

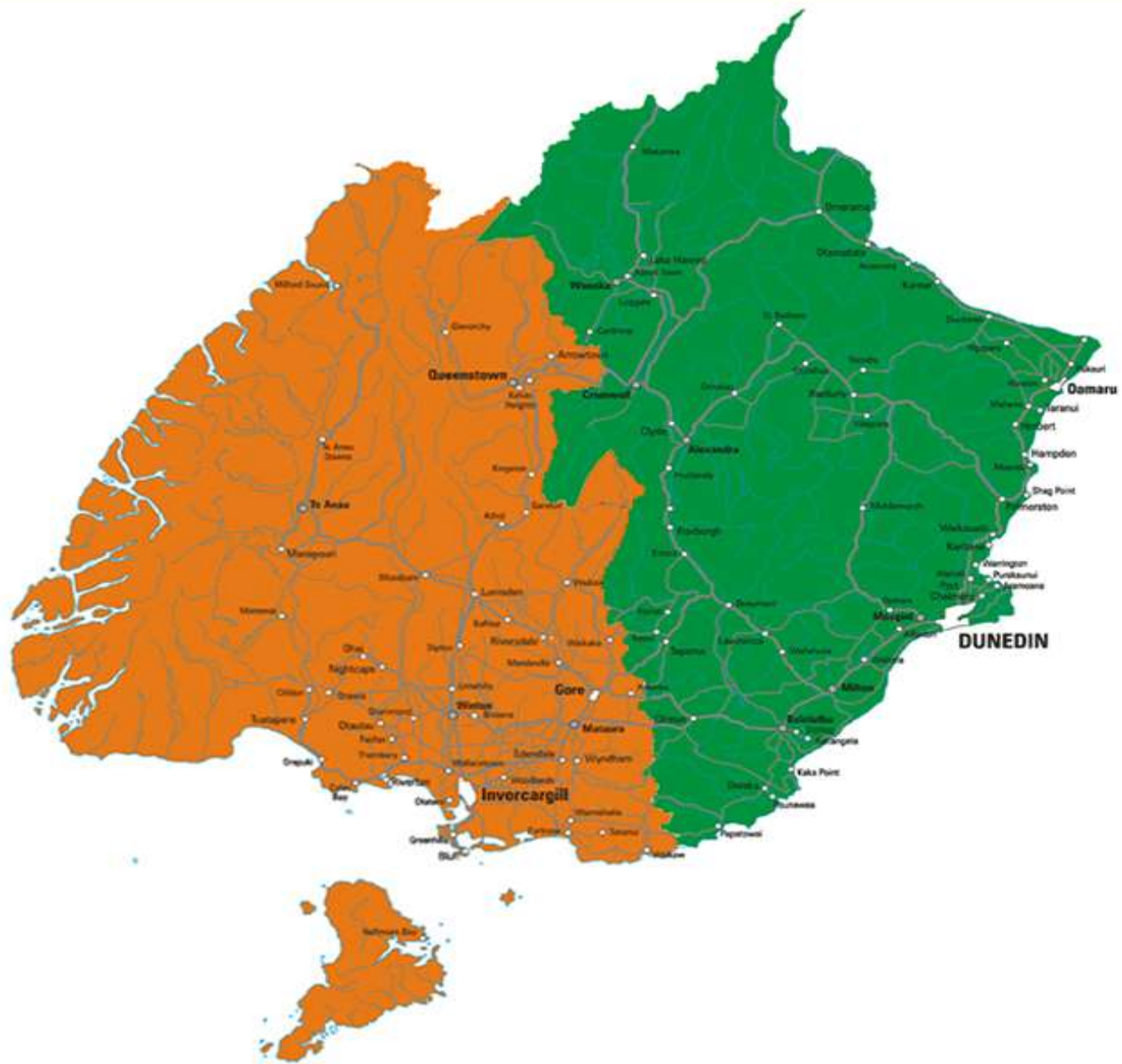
# Code Black

a programme to manage workplace violence

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New Zealand  
November 2010

# Southern District Health Board

- Southern District Health Board (DHB) is New Zealand's southern most planner, funder and provider of public hospital and health services. With 4,500 staff, we are located in the lower South Island (South of the Waitaki River) - home to New Zealand's premier scenic destinations of Queenstown, Wanaka, Central Otago, Stewart Island, Fiordland National Park and Milford Sound.
- Southern DHB was formed on 1 May 2010 and was created as a result of the merger of Southland and Otago DHBs.
- Southern DHB is the largest DHB by geographical area in New Zealand
- Southern DHB services a total population of just over 286,000 people





