

For Information
On 12 January 2009

Legislative Council Panel on Health Services

**Handling of requests from the public
for urgent medical assistance by public hospitals
and the Caritas Medical Centre incident**

PURPOSE

This paper informs members of a review conducted by the Hospital Authority (HA) on its principles for handling public requests for emergency medical needs within the vicinity of public hospitals/clinics, as well as a report of the Caritas Medical Centre (CMC) incident happened on 20 December 2008.

BACKGROUND

2. On 20 December 2008, a person tried to get help for a collapsed patient, who was outside the Wai Ming Block of CMC, from a clerk at a hospital counter of CMC. The patient subsequently passed away on the same day after resuscitation. The CMC's response to the emergency was considered inadequate. The incident has aroused public concerns over the response of public hospitals to requests for urgent medical assistance at hospital vicinities.

REVIEW OF CURRENT GUIDELINES IN HA

3. Saving lives is HA's mission. There is no doubt, and it is also public's expectation, that HA will provide a high standard of medical services, with professional and high ethical standard, including rendering the best possible assistance to anyone who requires urgent medical assistance.

4. There are clear guidelines in HA hospitals on the handling of emergencies and ad-hoc situations **within** hospital compounds i.e. covering all clinical and non-clinical areas. While HA did not have formal guidelines specifically on the handling of requests for emergency assistance **outside** the hospital compounds, a generic response mechanism has been adopted widely to handle emergencies in the vicinity of the hospitals. The response mechanism is generally the same for hospitals with an Accident and Emergency Department (AED) and hospitals/clinics without an AED:

(a) For hospitals with AEDs

For incidents like fire, people falling from height or collapsed suddenly, immediate notification of the security guard or duty foreman of the Supporting Services Department in the hospital, as well as the Fire Services Department via 999 is adopted as the common practice. The hospital staff generally will also seek help from clinical staff nearby and notify the AED in the hospital. A general flow chart showing the

handling process is at **Annex I**.

(b) **For hospitals/clinics without AEDs**

A similar approach as in (a) above is also adopted. In general, the hospital staff will assess the situation and call for assistance from clinical staff nearby. First-aid will be applied if situation warrants and ambulance service via 999 will be sought simultaneously. (Flow chart at **Annex II**).

CMC INCIDENT

5. HA is very concerned about the handling of the CMC incident and the Chief Executive of HA has demanded a thorough review be conducted. An investigation report of the incident (The Report), released on 5 January 2009, is at **Annex III**. The major recommendations from the Report are :

- (a) a designated contact phone number to notify the responsible person for prompt response will be set up immediately;
- (b) relevant training and briefing for emergency response to staff will be conducted regularly;
- (c) standardized and appropriate first-aid equipment and accessories will be

provided for the emergency response team; and

- (d) road signage guiding to AEDs will be improved.

FOLLOW-UP ACTIONS AND REVIEW OF GUIDELINES

6. The HA management has considered the findings and recommendations of the Report and will follow up as appropriate. At the same time, following the CMC incident, the HA Head Office has reviewed immediately the existing emergency response mechanism as well as fortified the over-arching corporate-wide, patient-centred value for all hospital staff. A set of guiding principles for handling persons requiring emergency medical assistance in the vicinity of HA hospitals and clinics has been drawn up (**Annex IV**).

7. The principle reinstates the prime concern of people's lives by HA and that HA staff will render all reasonable assistance to the persons in need at any time. Continuous efforts will be made to strengthen staff understanding of the core value through seminars and briefings. Mechanisms including designated phone numbers or communication channels to duty officers for emergency response will be adopted.

8. Periodic reviews will be conducted to ensure compliance with the guiding principles. That said, and despite the general guiding principles, flexibility should be exercised where necessary as it is impractical for every single guideline to exhaust individual circumstances. Staff must be familiarized with the

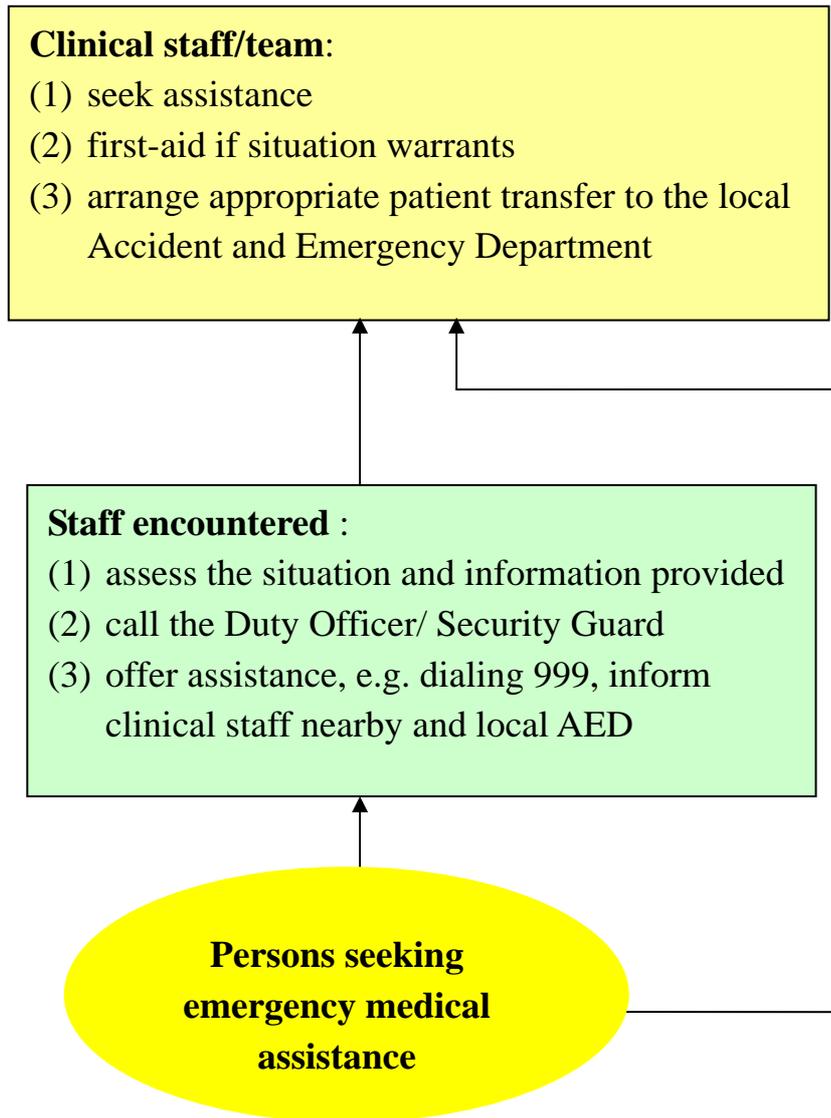
communication channels so that earliest notification can be made.

