

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 55
VERSION: 4**

SUBJECT/TITLE: **CODE GOLD (BEHAVIOR RESPONSE TEAM)**

POLICY: It is the policy of Olive View-UCLA Medical Center (OVMC-UCLA) to provide a healthy and safe environment for patients, visitors, as well as our workforce members. OVMC-UCLA will initiate actions to protect all individuals within our organization in the event of a Code Gold incident.

PURPOSE: The purpose of this policy is to provide guidelines on the process for handling aggressive, combative, violent or abusive behavior that is displayed by emergency room patients and inpatients.

DEPARTMENTS: ALL, Los Angeles Sheriff Department (LASD)

DEFINITIONS: **Code Gold Team (Behavior Response Team)** – A team of specially trained, CPI (Crisis Prevention Institute) certified, licensed and non-licensed workforce members who will provide 24-hour coverage to assist in managing violent or self-destructive behaviors displayed by patients in the emergency room and inpatient units. The role of the Code Gold Team is to provide control and de-escalation of the situation using least restrictive alternatives, in a collaborative effort among all team members.

Least Restrictive Alternatives – Interventions used to minimize or avoid the use of restraints e.g. time-out, redirections, de-escalation, verbal contracting, patient education, family involvement, increased observation and administration of medications considered standard treatment for clinical condition(s).

Los Angeles Sheriff Department (LASD) Personnel – LASD directly employed staff or contract security personnel working under the authority of LASD personnel. LASD personnel are not part of the Code Gold Response Team.

Code Gold - is defined as an emergency when a patient’s violent or self-destructive behavior jeopardizes the immediate physical safety of the patient, a staff member or others.

KEY WORDS: Code Gold, Behavior Response Team

PROCEDURE: **REPORTING A CODE GOLD EVENT**

An emergency in this context is defined as the “*imminent threat of physical harm to the patient or to others due to the violent behavior*” of an inpatient or emergency room patient.

SUBJECT/TITLE: CODE GOLD - BEHAVIOR RESPONSE TEAM

Policy Number: 55

Page Number: 2

In the event of an emergency, the person witnessing or requesting assistance calls the hospital operator by dialing extension 111 to request Code Gold Team activation. Caller provides the exact location where assistance is needed.

ANNOUNCEMENT OF A CODE GOLD EVENT

The operator clarifies the exact location of the requesting unit or area and announces the location where assistance is needed, as well as the room number. (EXCEPTION: Critical care areas.) The Operator will differentiate “B” (as in Boy) from “D” (as in David) when announcing the Code Gold on the overhead page system.

RESPONSE TEAM COMPOSITION

The Code Gold Response Team consists of five (5) members that include at least one (1) Registered Nurse (Team Leader) and four (4) other nursing personnel.

The below are established teams at Olive View – UCLA Medical Center:

- 1) Behavioral Health (BH) Code Gold Team – provides response to inpatient units, the Psychiatric Emergency Room (PER) and additional response support to DEM (see below).
- 2) Department of Emergency Medicine (DEM) – provides response to DEM and 2F emergencies only.

Team assignments are made on a shift by shift basis by the charge nurses in consideration of overall staffing and unit workload.

CODE GOLD RESPONSE TEAM RESPONSIBILITIES

The Code Gold Response Team responds to all Code Gold requests as indicated below:

AREA	CODE GOLD TEAM
All Inpatient Units	BH Code Gold Team
Psychiatric Emergency Room (PER)	BH Code Gold Team
2F	DEM Code Team and BH Team Support - (1 RN from Psychiatric Emergency Room (PER) and 1 staff each from 6A & 6C)
DEM	DEM Code Team and 1 RN from PER

SUBJECT/TITLE: CODE GOLD - BEHAVIOR RESPONSE TEAM

Policy Number: 55

Page Number: 3

The role of the Code Gold Team is to provide control of the emergent situation using de-escalation and least restrictive methods of behavioral management. It is a collaborative effort among all team members.

Restraints are implemented only when less restrictive measures are ineffective and in accordance with safe and appropriate restraining techniques. *(See Policy 401 Restraints and/or Seclusion.)*

Treatment, referral or other disposition of the patient remains the responsibility of the patient's existing treatment team.

ROLE OF RN TEAM LEADER

1. Upon arrival of the team, the RN Code Gold Response Team leader will immediately identify himself/herself as the team leader and person in charge.
2. The RN Code Gold Response Team leader will supervise and direct the code.
3. The Code Gold RN Team leader will determine if the responsibility for the code will be turned over to LASD personnel. *(See Role of LASD Personnel section).*
4. After the code, the team leader will conduct a debriefing with all members of the response team, clinical staff and LASD personnel. *(See also Clinical Debriefing section).*

ROLE OF OTHER PERSONNEL

- Under the direction of the RN team leader, assigned nursing personnel assist with the containment and de-escalation of the patient using the concepts and principles of non-physical interventions.
- The primary team of the patient (RN and/or physician) is expected to be available to provide patient background information to the Code Gold Team. This information may be helpful in guiding the team on how to proceed with interventions.

