

**PERSONAL
THREAT
CODE:
BLACK**

PERSONAL THREAT - CODE BLACK

A personal threat may be a verbal or physical assault on another person. Personal threats may occur to staff, patients and visitors and may be made by any other person.

Mount Gambier & District Health Services Inc staff have the right to be safe in their workplace and therefore personal threats are unacceptable. Appropriate evaluation and management of aggressive, violent or threatening persons can decrease assaults.

This section of the emergency procedures manual is to inform staff of equipment in their work area to assist in personal threats and to inform staff of appropriate procedures if a personal threat occurs. The response to Code Black incidents should be based upon management that produces the best care, welfare, safety and security for individuals, staff and others

Equipment

Mount Gambier and District Health service is equipped with security equipment and procedures to protect staff, patients and visitors. Installed in the facility is:

1. Locking of all external doors and windows.
2. Security cameras installed to monitor doors and other access points.
3. Duress alarms are installed in high-risk areas to automatically summon assistance.
4. Security officers are employed to provide deterrent and physical assistance.
5. Personal duress alarms are available for all staff.

Procedures

Mount Gambier and Districts Health service has procedures to assist during personal threats. These procedures include reporting of threats, staff actions during personal threats and debriefing procedures.

Personal Threat Equipment

1. All doors throughout the facility must be equipped with functioning locks. Staff must immediately report any door that they are unable to lock.
2. Security cameras are installed at external doors and in main corridors. The cameras are monitored within the hospital and some cameras have constant recording facilities.
3. There are two types of Duress alarms available in the hospital

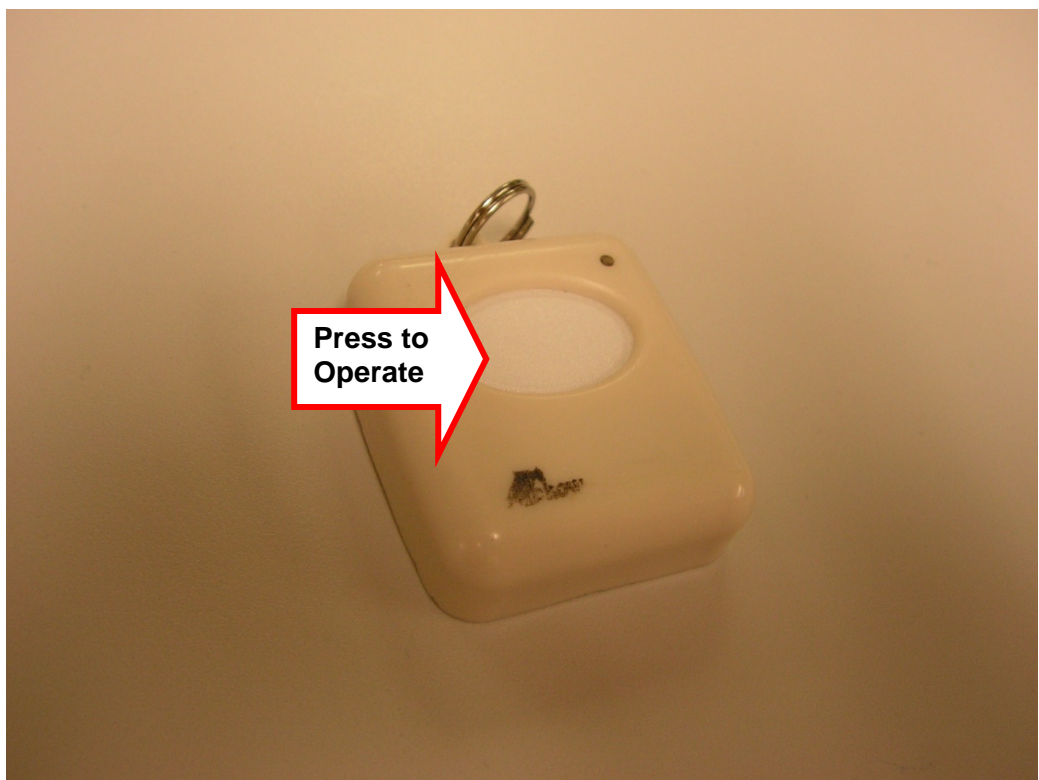
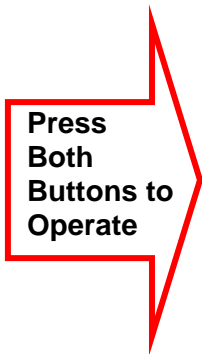
DURESS ALARMS – TWO TYPES

1. Desk type that sends an alarm to a security provider and results in police attendance.



2. Personal alarm type, which activate an alarm in the security office (ED) and results in a response from on site staff.

