HealthEast Behavioral Emergency Prevention and Code Green

Prevention
De-escalation and Personal Safety
Code Green Team Interventions & Restraints
Personal Introductions

Instructor(s)

Class
Course Overview

- Mission, Policy and Procedure
- Prevention
- De-escalation and Personal Safety
- Team Interventions and Control
- Policy and Procedure / Lawful, Clinical Use of Restraints
A Code Green response is intended to maintain both patient and staff safety.

Our primary goal is to prevent, de-escalate and use verbal negotiations.

Physical responses are a last resort used only to prevent bodily harm to the patient, staff, and/or visitors.
HealthEast Code Green Policy

- POLICY NUMBER: HENSA C-16

- A Code Green is a behavioral emergency and/or an incident needing physical support and presence when an individual poses a threat to himself/herself or others.
Scope of the problem

National Data
<table>
<thead>
<tr>
<th>Event or exposure:</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<tbody>
<tr>
<td>Total</td>
<td>188,410</td>
<td>179,910</td>
<td>175,900</td>
<td>171,820</td>
<td>171,020</td>
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<td>Contact with object or equipment</td>
<td>24,480</td>
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<td>22,630</td>
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<td>Struck by object</td>
<td>11,900</td>
<td>11,330</td>
<td>11,450</td>
<td>11,550</td>
<td>11,900</td>
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<tr>
<td>Struck against object</td>
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<td>7,980</td>
<td>6,500</td>
<td>7,050</td>
<td>7,160</td>
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<td>Caught in object, equipment, material</td>
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<td>2,730</td>
<td>3,000</td>
<td>2,400</td>
<td>2,390</td>
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<td>Fall to lower level</td>
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<td>5,000</td>
<td>5,730</td>
<td>5,590</td>
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<td>Fall on same level</td>
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<td>31,210</td>
<td>34,570</td>
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<td>Slips, trips</td>
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<td>5,640</td>
<td>5,120</td>
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<td>Overexertion</td>
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<td>61,760</td>
<td>59,050</td>
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<td>Overexertion in lifting</td>
<td>35,240</td>
<td>30,890</td>
<td>30,460</td>
<td>27,870</td>
<td>26,270</td>
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<td>Repetitive motion</td>
<td>4,870</td>
<td>5,160</td>
<td>3,500</td>
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<td>Exposed to harmful substance</td>
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<td>7,270</td>
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<td>Transportation accidents</td>
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<td>5,380</td>
<td>6,980</td>
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<td>5,950</td>
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<td>Fires, explosions</td>
<td>-</td>
<td>50</td>
<td>120</td>
<td>100</td>
<td>90</td>
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<td><strong>Assault violent act</strong></td>
<td><strong>10,340</strong></td>
<td><strong>12,320</strong></td>
<td><strong>9,960</strong></td>
<td><strong>10,130</strong></td>
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<td>by person</td>
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<td><strong>11,790</strong></td>
<td><strong>9,510</strong></td>
<td><strong>9,640</strong></td>
<td><strong>9,950</strong></td>
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<tr>
<td>by other</td>
<td><strong>630</strong></td>
<td><strong>530</strong></td>
<td><strong>450</strong></td>
<td><strong>490</strong></td>
<td><strong>540</strong></td>
</tr>
<tr>
<td>All other</td>
<td>17,820</td>
<td>17,550</td>
<td>15,740</td>
<td>16,470</td>
<td>15,970</td>
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Number of nonfatal injuries and illnesses requiring days away from work in the health care and social assistance industry, by event or exposure, total private industry, 2003-2007

http://www.bls.gov/opub/cwc/sh251906818ar01p1.htm
Identifying Patients at risk and Other Precipitating Factors
Patient/Guest Factors Contributing to Volatile Situations

- Behavioral Health
- Addiction / Chemical Dependency
- Marital / Relational Strife
- Financial Challenges
- Caregiver fatigue and stress
- Sleep deprivation
- Memory loss/confusion
Patient/Guest Factors

- Children with special needs contributing to behavioral emergencies and/or challenges
- Autism/Spectrum Disorders
- ADD/ADHD
- Neurological issues
- TBI
- Social/environmental factors/abuse
- Other factors?
Prevention, De-escalation and Personal Safety