ADVICE SOUGHT

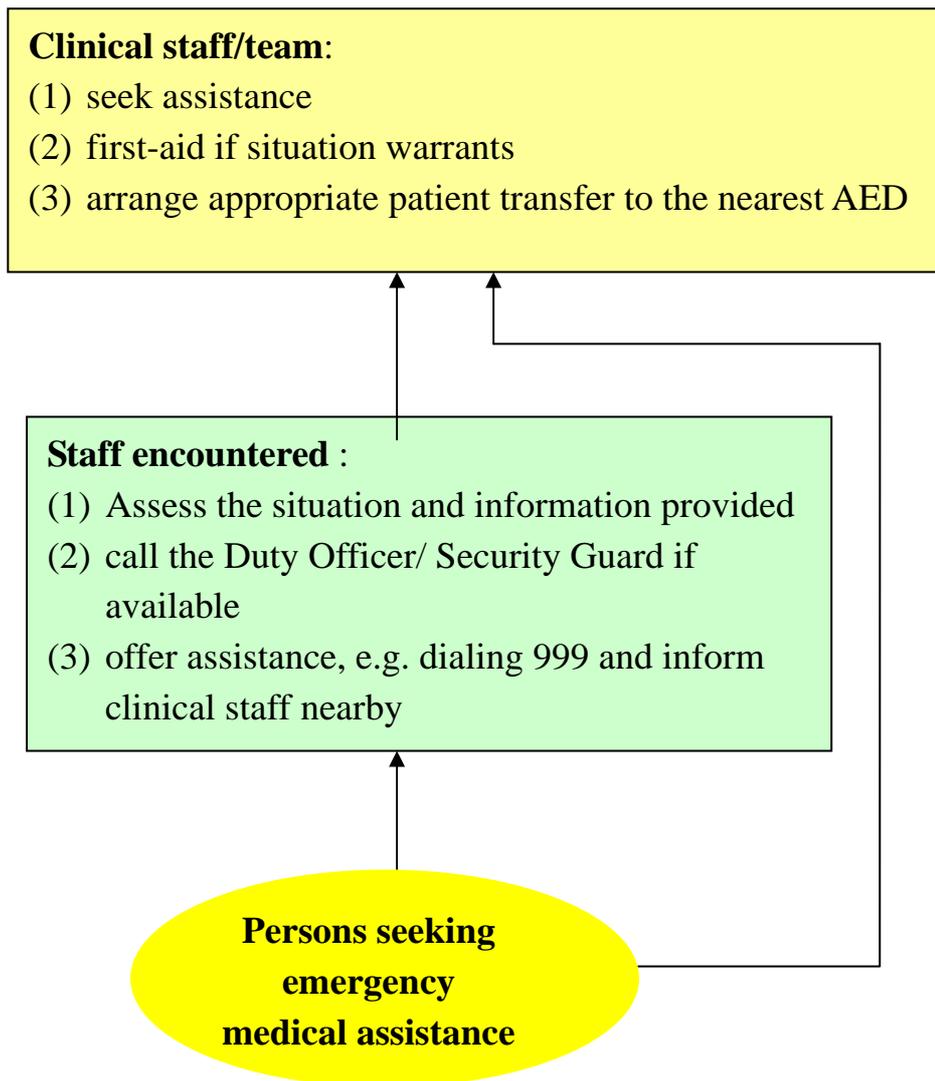
9. Members are invited to note the content of this paper.

Hospital Authority
January 2009

General flow-chart demonstrating the handling of requests for emergency medical assistance in the vicinity of HA hospitals with Accident and Emergency Departments



General flow-chart demonstrating the handling of requests for emergency medical assistance in the vicinity of HA hospitals/clinics without Accident and Emergency Departments



CARITAS MEDICAL CENTRE



INVESTIGATION REPORT

ON THE INCIDENT OF A PERSON COLLAPSED ON

THE ROAD OUTSIDE THE ENTRANCE OF WAI MING BLOCK (“Incident”)

**WRITTEN BY: DR. H C MA,
HOSPITAL CHIEF EXECUTIVE
CARITAS MEDICAL CENTRE**

DATE: 2 JANUARY 2009

PREAMBLE

All along, Caritas Medical Centre (“CMC”) upholds the mission of showing “Love in the service of hope” and under this mission we have a commitment to offer assistance to patients with emergencies. Having reviewed all the available information and facts of the case, the Hospital considered that there are deficiencies in the response of the General Services Assistant (“GSA”) and the Accident and Emergency Department (“A&E”) to the Incident, and in the Hospital spokespersons’ communication skills through the press releases (Appendices 1 and 2) and press conference on 21 December 2008. The Incident has caused strong and widespread criticism to the reaction adopted by the GSA and the explanation provided by the Hospital Management on behalf of the hospital.