PERSONAL DURESS ALARM TYPES



Security officers are on duty at all times to assist during a personal threat situation. Security officers are based in the Emergency Department security office and are able to be contacted on “204” or 333 if urgent.

Personal duress (Panic type) alarms are available for use as back up alarms, or when extra alarms are needed. When activated the noise makes a very loud, high pitched sound that will generally deter the assailant and summon assistance. These alarms are stored in the Nurse Coordinators office and may be collected when needed.



CODE BLACK NOTIFICATION

- Dial the emergency number 333 and notify the location and nature of the incident OR

Activate the Personal Duress Alarm, Desk Top Alarm, or Personal Panic Alarm if issued.

- The Admissions Clerk is to announce “Code Black + the area” and repeat 3 times.
- Activation of the Personal Duress Alarm system will alert:
Duty Nurse Coordinator
 - Security/Medical Orderly
 - Designated Code Black team members in each ward area – staff who will carry this pager will be designated at the commencement of each shift.
- Note: Persons allocated, as team members will hand over responsibility to a designated proxy when they are away from the area, on scheduled breaks and at the end of their shift.
Staff who consider themselves at significant risk due to existing physical or psychological problems may apply to be excluded from the team.
- Admissions Clerks – will announce Code Black via the PA system.

On Code Black notification, the Nurse Coordinator AND Security/Medical Orderly ONLY will proceed directly to the area and assess the situation. They will exercise extreme care and continually monitor for danger. The Code Black Team will proceed to the designated team assembly area and will await instructions from the Duty Nurse Coordinator/Team Leader.

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| NO OTHER STAFF ARE TO ENTER THE AREA. |
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**Further detail about the role and responsibilities of the Code Black team
Can be found in Appendix A.**

PERSONAL THREATS

General Staff Response

1. Assess situation
2. If required seek assistance from other staff prior to confrontation
3. Consider patient's condition and options available (i.e. restraint, medical/physical, detention, or transfer to another facility)
4. Ensure Personal Safety at all times
5. Remove yourself from vicinity if necessary
6. Active duress alarm if available and needed
7. Alert Police if necessary
8. Document
9. Debrief

Complete Incident Report

Senior Nurse Acting as Chief Warden

1. Assess incident
2. Can situation be defused
3. Send staff to assist if necessary and safe to do so
4. Determine if Police are required
5. If required contact Police
6. Ensure other occupants are evacuated from area if safe
7. If chemical restraint appropriate inform medical officer.
8. Complete Incident Report

At all times any action undertaken is always with consideration for the welfare and safety of all occupants.

HOLD-UP RESPONSE

If staff member is involved in a Hold-Up situation then life safety is paramount. Staff will

- Follow Directions as outlined in CODE-A (located at end of this section)
- Upon Departure of Offender immediately notify Senior Nurse acting as Chief Warden
- Remain in the hospital until Police arrive
- Liaise with Senior Nurse acting as Chief Warden or Management before leaving hospital

Senior Nurse acting as Chief Warden

- Notify Police and Management
- Attempt to confirm offender has left hospital
- Direct medical assistance if required
- Await arrival of Police and follow their directions
- Consider welfare of victim

