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

Code Green Guiding Philosophy

- 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

Event or exposure:	2003	2004	2005	2006	2007
Total	188,410	179,910	175,900	171,820	171,020
Contact with object or equipment	24,480	23,220	22,630	22,310	22,890
Struck by object	11,900	11,330	11,450	11,550	11,900
Struck against object	8,250	7,980	6,500	7,050	7,160
Caught in object, equipment, material	3,030	2,730	3,000	2,400	2,390
Fall to lower level	5,900	5,000	5,730	5,590	5,350
Fall on same level	31,530	31,700	34,330	31,210	34,570
Slips, trips	6,290	5,640	5,120	5,040	6,290
Overexertion	72,820	65,500	64,530	61,760	59,050
Overexertion in lifting	35,240	30,890	30,460	27,870	26,270
Repetitive motion	4,870	5,160	3,500	3,650	3,150
Exposed to harmful substance	8,100	8,400	7,270	9,540	7,230
Transportation accidents	6,230	5,380	6,980	6,020	5,950
Fires, explosions	-	50	120	100	90
Assault violent act	**10,340**	**12,320**	**9,960**	**10,130**	**10,490**
by person	**9,710**	**11,790**	**9,510**	**9,640**	**9,950**
by other	**630**	**530**	**450**	**490**	**540**
All other	17,820	17,550	15,740	16,470	15,970

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/sh20100825ar01p1.htm

Chart 2. Assaults by person(s), health care and social assistance, private industry, 2003–07
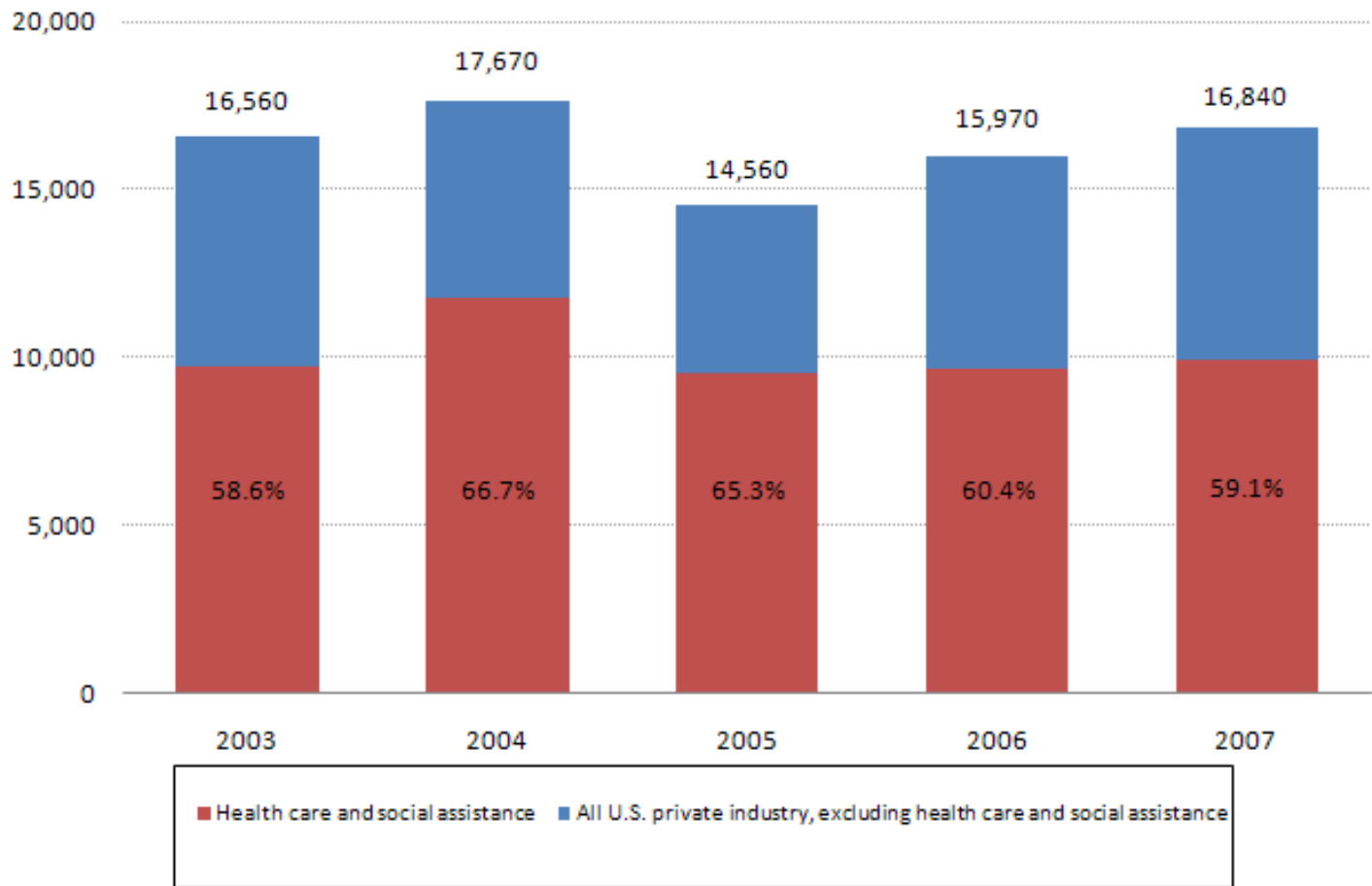
SOURCE: U.S. Bureau of Labor Statistics

