Respond Grey Procedures

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Prevention and Management of Violence and Aggression in Hospitals Forum
Melbourne

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Welcome and Overview

• Principles underpinning code grey response

• Composition and training of code grey team

• Governance Framework

• Benefits and limitations
Key Principles Underpinning Code
Grey Response

• The safety of all service users (staff and patients) is paramount (OH&S law).

• Patients with challenging behaviours require clinical expertise and support to be cared for safely and effectively.

• A focus on patient centred care which is both therapeutic, evidence based and consistent with our values is required.

• The Alfred advocates a risk management approach where the prevention, early identification and de-escalation of aggression is promoted.
Common factors leading to aggression – Not just psych related.

- **Medical conditions:**
  (PTA, Delirium, Hypoglycaemia, Pain management Issues, Neurological conditions, Dementia).

- **Psychiatric disorders:**
  (Psychotic, mood disorders and personality disorders).

- **D&A Issues**
  (Dependence and withdrawal).

- **Psycho-social issues/problems**
  (Unemployment, homelessness).
AMT (Aggression Management Team)

- The Alfred hospital has developed a **clinically led** Aggression Management Team (AMT)

- The AMT well established at the Alfred for a number of years.

- This team will respond to aggressive incidents occurring on the hospital site when a Code Grey is activated.

- The AMT is an additional resource which assists the treating team in containing situations in a safe and effective manner, and provides treatment and management recommendations.

- Successful recruitment of non-psych trained staff onto code grey teamster to develop more local capacity to manage incidents.
Composition of the AMT
Alfred Aggression Management Team

- Aggression Management Team Coordinator (Psych Liaison Nurse) 0800-1630
- AH Coordinator (After Hours) + Inpatient psych nurse 4.30pm-10pm
- Rostered AMT member (for concurrent code greys)
- x2 Security staff
- Psych reg on request

Work in collaboration with local treating team listed below

- ANUM (WARDEN)/ shift leader
- Treating team HMO
Code Grey Governance Framework

External influences:
- Health Department guidelines and other relevant literature/evidence
- NICE Guideline UK (2005) on managing Violence
- WorkSafe Vic Guidelines
- 2011 Victorian Parliamentary Report in to violence and security arrangements in Victorian hospitals recommendations
- Legislative requirements (OH&S and relevant statutes)

Internal Influences:
- Aggressive Incident Review Committee (AIR)
- Chaired by ADON (Psychiatry)
- Multi-disciplinary and inter-departmental committee which reviews data and develops policy/guidelines for practice
- Forum for monitoring code grey response and effectiveness of team
- Reports through to Emergency Management Steering committee and hospital executive
Code grey training - AMT members

Training/Education:

- (DAMA) De-escalation and Management of Aggression training (2 day intensive course) facilitated through Psychiatry Nursing Education Dept.
- All training focuses on the early assessment, prevention and de-escalation of aggression.
- Code grey team members are required to attend every year.
- Security staff also attend to ensure consistency in approach and ensure ‘everyone on the same page’.
- Yearly Mandatory Emergency Response training.
The Emergency Department Initiative

- Identified high risk area
- The ED have developed a BOC (behaviours of concern call) call which pre-empts a code grey.
- Patients with identified behaviours of concern, Section 10 patients etc are contacted prior to arrival and assessed by the BOC team (ECATT, security and local ED staff).
- BOC assessment room developed with use of hand mental detectors.
- Reduced number of Code Greys called in ED
Benefits and Limitations

Benefits
- Therapeutic response for patient rather than punitive/custodial.
- Less probability of escalation to physical restraint (and associated medical risks)
- Local staff feel more supported/confident in managing aggressive behaviour
- Reduced patient and staff distress when behaviour de-escalated

Limitations
- Some instances to rely on code grey response rather than address issue/problem at hand
- Challenging and demanding role
- Recruiting staff onto roster a challenge at times
Questions and comments