ROLE OF LASD PERSONNEL

LASD personnel respond to Code Gold events and remain on standby, unless needed to attend to a higher priority incident/situation. LASD personnel are physically located outside the affected unit, until the responsibility is turned over to them by the Code Gold RN team leader. LASD personnel assume management of a Code Gold event when:

1. the situation escalates;
2. the patient cannot be controlled by the least restrictive alternative; and/or,

SUBJECT/TITLE: CODE GOLD - BEHAVIOR RESPONSE TEAM

Policy Number: 55

Page Number: 4

3. an assault or other crime has occurred, or appears likely to occur, that can harm the patient, staff, and/or others. Any “transfer of responsibility” from the Code Gold Response Team Leader to LASD personnel must be documented in the patient’s medical record.

When LASD personnel assume control of the situation, they shall proceed as law enforcement officers using appropriate law enforcement techniques and equipment in accordance with the LASD’s own policies and procedures. LASD personnel shall exercise 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 custody of the patient back to the health care team). LASD personnel shall ensure the incident and actions taken are documented per their policies and procedures.

In the event the patient remains in custody of LASD, written notification shall be provided to the appropriate OVMC -UCLA medical and administrative staff by LASD personnel.

CLINICAL DEBRIEFING

Immediately after the Code Gold, the primary nurse or unit charge nurse, along with all personnel who participated in the intervention, 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 better. The Code Gold Team leader documents this information on the Code Gold Response Evaluation form.

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

LAW ENFORCEMENT DEBRIEFING

When a Code Gold is handed off to LASD, appropriate clinical staff, Hospital Administration, and LASD personnel shall:

- a) meet to review and evaluate the events leading up to the incident and the actions taken by clinical and law enforcement personnel at the earliest possible time and
- b) identify appropriate measures to minimize the possibility of similar occurrences in the future, as well as ensure the incident was appropriately documented.

REPORTING PROCESS AND DOCUMENTATION REQUIREMENTS

SUBJECT/TITLE: CODE GOLD - BEHAVIOR RESPONSE TEAM

Policy Number: 55

Page Number: 5

- The Patient Care Plan should be modified to ensure the safety of patient, including appropriate behavioral management and consultations.
- Medical Record should reflect
 - Circumstances that led to the need for a Code Gold
 - Interventions attempted
 - Restraint and Seclusion Documentation (per Policy #401)
- The supervisor/charge nurse in the area where the incident occurred will ensure that a Security Incident Report (SIR) is completed by the Code Gold Team leader and submitted to the Office Security Management, Chief Administrative Office within 24 hours of an event that:
 - Results in a 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 an employee responder as a proximate result of the event; or,
 - Results in a significant injury to the patient as a result of the event
- Submit a Safety Intelligence (SI) report per protocol.

TRAINING

Prior to participating in a Code Gold response, staff shall receive the following mandatory training and demonstrate competency in the following areas as a prerequisite:

- Techniques to identify staff and patient behaviors, events and environmental factors that may trigger circumstances that require the use of restraint or seclusion.
- Use of non-physical intervention skills.
- Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.
- Safe application and use of all types of restraint or seclusion used in the hospital.
- Care and documentation of patients in restraint and seclusion (per OVMC-UCLA Policy 401).
- How to recognize and respond to signs of physical and psychological distress.

All staff participating in Code Gold response shall be required to demonstrate continued competency a minimum of once per year.

PERFORMANCE IMPROVEMENT

The findings from the Code Gold debriefings will be gathered and reviewed quarterly and used to identify and develop improvements to the Code Gold response process and will be incorporated into the ongoing staff education activities.

SUBJECT/TITLE: CODE GOLD - BEHAVIOR RESPONSE TEAM

Policy Number: 55

Page Number: 6

The Behavioral Health Nursing Team will present findings and recommendations from the quarterly summary of Code Gold events at the Nursing Performance Improvement meetings and Environment of Care Committee meetings.

References:

- Los Angeles County, Department of Health Services, Behavioral Restraint and/or Seclusion, Policy No. 321.1
- Los Angeles County, Olive View - UCLA Medical Center, Restraint and/or Seclusion Policy #401.
- Patients' Rights and Patients' Rights Advocacy – Laws and Regulations, dated August 2013.
- Los Angeles County, Department of Health Services, Code Gold – Behavior Response Team Activation Policy No. 321.102.

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