i. Outline

CODE 99

(Medical Emergency)

If You Discover A Medical Emergency

<div style="background-color:yellow">

Dial 4444
State area and/or room number clearly
Provide medical specialty, if available

Refer to Page 3

</div>

Switchboard
Announce **Code 99 & location 3 times**

Activate appropriate pagers
Refer to Page 5

Response
The **Medical Response Team** will attend the
scene and assume command
Refer to Page 7

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Table of Contents

1.0   General Overview

1.1.   Code to Be Used In Case of a Medical Emergency
Anytime someone is in need of emergent medical attention inside the facility, other than cardiac arrest. If the person is **talking**, call **Code 99**, if the person is **not talking**, call **Code Blue.** A specific medical service can be requested in cases where it is known which service is required.

1.2.   Authority to Declare a Code 99
Anyone that is aware of a person(s) requiring emergent medical attention, other than cardiac arrest is authorized to activate a Code 99. Anyone that is aware of a person requiring emergent medical attention that occurs **outside the facility should call 911 and 4444**

1.3.   Response Team
Composition of Medical Response Team will depend on whether the Code 99 is in a Patient Care area or Non-Patient Care Area

Patient Care Areas Response Team
- First Responder (defined as a regulated health professional)
- Staff providing care on that unit
- Attending Physician or Resident for that area
- RACE nurse
- Respiratory technician
- RACE physician (Mon – Fri 9am – 5pm only)
- Security (only if notified by unit of need)

Non-Patient Care Areas
- First Responder (defined as a regulated health professional)
- RACE team
- Porter with a stretcher
- Security

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2.0   Response & Recovery – All Staff

Response

2.1.   Procedure if You Are Aware of a Medical Emergency
Immediately notify:
☐ Switchboard **(4444)** providing;
  ☐ Name and position
  ☐ Location
  ☐ Provide nature of the emergency (e.g. collapse, fall, injury, bleeding etc.)

2.2.   Procedure if You Hear a Code 99 Announced Overhead
☐ If you are <u>in the area</u> of the medical emergency and not providing medical treatment, assist in isolating the area, and directing the RACE team to the emergency
☐ The patient's care team are expected to assist the RACE team and to provide important information
☐ If you are <u>not in the area</u> and are not part of the medical emergency <u>continue with your normal duties and avoid going to the affected area</u> until the situation is resolved

Recovery

2.3.   When the crisis has concluded:
☐ Resume normal duties
☐ Participate <u>if</u> an incident debriefing session is being held, following the incident

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3.0   Response & Recovery – Switchboard

Response

3.1.   Upon Notification of a Medical Emergency Arrest
☐ Announce overhead three times **"CODE 99 (location plus Service)"**

☐ If no Service given page as "**Code 99 RACE Team plus location**

☐ For all Services Page RACE NURSE and RESP TECH via the Pagenet portal

☐ Notify:

    ☐ RACE Physician **9am – 5pm ONLY**

    ☐ Page Dr.'s (Staff) & Resident Covering Requested Service

    ☐ OR Manager telephone **(Ext. 7071)** to be notified of any Code Blue or Code 99 for Anesthesiology; M-F during business hours

    ☐ Page Manager / Supervisor covering the floor **enter 99* 4444** for numeric pagers

    ☐ **** MON - FRI 7pm - 7am & Weekends and Stat Holidays notify the Administrative Coordinator on call via the Pagenet portal FOR ALL AREAS**

    ☐ If Code is in a **Non-Patient Care** Area – Dispatch Porter 24 hrs / 7 days via the online application and document job #

Recovery

3.2.   Upon Notification That the Crisis Has Concluded
☐ Call floor in 1 hour for patients name and document on code sheets

☐ Participate <u>if</u> an incident debriefing session is being held, following the incident

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4.0   Response & Recovery – Medical Response Team

Response

4.3.   Medical Response Team
Patient Care Areas Response Team
- First Responder (defined as a regulated health professional)
- Staff providing care on that unit
- Attending Physician or Resident in that area
- RACE team nurse
- Respiratory Technician
- Security (only if notified by unit of need)

Non-Patient Care Areas
- First Responder (defined as a regulated health professional)
- RACE team
- Porter with a stretcher
- Security

4.4.   Upon Receiving the Code 99 Notification
☐ The RACE Team will attend the scene of the Code 99 and assume command.

☐ The respiratory therapist's responsibilities may include but will not be limited to:

    ☐ Provision of basic airway management including BVM ventilation, high flow oxygen and suctioning of the airway

    ☐ Providing assistance to anesthesia in cases of advanced airway management

RACE Registered Nurse
☐ **The RACE nurse will attend all Code 99's**

☐ **Responsibilities will include, but not be limited to:**

☐ Securing IV access if required

☐ Administration of medications

☐ Documentation of the actions of the team during the arrest

RACE Team Attending Physician
☐ Will be present for all code 99's between 9am and 5pm in a supervisory role