Although being in the post for only six months, as the Hospital Chief Executive of CMC I must be answerable for the overall performance of the hospital. I would like to express once again my sincere apologies to the deceased’s family and the public over the hospital’s handling of the Incident and for creating anxiety and confusion over our actions in responding to urgent request for assistance.

I would like to reiterate that as healthcare professionals, all CMC staff members are committed and willing to give their best to the needy. When confronted with a person in a life-threatening condition, we would offer all the necessary help without reservation.

The findings of this investigation report regarding the incident are based on the account of facts of the concerned staff and the best knowledge of the Hospital Management after several rounds of reviews on other information. The Hospital has also contacted the deceased’s family member to verify some information on top of our expression of condolences and willingness to provide assistance.

The Hospital hopes that this report will provide the necessary information for the Hospital Authority in its course of delineating responsibilities for this Incident.

2. SOME BACKGROUND INFORMATION

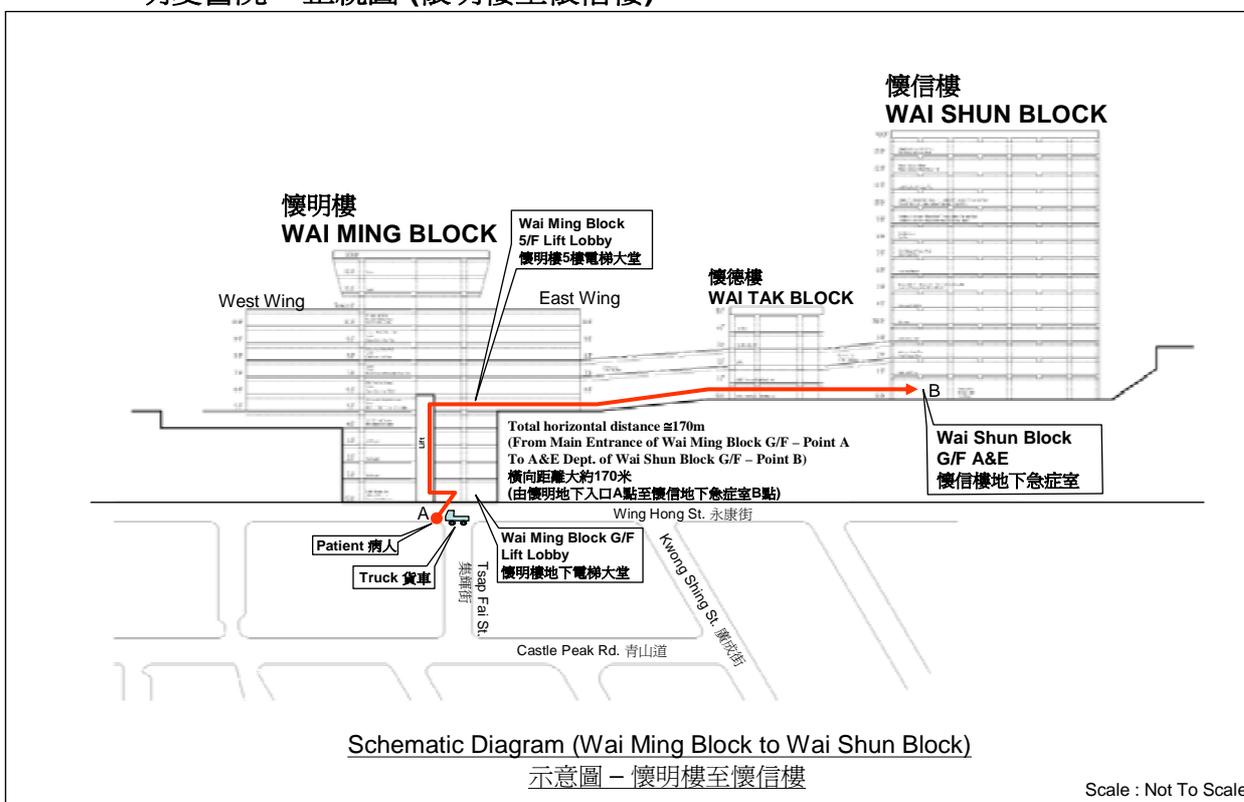
2.1 The Wai Ming Block (“WMB”) and A&E of CMC

The WMB used to have the A&E located at its fifth floor. When the Wai Shun Block (“WSB”) was built and opened for use in October 2002, the A&E was relocated to WSB which is about 170 meters away from WMB. Other than housing three non-clinical departments (Medical Record Department, Medical Social Work Department and Hospital General Store), the ground floor of WMB at present serves as a passage for the pedestrians to access or leave from all hospital blocks via Wing Hong Street (永康街) (Diagram A).



Caritas Medical Centre –Elevation Drawing (Wai Ming Blk. To Wai Shun Blk.) Diagram A

明愛醫院 – 正視圖 (懷明樓至懷信樓)



2.2 Access by Traffic to CMC

The Incident occurred on Wing Hong Street. Wing Hong Street only allows one-way traffic for vehicles from East to West. There is no direct access for the traffic to A&E of CMC from Wing Hong Street. There are two roads leading to the main hospital compound of CMC that can be used by vehicles: Po On Road (保安道) and Wing Ming Street (永明街). There is an emergency entrance/exit on Ching Cheung Road (呈祥道) that is restricted to authorized vehicles and ambulances only.

