

Alert Action Form (AAF) Overview

Section of Alert Action Form (AAF)	Overview
Complete required actions within 96 hours of alert generation date and fax to Alberta Newborn Screening Program coordination team 403-476-8782	
ACTION ITEMS – Sign & date each entry (S/D)	<ul style="list-style-type: none"> Place check mark in box corresponding with 'Action' taken Sign and date each completed action item
All actions taken to be documented in infant's chart	<ul style="list-style-type: none"> Document all alert actions taken in infant's paper or electronic chart
COMPLETED BY ALBERTA NEWBORN SCREENING PROGRAM COORDINATION TEAM	
Newborn ULI: Alternate ULI: Newborn's Name: Gender: Date of Birth: Birth Order:	<ul style="list-style-type: none"> Newborn information provided reflects the demographics contained in Person Directory Name may change from the time of alert generation to investigation of the alert
Alert generation date (day 1):	<ul style="list-style-type: none"> Date which the alert was generated in Alberta Newborn Screening Application
Zone:	<ul style="list-style-type: none"> Original zone responsible for acting on alert
AD Clerk:	<ul style="list-style-type: none"> Name of the Alberta Newborn Screening Program coordination team member creating the AAF
Alert type:	<ul style="list-style-type: none"> Invalid data, missing screen event, collection, low birth weight or minor alert
Action required:	<ul style="list-style-type: none"> Specific actions required for each type of alert: <ul style="list-style-type: none"> Data validation Collection Data validation & if needed, collection
Transfer from zone: To zone: Date:	<ul style="list-style-type: none"> Used when a transfer occurs from original zone of responsibility to another zone or First Nations community
Parent's name and phone: Address:	<ul style="list-style-type: none"> Parent or guardian demographics reflects information contained in Person Directory
Birth facility:	<ul style="list-style-type: none"> Newborn information provided reflects the demographics contained in Person Directory
TO BE COMPLETED BY THE ZONE	
Sent to (name or position): District office: Date (yyyy-Mon-dd): Fax number:	<ul style="list-style-type: none"> Indicate name or position, and district office the AAF is forwarded to This is for zone tracking if additional follow-up is require
Action 1: Data Verification	
<input type="checkbox"/> Pending	<ul style="list-style-type: none"> Verification of infant's correct gender or date of birth is in progress. Refer to Resolving Invalid Data Alert Algorithm
<input type="checkbox"/> Correction requested: <input type="checkbox"/> Newborn Screening Lab Correction <input type="checkbox"/> PD Correction	<ul style="list-style-type: none"> Indicate what type of correction was required Complete the: <ul style="list-style-type: none"> Alberta Newborn Screening Laboratory Correction Form and fax it to the lab, <u>or</u> request correction with Patient Registration for a PD correction



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Action 2: Sample Collection	
<input type="checkbox"/> Pending	<ul style="list-style-type: none"> Attempts being made to contact parent or guardian, midwife, NICU, or Contact made to discuss newborn blood spot screening- no appointment scheduled
<input type="checkbox"/> Appointment booked (yyyy-mon-dd):	<ul style="list-style-type: none"> Sample collection booked on date indicated
<input type="checkbox"/> Completed: Date of collection (yyyy-mon-dd):	<ul style="list-style-type: none"> Sample collection completed on specific date and at location indicated
<input type="checkbox"/> Pending Referred to: <input type="checkbox"/> Midwife <input type="checkbox"/> NICU Name:	<ul style="list-style-type: none"> Identify if a midwife or NICU responsible for care of infant Notify midwife or NICU of alert and required actions
<input type="checkbox"/> Transfer required: Infant residing in another zone or First Nations community. Family's new contact information:	<ul style="list-style-type: none"> Document the present zone or First Nations community that the infant is currently residing in and fax back to the program for transfer Alert distribution clerk to fax AAF to new zone
<input type="checkbox"/> Not required – collected under alternate ULI or HDP Specify number:	<ul style="list-style-type: none"> Refer to Resolving Missing Screen Event (MSE) Algorithm
<input type="checkbox"/> Not required – neonate stillborn or deceased:	<ul style="list-style-type: none"> Following zone practice, confirm infant is deceased NMS sample collection not required
<input type="checkbox"/> Out of province transfer required: Specify referral information: Name, province, phone or fax #, date and time of contact:	<ul style="list-style-type: none"> Confirm infant no longer resides in Alberta Specify referral information Alert distribution clerk to manually close alert
<input type="checkbox"/> Refusal: <input type="checkbox"/> Physician <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	<ul style="list-style-type: none"> Sample collection refused Indicate who refused the collection Alert distribution clerk to manually close alert after receipt of a correctly filled out refusal form and confirmation from the lab of receipt of blood spot card with refusal written on it
<input type="checkbox"/> Unable to locate the family according to Newborn Blood Spot Screening clinical policy suite	<ul style="list-style-type: none"> Follow zone practice for contacting families Consult with Zone Designate for further actions Alert distribution clerk to manually close alert
<input type="checkbox"/> Parent or guardian does not present according to Newborn Blood Spot Screening clinical policy suite	<ul style="list-style-type: none"> Parent or guardian does not refuse but does not present Consult with Zone Designate for further actions Alert distribution clerk to manually close alert

