

HARBOR-UCLA MEDICAL CENTER

SUBJECT: CODE GOLD – BEHAVIORAL RESPONSE TEAM

POLICY NO. 347B

PURPOSE:

To delineate the roles and responsibilities of the Behavioral Response Team (BRT) members and to ensure a consistent response to emergency situations that may require the initiation of behavioral restraint/seclusion.

POLICY:

Harbor-UCLA Medical Center uses a Behavioral Response Team to respond in any emergency situations in which their assistance is requested for behavioral management of patients. The team works with unit staff to defuse crisis situations, maintain safety, and to initiate behavioral restraint/seclusion if necessary. The BRT provides 24-hour 7-day week coverage throughout the hospital to assist in these emergencies. A Code Gold is the code identified to activate the BRT.

DEPARTMENTS: Hospital, Medical and Nursing Administration, Los Angeles County Sheriff's Department (LASD), and Securitas BRT unit.

DEFINITIONS:

Behavioral Response Team: Defined as five behavioral health nursing staff trained in Crisis Prevention Institute's (CPI) Non-Violent Crisis Intervention Model.

* **Note:** Other clinical staff (e.g., physician, social services, and nursing) in the unit also participate in the attempts to de-escalate the emergency and work collaboratively with the BRT members. When efforts to deescalate have failed and physical intervention is necessary in the medical surgical areas, clinical staff with documentation of competence in restraint application may assist BRT members in applying the restraints.

Code Gold: Defined as an emergency situation involving an assaultive patient where there is an immediate and serious danger to the safety of the patient, other patients, staff or others, and the patient's behavior may require the application of behavioral restraints/seclusion.

BRT Staffing

Nursing Members

- One (1) behavioral health registered nurse (team leader) and four (4) other behavioral health nursing staff members. Team members will be assigned each shift and documented on the assignment log.

EFFECTIVE DATE: 4/13

SUPERSEDES:

REVISED: 7/15, 11/19

REVIEWED: 4/13, 8/14, 7/15, 11/19

REVIEWED COMMITTEE: Environment of Care Committee

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

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- The members of the nursing team are scheduled and available 24/7, and assist staff in psychiatric service line when not engaged in crisis intervention.
- Nursing team members must be free to respond whenever the Code Gold is activated
- Securitas BRT unit (2) Securitas rovers
- LASD is NOT part of the Code Gold Team

PROCEDURE:

Activate Code Gold

- A. Call the hospital Operator by dialing ext. 111.
- B. Caller will:
 1. Provide his/her name
 2. Identify the emergency as a "Code Gold"
 3. Identify the location (unit, room, bed number) and telephone extension
 4. Provide a brief description of the situation
- C. The operator will:
 1. Page the Behavioral Response Team Nursing Team members (BRT) at the dedicated beeper number.
 2. Overhead page "Code Gold" and specify the patient location including the room/bed number.

BRT Response

- A. All BRT team members will respond to all Code Gold events within the hospital and Building 1 South. Each member will have a complete set of emergency keys to provide access to the locked psychiatric units, elevators, back gate to 1 South and restraints. This set of emergency keys and BRT beeper will be passed from member to member at change of shift and during coverage for breaks. BRT will bring restraints to the patient location.
- B. Upon arrival of the team to the requesting unit, the BRT RN team leader will immediately identify himself/herself as the team leader. The BRT RN team leader will take command and control of the Code Gold event, and will supervise and direct the code. S/he will clear the area of non-essential personnel.
- C. The BRT will attempt to de-escalate the emergent situations through the use of less restrictive alternatives in collaboration with other health team members.
- D. Restraint shall be implemented only when less restrictive measures have been found to be ineffective and in accordance with safe and appropriate restraining techniques.

Code Gold Response Evaluation Documentation

- A. The BRT RN Team Leader will:
 - Complete the "Behavior Response Team form" in the Electronic Health Record (See Attachment A)
 - Nursing Performance Improvement will review all Behavioral Response Team Response Evaluation documentation.
- B. Clinical Debriefing
Immediately after the Code Gold intervention is complete, the team will gather for an informal brief discussion of the event. The discussion should cover each team member's perception of how the intervention went; what was done especially well; what could have been done differently and/or

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better. The purpose of these discussions is improvement of the team's operation/performance and is not a forum to be punitive or to affix blame for something that did not go well.

ROLE OF SHERIFF PERSONNEL:

Sheriff personnel respond to Code Gold calls on a standby basis, unless needed to attend to a higher priority incident/situation. Sheriff personnel are physically located within the affected unit, but do not become involved until the responsibility is turned over to them by the RN team leader. When appropriate and the circumstances allow, one member of responding Sheriff's staff will maintain a visual surveillance during all patient interactions with members of the Code Gold Team. If time and circumstances allow, a discussion between Sheriff and the Code Gold Team leader will take place prior to any physical intervention to discuss the best plan of action for controlling the event.