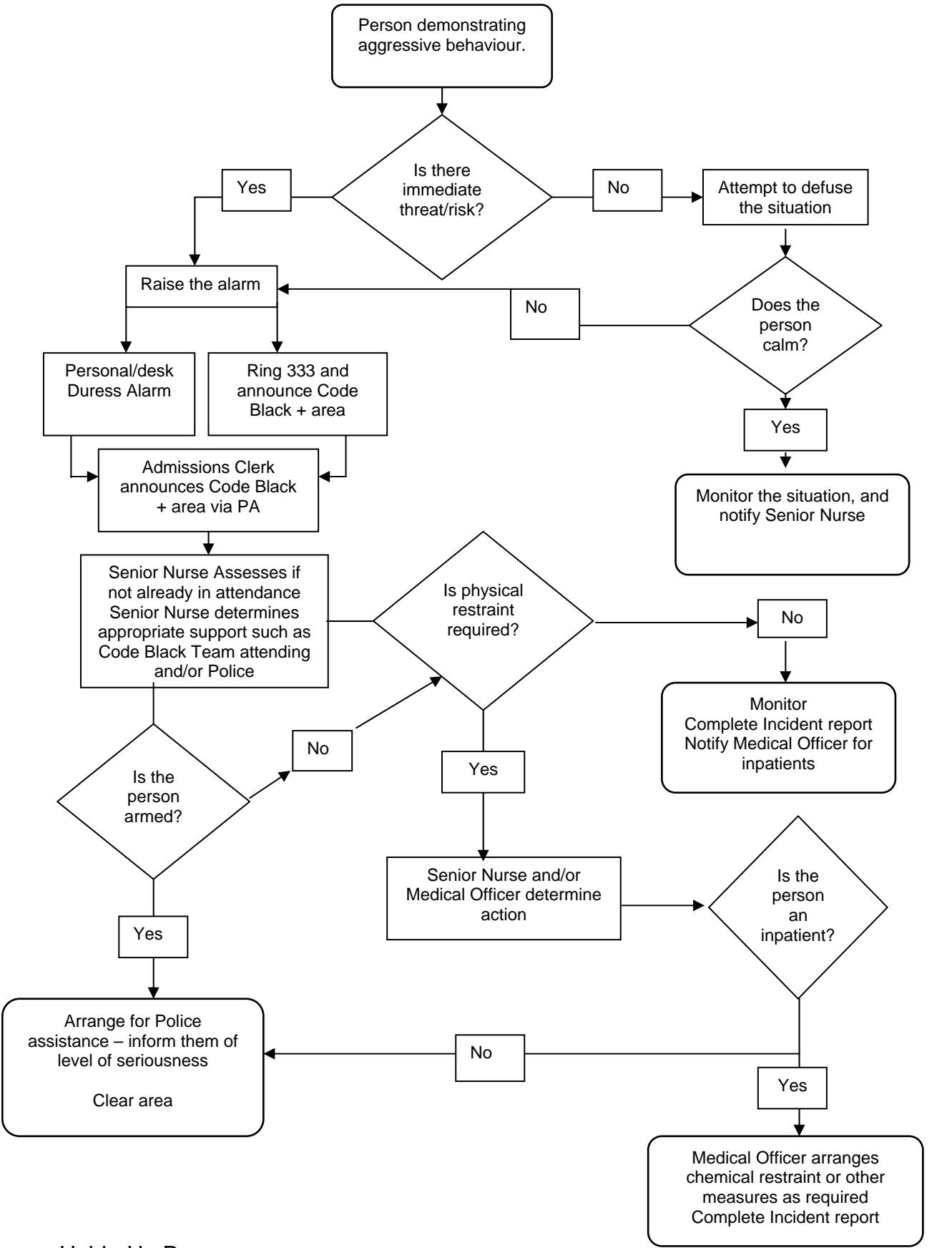
LOCKDOWN PROCEDURE

If an incident occurs that requires a lockdown of the Mount Gambier & District Health Services Inc the following should occur.

1. Inform all staff of lockdown (note the EWIS Panel PA may be used if required)
2. Notify Police on **0-000**
3. Activate all automatic doors to lock
4. Secure any door that requires manual locking
5. Close all curtains and doors
6. Move occupants away from windows
7. Reassure occupants
8. Notify Management
9. Consider on coming shifts – Notify to stay clear until advised safe
10. Ensure lines of communication to internal staff (Dect phones or Radios)
11. Monitor Cameras if safe and appropriate
12. Monitor situation
13. Await arrival of Police
14. Upon advise of Police announce all clear

Complete an Incident Report

FLOW CHART – CODE BLACK



Hold - Up Response

When faced with a hold-up threat, cooperation with the offender is most important.

To assist in this remember the acronym

CODE-A

| | |
|---------------------|---|
| C alm | Remain calm. Tell yourself to remain calm. |
| O bey | Obey the offender. Do exactly what you are told and no more. Tell the offender exactly what you are doing and give them what they want. Do not make any sudden unexpected movements. |
| D escription | Obtain a description of the offender and write down as much as possible after the offender has left. Use the police description form to record details. |
| E vidence | Be aware of where the offender went and what he or she touched. Secure anything which was touched and do not touch it yourself. Lock the door of the building and only allow Police or Management to enter. |
| A larm | Activate the alarm and call Police only when it is safe to do so. |

**Call the Police on 0-000
(000 or 112 from mobile phones)**

**The incident is not to be discussed with anyone other than senior Health Service staff.
The media are not to be informed, or any details provided in response to enquiries.**

RECOVERY

In the event of injury

- Seek immediate treatment through the Emergency Department.
- Ensure injuries to staff are documented (refer Safe Practice & Environment Policy SPE-OHS 32 Accident & Incident Reporting & Investigation).

