you can toggle between enabling or disabling the current alarm. Once you have pressed the *Read* key to the end of the line, the pager will beep and you will be returned to the *Standby Screen* where the Daily Alarm icon will appear on the LCD if you have any activated alarms set.

### **Time and Date Settings;**

Enter the *Setting Menu*, Using the *Arrow keys*, scroll through the various settings until the *Date and Time* menu is found. Press the *Read* key to confirm selection of this menu item. Use the *Arrow keys* to alter fields and the *Read* key to move along to the next field. Press the *Read* key until it reaches the end of the line. The pager will beep, and the information will be automatically saved. You will then be returned to the *Standby Screen*.

### **Telephone book;**

Enter the *Setting Menu*. Using the *Arrow* keys, scroll through the various settings until the *Phone book* menu item is found. Press the *read* key to confirm selection of this menu item. Use the *Arrow* keys to scroll through telephone book entries already entered into the pager. The *entry number* is displayed on the first row of the LCD. Only the *name* field is displayed scrolling through the entries. To view the number associated with the name, select the entry with the *Read* key. The rest of the details will then be displayed. Press the *Escape* key to return to the *Standby screen*.

### **Text Zoom;**

To enlarge text on the pager, enter the *Settings Menu* by pressing the *Escape* key. Press the *Arrow* key until *Zoom* is shown. Press the *Read* key to confirm.

### **Vibrate Only Mode;**

Enter the *Setting menu* by pressing the *Escape* key. Press the *Arrow* keys until *Vibrate mode* is shown. Press the *Read* key, Press the *Read* key until *Vibrate only alert* is shown. Press the *Read* key to confirm.