



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: CODE GOLD-- BEHAVIOR RESPONSE TEAM

Policy No.: B814.3

Supersedes: Sept. 14, 2016

Revised: July 28, 2022

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PURPOSE:

The purpose of this policy is to provide a process for handling aggressive, combative, violent, or abusive behavior that is displayed by inpatients.

DEFINITIONS:

Behavior Response Team (BRT) – A team of specially trained, certified, licensed and non-licensed workforce members who will provide 24-hour coverage to assist patients in regaining control when exhibiting violent or aggressive behavior toward staff, patients, or others. The role of the BRT is to provide control and de-escalation of the situation through the use of least restrictive alternatives, in a collaborative effort among all team members.

Least Restrictive Alternatives – De-escalation interventions used to minimize or avoid the use of restraints include but are not limited to: time-out, redirect, verbal contract, patient education, family involvement, increased observation, administration of medications considered standard treatment for clinical condition.

Los Angeles Sheriff Department (LASD) Personnel – LASD directly employed staff or contract security personnel working under the authority of LASD personnel.

POLICY:

It is the policy of the Department of Health Services (DHS) to provide a healthy and safe environment for patients, visitors, as well as our workforce members. DHS will initiate actions to protect all individuals within our DHS hospitals and health facilities in the event of a Code Gold incident.

PROCEDURE:

In the event of aggressive, combative, violent, or abusive behavior that is displayed by inpatients, staff will implement facility standardized procedure for Code Gold.

The Code Gold response will be managed by the facility BRT and the LASD personnel will respond on a standby basis. If behavior warrants use of restraints, follow policy B814 “Violent and Non-Violent Restraints” for application of restraints.

If the situation escalates and the patient cannot be controlled safely by the BRT and/or an assault or other crime has occurred or appears likely to occur, the BRT leader will request that the LASD staff assume control of the situation. They will take over the situation and act in a law enforcement capacity. At such time, as LASD personnel assumes control of the situation, they shall proceed as law enforcement officers using appropriate law enforcement techniques and equipment

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

in accordance with LASD' own policies and procedures. In addition, once the emergency is under control, LASD personnel shall exercise the normal discretion according to law enforcement personnel and practices 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 remains in custody of LASD personnel, LASD Personnel shall provide written notification to appropriate medical staff.

The BRT leader will conduct a debriefing with BRT members, primary RN, clinical staff and LASD personnel.

Documentation

- Patients Care Plan should be modified to ensure the safety of patient, including appropriate behavioral management and consultations.
- Document the event in the Electronic Health Record (EHR) and complete:
 - Behavioral Response Team Form (ORCHID-Adhoc)
 - Restraint debriefing form (ORCHID - Adhoc (if applicable)).
- The supervisor in the areas will ensure that a Security Incident Report (SIR) will be completed by the BRT team leader and submitted to the Board of Supervisors, Executive Office Security Operations Unit, within 24 hours of an event that results in:
 - Physical act of violence against the employee during the use of least restrictive alternatives; or,
 - Control is assumed by LASD personnel; or,
 - Requires medical treatment of the employee responder as a proximate result of the event; or,
 - Results in a significant injury to the patient as a result of the event
- An event notification report will be completed through the Safety Intelligence System.

Training

BRT members will receive an initial and annual training and demonstrate competency in:

- Non-Violent Physical Crisis Intervention
- Restraint application
- Restraint policy and documentation appropriate to their discipline
- Care of Patients in Restraint

REFERENCES:

Health Services Administration Policy and Procedure 321.1, Behavioral Restraint and Seclusion

Centers for Medicare/Medicaid Services (CMS), DHS, Medicare and Medicaid Programs, Hospital Conditions of Participation: Patients' Rights; Final Rule, 42 CFR Part 482

Center for Medicare/Medicaid Services, Section 482.13 [Code of Federal Regulations, Title 42, Section 482]

California Code of Regulation Title 9, Section 865.4

California Code of Regulations, Title 22, Section 70737 (a)

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California Code of Regulations, Title 8, Section 3342

Joint Commission Accreditation Manual for Hospitals 2022, Provision of Care Treatment and Services PC.11.10-PC/12.190

California Penal Code, Section 830

California Health & Safety Code, Section 1180.3

Rancho Administrative Policy and Procedure B814, Violent and Non-Violent Restraints