

Title: Alert 99 and Alert 99-Trauma	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: General Sub-category: Administration: Emergency Plan	Distribution: Organization Wide
Endorsed: President & CEO Signature:	Approval Date: Jan. 5, 2011 Reviewed/Revised Date: Jan. 4, 2022 Next Review Date: Jan. 4, 2022

CROSS REFERENCES: (EMER-140) Cardiac Arrest Response - Code Blue/Pink/NRP, (SAF-1-25) Designated Areas and Response Process, (PAT-5-145) In-patient Fall Procedure; Medical Emergency Team

1. PURPOSE

Outline the immediate care of a responsive adult or child, (e.g., patient, visitor, staff, learner, volunteer, etc.) who has experienced a collapse, trauma, or requires medical assistance within the Thunder Bay Regional Health Sciences Centre (the Hospital).

2. POLICY STATEMENT

Workers are required to be familiar with Alert 99 response procedures and ensure that all mandatory training requirements are up to date. Workers, for the purpose of this policy, refers to staff, professional staff, learners, volunteers and contractors.

3. SCOPE

Incidents in which a person collapses in the Hospital but is responsive and requires medical assistance, with the exception of in-patients within an in-patient area. In these instances, the healthcare provider responds and follows In-patient Fall (SAF-1-25) or Medical Emergency Team (PAT-5-145) procedures.

(For incidents in which a person collapses in the Hospital and is non-responsive, or collapses in the Penthouse (Hospital building, level 4), follow Code Blue/Pink/NRP - Cardiac Arrest Response - (EMER-140) policy.

For any collapse outside of the main Hospital building, including adjacent Hospital buildings, call 9-911).

4. DEFINITIONS

Alert 99 is an emergency response procedure for a responsive person who has collapsed and/or may require immediate medical attention, and is able to communicate and answer questions.

Alert 99 Trauma is an emergency response procedure for a responsive person who has collapsed and/or may require immediate medical attention, is able to communicate, and has experienced an injury(ies) or trauma.

Trauma is a physical injury sustained by sudden contact with the physical environment. Examples of trauma include: broken bones, cut(s), and internal injury(ies).

5. ALERT 99 RESPONSE PROCEDURE

Procedure applies to a responsive person who has collapsed within the Hospital and has no visible signs of injury or trauma. For the Alert 99 Trauma response procedure see section 6.

See Appendix A for Alert 99 response algorithm.

5.1 FOR INCIDENTS OCCURRING IN PUBLIC, NON-CLINICAL, WAITING ROOM & SUB WAITING ROOM AREAS AND OUT PATIENT CLINICAL LABORATORY

- An additional worker responding to the incident will call for help. When help arrives, direct a staff member to call Switchboard at 55 and report “**Alert 99 + location**”.

- Switchboard staff repeat “**Alert 99 + location**” overhead 3 times at 30 second intervals until the response team arrives.
- Upon hearing “Alert 99 + location” called overhead, the designated responders respond (**one nurse and one security guard (Intervention Officer)**). These roles are assigned each shift by manager/delegate and posted on the daily work assignment sheet.

The designated responders are determined by the floor level of the incident:

- If event occurs in any public or waiting area on level 1: 1A nurse and security guard to respond;
- If event occurs in any public or waiting area on level 2: 2A & 2B nurse and security guard to respond (additional nurse to return to unit if assistance is not required).
- If event occurs in any public or waiting area on level 3: 3A nurse and security guard to respond.

**Refer to maps in Appendix B for areas of responsibility.*

- Responding nurse to look for any obvious injury(ies) on initial assessment. Responding nurse to provide visual inspection only in order to determine if patient can be transported to Emergency Department (ED), back to in-patient unit or if “**Alert 99 Trauma**” is required for more personnel. No equipment is required from responding nurse.
- Security Guard to arrive on scene with “Refusal of Assessment Form,” provide crowd control of the area, and assist with person transfer.
- The responding team delegate other staff in attendance to instruct by-standers not participating in the event to stay to the side or clear area for designated responders.
- When all designated responders arrive on scene or the situation is resolved, the responding nurse will instruct a staff member to call Switchboard to announce “**Alert 99, All Clear**”, three times overhead.
- An in-patient is to be transferred back to their unit for Most Responsible Physician (MRP) notification and further assessment and consultation. All other persons (staff, out-patient, visitors, etc.) are transferred to the ED charge nurse desk via stretcher or wheelchair for further assessment.