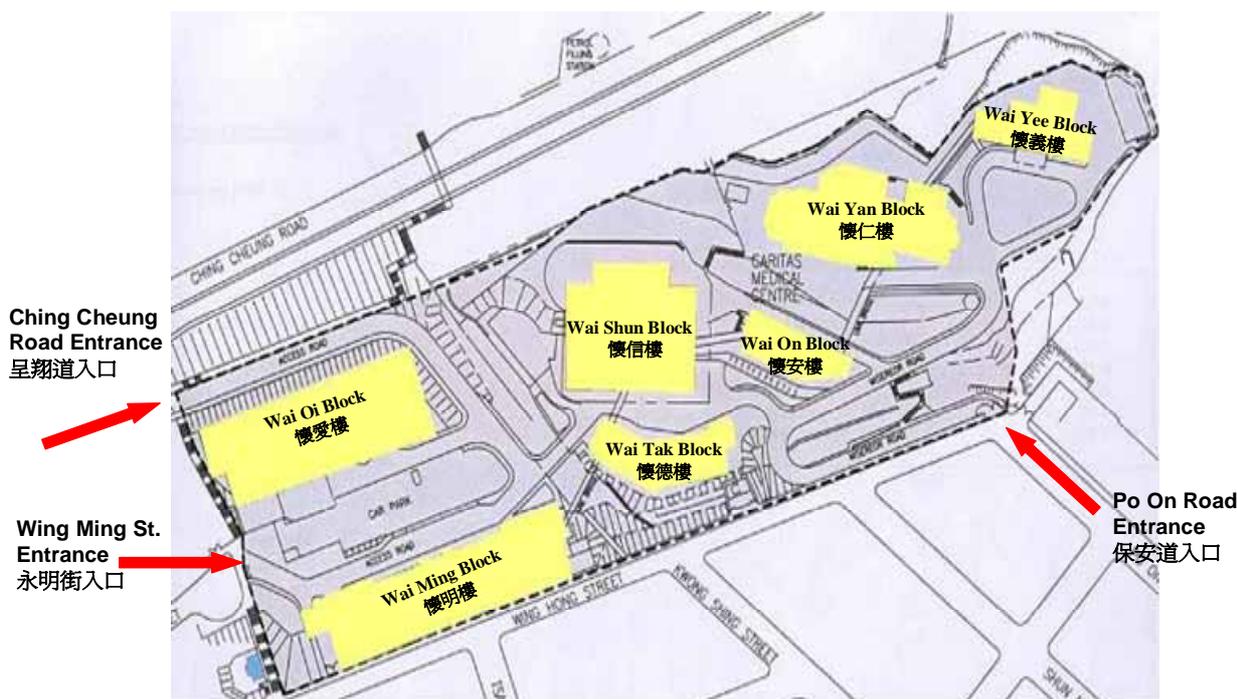
Cars can approach A&E of CMC from the entrance on Po On Road or Wing Ming Street. The road signs on and near Po On Road show the way to the hospital, but do not highlight the A&E. There are no road signs leading vehicle drivers to the entrance of Wing Ming Street (Diagram B)



Caritas Medical Centre – Existing Vehicle Entrances

Diagram B

明愛醫院 - 現有車輛入口分佈圖



2.3 The Deceased's Health Condition before the Incident

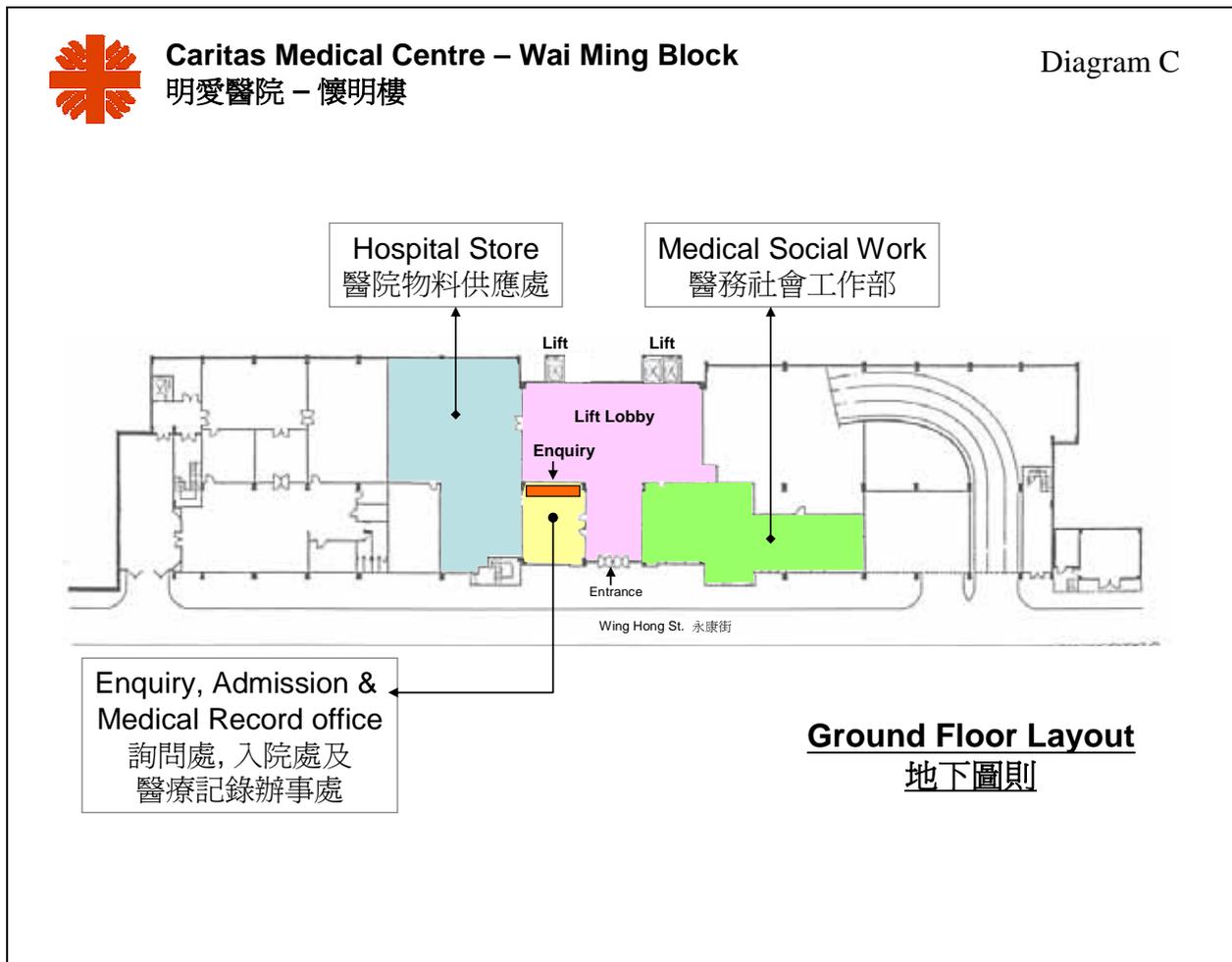
The Hospital Management learned from deceased's health record that he was a patient of CMC with regular follow up and treatment for his long-standing history of Diabetic mellitus, hypertension, hyperlipidaemia and serious ischemic heart disease (triple-vessel disease).

