

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: BEHAVIORAL EMERGENCIES IN ALL NNAMHS SETTINGS

NUMBER: NN-PC-SF-02

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I. PURPOSE

To describe the procedures to be followed in a behavioral emergency, wherever it may occur on the Northern Nevada Adult Mental Health Services (NNAMHS) campus.

II. POLICY

NNAMHS will provide a safe environment for consumers, customers, staff, and visitors.

III. REFERENCES

1. NNAMHS Policy and Procedure NN-PI-04 Incident Report
2. NNAMHS Policy and Procedure NN-PI-03 Sentinel Events
3. MHDS Division Policy and Procedure Directive #4.003 Reporting of Serious Incidents/Sentinel Events
4. NNAMHS Policy and Procedure NN-EC-05 Emergency Response and Group Paging

#### IV. DEFINITIONS

Behavioral emergency:

A situation in which an individual is judged to be on the verge of or is acting in a manner that will cause harm to self and/or others, destruction of property, and/or intolerable disruption of consumer care or other agency activities. Assault, battery, self-injury, and creation of a serious public nuisance are examples of behavioral emergencies.

#### V. PROCEDURE

##### 1. Inpatient

- a. Any person's behavior escalating to an emergency will be responded to in accordance with Crisis Prevention and Response (CPART) training guidelines in an effort to de-escalate an emergency situation or the necessity for physical restraint or seclusion
- b. If the person's behavior does not respond accordingly, the staff is to call the switchboard to announce a Code Orange on the overhead. The supervisor will extend the call to a group page on the campus if a further show of force is necessary or in the case of a disaster.
- c. Staff responding to the Code Orange is to use CPART training techniques to contain the behavior and prevent injury, destruction, or violence. Physical restraint may be employed only by trained staff and only if the consumer is on a certified Legal 2000, or one is initiated

##### 2. Psychiatric Ambulatory Service (PAS)

- a. PAS staff will follow the same procedural steps described for inpatient.
- b. If the person's behavior does not respond to de-escalation techniques, staff should initiate a Legal 2000, in addition to calling the operator for a Code Orange. If the person's behavior does not respond to increased support and containment and the Legal 2000 has not yet been certified, the police should be called.
- c. The staff person who knows the most about the person's condition and history

should report to the psychologist on PAS for certification of the Legal 2000. If no psychologist is available then the POU psychiatrist should be contacted to certify the Legal 2000. The medical doctor or physician assistant on-call should be contacted for medical clearance. If unavailable, arrangements for COBRA to another hospital for medical clearance should be made by the PAS nurse.

- d. The consumer should be moved to the interior waiting room by PAS and POU staff as soon as possible, but only after the Legal 2000 is initiated. The same staff should move the consumer to the POU for searching and slippers. After this is accomplished, POU staff will take over processing of the admission for the consumer.

### 3. Outpatient Medication Clinic

- a. CPART verbal intervention will be used by staff in the clinic to de-escalate behavior.
- b. If person's behavior does not respond accordingly, call hospital operator to ask for a GROUP PAGE CODE ORANGE, and give the location. Each person on the group page should bring at least one additional person to the scene to provide support and containment. No physical restraint may be used in the outpatient setting unless consumer is an eminent danger to self or others, or to prevent the destruction of property. In such cases a legal 2000 will be initiated.
- c. The supervisor will call the police at the time the Code Orange is called if s/he deems necessary to prevent injury or violence.
- d. If person's behavior does not respond positively, initiate Legal 2000, have the prescribing clinician certify the hold and call the POU supervisor:
  - (i) Ascertain if there are any beds available and whether the medical doctor is on grounds to provide medical clearance; give as much information as possible on the person's history and current condition.
  - (ii) If medical doctor unavailable, fill out COBRA papers and call REMSA or police (if too dangerous) for transport to a Medical Hospital. A report to POU supervisor, staff nurse should be given on all consumers sent to local

hospitals for medical clearance.

- (iii) If person can be medically cleared by NNAMHS staff and a car is needed for transport to Building 25, call the hospital supervisor to bring a car to the clinic.
- (iv) Facilitate the transport of the person to POU either by staff walking or in an agency vehicle.
- (v) Staff is to bring the consumer's current chart to POU and remain with the person until medically cleared, searched by staff, or relieved by nursing staff able to monitor the consumer.

4. Outpatient Community Programs:

Service Coordination, Mental Health Court, Co-Occurring Disorders, Most Team, PACT Team, and Counseling.

- a. If staff in these programs encounters a consumer, anywhere on the campus, in the community, or while providing transportation, whose behavior is indicative of a behavioral emergency requiring a Legal 2000, a hold will be initiated by the staff who will then take one of the following steps.
  - 1. If the consumer is physically threatening, out of control, or medically unstable, including chemical impairment, the consumer will be sent directly to the emergency room for medical clearance and certification. A Legal 2000 shall be initiated and the police and/or Remsa called to transport. Counseling can certify their holds.
  - 2. If the consumer is cooperative and does not present as a safety risk the staff should contact the Nursing Supervisor of POU or a team member who will call the POU supervisor by phone as soon as possible. The purpose of the call is to inform POU of potential admission, find out if bed and medical clearance are available, report person's history and current condition, and locate the person's medical record.
  - 3. In the event that medical clearance is not available, counseling will contact the medical clinic for an RN to assist with the COBRA.

- b. If on the campus, the operator should be called for a CODE ORANGE, with location as warranted.
- c. If medical clearance is available at the POU and the consumer does not present as threatening or medically unstable the person should be escorted, by staff to the POU. Physical restraint cannot be employed by anyone other than police if a Legal 2000 has not yet been initiated. As soon as possible after arrival, community services staff should initiate the Legal 2000.
- d. The consumer's chart should be obtained and brought to the POU with the person, or as soon as secured in POU. Staff accompanying the consumer should initiate the Legal 2000 and remain in the POU until medical clearance and search is completed.
- e. If medical clearance is not available and the consumer will not cooperate with community services staff to transport them directly to the emergency room, then community services and/or POU staff will COBRA the person to a hospital for medical clearance.