I. PURPOSE

To provide a guideline for when a behavioral emergency situation occurs and assistance is needed to maintain a safe environment.

II. POLICY

A. A Code Green will be activated when additional staff are needed to intervene in a behavioral emergency situation.

B. All staff have a vital role to play in protecting themselves and are not expected to place themselves at risk in order to deliver care.

C. Security officers, nursing supervisors, direct patient care staff, and urology techs will receive annual Non-Violent Crisis Intervention (NCI) training.

D. If a weapon is involved in the behavioral emergency, activate the Active Threat Situation Response Plan.

III. DEFINITIONS

A. Behavioral Emergency: A situation which is viewed as potentially injurious for involved parties.

B. Code Green: The activation code word to initiate the Behavioral Emergency team.

C. Non-Violent Crisis Intervention (NCI): The course offered through the SCH Education Department which teaches a safe, non-harmful management system designed to provide for the best possible care, welfare, and safety and security of disruptive, assertive, and / or out of control individuals.

IV. GUIDELINES

A. Any staff member who determines that a behavioral emergency is imminent, or has occurred, will activate the Code Green by dialing 3333 and stating the location.

B. Operator will announce the Code Green and exact location over the P.A. system.

C. The charge nurse or designee will direct and coordinate Code Green activity. In a non-patient care area, the supervisor or designee of that area will direct the activity.

D. The following staff will respond:

1. All available staff on the unit of the Code Green.
2. Assigned staff from the Adult MHU and Adolescent MHU (except if in ETC), and assigned staff from the ETC (except if in Adult MHU and Adolescent MHU).
3. Assigned urology tech.
4. All available security officers.
5. The nursing supervisor/patient placement coordinator.
E. The MHU staff and the ETC staff responding will bring a pack of supplies (gloves, goggles, restraints) to all Code Greens except when on the MHU or in the ETC.

F. Interventions will be initiated in the least restrictive fashion and intensified to the level of intervention that is both necessary and reasonable to maintain, regain or control the situation for the purpose of preventing injuries to patients, staff, and visitors. Levels of interventions include but are not limited to:
   1. Be empathic and actively listen.
   2. Build therapeutic rapport.
   3. Talk to the patient, offer choices, and set limits.
   4. Offer medications to help calm the patient.
   5. Implement non-violent physical crisis interventions as taught in NCI training.

G. To maintain a safe environment the Charge Nurse/designee will:
   1. Place a green “Aggression Caution” magnet outside the room to communicate risk for violence.
   2. Include risk for aggression in hand off report.
   3. Update the FYI flag with risk for aggression.
   4. When a Code Green is called, direct other patients and visitors to a safe location when appropriate.
   5. When a Code Green is called, notify provider.
   6. Document the incident including patient behavior, what led up to the incident, interventions used, and the patient response / outcome. Note whether or not the patient was injured. If injury occurred, document specifics related to it.
   8. Complete an on-line event report.

H. If the event does not involve a patient (e.g., visitor rather than patient), document by completing an on-line event report.

I. If an employee is injured during the event, either physically or emotionally, notify Employee Health Services and/or nursing supervisor. If immediate medical attention is needed, go to the Emergency Trauma Center. Complete an on-line event report.

V. REFERENCES

Experts:
National Crisis Prevention Institute, Inc. (2005). Brookfield, W.

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