As the matter has been reported to the Coroner, CMC will not comment on the cause of his death.

3. THE INCIDENT

14:43hr

WMB consists of 12 floors housing rehabilitation/hospice wards and other offices. All offices in WMB are closed on Saturday afternoons, Sundays and public holidays. The Incident occurred in a Saturday afternoon when a GSA, who is a junior clerical staff, was the only staff on duty to man the enquiry counter of WMB ground floor from 14:00 to 16:00 to respond to general enquiries. The enquiry counter faces inward towards the lifts (Diagram C).



At around 14:43 on 20 December 2008, a man (later confirmed to be the driver) (“**Driver**”) rushed to the ground floor lift lobby of the WMB of the CMC from Wing Hong Street and approached the enquiry counter. He told the GSA that a person (“**Person**”) had fainted outside CMC and requested her to go out to help him.

The GSA suggested the Driver to call 999, explaining that she was a clerk and not a healthcare professional. The Driver then left the enquiry counter.

14:45hr

A CMC doctor (“**Doctor**”) happened to pass by the scene and noticed that the Person was unconscious and lying on the ground in front of a truck. He immediately used his mobile phone to

call the CMC operator who then relayed his call to A&E. According to the Doctor, a request to deploy staff to the scene was conveyed to a female staff. After making the call, the Doctor did an initial assessment, confirmed that the Person was unconscious and in cardiac arrest. External cardiac massage was commenced immediately. The Doctor asked for history of the incident from the Person's son but it could not be properly obtained.

According to A&E nurse, there was such a call for request but the message was not clear due to noisy background. The nurse then reported to the Nursing Officer in-charge ("**Nursing Officer**") and a Nurse Specialist ("**Nurse Specialist**").

14:47hr

GSA checked from the door of the enquiry office and noticed a person ("**the Doctor**") was performing resuscitation for a man lying on the road but there was no ambulance around. She immediately called the Ambulance Controller of the Fire Services Department ("**FSD**") stationed at the A&E of CMC and asked that an ambulance be sent to the scene as soon as possible. [N.B. Subsequent information from the FSD showed that two earlier calls had been made to 999 at around 14:45 and 14:46 respectively, and the ambulance that finally came to the scene and carried the Person away to A&E was the one that had just left CMC and proposed by the Ambulance Controller.]

Around 14:51hr / 14:52hr

The Nurse Specialist instructed another A&E nurse to inform the security guard to do a search at WMB for the exact location of the Incident. The Nurse Specialist also said that A&E might need to offer help.

The Doctor continued with the resuscitation. Periodic assessment was conducted after completion of every cycle of cardiac massage but the Person did not respond to the resuscitation. At around 14:52, the Doctor noticed that no medical staff had turned up. As a police officer had arrived on the scene during his resuscitation, he asked the police officer to continue with the external cardiac massage and he made a second call to A&E via the telephone operator. A&E registration counter confirmed that the call had been made and transferred to the nursing counter. However the second call could not be verified by the A&E nurses after repeated enquiry by Hospital Management.

Around 14:53hr

At around 14:53, the First Aid Responder of FSD arrived with an automated external defibrillator and took over the resuscitation from the Doctor. Two defibrillation shocks were delivered to the Person at around 14:55 and 14:57 respectively.

Around 14:55hr

At around 14:55, the two security guards arrived at the scene and found the police officer and the FSD personnel attending to the Person. They immediately reported to the Security Control Room and the message was further relayed to A&E. The Nursing Officer came to the view that if further assistance was needed, A&E would be informed.

From 14:58hr to 15:26hr

At around 14:58, an Emergency Medical Assistant Motor Cycle of FSD arrived and joined the resuscitation.

At around 15:00hr, an ambulance of FSD arrived at the scene. It departed with the Person at around 15:06 and arrived at A&E at around 15:09. Resuscitation was continued. The Person did not respond and was certified dead at 15:26. CMC reported the case to the Coroner.

