PIONEER MEDICAL CENTER
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POLICY and PROCEDURE		
Title	Code Gray, Combative Person	
Manuals	ADC-EM	LTC-EM
	ALF-EM	PH-EM
	CAH-EM	RHC-EM
	HOS-EM	
Approved By	Date:__01/21/2015__ By:__Erik Wood_____Title__CEO_____	

Highlights	Policy Statement
	To provide an appropriate response to situations involving an aggressive/hostile/ combative or potentially combative person.
Weapon Involved - Code Silver	*** Note: Assault with a weapon – Refer to Code Silver: Person with a weapon /hostage situation policy.
General Considerations	1. Aggressive, combative or abusive behavior can be displayed by anyone; a patient, a patient's family member, staff, staff family members, or acquaintances of employees and patients. Aggressive, combative or abusive behavior can escalate into a more violent episode.
	2. Staff will take responsible, proactive measures to ensure the safety and security of all persons on hospital property by effectively responding to and minimizing the number of assault victims and potential injuries.
	3. When staff is concerned about their own safety and the safety of others due to abusive or assaultive behavior, they should initiate a Code Gray.
	4. Recognizing early warning signs: No single sign alone should cause concern, but a combination of any of the following signs should be cause for concern and action.
	- Direct or verbal threats of harm. - Intimidation of others by words and or actions. - Refusing to follow policies. - Carrying a concealed weapon or flashing a weapon to test reactions. - Hypersensitivity or extreme suspiciousness. - Extreme moral righteousness. - Inability to take criticism regarding job performance. - Holding a grudge, especially against a supervisor. - Often verbalizing hopes that something will happen to the other person against whom the individual has the grudge. - Expression of extreme desperation over recent problems. - Intentional disregard for the safety of others. - Destruction of property.
Prevention/De-escalation	Prevention/De-escalation - There are basic techniques for effective de-escalation. Use of these procedures can not only diminish or halt the agitation, but can improve the quality of care. These are:
	1. Active listening and effective verbal responding - taking the time to really hear what a resident/patient/person is saying and then thinking about the response.
	2. Redirection - draw the resident/patient/person's attention to another subject and take their

mind off of whatever she is focusing on.

3. Stance and positioning - Attention to staff's stance and positioning in relation to an agitated resident/patient/person is very important. By standing with feet about 18 inches apart, staff are able to work and move with a person without losing their balance. Also, if they position themselves to the side rather than directly in front of a resident/patient/person behaving aggressively, and maintain a distance of approximately six feet, staff is less likely to be struck by the person--and he/she will feel less threatened by them, as well.

4. Tincture" of time - This simply means allowing the resident/patient/person to have time and space to let his/her outburst dissipate.

5. Not jumping to conclusions - Not jumping to conclusions means listening to what the resident/patient/person is really concerned about and then responding to it rather than assuming the obvious.

6. Controlling the environment - When a resident/patient/person is becoming aggressive, there are a number of steps staff must take in controlling the environment. These include moving other resident/patient/persons and staff out of harm's way, removing objects that could be used by the resident/patient/person to hurt self or others, and blocking routes by which he/she could leave the facility in the case of a resident. Staff must also make sure the agitated resident/patient/person is not alone and is always kept in view.

7. Teamwork - The team must cooperate on many levels. When a resident/patient/person is becoming agitated, several staff members working together can be very effective. It is important for each staff member to communicate with all members of the team about the resident/patient's status.

Procedure

Initiating a Code Gray	**Initiating a Code Gray**

1. Any staff member confronted with or witnessing a combative situation should initiate a Code Gray alert.
    a. Dial #35 and announce overhead stating that a Code Gray is in progress by giving the location.
    b. Repeat the announcement x3, slowly and clearly

Responding Staff

2. The following staff will respond to that location to assist;
    a. Facilities management staff,
    b. All in house male staff members;
    c. Nursing supervisors,
    d. Departmental supervisors

3. When additional staff arrives, a person will be designated to notify;
    a. Lab, ALF and Clinic areas not alerted by overhead page
    b. The on call provider if deemed medically necessary.

Providing Assistance

4. Personnel should provide assistance to the individual as follows;
    a. Verbal Abuse
        i. Assist in attempts to verbally de-escalate the assailant.
        ii. Call in a second person to take over.
        iii. Add distance/barriers between individual and assailant.
    b. Physical Battery
        i. Protecting self and others by assisting individual to stop/deflect blows by the assailant.
        ii. Creating a diversion by putting distance/barrier between individual and assailant.

	iii. Getting medical assistance if needed.
Notification Of Law Enforcement	5. In the event that the situation becomes a threat to safety of staff, patients, residents or others, notify law enforcement by dialing 911 (preferable) and push panic button.
HICS	6. The Hospital Incident Command System (HICS) will be used as the incident's management structure.
Incident Command	7. The IC (incident commander) shall be the charge nurse, until relieved.
All Clear	8. When the Code Gray has been resolved, a staff member is to announce an "all clear."
Documentation	9. Documentation of the incident should follow the facility's policy and procedures for documentation of such an event using the PIE form and in the medical record if a patient or resident is involved.
Assault or Battery Reporting to Law Enforcement	10. Any assault or battery that results in an injury must be reported to law enforcement and Human Resources immediately.

Training and Education	11. Training and Education -Staff members should, as appropriate to their job responsibilities and relative risk to violence, receive education and training on a continuing basis relating to at least the following:
	    a. General safety measures.
	    b. Personal safety measures.
	
	    c. Any resources available to employees for coping with incidents of violence, including, by way of example, critical stress debriefing and/or employee assistance programs.

Regulatory Reference Sources	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers (optional)	C227; F455; F466; F517; F518