Critical Incident Debriefing

The level of debriefing intervention will be determined by the nature of the incident. In many instances, it may not be required.

Initial support to help people ground themselves regarding the incident should be offered immediately, eg. Not being alone, talking about the incident, taking 'time out', taking time off.

Debriefing is an important process following any critical incident. **All debriefing should be offered on a voluntary basis.** (Refer: Safe Practice & Environment Policy SPE OHS.2 section 4, debriefing.)

Operational Debriefing

The nature and outcome of the incident will determine the need for operational debriefing. Where there has been a significant outcome, operational debriefing should be arranged within 48 hours by the Emergency Coordinator.

The purpose of operational debriefing is to determine the effectiveness of existing procedures and staff response, and to identify any changes required.

Reporting

The following reports must be completed:

- **OH. 33 Code Black (aggression / violence report)**
- **OH. 23 Incident Report Form.**
- **Work Cover Worker Report Form** (If any injury sustained)
- **Offender Description Form for non-inpatients** (See attachment to this procedure, and internal telephone directories)

OFFENDER DESCRIPTION FORM

The Armed Robbery – Aide Memoir developed by SA Police is used as this form.

APPENDIX A

CODE BLACK TEAM & PHYSICAL RESTRAINT PROCEDURE

DESIGNATED TEAM ASSEMBLY AREAS

Following Code Black notification, the **Code Black Team** will proceed to the designated team assembly area and will await instructions from the Duty Nurse Coordinator/Team Leader.

Staff who are not members of the code black team are NOT to enter the area unless directed to do so by the Nurse Coordinator.

They must proceed to the Designated Team Assembly Area via the shortest route, **AVOIDING THE AREA INVOLVED.**

| | | |
|---|-------------------------|--|
| A | MEDITATION ROOM | For Code Black in Maternity, Surgical, Medical or Private Wards, HDU |
| B | CORRIDOR BEHIND IMVS/ED | For Code Black in Emergency Department Medical Records, IMVS, Stores, Theatre, Day Surgery or Mortuary |
| C | NURSE MANAGERS' OFFICE | For Code Black to any other area |

CODE BLACK TEAM

Structure

The team structure comprises the following:

- Team Leader (From area involved)
- Nurse Coordinator
- Four team members [minimum]
- One Security/Medical Orderly
- Staff Medical Officer

The Team Leader will brief the Nurse Coordinator on situation. The Nurse Coordinator will then allocate team members to their respective role. When tasks have been allocated they are followed through to the conclusion of the event.

The restraint, when applied, will continue until the Nurse Coordinator directs that the restraint can be released.

ALL STAFF MUST BE FULLY AWARE OF THE TEAM MEMBER RESPONSIBILITIES AND RESTRAINT PROCEDURE.

Team Leader Responsibilities (The team leader is the first staff member on the scene, this role may be re-allocated at the discretion of the Nurse Coordinator to reflect the most appropriate person in light of the situation i.e. mental health or SMO, or a staff member from the ward who has a rapport with the patient).

- Assess the situation
- Commence or continue defusion techniques
- Brief Nurse Coordinator

Nurse Coordinator Responsibilities

- Respond to all “Code Black” calls.
- Coordinate all activities related to the safe operation of the Code Black Team.
- Assume “command and control” of code black response.
- Determine if it is safe to restrain.
- Call for additional assistance as required, eg. Police.
- Ensure the team operates within the policy guidelines.
- Provide adequate support services post-incident.
- Ensure all documentation is completed as soon as possible.

Staff Medical Officer Responsibilities:

- Respond to all “Code Black” calls.
- Complies with instructions from the Nurse Coordinator.
- Assumes responsibility for all clinical decisions regarding further interventions, eg chemical restraint, once the aggressive person has been made safe.

Assessment and Preparation

- The Nurse Coordinator ensures team members understand their role.
- Team members remove jewellery, watches, pens etc. prior to physical restraint.
- **Key Word** is agreed upon – this is usually the word “**TEAM**” when spoken this signals staff to commence the control hold
- Consideration must be given to the actual structure layout and hazards of the area in which the ‘Code Black’ team is to operate.