4. ISSUES OF CONCERN

4.1 GSA's Response

It is understandable that the public expect immediate assistance from hospital staff in response to the urgent request for help. It is regrettable that in this incident the GSA only asked the Driver to call 999 instead of providing immediate assistance. Despite that she is a junior clerical staff and might have underestimated the seriousness of the matter. She also denied having used words such as “not my business”. The Hospital Management considers her response fall short of the expectation of the help-seeker, making the latter feel her to be indifferent and lacking empathy.

However, she did call the Ambulance Controller at A&E a few minutes later. She also checked and made sure that help from FSD had arrived before she resumed her duties at the enquiry counter. But these acts could not make good for her initial inadequate response.

4.2 A&E's Response

The Doctor called A&E the first time around 14:45. A&E reported that the first message was not clear and called the security guard around 14:51, after a lapse of around 6 minutes. The Doctor called the A&E the second time around 14:52, but this was not recollected by A&E nurses. When the security guards reached the scene at 14:55, the police officer and the First Aid Responder had arrived. Thereupon the Nursing Officer decided to wait for the arrival of the Person by ambulance.

CMC is of the view that the A&E personnel have a duty to clarify message from callers for urgent help, and should have immediately requested the security guard to check the exact location of the Person rather than a few minutes later. It is obvious that the way the A&E staff handled the call for urgent help is inadequate.

All along the A&E's professional opinion is that their priority is to stay at their workplace to provide emergency care to patients coming to A&E. They maintain their view that if they are to dispatch emergency team for conducting cardio-pulmonary resuscitation at field effectively, they should be equipped with portable automated external defibrillator (“AED” which is currently not available at A&E) and appropriate manpower. Moreover, ambulances are also required to transport patients from the scene to A&E in view of the special geographical and environmental factors.

On the other hand, the public expected the Hospital to respond to nearby external urgent calls in whatever way that was immediately feasible. It seems that CMC A&E was unable to meet public expectation in this regard, although the Doctor did what was expected.

4.3 CMC's Guideline on Handling Urgent Requests for Assistance

There is no existing hospital guideline on handling emergencies outside the hospital compound. For handling unconscious patients in non-clinical areas within the hospital, CMC's prevailing guideline (Appendix 3) requires calling 999 for assistance and A&E if required. The reason for calling 999 is for safe transfer of patients back to A&E as the premises of CMC are widely scattered up on a hill at different levels linked by sloping roads. Unfortunately this point is hard to understand by outsiders.

4.4 Road Signs

A road sign for pedestrians at the junction of Tsap Fai Street and Castle Peak Road may mislead vehicle drivers heading for CMC to turn into Tsap Fai Street which has no direct access to the Hospital for vehicles. Clearer road signs with highlight on access to A&E of CMC would have helped the Driver in this case.

4.5 Internal Reporting Mechanism of the Hospital

In this case all the concerned staff did not report the Incident to Hospital Management. This has led to delay and difficulties for the investigation process for the Incident. This reflects that some staff members are not as vigilant as expected.

4.6 Hospital Response and Management of the Incident

In retrospect, there were issues and inadequacies in both the press release and the two hospital spokespersons (who represented the Hospital Management) in the press conference. The Hospital Management tried to act in a responsive manner to inform the public through the first press release as soon as it has completed a preliminary investigation and, with the support of Hospital Authority Head Office, to offer further explanations on the hospital's assessment of the Incident through a press conference on the same day.

When the media enquired whether the first staff receiving the request for urgent help had acted according to hospital guideline, the Hospital stated that the response of the GSA was "compatible with" the hospital guideline which deals with incidents happened within the premises of the Hospital. This was somehow taken to mean that the Hospital required staff members to rigidly stick to hospital guideline, causing her to respond in an unenthusiastic manner in this Incident. This raised the dissatisfaction of the public. In actual fact the Hospital does not have a written guideline for the handling of incidents happening in the vicinity of the hospital.

Although the HCE in the press conference was willing and had indeed acknowledged the inadequacies of the response demonstrated by CMC to the call for help in this Incident, he might have put too much weight in the rationality of the Incident and thus the sentiment of regret was not well expressed such that the community's expectation/sentiment towards the hospital was not properly addressed. The A&E COS also spent a lot of his time on emphasizing the importance of calling 999 in the general situation of sudden heart attacks. He intended to use the case as an opportunity to bring the public to a better understanding on the best and safest way to handle such emergencies. Unfortunately the impression got by the public from the media's reports on the press conference was that the Hospital Management was bureaucratic, lack of sympathy, indifferent to those asking for urgent help and protecting its staff.

From this Incident the Hospital Management further appreciate the difficulty and complexity of communicating an incident which has caused severe criticism from the public. This is particularly the case when technical details and issues of hospital operations (e.g. the reason for calling 999 in emergency situations near the hospital) need to be clearly explained. Nevertheless, the Hospital Management has taken a positive view that much can be done to improve our ability in addressing the community's expectation with the lessons learnt and experience gained from this Incident.

5. PROPOSED IMPROVEMENT AREAS

5.1 Enhancing Responsiveness and Preparedness for Urgent External Calls

CMC is in the process of formulating clear and practical mechanism on the immediate response to requests for urgent help from either the public or hospital staff occurring at non-clinical public areas or vicinity of the hospital, which requires staff to:

- i) offer immediate assistance and assess the situation, and then direct the urgent request to A&E through a designated communication pathway;
- ii) call 999 at the same time if indicated;
- iii) report the incident to Hospital Management according to its nature and severity.

The Hospital will communicate the guideline to all frontline staff.

5.2 Equipment and Other Essential Gadgets

CMC will also:

- i) procure adequate number of AED and sets of essential resuscitation gadgets for rendering basic life support (“**BLS**”)and defibrillation to indicated victims;
- ii) identify sites within the hospital with heavy public patronage for the installation of AED in a readily accessible manner;
- iii) provide wheelchairs and height-adjustable stretchers at strategic sites for rapid deployment by staff.