Sheriff's personnel shall only engage in a law enforcement capacity if the following criteria have been met:

1. A crime has or is about to occur, and any lesser intervention will result in severe harm to the patient, staff or others. Until the incident becomes a law enforcement matter there should not be any voluntary involvement by Sheriff's personnel to handle the patient (e.g., patient possessing a weapon in an assaultive manner that may cause great bodily harm).
2. If Sheriff's personnel arrive prior to the Code Gold team, de-escalation tactics should be considered and intervention shall only occur in the event of imminent physical danger.

Any "Transfer of Responsibility" from the Code Gold Response team leader to Sheriff's personnel must be **DOCUMENTED** in the patient's medical record by the patient's primary nurse. At the time Sheriff's personnel assume control of the situation, they shall proceed as law enforcement officers using appropriate law enforcement techniques and equipment in accordance with the Sheriff's own policies and procedures. If a transfer of responsibility is attempted or completed and it is subsequently deemed that no crime has occurred or that there is no imminent danger to the patient or others, the Sheriff's supervisor will advise the Code Gold team leader that the incident does not meet the criteria for law enforcement involvement. This does not preclude Sheriff's personnel from offering response recommendations to assist the Code Gold Team in safely controlling the patient. Sheriff's personnel shall exercise discretion in accordance with law enforcement protocols to determine the appropriate disposition of the patient (e.g., whether to remove the patient to another venue or to turn custody of the patient back to the health care team). Sheriff's personnel shall ensure the incident and actions taken are documented in accordance with LASD policies and procedures.

In the event the patient remains in custody of the Sheriff's Department, written notification shall be provided to the appropriate medical and administrative staff by Sheriff's personnel. Any "Transfer of Responsibility" from Sheriff's personnel back to the Code Gold Team must be **DOCUMENTED** in the patient's medical record by the patient's primary nurse.

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LAW ENFORCEMENT DEBRIEFING:

Appropriate clinical staff, Hospital Administration, and Sheriff's Liaison Lieutenant or Liaison Sergeant/designee shall:

1. Meet to review and evaluate the events leading up to the incident and the actions taken by clinical and law enforcement personnel within 72 hours of the event, and;
2. Identify appropriate measures to minimize the possibility of similar occurrences in the future, as well as ensure the incident was appropriately documented.

TRAINING:

All clinical staff receives initial training on the organizational commitment to reduce the use of restraints/seclusion. Before participating in any use of restraint or seclusion, nursing staff receive training and education and have documented annual competence according to the educational requirements for their classification and area where they provide direct patient care.

Contents to include:

- Strategies to identify staff and patient behaviors, events and environmental factors that may trigger circumstances that require the use of restraint/seclusion
- Underlying causes of threatening behaviors
- Medical conditions that may cause a patient to exhibit aggressive behavior
- Alternate methods for handling behavior (non-physical techniques/interventions including de-escalation, mediation, time-out techniques)
- Inclusion of viewpoints of patients who have been restrained or secluded
- Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition
- Restraint and/or seclusion policy
- Use of containment procedures
- Safe application and use of all types of restraint or seclusion used in the hospital
- Recognizing and responding to signs of physical and psychological distress (e.g., positional asphyxia).
- Monitoring the physical and psychological well-being of patients in restraints or seclusion to include: respiratory and circulatory status, skin integrity and vital signs
- Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary. Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including the required periodic recertification.

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REPORTING PROCESS AND DOCUMENTATION REQUIREMENTS:

**NON-LAW ENFORCEMENT INVOLVEMENT
RN TEAM LEADER RESPONSIBILITIES**

Immediately after the Code Gold Response the Code Gold Team Leader will:

1. Complete the Behavioral Response Team Form in the Electronic Health Record.

**LAW ENFORCEMENT INVOLVEMENT
RN TEAM LEADER RESPONSIBILITIES**

Immediately after the Code Gold Response the Code Gold Team Leader will:

1. Complete the Behavioral Response Team Form in the Electronic Health Record.
2. Enter an event report in the Safety Intelligence (SI) System.

SHERIFF DEPARTMENT RESPONSIBILITIES

Immediately after the Code Gold Response, when law enforcement has been involved, Sheriff personnel will verbally notify the Administrative Officer of the Day (AOD) and send electronic notification to the Hospital Administrator who oversees LASD.

