

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE NUMBER: 08-079

SUBJECT: Code Strong PAGE: 1 of 4

PURPOSE: A Response Policy for Behavioral Health Emergencies

PURPOSE:

1. To provide guidelines for utilizing a team approach to crisis intervention that will protect both patients and staff, maintaining therapeutic relationships to the greatest extent possible.

SCOPE:

For inpatient units and all outpatient areas attached to the main building and hospital-based clinics. For all off-site areas, call X7777 and refer to the *Police Response to Calls for Assistance* policy located in the Nursing Practice Manual.

POLICY:

1. The Code Strong policy is a model of intervention that treats people with dignity and respect and uses a system of gradual and graded alternatives for de-escalating and supporting people in behavioral crisis, while maintaining a safe environment for patients and staff.
2. The Code Strong response is the model for addressing behavioral crises and utilizes a combination of interpersonal communication skills and physical interaction techniques when necessary, designed to reduce physical and emotional injury.

DEFINITIONS:

1. **Code Strong** - UCHC's term for a behavioral health emergency response.
2. **Verbal Intervention Techniques** – May include active listening, setting limits, support techniques and problem solving.
3. **Physical Intervention Techniques** – May include supportive holds and/or restraint techniques to manage dangerous behavior, as per non-violent crisis training. This method should be used only as a last resort and in response to keeping the patient and others safe.

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PROCEDURE:

Guidelines:

1. All interventions shall promote keeping people safe and treating people with dignity and respect.
2. Physical techniques shall be used only as a last resort, and only after non-physical interventions have proven to be insufficient to ensure the safety of everyone.
3. Staff members shall work as a de-escalating team to bring about a reduction in tension.
4. In all situations, staff members will work to use verbal and non-physical interventions before attempting to use physical interventions.
5. The licensed staff member assigned to the patient maintains responsibility for care of the patient during behavioral crisis and acts as the team leader. The Code Strong team assists the unit staff when they arrive on the unit.

PROCEDURE:

1. A designated staff member will dial x7777 requesting a Code Strong activation and inform the operator of the location of the code. The staff member will also ask the operator to page the LIP.
2. The operator will enter "Code Strong (with location)" on the beeper system.
3. An internal Code Strong team will respond to the patient care area to assist patient care staff with safety interventions.
4. On all locked units, the staff member activating the code will ensure that the team can enter the unit.
5. The Code Strong team will attempt to secure the safety of the patient through use of verbal techniques and then physical intervention if needed. Code Strong team responders include:
 - a. RN and LIP assigned to patient
 - b. Patient Flow Nurse Manager or Nursing Supervisor
 - c. UCHC Police Department and Buildings and Grounds Patrol Officers
 - d. Designated Float Pool aide carrying Code Strong beeper.
 - e. Psychiatry crisis clinician and Psychiatry staff responders
 - f. Consultation Liaison.
6. Document on crisis log sheet and in restraint log if applicable.
7. Post crisis:
 - a. Debrief staff responders and complete staff debriefing form
 - b. Debrief patient, if appropriate, within 24 hours and complete patient debriefing portion of restraint log if applicable.
 - c. Notify attending MD if not present.

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CODE STRONG TEAM ROLES:

A. Leader identifies him/herself

- Assesses and implements appropriate level of intervention considering alternative and least restrictive interventions
 - Decides level of intervention required
 - Organizes and gives team members briefing of situation and patient needs
 - Assigns responsibilities to team members
- Requests application of restraints if other alternatives are ineffective
- Documents events in patient's record

B. Nursing Manager of area and/or Nursing Supervisor

- Obtains additional resources as requested
- Assures restraints are provided to the Code Strong team

C. Designated Float Pool Aide

- Helps obtain restraint equipment as requested by team leader
- Provides care at the direction of the team leader
- Assists in the application of restraints if other alternatives are ineffective.

D. Buildings and Grounds Patrol Officers

- Secures area
- Provides security for patient and staff at the direction of the team leader
- Assists in the application of restraints if other alternatives are ineffective.

E. Psychiatric Crisis Clinician and Psychiatric Staff Responders

- Provides Care at the Direction of the team leader
- Assists in application of restraints if other alternatives are ineffective.

F. Consultative Liaison Provider or LIP on Service

- Provides Medication Management

G. Staffing Supervisor

- Provides coverage to psychiatric units sending responders

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H. Documentation in the medical record will include:

1. Description of patient behavior
2. Alternative measures considered/attempted
3. Interventions implemented
4. Patient's response to interventions

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