5.3 Training of Key Staff Groups for BLS and First Aid Treatment

CMC will:

- i) identify essential staff groups that may be approached by members of the public for urgent assistance and provide training on the technique to acquire essential information and BLS skills including the use of AED;
- ii) conduct regular drills for A&E staff to make them familiarized with the protocol for dispatching teams to the scene to deliver immediate help.

5.4 Improvement on External Signage

CMC will work with concerned government departments on the need for additional signage around the hospital to guide road users to the A&E of the hospital.

5.5 Improvement on Presentation and Media Handling Skills

It would be desirable for staff members who act as hospital spokespersons to receive more training and improve their skills for communicating with the media so that essential message can be conveyed to the media and public more effectively.

6. CONCLUDING REMARKS

The incident provides an occasion for all staff members to revisit and uphold the Hospital mission and values in the discharge of their duties in serving the public. The hospital will also reinforce its incessant effort in the fostering of a caring and concerning culture among all staff members in response to calls for urgent help.

Because of the inadequate response of some staff members to the call for urgent help and the suboptimal handling of the Incident, substantial damage has been caused to the reputation of the hospital as a whole. Many staff members feel sad and demoralized, especially when there appears to be loss of public confidence in the hospital. Nonetheless, the Incident also provides valuable lessons to the Hospital as well as opportunity for Hospital Management and staff to seriously review the uncovered shortfalls and inadequacies for future improvement

While the acquisition of equipment and setting up of facilities is expected to be accomplished within relatively short time, the training of staff and familiarization with the response plans will be started at the same time.

Regarding the issue of responsibilities for the Incident, it would be managed through the established human resources policies and procedures by the Cluster and Hospital Authority Head Office.

End of report



明愛醫院

CARITAS MEDICAL CENTRE

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TEL: 3408 7911 FAX: 2785 5755

二零零八年十二月二十一日(星期日)

編輯注意:

明愛醫院發言人今日(十二月二十一日)就傳媒查詢現有以下回應:

於昨日(十二月二十日)約二時四十三分，一名男子到本院懷明樓地下大堂向詢問處當值職員報稱有人在永康街入口的街道上受傷暈倒，要求該職員協助救治，該職員表示由於她是詢問處唯一當值職員及並非醫護人員，遂根據部門指引建議該男子致電 999 求助。稍後她曾探頭看到傷者已被擺放在該街道的行人路上並有一名途人在為他進行急救，但未見救護車到場；出於對該傷者的關懷，她遂致電本院駐院救護車聯絡主任要求盡快派遣救護車到場。不久，她得悉救護車已到場並給予傷者救治，遂安心繼續她在詢問處的工作。

本院曾詳細討論在本院附近街道上發生引致傷亡意外事件處理方法，認為致電 999 可讓傷者最快捷及有效地得到急救服務。該職員上述之處理方法是合乎本院有關的指引。

該名傷者在送抵急症室後搶救無效而不幸辭世，本院已致電其家屬表示深切慰問。

* * * * *

傳媒查詢：7321 7927



明愛醫院

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TEL: 3408 7911 FAX: 2785 5755

21 December 2008

Attention News Edition:

Regarding to the citizen seeking help from the Inquiry, the spokesman for Caritas Medical Centre (CMC) had the following announcement.

Our Hospital Chief Executive, Dr. MA Hok Cheung, conveyed our condolence to the family and met the media at 1615 today for further clarification due to the event had made a great concerns from the public and the media.

Please see the attachment for the chronology of the events.

After investigation, Dr. MA clarified that the victim had received the critical treatments including external cardiac massage by a medical staff within 3 minutes and 2 times of defibrillation within 12 minutes prior the arrival of ambulance.

The hospital will review the following issues and give suggestions for services improvement:

1. Review the internal protocol of the emergency handling of people in need of help inside and outside hospital compound;
2. Enhance the overall staff basic life support training;
3. Consider to purchase and place portable resuscitation equipment such as portable Automated External Defibrillator (AED) in appropriate public areas within hospital premises to facilitate the resuscitation process whenever necessary;
4. Liaise with the concerned government departments to improve the road signage for the drivers and other road users both around the hospital and within the hospital compounds.

Dr. NG Fu, Chief of Service of Accident and Emergency Department, reminded the public the importance of dialing 999 for similar events with clear reporting of the location of the scene and the condition of the victim, so that the ambulance crews could bring along the appropriate resuscitation equipment to help the victim as soon as possible.

Our Hospital will submit detail investigation report to Food & Health Bureau and the Hospital Authority Head Office within one week. We hope that in the future, we can do better to meet the public expectation. if the similar event happens again,



明愛醫院

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**The Chronology of the handling of a citizen seeking help at
Wing Hong Street outside Wai Ming Block of Caritas Medical Centre on 20
Dec 08**

