

Purpose & Scope

There are times when additional personnel are needed on an emergency basis to help contain a patient who is losing or has lost control. This policy and procedure is intended to detail the steps which are necessary to assure optimal patient care and treatment under such circumstances. It is also intended to assure safety for both patients and staff members at Spring Grove Hospital Center. It applies to all patient care areas on the campus of Spring Grove Hospital Center.

Policy

A **Code Green** (a call for emergency assistance) may be called when additional staff assistance is needed due to one or more of the following circumstances:

1. Patient's behavior is overtly dangerous as evidenced by violent, physically destructive behavior which is directed towards self, others, or property.
2. Patient's behavior is escalating, and there is compelling evidence that the patient may imminently lose control of his/her behavior to the degree that he/she is likely to become overtly destructive, in the absence of rapid interventions for which additional staff are required on an urgent basis.
3. There is a reasonable inference of imminent dangerousness.

A **Code Green Stat** is a special form of a Code Green and may be called when, in addition to the general requirements for a Code Green being met, a patient's behavior has resulted in, or is likely to result in catastrophic physical injury to self or others, or catastrophic damage to the environment, multiple aggressors are involved and/or there is a weapon other than a firearm. A Code Green "STAT" is used in potentially life-threatening situations.

Procedures

I. Code Green Procedure

The following procedures are followed whenever emergency assistance is required to contain a patient's behavior:

- A. Any SGHC staff member may call a Code Green when they believe the criteria has been met.
- B. The individual who has declared the Code Green, or his/her designee shall immediately dial X7555, ask the Operator to announce a "Code Green," and inform the Operator of the

exact location of the code. In order to avoid confusion when the location of the emergency is in a multi-unit building where the unit is designated by a letter, the letter should be highlighted by giving the operator the corresponding NATO phonetic alphabet, also known as the military alphabet, so A as in "Alpha", B as in "Bravo", C as in "Charlie", and D as in "Delta".

- C. The Operator, upon receipt of such a request will immediately sound the emergency audio signal over the hospital's public address system and shall then announce the code as follows: "Code Green (then give the building and unit.)" This message is to be repeated three times in succession. In the event that the Code is being called in a multi-unit building on a unit which is designated by a letter, the Operator shall highlight this letter using corresponding NATO phonetic alphabet, also known as the military alphabet, so A as in "Alpha", B as in "Bravo", C as in "Charlie", and D as in "Delta".
- D. On evenings, nights, weekends, and holidays, the Operator, subsequent to announcing a Code Green over the public address system, will contact the on-duty physician via the OD room telephone and/or the OD cell phone, and also via the OD beeper if necessary.
- E. The Operator will also activate the Amerilert system so that "Code Green" and the location is transmitted via text and email.
- F. Upon hearing a Code Green, hospital personnel shall respond as follows:
 1. All available staff with current training in the Prevention and Management of Aggressive Behavior (PMAB), regardless of discipline, present on the unit where the code has been called shall respond by reporting to the unit nursing station (or other area when appropriate) for additional instruction.
 2. All available nursing personnel as determined by their charge nurse from all areas within the center shall respond immediately to the unit or other area to render assistance.
 3. All available members of the Hospital Security Department.
- G. For purposes of coordinating a Code Green, the nurse in charge, the psychiatrist or designee in the affected area shall be designated as the

Code Leader. The Code Leader will wear a green badge card with RN or RNC written on it behind the identification badge during each shift. The code leader must be visibly present and provide clear communication to staff responding to the code. With the advice and consent of any physician at the scene, this individual shall have the authority to orchestrate the Code, evaluate the numbers of staff responding, turn away staff when sufficient numbers have responded, and direct the various respondents, regardless of discipline. The Code Leader may designate a point person to inform responding staff of the unfolding situation. The Charge Nurse/Psychiatrist/designated code leader shall only delegate clinical staff to perform clinical functions and shall not delegate clinical decisions to non-clinical staff. It is the responsibility of the Code Leader to assure that appropriate guidelines are followed, and the safety and dignity of the patient is preserved to whatever degree possible. The Code Leader has the authority to declare a Code Green to be over and may designate another staff member to contact the operator to clear the code ("all clear").