Whenever possible, responding team to contact ED Charge Nurse (ext. 6125) to inform them to prepare for an incoming Alert-99 patient.

To access ED charge nurse desk, enter hallway between ED and Diagnostic Imaging (DI) on the 2nd floor. Obtain a stretcher or wheelchair from the surrounding area. ED staff is responsible to meet responders and receive immediate handover in C-area. Once handover is complete, responders return to their respective units and ED Charge RN determines disposition of person within the ED.

- If the person refuses to go to the ED and wishes to leave the Hospital, responding nurse to inquire if there is someone that they would like contacted. Have the person complete the Refusal of Assessment Form (FCS-331).
- The nurse assisting the person documents Alert 99 in an Electronic Patient Safety Report (See 7. Documentation, pg. 5).

5.2 FOR INCIDENTS OCCURRING IN OUT-PATIENT CLINICAL AREAS

For Alert 99 incidents occurring in out-patient clinical areas, a designated healthcare provider (e.g., Nurse, Medical Radiation Technologist (MRT), Registered Respiratory Therapist (RRT)) from the unit/department will respond. Switchboard and security will not be contacted. The following areas apply:

- Cardiac Cath-Lab
- Surgical Day Care
- Emergency Department & waiting room
- Cardio- Respiratory
- Ambulatory Care
- Endoscopy
- Diagnostic Imaging (DI)
- Cancer Care Out-patient

- Renal Unit
- Community Mental Health Out-patient
- All Parenting Rooms
- Rehabilitation
- Pediatric Out-Patient Clinic
- Fracture Clinic
- Pre-admission Clinic

- The staff person who is first made aware of the incident seeks help from a healthcare provider on the respective unit/department.
- Responding healthcare provider looks for any obvious injury(ies) on initial assessment. He or she provides visual inspection only in order to determine if “**Alert 99 Trauma**” response is required. No equipment is required from responding healthcare provider.
- If person is not an in-patient (i.e., staff or visitor), the designated healthcare provider, (i.e. Nurse, MRT, RRT) from the unit responds and accompanies the person to C Area of ED for further intervention and assessment.

Whenever possible, responding unit to contact ED Charge Nurse (ext. 6125) to inform them to prepare for an incoming Alert-99 patient.

- If person is an in-patient, (i.e., in-patient receiving test in DI), return patient back to home unit and provide a verbal handover of events to primary nurse.
- Healthcare provider assisting the person documents Alert 99 in a Safety Report (see 7. Documentation, pg. 5).

If the person refuses care, healthcare provider to complete an Electronic Patient Safety Report, and Refusal of Assessment Form (FCS-331), located in clinical units.

5.3 FOR INCIDENTS INVOLVING NON-PATIENTS IN IN-PATIENT CLINICAL AREAS

- The worker who is first made aware of the incident seeks help from a healthcare provider on the respective unit.
- Responding healthcare provider on in-patient unit looks for any obvious injury(ies) on initial assessment. They provide visual inspection only in order to determine if “**Alert 99 Trauma**” response is required. No equipment is required from responding healthcare provider.
- Healthcare provider to accompany person to C Area of ED for further intervention and assessment. Whenever possible, responding unit to contact ED Charge Nurse (ext. 6125) to inform them to prepare for an incoming Alert-99 patient.
- Healthcare provider assisting the person will document Alert 99 in a Safety Report (see 7. Documentation, pg 5).

If the person refuses care, complete an Electronic Patient Safety Report, and Refusal of Assessment Form (FCS-331).

5.4 ALERT 99 ROLES & RESPONSIBILITIES

Position	Responsibilities
<p style="text-align: center;">Healthcare Provider (Nurse, MRT, RRT)</p>	<ul style="list-style-type: none"> • Assess for injuries and activate “Alert 99 Trauma” if required • Transfer patient to ED or home unit (if in-patient) via wheelchair or stretcher for further assessment if no extra assistance required, • If person refuses further assessment, have them complete “Refusal of Assessment Form” • Alert 99 Team or delegate to call off overhead announcement once designated responders have arrived • Document Alert 99 incident in a safety report (see 7. Documentation, pg 5)