- Class exercise/behavioral escalation and response diagram hand-out
- Anxiety
- Agitation
- Acting-Out
- Adaptation
Prevention Policy and Process

- Defined criteria for identifying patients at risk and an algorithm for response

- Recognizing the risks early and notifying your team and safety / de-escalation resources
Patient comes to the hospital

Communication

Risk assessment

Establishment of a care plan

De-escalation/crisis intervention

Critical thinking and follow-up
2

- History of violence/physical aggression
- Current threat of physical violence
- Active physical aggression/violence
- 3+ risks below

STAMP
- Staring
- Tone
- Anxiety
- Mumbling
- Pacing

1

- Confusion/hallucinations
- Cognitive impairment
- Drug/ETOH intoxication or withdrawal
- Demanding/argumentative/threats to leave

0

- None of the risks above
High Risk

1. Alert security and the house lead
2. Communicate with all staff
3. Initiate Violent Behavior Care Plan

- History of violence/physical aggression
- Current threats of physical violence
- Active physical aggression/violence
- 3+ risks below
ALL Staff and Visitors:

Please Check with Nurse Before Entering Room
<table>
<thead>
<tr>
<th>Column 1 = Patients Story</th>
<th>Column 2 = Security Concern</th>
<th>Column 3 = Plan for Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where they came from here</td>
<td>Why they are a concern</td>
<td>Nursing and security plan</td>
</tr>
<tr>
<td>Why they are here</td>
<td>Patients risk factors and triggers</td>
<td>Care management plan</td>
</tr>
<tr>
<td>Emergency contact info</td>
<td>Initial assessment of risk</td>
<td>Interdisciplinary plan</td>
</tr>
</tbody>
</table>

Plan can be initiated and changed at any time or date.

Plan is evaluated each shift.
RN - Provider Communication
Violent Behavior/Code Green

- Escalated behavior, did not require security
- Security watch / 1:1 required
- Code Green called at ________ (time)
- Restraints
  - □ Applied; complete assessment and order
  - □ Order renewal (requires face to face every 4 hours)

RN name: ________________________________
Date: ________ Time: ________ (of sticker placement)

I have reviewed the situation and examined the patient.
Provider Signature: ________________________________
Date: ________ Time: ________
1. Communicate with staff
2. Maintain vigilance
3. Proactively manage symptoms
Low or No Risk
1. Maintain vigilance
Communication
AIDET

- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you
What is most important for you to have in the next hour?

Is there some information that I can get for you that will help you?

Do you have concerns or anxieties that I can help you with right now?
Communicating to the team

Verbal
White board
Written
De-escalation Principles

- Explain Context
- Give Reasonable Choices
- Set Realistic Limits
- Explain Natural Consequences
Setting limits

1. Clearly define the unacceptable behavior
2. Ensure the patient understands
3. Explain the repercussions of non-compliance
Setting limits
Communicate in plain, respectful language the behavior that is expected of the patient.
Document this conversation in the care plan
Communicate and document the consequence of continued disruptive, inappropriate, or threatening behavior
Legal and Ethical Considerations
Why is there escalation?

- Mental illness
- Chemical dependency
- Medications/drugs
- Dementia
- Traumatic brain injury
- Organic causes
- Psychosocial
Patient’s Bill of Rights

Be considerate of other patients in limiting noise and the number of visitors.
Be considerate of hospital personnel who are involved in providing their health care.
Hospital staff have many resources and tools to help with disruptive, threatening and/or physically acting out patients and guests.
Huddle & Hand-offs
Leader intervention
Security Stand-by
Care Manager
Chaplain
Provider
Patient Advocate
Crisis Evaluation
Personal Safety & Security

- Awareness
- Positioning
- Issues with Exam Tables, Beds, Carts
- Wheelchairs and Exam Chairs
- Avoiding and Blocking Strikes
- Escaping from Grabs
Disclose any injuries or physical limitations to instructor
Demonstrate care for your peers
Cooperate, do not compete
We are all responsible for each other’s learning
Respect is the basis of our approach to patients and each other
In addition to the behavioral factors already discussed, what other factors affect safety?