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ATTACHMENT A

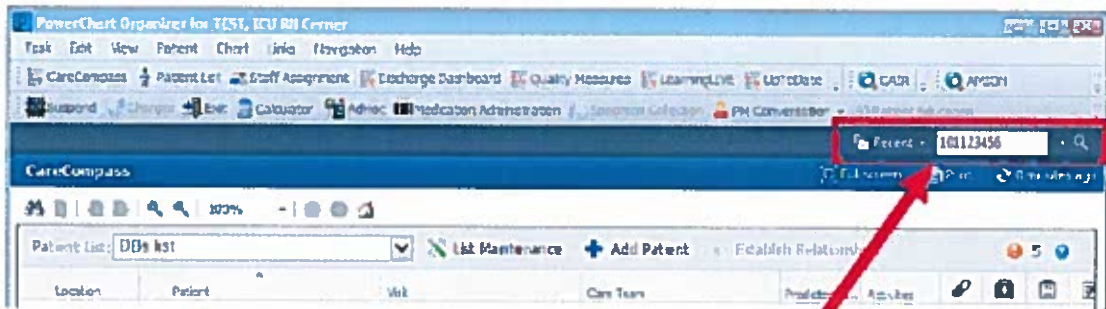


Behavioral Response Team Form
Job Aid v03.01.19

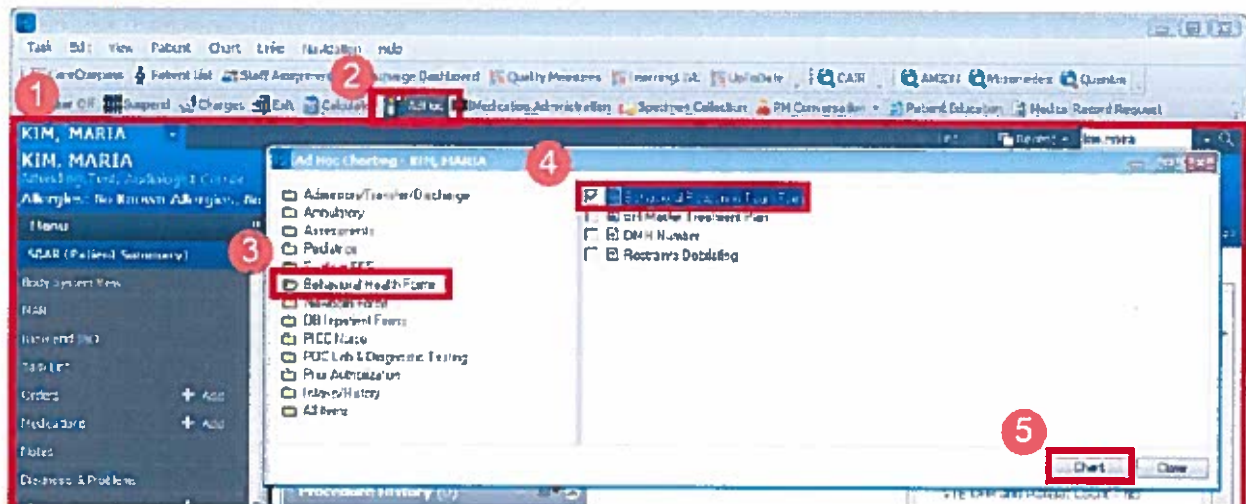
This job aid is intended to guide staff on how to document a Code Gold event.

The Behavioral Response Team Form should be completed after every Code Gold event. The Behavioral Response Team form can be found under AdHoc in the Behavioral Health forms folder.

Enter the patient’s FIN in the search box window and click Search . This will open the patient’s chart. If your patient is on CareCompass or the Tracking shell, open the chart as you normally do.



1. Make sure you are in the correct patient chart.
2. Click on the AdHoc icon in the toolbar
3. Select the the “Behavioral Health Forms” folder
4. Click the box next to “Behavioral Response Team Form”
5. Click Chart



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Please complete all applicable data related to the event. When finishing your documentation be sure to sign your document using the green check. If additional documentation is needed, complete in a nursing note.

Behavioral Response Team Form

Activation Time/Date: Arrival Time: Time Cleared:

BRT Members responding

Reason Response Team was called:

Danger to Self

- Threatened Suicide
- Attempted suicide
- Self-harmous Behavior
- Other

Danger to Others

- Grabbing/holding out of staff
- Grabbing/holding out of other patients
- Threatening staff
- Threatening other patients
- Other

Deescalation Methods Attempted

- Verbal redirection
- Medication administration
- Limit setting
- Family involvement
- Contact with patient
- Environmental modification
- Diversion of activities
- Close monitoring

Behavioral Resolution

- Effectively De-escalated
- Escalation Initiated (Psychiatric consult only)
- Restraints Initiated
- Law enforcement handoff requested by BRT Team Leader

Did Law Enforcement Intervene?

Yes No **If YES describe:**

PATIENT

Is physical harm from event evident?

Yes No **If YES, referred to:**

In Progress

Note: Signed form can be viewed in patient's Form Browser.

Job Aid ID: ORC-0101
ORIG: 11/11/15
REV: 03/01/19