

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: Code Yellow

ANNUAL REVIEW MONTH: OCTOBER

RESPONSIBLE FOR REVIEW: Chief Nurse Executive

LAST REVIEW COMPLETED: October 2009

1. POLICY

Central State Hospital is committed to using the least restrictive measures while ensuring the safety of all individuals who are in imminent risk of harm to self or others.

2. PURPOSE

To ensure staff respond and provide assistance in emergency situations which require interventions for behavioral reasons such as threat of harm to self or others, elopement, and/or physical aggression/destructive behavior. In cases where the client's behavior cannot be managed by planned interventions outlined in the BSP or treatment plan, Code Yellow procedures are implemented. These procedures are consistent with the approved intervention techniques (Mandt) and always use the least restrictive intervention necessary.

3. PROCEDURE

Elopement: when a client has left his/her assigned area or his/her location cannot be determined.

Person Responsible	Action
Any Staff	Notifies nurse, shift supervisor, or ranking staff of elopement
Nurse, Shift Supervisor, or Highest Ranking Staff present on unit	Assess the situation and emergency needs. Ensures that staff in the immediate area begin pursuit/search to maintain/establish visual contact Calls a 'Code Yellow' using an overhead paging system, unit radios, or per building emergency procedures. A request is made for all available staff to report to a designated area. The announcement is clearly stated three (3) times.
Nurse, Shift Supervisor, or Highest Ranking Staff present on unit	Assigns keys to vehicle and hand held radios and/or other materials as appropriate for the specific Service. Notifies CSH Police department that a client has left his/her assigned area or cannot be found. Informs the Police that this call is for information purposes only. Notifies the Service Chief and Nurse Administrator that the individual has left assigned area or cannot be found.
Nurse Administrator	Obtains information necessary and relays information to superiors per protocol. Assists area as needed.

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<p>Nurse, Team Leader, Shift Supervisor, or Highest Ranking Staff present on unit</p>	<p>Assesses situation and, if deemed necessary, contacts CSH Police Department to request assistance, limited to aid in locating the individual and communicating that location back to the unit.</p> <p>Notifies CSH Police Department and Nurse Administrator upon individual's return to assigned areas.</p> <p>Completes the Code Review Form, CSH form 1648 and documents situation in client record.</p> <p>Ensures that a debriefing is conducted within 2 hours of the Code Yellow. The client is to be included in debriefing if possible.</p> <p>Debriefing will include:</p> <ul style="list-style-type: none"> • Identification of what led to the incident and what could have been handled differently. Staff must keep in mind that the precipitating events may have occurred immediately prior to the event, or may have been quite remote. • Determination if the client's physical well-being, psychological comfort, and right to privacy were adequately addressed during the intervention. • Provision for counseling of the involved client(s) for any physical or psychological trauma that may have resulted from the incident. • Ensure that any needed medical/nursing attention was/is provided. • Identification of any Performance Improvement opportunities that may be indicated. • Identification of any Treatment Plan changes that may be indicated. <p>Debriefing and incident are documented in the client's record.</p> <p>Submits original Code Review form, CSH 1648 and any supporting documents to Service Director. This form is not maintained in the client record.</p> <p>Completes a Critical Incident Report if required.</p> <p>Includes incident in end of shift report to Nurse Administrator and unit staff.</p>
<p>Service Director</p>	<p>Reviews documentation and ensures the chart documentation is complete and that the debriefing contains the required elements.</p> <p>Ensures that the Code Review Form, CSH-1648, is complete and a CAP is initiated.</p> <p>Forwards completed form and corrective actions to Nurse Executive, Clinical Director, and Service Chief.</p>
<p>Nurse Executive Clinical Director Service Chief</p>	<p>Reviews CSH form 1648 with corrective actions.</p> <p>Maintains original and forwards copy to the Chief Nurse Executive by the 10th following month.</p>

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Physical Aggression/Destructive Behavior: engaging in acts of physical aggression or destructive behavior that pose a risk of imminent harm to self or others and staff are unable to manage the behavior using planned interventions and/or client’s BSP.