- H. To preserve the safety and dignity of the patient, no personal conversation about patient's behavior or clinical presentation shall be discussed unless it directly relates to the therapeutic interventions being rendered to the patient during the code.
- I. Personal cellular phone usage is prohibited during Code Green.
- J. After sufficient help has arrived at the scene, the patient has been contained, the emergency is over, and the designated Code Leader has declared the Code to be "clear," the Code Leader or designee shall subsequently contact the Operator by dialing "7555" and notify him/her that the Code has been "cleared."
- K. The Operator, upon receipt of notification that the Code has been "cleared," will announce over the public address system the following message: "Code Green (followed by the building and unit) all clear." This message is to be repeated at least twice. (Unless multiple "codes" are occurring simultaneously in the same building, the operator need not give an example of a word that begins with the same letter as the affected unit when announcing that a code has been cleared.)

- L. Because a Code Green is called does not automatically mean that the patient will go into seclusion or restraints. It is possible that before or when assistance arrives, the patient may have calmed down and may no longer be a threat to self or others. If this occurs, the patient will not be placed in seclusion or restraints. (See hospital Seclusion and Restraint policy SGHC071488.)
- M. The Registered Nurse Manager or Assistant Director of Nursing shall, in the process of evaluating behavior management, conduct a Safety Debriefing with key participants in the code to discuss the behavior of the patient, interventions implemented by staff during the code and to allow staff an opportunity to express their feelings. During the meeting the Safety Debriefing Form will be completed. The RN Manager or ADON will send the Safety Debriefing Form to Nursing PI for analysis.
- N. If the patient was secluded or restrained, the charge nurse will complete all required seclusion/restraint documents which are outlined in the Seclusion and Restraint policy, as will the responding physician. Upon completion, these forms must be faxed to Nursing PI for analysis.
- O. The Charge Nurse and other appropriate personnel shall personally enter or oversee the entry of a descriptive progress note in the patient's medical record. This progress note shall include the intervention(s) attempted to avert the use of a Code Green, a description of the patient's behavior which led to a Code Green, as well as an account of the events of the Code, including techniques utilized and actions taken. (If seclusion or restraint occurred, see the policy for Seclusion/Restraint for required additional documentation.)

II. Code Green "STAT" Procedure

- A. The same procedure is followed as for Code Green with the following changes:
 1. The individual declaring the CODE Green STAT will ask the Operator to specifically announce "CODE Green STAT",
 2. Upon hearing a CODE Green STAT, hospital personnel shall respond as follows:
 - a. All available staff with current training in PMAB, regardless of discipline, present on grounds shall respond by reporting to the unit nursing station (or

other area when appropriate) for additional instruction.

III. Special Code Green

A. The same procedure is followed as for Code Green with the following changes:

1. Special Code Green announcements are made specifically for quarantined units that need additional personnel assistance to help contain a patient who is losing or who has lost control.
2. A Special Code Green shall not prohibit designated Code Green personnel from responding. As with all Code Green situations, immediate response is essential to facilitate everyone's safety regardless of unit quarantine status.
3. The individual declaring the Special Code Green will ask the operator to specifically announce "Special Code Green" and the unit/area where the response is needed.
4. Upon hearing the Special Code Green announcement, hospital personnel shall respond as follows:
 - a. All designated personnel will respond immediately to a Special Code Green.
 - b. All responding personnel will don full PPE (gown, procedure mask, N95, face shield) prior to entering the quarantined unit and will continue to wear full PPE throughout the Special Code Green.
 - c. Once the Special Code Green has been cleared and the code leader dismisses responders, all designated responding personnel will step off the unit and dispose of their gown in the designated doffing and disposal area. If the N95 is new or lightly used, personnel shall label with the employee's name, and store it for future use. Face shields shall be washed with soap and water, labeled with the employee's name, and stored for future use. All responders will don a new procedure mask once

they have left the quarantined unit.

- d. If, at any time, an employee has concerns about possible exposure, he/she will call the Infection Control Hotline 443-902-4711 for surveillance and recommendations.

IV. Education and Competency

A. Initial education for new employees and continuing education for existing employees in all disciplines will be provided by the Department of Learning Resources. Continuing education and annual competency evaluations will be a requirement for all direct care employees and will be monitored by the Department of Learning Resources.

Approved by

Signature on File 8/28/2025
Monica Chawla, M.D., FAPA Date
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Signature on File 8/28/2025
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