<p style="text-align: center;">Switchboard</p>	<ul style="list-style-type: none"> • Switchboard staff repeat “Alert 99 + location” overhead 3 times at 30 second intervals until the response team arrives <p>Deactivation:</p> <ul style="list-style-type: none"> • When directed by a worker, Switchboard to announce “Alert 99, All Clear”, three times overhead
<p style="text-align: center;">Responding Security Guard (Intervention Officer)</p>	<ul style="list-style-type: none"> • Respond to Alert 99 incidents occurring in public, non-clinical and waiting room areas announced overhead • Obtain wheelchair or stretcher from surrounding departments and assist with responding nurse with patient transfer • Provide crowd control • Arrive on scene with “Refusal of Assessment Form”
<p style="text-align: center;">Adjacent Buildings (984 & 1040 Oliver Rd)</p>	<ul style="list-style-type: none"> • Call 9 (9-11) from a hospital landline or 911 from a cell phone • Stay on scene until EMS services arrive

6.0 ALERT 99-TRAUMA RESPONSE

See Appendix A for Alert 99 Trauma response algorithm.

6.1 PROCEDURE

- If a person is responsive and has visible signs of trauma, dial switchboard at 55 to announce “**Alert 99-Trauma + location**” overhead.
- Switchboard announces “**Alert 99 Trauma + location**” overhead to initiate the response procedure. Switchboard to repeat three times every 30 seconds until all designated responders have arrived on scene or the situation is resolved.
- Do not transfer patient from the area until Alert-99-Trauma Team arrives.
- The responding team delegates other staff in attendance to instruct by-standers not participating in the event to stay to the side or clear area for designated responders.
- Designated responders respond as members of the **Alert 99-Trauma** response team and perform their prescribed duties.
- The response team provides an initial primary assessment, immobilization, and transfer. Further assessment and interventions will be provided once the person is transferred to the ED.
- If Emergency Medical Services (EMS) is required to lift or further immobilize patient as determined by responding team, 911 to be called. EMS will generally respond within 10 minutes. Once EMS arrives, he/she will follow medical directives applicable to EMS.
- When all required responders have arrived on scene or the situation is resolved, the trauma team or delegate to call Switchboard to announce “**Alert 99-Trauma, All Clear**”, three times overhead.
- Transfer patient on designated ED/trauma stretcher to ED for further assessment. Enter hallway between ED and DI. Once handover is complete, responders will return to their respective units and ED Charge RN determines disposition of person within the ED. If in-patient, and assessment in ED is not required, transfer patient back to floor and give report to primary nurse.
- If the person refuses to go to the ED and wishes to leave the Hospital, inquire if there is someone that he/she would like us to contact. Have the person complete the Refusal of Assessment Form (FCS-331).
- Healthcare provider (i.e. nurse, MRT, RRT) assisting person documents Alert 99 in an Electronic Patient Safety Report (see 7. Documentation, pg. 5).

6.2 ALERT 99-TRAUMA RESPONSE TEAM

Position	Responsibilities
<p>ED Charge RN/Delegate (1)</p>	<ul style="list-style-type: none"> • Direct overall response • Complete Electronic Patient Safety Report • Ensure patient completes a “Refusal of Assessment Form,” if applicable
<p>Nurse from ER (1), ICU (1) Trauma NP (1) (when available)</p>	<ul style="list-style-type: none"> • Assess, Immobilize, Transfer • If in-patient, team will transfer patient back to unit, or ED if necessary, and notify floor if patient going to ED • ED nurse will bring stretcher, backboard, portable oxygen tank, and Alert 99-Trauma bag • If scoop board needed for immobilization- call 9-911 for activate Emergency Medical Services (EMS) for assistance • Response team or designate to call Switchboard “Alert 99-Trauma, All Clear” when response team has arrived on scene or incident has been resolved
<p>RRT (1)</p>	<ul style="list-style-type: none"> • Assess for compromised airway, or respiratory distress • Aid in transfer
<p>Switchboard</p>	<ul style="list-style-type: none"> • Switchboard announces “Alert 99 Trauma + location” overhead to initiate the response procedure. Switchboard to repeat three times every 30 seconds until all designated responders have arrived on scene or the situation is resolved <p>Deactivation:</p> <ul style="list-style-type: none"> • When directed by a worker, Switchboard to announce “Alert 99-Trauma, All Clear”, three times overhead
<p>Security Guard (Intervention Officer) (1)</p>	<ul style="list-style-type: none"> • Assist in patient transfer • Provide crowd control • Arrive on scene with “Refusal of Assessment Form”
<p>Adjacent Buildings (984 & 1040 Oliver Rd)</p>	<ul style="list-style-type: none"> • Call 9 (9-11) from a hospital landline or 911 from a cell phone • Stay on scene until EMS services arrive