- Environment
- Size and lay-out of room or lobby
- Object that could be thrown or used as a weapon
- Routes of exit/escape
Positioning

- How does where you sit or stand, relative to a patient’s location and position, affect your safety?
- Safety stance
- Distancing
- Safe, tactical movement
Safely Backing Out
When your safe exit route is blocked

Retreat to the bathroom (if available) and lock yourself inside.
As a last resort pull the emergency cord (if you do not have a Vocera or wireless phone; the responders will not know the situation in advance)

Call for help on your Vocera, or a wireless phone. On Vocera, say, “Call Security.” On your wireless phone, dial 232-1111. Have switchboard make a Code Green Page to the location. Have them connect you to Security.
Special issues in the health care environment

- Patient examine tables, transport carts, beds
- Wheelchairs
- Exam Chair
- Vulnerable points during patient care
- Safety measures
Normal Bedside Patient Interaction

- Patient is calm and cooperative
- Patient care staff does not feel at all threatened or concerned
- Face to face, compassionate, therapeutic interaction
Normal Bedside Patient Interaction
Bedside Patient Interaction where there is a safety concern

- The patient has verbally or physically acted out
- The patient is under the influence of a mind altering substance or has a behavioral health condition
- The patient is agitated or otherwise making the staff person uncomfortable
- Angle the vital areas away by applying the safety stance
Bedside Patient Interaction where there is a safety concern

- Your approach will be based on the assessment of the risk/threat
- Depending on the circumstances, get help:
  - Have another nurse or nursing assistant with you
  - Ask Security to maintain a stand-by outside the room
  - Put personal safety above all other priorities
Application of the Safety Stance
Avoiding and Blocking Strikes

- What is a strike?
- Tactical movement and creating distance
- Use the physical environment of a patient care area to your safety advantage
- Blocking techniques

Practical Demonstrations and Exercises
Escaping from grabs and holds

- Principle of disengagement
- Understanding the weak point of grabs and holds
- Use the physical environment of a patient care area to your safety advantage
- Moving away and creating distance

Practical Demonstrations and Exercises
HealthEast uses team interventions because of:

- Patient Safety Concerns
- Staff Safety Concerns
- Liability and Risk Management
- Professionalism
Therapeutic response to disruptive patient behavior
Security response to criminal behavior by a patient
Security response to criminal behavior by a non-patient
Code Green Team Interventions

- If a situation does not feel right, call for a Code Green response
- There is safety in numbers
- Many times, a team response will de-escalate a situation
  - The team response demonstrates an organized, formidable group
  - Acting-out individuals are less likely to be combative towards a larger group of organized responders
Any staff member identifying a behavioral crisis, will dial:
2-1111 and inform the operator of:
- A. Code Green
- B. Location of Code Green
The operator will page three times: “Attention personnel, Code Green (and then the location of the code).”
A designated team, certified in Code Green, will respond to the location. The team will consist ideally of the following members:

- House Lead and/or Clinical Director
- Security Officers
- Staff on the unit where the code is occurring who are certified in Code Green
- Site specific trained responders
All team members immediately respond to the scene

The team leader assigns all roles in the response

One person (the team leader or designee) does all of the talking
In most situations, the unit Charge Nurse is the designated Team Leader for Code Green responses at Woodwinds Hospital.

However, in situations involving active violence, Security Officers are to intervene and take the lead in bringing the patient/visitor under control.

The House Lead or Clinical Director serves as leader for the overall incident management, documentation, and debriefing.
Controlling Active Violence by a Patient (Standing)

- Use a padded shield (if available) to move into place and to position the subject.
- Two staff move in and control the arms in an escort hold position.
- Assist the subject to the ground. When subject is on ground, apply handcuffs (if necessary).
- Team lift subject to bed.
- Remove handcuffs and apply behavioral restraints.
Applying Behavioral Restraints to a Patient (Sitting)
- As all other techniques are applied one staff member should be removing the behavioral restraints from bag.
- Two staff move in and control the arms in an escort hold position.
- One staff member controls the patient’s head.
- One (preferably two) staff control the legs
- Apply behavioral restraints to patient first, then to bed.
Safely Moving a Passively Resistant Patient
- Position one staff on each arm and each leg
- One staff assigned to protect the patient’s head
- Two staff assigned to stabilize the patient’s torso
- Lift the patient together and place the patient onto a bed
- Apply behavioral restraints if necessary
HealthEast Restraint Policy