http://www.bls.gov/opub/cwc/sh20100825ar01p1.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
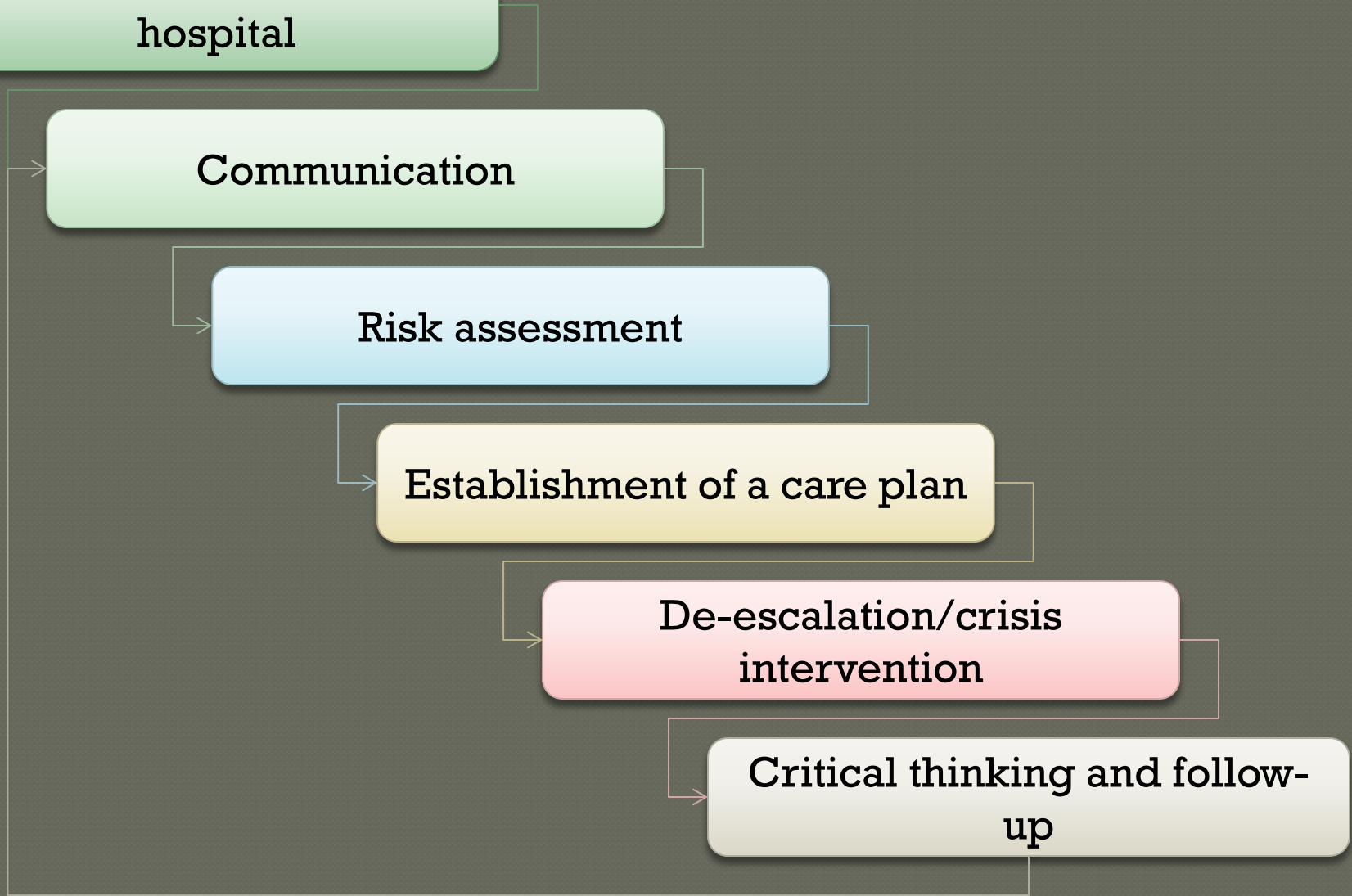
Patient comes to the hospital