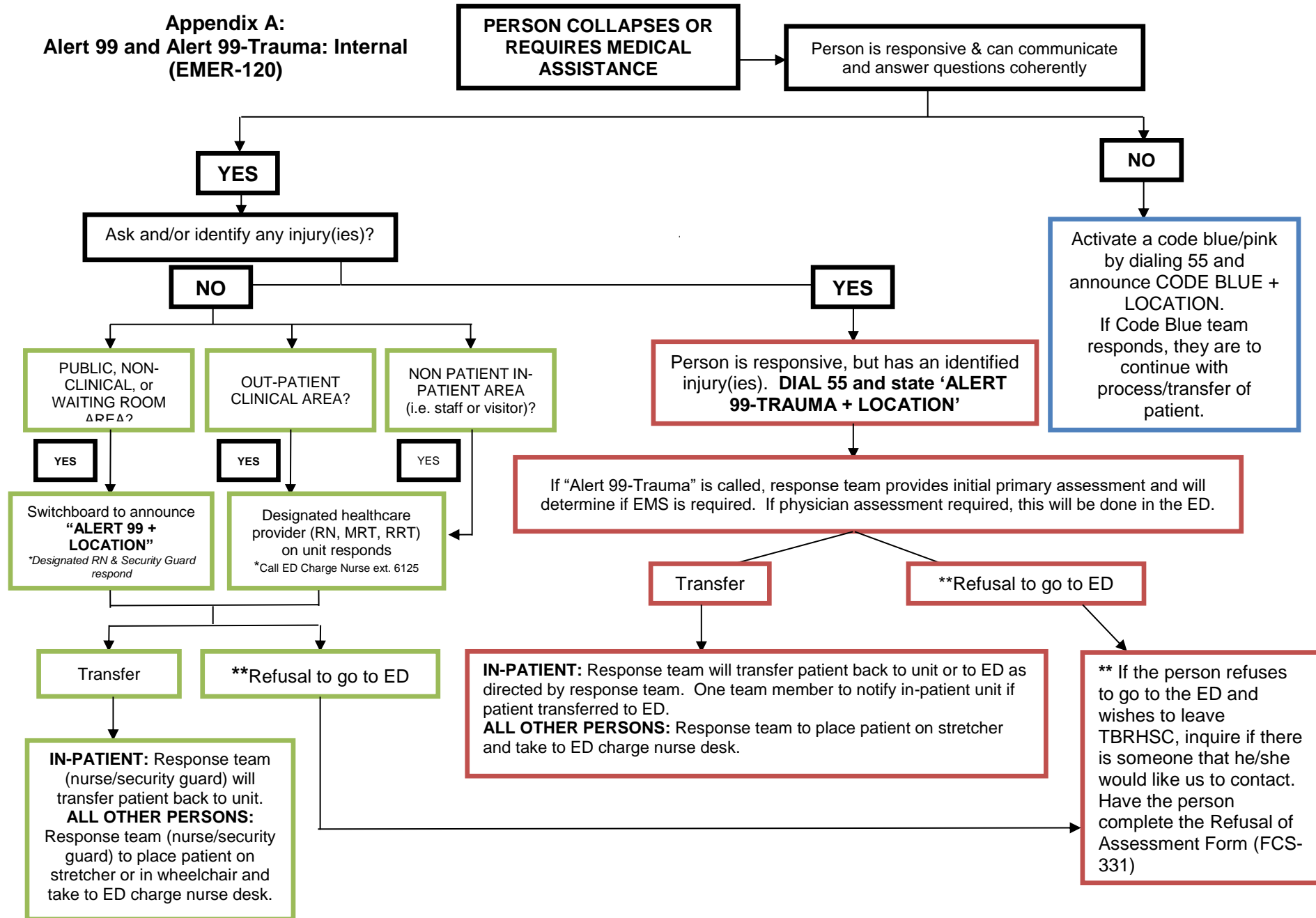
7. DOCUMENTATION:

Document	Details	Responsibility
<p>Incident Learning System (Electronic Patient Safety Report)</p>	<p>Select category ‘Falls’ to report incident Details to include:- Description of event (Alert-99 or Alert-99 Trauma)- Destination of the person - Designated responders (first and last name) - Check ‘Alert-99 called’ and/or Alert-99 Trauma called’ from checkbox options under Section F (Immediate Actions) -</p>	<p>For Alert 99: To be completed by responding healthcare worker</p>
<p>Refusal of Assessment Form (FCS-331)</p>	<p>- Form provided by security officer or available on clinical unit. - To be completed and signed by designated provider if person refuses to go to ED for assessment and submitted to Dept. of Quality & Risk Management office.</p>	<p>For Alert 99-Trauma: To be completed by ED charge nurse/delegate</p>

8. DRILLS

Alert 99-Trauma drills to occur at a frequency defined by the Emergency Preparedness Committee in consultation with the Alert 99 Working Group and relevant stakeholders.