**Southland Hospital, Invercargill**



# NZ Legislation & associated documents

- Health & Safety in Employment Act 1992
- Health & Safety Amendment Act 2002
- Accident Compensation Act 2000
- Mental Health (CAT) Act 1992
- Code of Health & Disability Services Consumers' Rights 1996 & amendments
- AS/NZS 4804:2001 – Occupational health & safety management systems
- NZS 8134.2:2008 – Restraint Minimisation and Safe Practice
- Dept of Labour 2009 – Managing the Risk of Workplace Violence to Healthcare & Community Service Providers

# Workplace violence prevention programme

<b>Policy</b>	<b>Management commitment</b>	<b>Publicity</b>
<b>Incident management</b>	<b>Employee participation</b>	<b>Training</b>

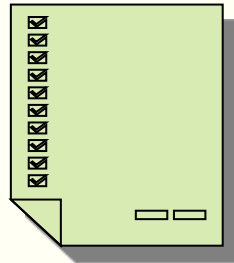
# Workplace violence prevention programme - principles

## Ownership



**Employees**  
**Management**  
**Contractors**  
**Public**  
**Patients**

## Validity



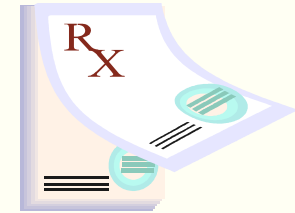
**Incidents**  
**Investigation**  
**Acceptance**  
**Normalisation**

## Practicality



**Minimal fiscal**  
**impact**  
**Everyday**  
**practice**

## Challenges



**Staff turnover**  
**Public**  
**perception**  
**Caring vs**  
**safety**

# Code Black relates to:-

- Any incident of aggressive behaviour where harm to self or others is imminent
- Where necessary to give prescribed medical treatment (where individual is resisting)
- Planned or spontaneous use of personal or personnel restraint during management of above
- Only safe alternative

# The process

## The Team

- Duty Manager (Team Leader) - *clinician*
  - Duty Security Officer
  - CBFRT trained Orderly
1. Code Black called
  2. CBFRT responds
  3. Assessment of situation
  4. Action
  5. Stand down
  6. Documentation
  7. Debrief/defuse

CBFRT – Code Black First Response Team



## Risk priorities

1. Safety of CBFST
2. Safety of others in immediate area
3. Safety of person initiating violence or causing unsafe situation
4. Protection of property/assets

## Admission

- Aggressive behaviour management plan, including watches
- Defusing/debriefing family/consumer/others

## Rapid Response Bag

- Wrist/ankle restraints
- Rescue knife
- PPE
- CBFRT Document Folder

# Examples

## **ED**

22 yr old intoxicated male, handcuffed by Police, verbally aggressive, wrist & ankle restraints. Police departed, 1 hour later asleep & relaxed.

## **Ward**

Encephalitis patient, physically aggressive, Behaviour Plan to protect other patients, visitors & staff. Contract in place, “frequent flyer”, now compliant.

## **Psychogeriatric**

Patient admitted from Rest Home with no prior notice, aggressive. Patient restrained until rehydrated, medication administered & settled.

# Problems

## Example 1:

### **Clinical area** –

Code Black not called;  
resistant patient, staff  
unable to de-escalate or  
control situation, Result –  
2 staff injured (fractured  
jaw & multiple  
contusions)

## Example 2:

### **Emergency Dept** –

Clinician removed  
restraints on confused  
patient who pulled out IV  
line & NG tube  
Result – multiple staff  
contusions, damage to  
equipment, deterioration  
to patient's condition

# Where to next

1. Improve training for frontline clinical staff – at annual compulsory study days (saturation/staff to understand their responsibilities)
2. Clarify & reinforce responsibilities to Duty Managers
3. Improve approval timeframes for policies & associated documents
4. Implement a more coordinated monitoring & review process for workplace violence incidents and prevention

# Framework documents

- Aggressive Behaviour Policy & Management Plan
- Restraint Policy & Procedures
- Emergency Management Plan
- Patient Watch Policy & Training Programme
- Code Black First Response
  - Action cards
  - Team Training Manual
  - Team Operating Procedures & Guidelines

**To maintain the programme & to  
succeed you need:**

**Passion**

**Leadership**

**Cooperation**

**Energy**

**Determination**

*Thank you*