

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

CODE GRAY

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Effective Date: 6/93

Policy No: AD048

Cross Referenced:

Origin: Administration

Reviewed Date: 7/11

Authority: Chief Operating Officer

Revised Date: 7/15

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SCOPE

All hospital staff members, physicians and mid-level providers.

PURPOSE

To provide guidelines for staff members, physicians and mid-level providers on how potential of actual violent behavior will be managed so that a safe and therapeutic environment is maintained.

DEFINITIONS

Show of force: A group of staff who gather together to demonstrate a forceful presence.

POLICY

It is the policy of HRMC to use the theoretical framework and principles of non-violent crisis intervention whenever a situation of violence or potential violence arises. The dignity and worth of the individual concerned will always be respected. Personnel from various hospital departments will be required to be trained in the use of approved non-violent crisis intervention techniques in order to provide appropriate control measures for the protection of patients, visitors and staff whenever aggressive behavior is displayed manifested. A Code Gray will be called when assistance is needed to manage a violent or potentially violent situation.

PROCEDURE

- I. A team approach shall be used for the management of violent or potentially violent behavior.
- II. The Code Gray response will consist of employees from nursing, environmental services, security, maintenance and ancillary departments who have been trained in non-violent crisis interventions.
- III. As soon as an individual is found exhibiting violent or potentially aggressive behavior, a "Code Gray" will be announced over the public address system, indicating where the event is taking place so staff members can respond accordingly.
- IV. The staff will notify the switchboard operator by dialing "6000" and request a "Code Gray" page. The staff will give the operator the location and/or the room number.
- V. Switchboard operator will announce over the paging system: "Your attention please. Code Gray to (location)" three (3) times. The switchboard operator will also immediately notify the security officer through radio communication.
- VI. Initial efforts should be through a "show of force" and to de-escalation of the situation by using verbal intervention followed by medical intervention as required.
- VII. If the violent individual directly threatens or assaults the staff, themselves or a visitor, the procedure for subduing the person shall be initiated.
- VIII. If the person is a patient, medical restraint orders must be received from the physician immediately following the intervention.
- IX. If the violent individual directly threatens or assaults the staff, a patient or another visitor, the procedure for subduing the person shall be initiated. Security will call the police; have the visitor removed from the premises and file charges, as determined.

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- X. Security will take charge and assess the situation with nurse leadership and call the local police as required.
- XI. If the police are called, the hospital may elect to formally sign a complaint against the individual.
- XII. Hospital employees should not attempt to subdue an armed patient or visitor - such a circumstance shall be immediately reported to the local police and the subduing effort left for the police.
- XIII. Follow-Up:
1. Following the event, the Security Officer will gather the staff members involved for a debriefing to review the incident.
 2. Documentation is entered in the incident reporting system by the Security Officer within the shift the incident occurred.
 3. If the individual restrained was a patient, the documentation should be included as part of the patient record.
 4. If the individual was a guest/visitor/employee, the documentation should be submitted by Security to the Risk Management Office.
 5. Incidents involving a patient should be brought to the attention of the attending physician by the unit nursing leadership.