POLICY NUMBER HENSA R-3
Admin. 100.B-15

PURPOSE: To insure a safe environment for both patients and staff, and protect patient rights, dignity and well being.
Restraint Policy

**Restraint**: A restraint includes either a physical restraint or a drug that is used as a restraint. A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient’s body that he or she cannot easily remove that restricts movement or normal access to one’s body.
Restraints must be authorized by a Licensed Independent Practitioner (LIP)

LIP: Licensed Independent Practitioner. Any individual credentialed to write restraint orders

Physician, Nurse Practitioner, Physician Assistant
Restraint Policy

- Restraint or seclusion is an exceptional event, not a routine response to a certain condition or behavior.
- Alternative measures to manage behavior will be attempted before restraint or seclusion is used.
Restraint Policy

Adequate clinical justification which meet the following criteria:

- Safety of the patient or others is compromised.
- The patient’s symptoms are causing serious disruption of treatment modalities.
- Behavioral emergencies where there is imminent risk of a patient harming self or others.
HealthEast Restraint Procedure

- Five point restraint will be made to a hospital bed
- The Code Green team will complete a team lift, protecting the patient’s body and the bed will be brought under the patient, unless not physically possible.
- In this case, the team will make every effort to safely carry the individual to the bed.
HealthEast Restraint Procedure

- Blue restraints are secured to the wrists
- Red restraints are secured to the ankles
- Restraints are secured against the skin
- Remove the patient’s shoes and socks
- Arms are secured one up, one down
- The waist is secured as the fifth point of restraint
Criteria for Removal of Behavioral Restraints

- Verbally calm, responds appropriately to simple questions.
- Able to process the behavior/incident.
- Accepting of treatment /cares.
- Staff has educated and explored alternatives with patient to avoid restraints.
Auxiliary Procedures

- Get restraints and bed ready
- Monitoring
- Documentation
- Post-Incident Team Debriefing
- Processing with the Patient
- *Reassure other patients and family*
- *Remove audience*
POLICY NUMBER HENSA H-1
Admin. 100.B-16

PURPOSE: To ensure protection of patient’s rights and proper usage of legal holds.
Emergency Holds

Criteria

72 Hour vs. Peace/Health Officer Holds

Monitoring (1 to 1)
Hold Criteria

Pursuant to Ch. 253B of the Minnesota State Statutes, a person may be placed on a hold if any of the following conditions are met:

- Patient is observed to be mentally ill or chemically dependant.
- Patient is a clear danger of causing injury to self or others.
- Patient is observed by a Health/Peace Officer to be intoxicated in public.
Emergency (72 Hour) Holds

- Must be placed by a Licensed Independent Practitioner (LIP) who is trained in the application of holds.
- Hold is placed for 72 hours, NOT counting weekends or State/Federal Holidays.
- Holds cannot be concurrent (ex. “back to back”)

Patient must be informed of the following at the time the hold is placed:

- Pt is legally required to remain at the health care facility.
- Pt. may leave facility after 72 hours provided Commitment proceedings have not been initiated.
- Pt. has a right to a medical examination within 48 hours of hold application.
Peace /Health Officer Holds

- A hold applied by a Health or Peace Officer for the purposes of transporting a person to a medical facility for evaluation/treatment.
- This is not a 72 hour hold, and can only be used to keep a subject in custody until the person can be evaluated by a qualified provider at a care facility.
Emergency Holds

- Health Officer-LIP or one acting under their direction:
  - Emergency Room Nurse
  - EMT/Paramedic operating under MRCC guidelines
- Peace Officer
  - Licensed Police Officer/Deputy Sheriff/State Trooper engaged in authorized duties.
All patients placed in behavioral restraints must be monitored on a 1-1 basis. Documentation must by completed by staff members while monitoring patient.

Restraint application must be evaluated every 4 hours in consultation with patient’s hospital physician, social worker, nursing and security staff.
Debrief and discuss the event and outcomes. Complete the debriefing form.
A Code Green response is intended to maintain both patient and staff safety.

Our primary goal is to prevent, de-escalate and use verbal negotiations.

Physical responses are a last resort used only to prevent bodily harm to the patient, staff, and/or visitors.

Our overall training program focuses on:
- Prevention
- De-escalation
- Safe physical response
Questions?
Steve Daniel
Security Manager
HealthEast Care System
Woodwinds Health Campus

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