Person Responsible	Action
Any Staff	<p>Ensures that BSP and/or treatment plan has been fully implemented and all appropriate, positive alternative approaches have been utilized in an effort to manage behavior.</p> <p>Determines that behavior cannot be managed using the BSP and/or treatment plan, Mandt, and that individuals involved are in imminent risk of harm.</p> <p>Calls a ‘Code Yellow’ using an overhead paging system, unit radios, or per building emergency procedures. The announcement is clearly stated 3 times. A request is made for all available staff to report to a designated area.</p>
Nurse, Team Leader, Shift Supervisor, or Highest Ranking Staff present on unit	<p>Assess the situation and emergency needs. Identifies staff/participants that will assist with the Code Yellow. Ensures that appropriate techniques are applied.</p> <p>Observes the activity and intervenes as necessary to ensure appropriate application of interventions.</p> <p>Ensures that a debriefing is conducted within 2 hours of the Code Yellow. The client is to be included in debriefing if possible.</p> <p>Debriefing will include:</p> <ul style="list-style-type: none"> • Identification of what led to the incident and what could have been handled differently. Staff must keep in mind that the precipitating events may have occurred immediately prior to the event, or may have been quite remote. • Determination if the client’s physical well-being, psychological comfort, and right to privacy were adequately addressed during the intervention. • Provision for counseling of the involved client(s) for any physical or psychological trauma that may have resulted from the incident. • Ensure that any needed medical/nursing attention was/is provided. • Identification of any Performance Improvement opportunities that may be indicated. • Identification of any Treatment Plan changes that may be indicated. <p>Debriefing and incident are documented in the client’s record.</p> <p>Completes the Code Review Form, CSH form 1648 and documents situation in client record.</p> <p>Submits original Code Review Form, CSH-1648 and any supporting documents to Service Director. This form is not maintained in the client record.</p> <p>Completes a Critical Incident Report if required.</p> <p>Includes incident in end of shift report to Nurse Administrator and unit staff.</p>

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Service Director	<p>Reviews documentation and ensures the chart documentation is complete and that the debriefing contains the required elements.</p> <p>Ensures that the Code Review Form, CSH-1648, is complete and corrective actions are taken and documented.</p> <p>Forwards completed form and corrective actions to Nurse Executive, Clinical Director, and Service Chief.</p>
Nurse Executive Clinical Director Service Chief	<p>Reviews CSH form 1648 with corrective actions.</p> <p>Maintains original and forwards copy to the Chief Nurse Executive by the 10th of following month.</p>

This policy has been approved by the CMO and CEO on 10/2/09.

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CODE REVIEW FORM

Client Name: _____ Avatar # _____ Living Unit: _____

Date of Incident: _____ Time: _____ Location of Code: _____

SECTION A:

<p><input type="radio"/> Full Code Yellow</p> <p>Code Yellow resulted in:</p> <p><input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint</p> <p><input type="checkbox"/> STAT med <input type="checkbox"/> De-escalation</p> <p><input type="checkbox"/> Other Staff Interventions: _____</p> <p>Code Yellow was due to:</p> <p><input type="checkbox"/> Elopement <input type="checkbox"/> Physical Aggression/ Destructive Behavior</p> <p><input type="checkbox"/> SIB</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="radio"/> Potential Code Yellow with Successful Interventions (Complete this block only)</p> <p>Potential Code Yellow resulted in:</p> <p><input type="checkbox"/> STAT med <input type="checkbox"/> De-escalation (Mandt)</p> <p><input type="checkbox"/> Other Staff Interventions: _____</p> <p>Potential Code Yellow was due to:</p> <p><input type="checkbox"/> Elopement <input type="checkbox"/> Physical Aggression/ Destructive Behavior</p> <p><input type="checkbox"/> SIB</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="radio"/> Code Blue</p> <p>Outcome:</p> <p><input type="radio"/> Hospitalization</p> <p><input type="radio"/> Death</p> <p><input type="checkbox"/> Other: _____</p>
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SECTION B: BRIEF Summary of Code:

SECTION C: To be fill out at debriefing (within 2 hours of incident).

<p>What were the behavioral /or medical changes that were recognized by the staff prior to the code?</p> <p>_____</p> <p>_____</p>
<p>What changes did the staff report?</p> <p>_____</p> <p>_____</p>
<p>To Whom: _____ When? _____</p>
<p>What were the preventive actions/interventions taken to prevent the code/or respond to the client?</p> <p>_____</p> <p>_____</p>
<p>There were no changes in client's condition that were recognized or responded to before the code. List the changes in the client's condition that staff could/or should have recognized, responded to, and reported prior to the code.</p> <p>_____</p> <p>_____</p>
<p>Complete CAP (Section D) on reverse side based on responses above.</p>

Staff Completing Form Signature

Date

Time

CORRECTIVE ACTION PLAN

SECTION D: Completed CAP to be submitted within 5 working days. CAP may be handwritten.

Issue	Identified Problem	Corrective Steps	Target Date	Responsible Person

Signature of Person Responsible for CAP

Title

Contact Number

I have reviewed this form and found to be complete. Comments: _____

Service Director Signature: _____ Date: _____

Nurse Executive Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

Service Chief Signature: _____ Date: _____

SECTION E:

PI REVIEW

Signature verifies I have reviewed/approved the CAP

Title

Date