☐ Will be immediately available by phone for codes at other times

☐ Review all code 99's for quality assurance and communicate any problems to the RACE team medical director

Recovery

4.5.   When the crisis has concluded:

☐ Complete applicable sections of the Cardiopulmonary resuscitation flow sheet to document Code 99, including the provision of required signatures, and resume normal duties

☐ Participate in an after-code quality assurance process

5.0   Response & Recovery – Protection Services

Response

5.1.   Upon Receiving the Code 99 Notification
☐ If the emergency is on a patient care unit it is not necessary for Security to respond
unless directly requested by the unit to assist

☐ If the emergency is not on a patient care unit, respond to area to provide assistance
in isolating the area

☐ When the medical team is ready to transport the patient to Emergency, assist by
ensuring they take the most direct route and the way is clear of obstruction

Recovery

5.2.   When the crisis has concluded
☐ Once the patient has been escorted to Emergency resume normal duties

☐ Participate if an incident debriefing session is being held, following the incident

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6.0　Appendix A: Cardiopulmonary Resuscitation Flow Sheet

KG+H KINGSTON GENERAL HOSPITAL

The Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of
Kingston

CARDIOPULMONARY RESUSCITATION FLOW SHEET

Date _____ yyyy mm dd　　　Time of arrest/found _____ h

Witnessed?　☐ Yes – By whom? _____　　☐ No

Location _____　　Pulse present? ☐ Yes ☐ No　　Initial rhythm _____

Time		Defibrillation (Joules)	Epi nephrine 1:10,000 (mL/route)	Amiodarone (mg/route)	Atropine (mg/route)	Vasopressin (Units/route)	Initial	Other medications (name/dose/route)
	Code Blue/Pink called							
	Arrival of first cardiac arrest team member							
	Arrival of cardiac arrest team leader							
	Intubation by							
	Progress Notes (e.g., rhythm, vitals, chest compressions, suctioning, IV fluids, infusions, pacing, bloodwork)							
	Return of spontaneous circulation (rhythm with pulse)							
	Return of spontaneous respiration							
	Resuscitative efforts discontinued							

Abbreviations: IV = intravenous
ET = endotracheal
IO = intraosseous

Outcome:　Resuscitated　☐ Yes Transferred? to _____ at _____ h Date _____ yyyy mm dd

☐ No　☐ Expired—Time of death _____ h　Date _____ yyyy mm dd

Presumed cause of arrest _____　　***(sign, initial and print names)***

Team leader MD: _____/____/_____　　RN:　_____/____/_____

RCP: _____/____/_____　　RN:　_____/____/_____

Recorder: _____/_____/_____　　Other: _____/____/_____

Cardiopulmonary Resuscitation Flow Sheet
SAP# 315/2004/02 TRIAL　　　　Page 1 of 1　　White – Chart, Yellow – Risk Management (KGH) or ER Nurse Manager (HDH)

KGH KINGSTON GENERAL HOSPITAL

The Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston

CARDIOPULMONARY RESUSCITATION FLOW SHEET

Date _____ (yyyy mm dd)   Time of arrest/found _____ h

Witnessed? ☐ Yes – By whom? _____   ☐ No

Location _____   Pulse present? ☐ Yes ☐ No   Initial rhythm _____

Time		Defibrillation (Joules)	Epi nephrine 1:10,000 (mL/route)	Amiodarone (mg/route)	Atropine (mg/route)	Vasopressin (Units/route)	Initial	Other medications (name/dose/route)
	Code Blue/Pink called							
	Arrival of first cardiac arrest team member							
	Arrival of cardiac arrest team leader							
	Intubation by							
	Progress Notes (e.g., rhythm, vitals, chest compressions, suctioning, IV fluids, infusions, pacing, bloodwork)							
	Return of spontaneous circulation (rhythm with pulse)							
	Return of spontaneous respiration							
	Resuscitative efforts discontinued							

Abbreviations: IV = intravenous
ET = endotracheal
IO = intraosseous

Outcome: Resuscitated ☐ Yes Transferred? to _____ at _____h Date _____ (yyyy mm dd)

☐ No   ☐ Expired—Time of death _____ h   Date _____ (yyyy mm dd)

Presumed cause of arrest _____   *(sign, initial and print names)*

Team leader MD: _____/_____/_____   RN: _____/_____/_____

RCP: _____/_____/_____   RN: _____/_____/_____

Recorder: _____/_____/_____   Other: _____/_____/_____

For the purpose of quality improvement, please comment on resuscitative process eg. resuscitation cart, paging, airway equipment, I.V.s, central lines, monitor/defib., external pacer etc. (can be filled out by Team Leader, RN, or RCP)

_____

_____

_____

_____

Reminder to fill out Unusual Occurrence Form when appropriate (e.g., concerns with any aspect of the resuscitation process etc.)

Note: Problems with mechanical equipment are to be reported to Clinical Engineering immediately