

# LAC+USC MEDICAL CENTER POLICY

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Subject: <b>BEHAVIOR RESPONSE TEAM</b>	Original Issue Date: 9/08/08	Policy # <b>904</b>
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Departments Consulted: Restraint & Seclusion Committee Department of Psychiatry Nursing Services Los Angeles Sheriff's Department	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer  (Signature on File) Chief Executive Officer

## PURPOSE

To describe the roles and responsibilities of the Behavior Response Team (BRT) in managing severely aggressive or self-destructive patient who places self or others in imminent danger.

## POLICY

The goal of the LAC+USC Medical Center is to move toward a restraint-free environment. To that end, the Medical Center shall strive to prevent, reduce, and/or eliminate the use of restraint and/or seclusion. The BRT is utilized to provide control of the situation and de-escalation through the use of less restrictive alternatives, in collaborative effort among all team members. In this process, BRT shall ensure that dignity; safety and rights of the patient are preserved.

The development of the BRT shall assist the Medical Center in the accomplishment of this goal by:

- Preventing emergencies that have the potential to escalate into patient behaviors that could cause physical harm to self or others.
- Utilizing non-physical interventions as the first choice unless safety issues demand an immediate physical response.
- Limiting the use of restraints and/or seclusion to emergencies where there is an imminent risk of physical harm to a patient or others.
- Utilizing the least restrictive form of restraint when restraint is necessary.
- Preserving patient safety and dignity when restraints and/or seclusion are used.

Code Gold is for patient mental health and behavioral response episodes.

## TEAM COMPOSITION

The Emergency Room (ER) BRT shall respond to Code Gold calls in the ER. The Inpatient (IPT) BRT shall respond to all other Code Gold calls outside the ER. Hawkins BRT shall respond to Adult/Adolescent Psychiatric Inpatient Services located at Hawkins. The teams will operate on a twenty-four-hour basis, seven days of the week. The team may consist of Nursing Attendants, Hospital Medical Assistants, Licensed Psychiatric Technicians, Licensed Vocational Nurses or Security staff who are under the direction of the BRT Registered Nurse (RN) Clinical Leader. The

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ER BRT Clinical leader is the ER RN who is assigned to the patient. A nurse manager or house supervisor responds to Code Gold to provide support and directions as necessary.

### **BRT ROLE (s) AND RESPONSIBILTIES**

As outlined in the BRT Job Duty Statement, the BRT is expected to perform the following duties and responsibilities, which include but are not limited to:

- Provide assistance in controlling a severely aggressive or self-destructive patient who places self or others in imminent danger.
- Perform effective techniques in approaching and reducing tension of an aggressive patient. Non-physical interventions shall be utilized as the first choice, unless safety issues demand an immediate physical response.
- Demonstrate effective skills in team approach.
- Perform nonviolent crisis intervention physical techniques.
- Apply restraints in the least restrictive manner as possible if de-escalation or control of the situation is deemed not feasible.
- Maintain a planned environment that is physically and emotionally conducive to patient's safety and well being in collaboration with ward clinical staff. Potentially dangerous items from the patient/environment shall be removed.
- Ensure each restraint is clean, in working order and fits properly.
- Maintain appropriate and professional attitude/behavior towards patients/co-workers at all times.
- Maintain confidentiality of patient information.

In addition to the above roles and responsibilities, the BRT clinical leader shall perform the following:

- Direct, coordinate, and supervise the BRT members in controlling a severely aggressive or self-destructive patient who places self and others in imminent danger.
- Ensure and monitor BRT members demonstrate safe and competent application of hard restraints.
- Ensure the BRT members respond to Code Gold within the established response time.
- Ensure BRT members maintain a planned environment that is physically and emotionally conducive to patient's safety and well being in collaboration with ward clinical staff.

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- Monitor the restraints availability, usage, cleaning and storage at all times.
- Conduct debriefing with the BRT members, ward clinical staff and Los Angeles Sheriff.
- Conduct an evaluation of Code Gold response on each shift and submits to his/her nurse manager or designee monthly.

### **ROLE OF LOS ANGELES COUNTY SHERIFF'S PERSONNEL (LASD)**

- In the event that the patient cannot be controlled by less restrictive alternatives and an Assault or other crime has occurred or appears likely to occur; the clinical team leader may turn over to LASD personnel to assume responsibility.
- The LASD responders will be near the immediate area of the affected unit until they have had responsibility turned over to them. The clinical team leader will turn over responsibility to the LASD Personnel in charge. This direction will only take place when it has been determined that an assault is likely to occur or has occurred, and any lesser intervention will result in severe harm to the patient, staff or others. Such direction shall be documented by nursing staff in the medical record.
- At such time as a LASD personnel assumes control of the situation, they shall proceed as law enforcement officers using appropriate law enforcement techniques in accordance with LASD's own policies and procedures.
- In addition, once the emergency is under control, LASD personnel shall exercise the normal discretion according to LASD personnel and determine the appropriate disposition of the patient (e.g. whether to remove the patient to another venue or to turn over custody of the patient back to the health care team). LASD personnel shall ensure the incident and actions taken are documented in its Use of Force Report Form.
- In the event that the patient in custody of LASD personnel, LASD personnel shall provide written notification to the appropriate medical staff.
- In circumstances where LASD personnel have assumed control of the situation, nursing staff shall document in the patient's file the actions taken by LASD, including the name of LASD personnel, date/time of the incident, and whether the LASD personnel removed the patient from the hospital or returned the patient to the custody of the medical staff.

### **PROCEDURE**

#### **Ward Staff Role(s) and Responsibilities**

In the event that a patient demonstrates an unanticipated severely aggressive or self-destructive behavior, which places the patient and others in imminent danger, the ward staff will utilize less restrictive measures. Less restrictive measures include, but are not limited to, verbal de-escalation, decrease stimulation, medication administration, and provision of diversion activities.

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When less restrictive measures are ineffective, the ward staff shall activate Code Gold. The charge nurse or designee shall perform a hand-off communication to the IPT BRT clinical team leader upon arrival. The requesting ward's nursing staff shall assist with the Code Gold along with the BRT members.

### **Code Gold Activation**

1. Call extension 111 (LAC+USC), (424) 338-2555 Hawkins
2. Request to activate Code Gold
3. Provide your name, location, and extension.
4. The operator shall do an overhead page and activate the BRT group pager.
5. The operator shall call the requesting ward to verify the BRT's response.

### **TRAINING**

Prior to participating in Code Gold BRT members shall receive training and demonstrate competency in:

- Nonviolent Crisis Intervention (NCI)
- Nonviolent Crisis Intervention Refresher annually
- Restraint Application
- Restraint and/or Seclusion Policy/Protocol
- Care of Patients in Restraints and/or Seclusion
- Restraint Documentation

Mock Code Gold drills are conducted on a scheduled basis to evaluate competency and effectiveness of BRT members.

### **REVISION DATES**

September 8, 2008; October 8, 2008; November 8, 2011; April 12, 2016; August 16, 2021