Communication

Risk assessment

Establishment of a care plan

De-escalation/crisis intervention

Critical thinking and follow-up

2
- History of violence/physical aggression
- Current thre[at] [of physi]cal violence
- Active physi[cal aggress]ion/violence
- 3+ risks bel[ow]

Staring
Tone
Anxiety
Mumbling
Pacing

1
- STAMP
- Confusion/hallucinations
- Cognitive impairment
- Drug/ETOH intoxication or withdrawal
- Demanding/argumentative/threats to leave

0
- None of the risks above

2

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

High Risk

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

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

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

Moderate Risk

1. Communicate with staff
2. Maintain vigilance
3. Proactively manage symptoms

0

- None of the risks above

Low or No Risk

1. Maintain vigilance

Communication

AIDET

- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you

Eliciting Patient Expectations

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

Behavioral Expectations

- 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.

Patient's Bill of Rights

Be considerate of hospital personnel who are involved in providing their health care.

The Resources and Tools Available to Staff

- 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

Practical Skills / Participant Safety

- 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

Awareness

- 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

Safety Stance

Safely Backing Out

When your safe exit route is blocked

Retreat to the bathroom (if available) and lock yourself inside.

Call for help

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.

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)

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*

Code Green Team Interventions

- HealthEast uses team interventions because of:
  - Patient Safety Concerns
  - Staff Safety Concerns
  - Liability and Risk Management
  - Professionalism

Code Green Team Intervention- Types of Responses by HealthEast Security Officers

- 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

Code Green Policy

- Any staff member identifying a behavioral crisis, will dial :
- 2-1111 and inform the operator of:
  - A. Code Green
  - B. Location of Code Green

Code Green Policy

- The operator will page three times: "Attention personnel, Code Green (and then the location of the code)."

Code Green Policy

- 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

Code Green Team Tactics

- 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

Code Green Team Tactics

- 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.

Code Green Team Response Technique

- **<u>Controlling Active Violence by a Patient (Standing)</u>**
-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.

Code Green Team Response Technique

- **<u>Applying Behavioral Restraints to a Patient (Sitting)</u>**
-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.

Code Green Team Response Technique

- **<u>Safely Moving a Passively Resistant Patient</u>**
  -Position one staff on each arm and each leg
  -One staff assigned to protect the patients 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.

Restraint Policy

- **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

HealthEast Restraint Policy

- **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*

Health East Hold Policy

- 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")

Emergency (72 Hour) Holds

- 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.

Patient Monitoring

- 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.

Team Huddle to Debrief

Debrief and discuss the event and outcomes. Complete the debriefing form

Behavioral Emergency and Code Green Summary

- 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

651-232-0083
smdaniel@healtheast.org