# Code "99" Response Teams

**Purpose**
To assure an appropriate response to Code "99's" from the Department of Respiratory Care Services.

**Scope**
Applies to all clinical personnel. All Code “99” response personnel must be current in ACLS.

**Procedure**
At the beginning of each shift, the RCS supervisor will assign individuals specific pagers for the Code “99” Response Team. Only those therapists assigned will respond to the paged “Code 99”.

The code team will consist of the following individuals who will carry the specified pagers.

- The Supervisor
- Therapists with assignments in general care areas
- The Respiratory Care Assistant
- The therapist assigned to the TDC ICU will only respond to codes in the TDC hospital.

* A therapist should be assigned the task of obtaining the backup code cart and End Tidal CO2 monitor if a Respiratory Care Assistant is not available. Availability of the Respiratory Care Assistant varies shift by shift.
**Special Considerations**

- The primary therapists assigned to each of the ICUs should remain in their assigned to provide optimal coverage.
- Any therapist not assigned to the Code "99" response team is encouraged to respond to either Pediatric or Adult codes if they are in the immediate vicinity of the called code. When the code team arrives, the therapist should return to their regular assignment once dismissed by the RCS supervisor.
- The RCS supervisor is responsible for calling for assistance if more assistance is needed.
- Personnel should be limited. The RCS supervisor is responsible for asking RCS personnel to return to their assignments if they are not needed.
- The pagers designated for the code responders must not be loaned out for broken pagers.

**References**

AARC Clinical Practice Guidelines; Resuscitation in Acute Care Respiratory Care 1993; 38: 1179-1188


Institutional Handbook of Operating Procedures, Cardiopulmonary Resuscitation-Calling a Code 99, Policy #9.13.1