PHYSICAL RESTRAINT

- Restraint is always considered an **ABSOLUTE LAST RESORT.**
- It is essential that **accurate assessment** of the situation precede the decision to action any form of restraint. Physical restraint places all persons involved at risk of harm both physically and psychologically, regardless of their level of experience in managing aggressive behaviour.
- If escalation is likely or imminent Police should be notified as soon as possible



Figure A

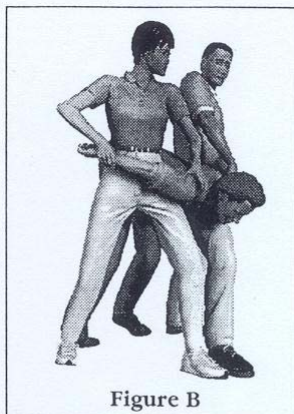


Figure B

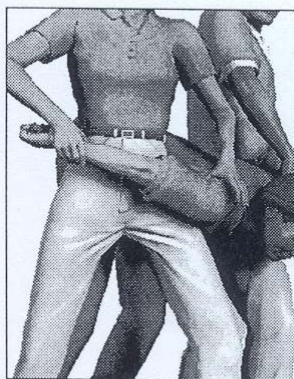
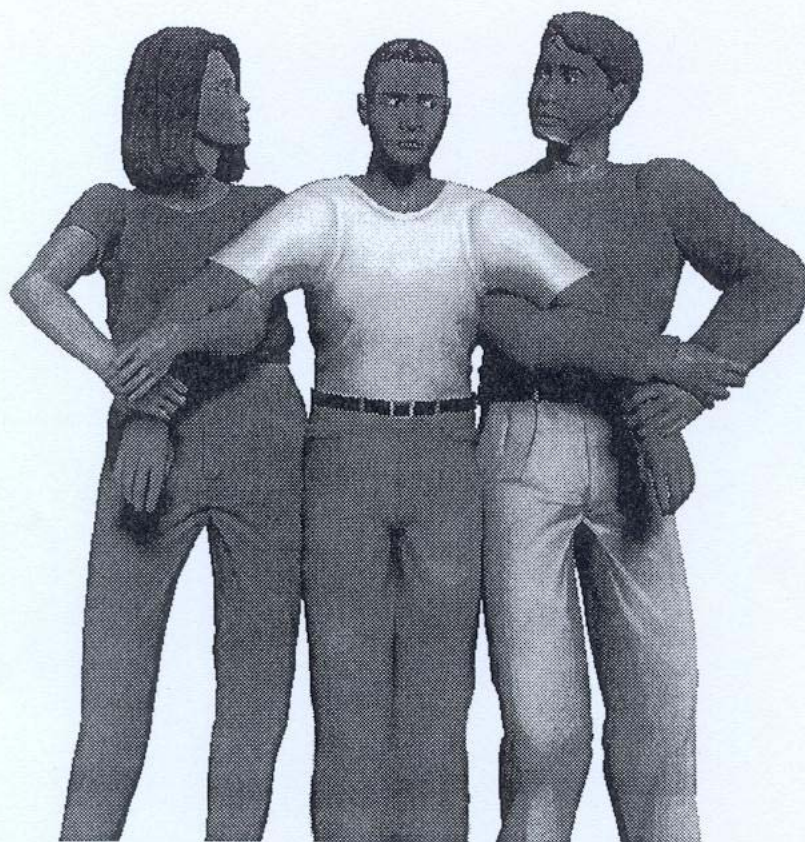


Figure C

cpi TEAM CONTROL POSITION

The CPI Team Control Position is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed. During the intervention, staff members who are holding the individual should:

- Face the same direction as the acting out person while adjusting, as necessary, to maintain close body contact with the individual.
- Keep their inside legs in front of the individual. (Fig. A)
- Bring the individual's arms across their bodies, securing them to their hip areas. (Fig. B)
- Place the hands closest to the individual's shoulders in a "C-shape" position to direct the shoulders forward. (Fig. C)



cpi TRANSPORT POSITION

This position will assist you in safely moving an individual who is beginning to regain control.

Prior to moving an individual, assist the person into a more upright position and remove your hand from the individual's shoulder. Reach under the individual's arm to grab your own wrist. This "cross-grain grip" better secures the individual between staff during transport. Remove your legs from directly in front of the individual prior to transport while maintaining close body contact.

It is not recommended to transport an individual who is struggling. If necessary, return to the CPI Team Control Position if the individual's and/or staff's safety is at risk.

Signed

Chief Executive Officer.