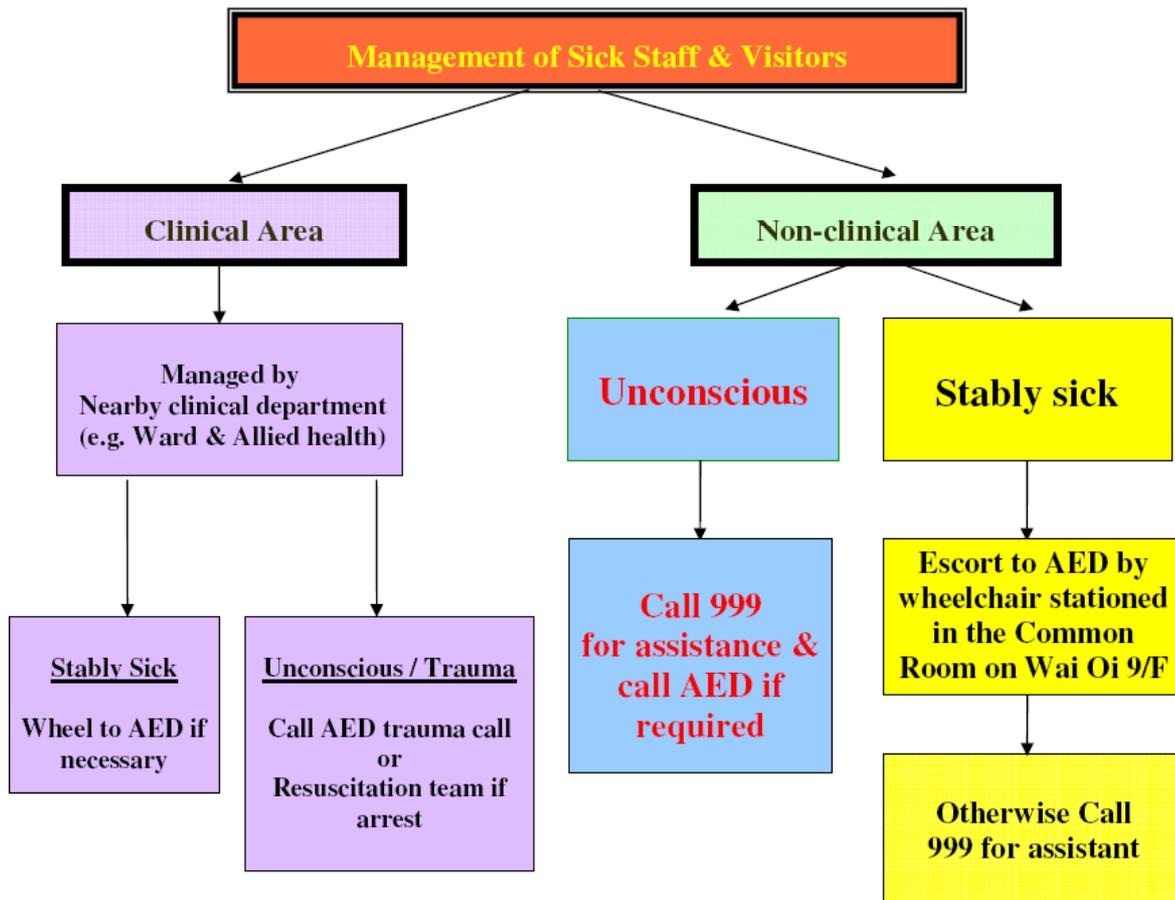
PM 2:43	The patient has been brought to Entrance of Wai Ming Block of Caritas Medical Centre
2:44	The patient's relative seek help from the enquiry counter, the staff advise the relative call 999 immediately
2:45	Fire Services Department receive 999 call referral
2:45	Dr. L S Wai of our Department of Surgery pass through the scene and find the patient collapsed, he inform the AED immediately and assess the patient with no pulse detected. External cardiac massage is performed promptly. (2-3 minutes after seeking the help)
2:47	Staff of inquiry counter found the ambulance is not yet arrival and the concerning doctor is performing the resuscitation, she then call the ambulance control centre of CMC with the request of dispatching an ambulance immediately
2:53	The first responder of Fire Service Department arrived with Automated External Defibrillator
2:55	Patient received the first shock
2:57	Patient received the second shock
2:58	Emergency medical assistant motor cycle (EMAMC) join the resuscitation
3:00	Ambulance arrived
3:06	The ambulance leave the scene
3:09	Ambulance arrived Accident and Emergency Department of CMC
3:26	Patient is certified dead

Management of Sick Staff & Visitors

If the sick person is found in the clinical area, the incident is to be managed by the nearby staff of the clinical department. e.g. Allied health / ward.

If the sick person is found in the non-clinical area, management depends on the general condition of the person as follows:-

- The person found unconscious, please call 999 for assistance. (for very urgent case, e.g. severe trauma/arrest, please call AED for assistance)
- The person found stably sick (not unconscious or cardiac arrest), please wheel the person to AED by means of the wheel-chair stationed in the Common Room on 9/F Wai Oi, otherwise please call 999.



**General Principles for Handling Persons
Requiring Emergency Medical Assistance
in the Vicinity of HA Hospitals and Clinics (“HA Institutions”)**

Principles

Saving people’s life is HA’s first priority.

All staff on duty at HA Institutions will render all reasonable assistance that they can offer to anyone who requires emergency medical assistance at any time.

Core Requirements

All HA Institutions should have a response plan to deal with potential medical emergency in their vicinities. Flexibility should be exercised on interpreting “vicinity”, having regard to the circumstances.

Each HA Institution’s response plan should be locally customized and should at least include the following essential components:

- (a) Staff when being called for help, he/ she or colleagues should :
 - (i) immediately assess the situation and call the Designated Response Person/Team* (with assigned telephone number), giving information on the location of the emergency and general conditions of the person(s); and
 - (ii) offer assistance, e.g. by calling 999;
- (b) The Designated Response Person / Team will arrive at the scene to assist and/or contact the designated clinical unit /staff for dispatch of clinical team to the scene with first-aid equipment;
- (c) Appropriate patient transfer to the Accident & Emergency Department or clinical unit assigned by the HA Institution should be arranged without delay.

The HA Institutions should conduct training to staff, as well as periodical review on the response plan to ensure compliance.

Please contact the Hospital Chief Executive or designated colleague for any enquiry about this General Principles.

**Designated Response Person / Team is the staff or clinical unit designated by a HA Institution to handle persons requiring emergency medical assistance with its vicinity.*