**Appendix A:
Alert 99 and Alert 99-Trauma: Internal
(EMER-120)**

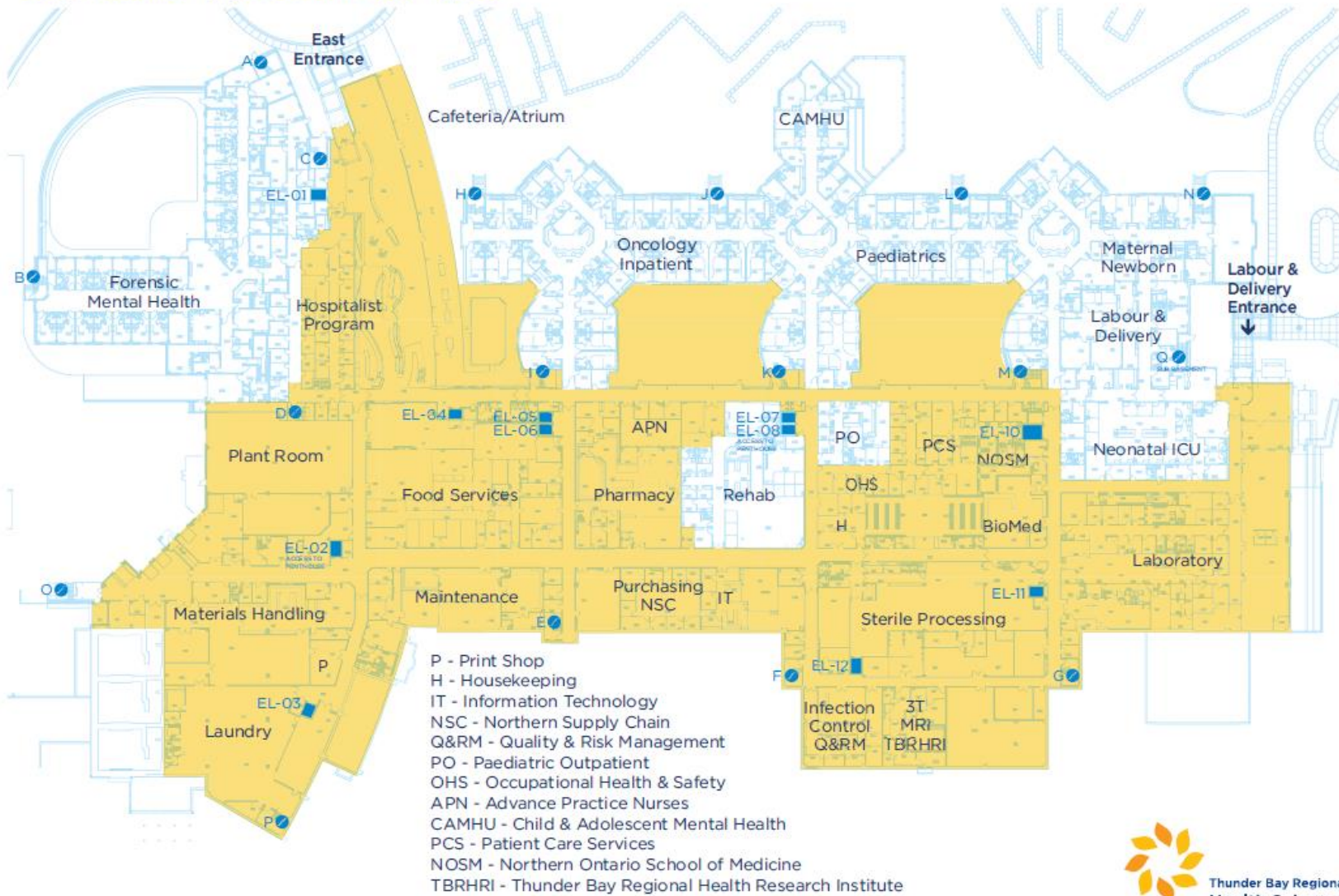


Appendix B: Maps

Alert 99 Areas of Responsibility

Level 1

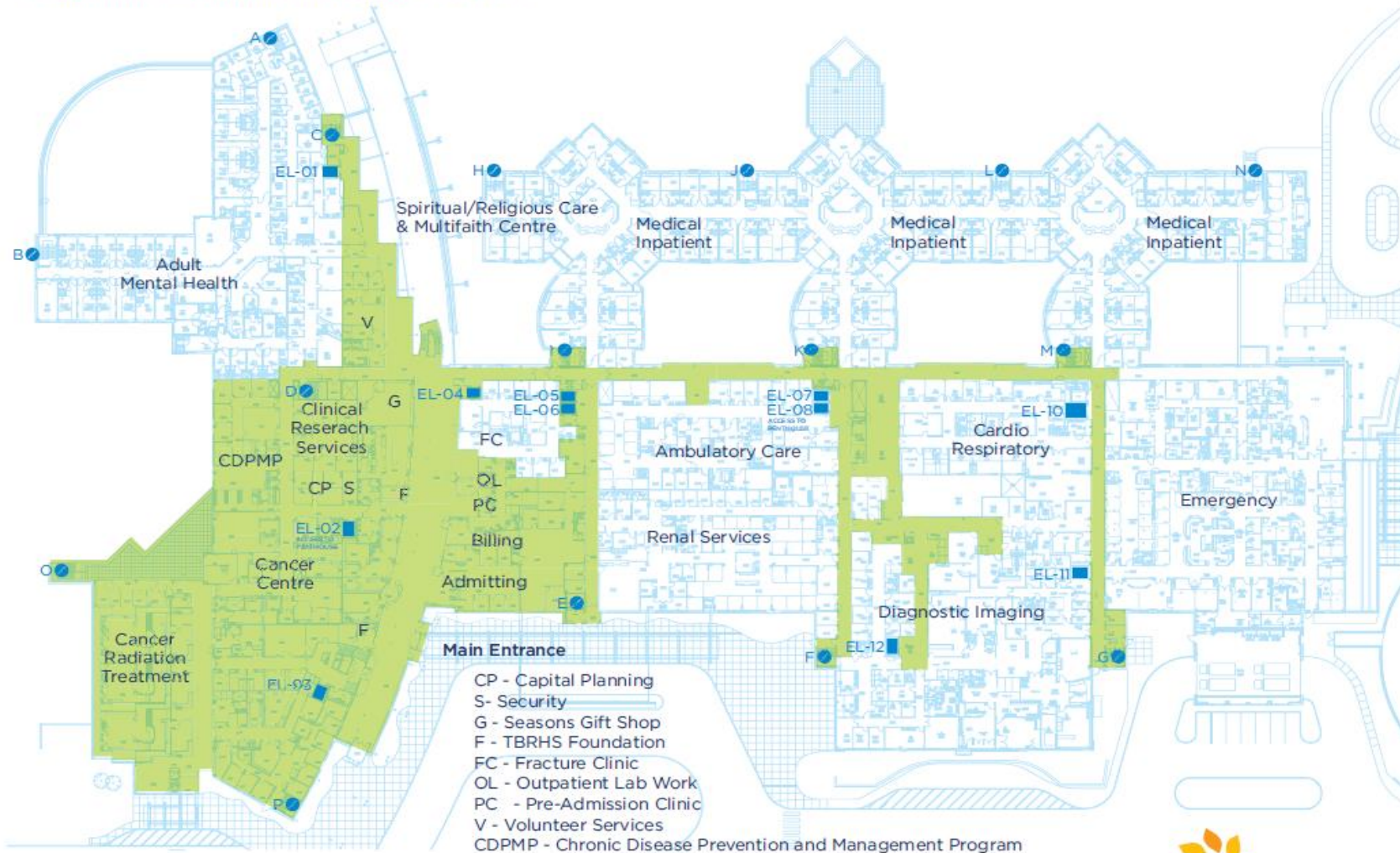
For Alert 99 incidents occurring in highlighted areas, staff contacts Switchboard at "55"; designated security guard and nurse to respond.



Alert 99 Areas of Responsibility

Level 2

For Alert 99 incidents occurring in highlighted areas, staff contacts Switchboard at "55"; designated security guard and nurse to respond.



Alert 99 Areas of Responsibility

Level 3

For Alert 99 incidents occurring in highlighted areas, staff contacts Switchboard at "55"; designated security guard and nurse to respond.

