

# Response Team Are you Ready?

Donald R Hale, M.S.  
Assistant Vice President Risk  
Management  
PHTS

# Questions?

What type of situation keeps you up at night?

Who is on response team  
When is your IC activated?  
Outside agencies,  
Preplanned Response,  
Drilled how often?



- How often does your team practice drill scenarios?
- To what level is each members Training / Skill level
- Trained to keep emotions in check?
- Are you overwhelmed yet?

- It's time for the ICU to have afternoon visitation, Mr. Jones was asked to leave earlier in the day because he became so distraught with the news that his wife of 50 years only had hours to live
- The Charge nurse calls and lets you know that he has come back and is wanting to say good bye to his wife before she dies.
- As the nurse is attending to the wife's alarms going off, Mr. Jones, punches the nurse and tries to remove her IV lines so he can take her home.
- He hits another nurse and then slams the door shut behind him, barricading the door.

- It is a Saturday afternoon, you finally have the weekend off you have kicked back and had a couple of ....Dr Pepper's, You receive a call from your security guard stating that something does look right, he cannot pin point it but the ED is very crowded for this time of day. The Charge Nurse notices a number of folks getting off the elevators and milling around the stairwells.
- When she asks if she can help them, one of them states that they are there to protest the number of medical errors on minorities and want to be heard....
- Now causing disturbance in ED, Hospital Lobby and on patient floors.

- It is a Friday morning, everything is quiet, there is a board meeting going on in the Executive Suite. The CEO's secretary calls the switchboard and says they need security ASAP, a Doctor is yelling and screaming at the entrance to the board room.
- You immediately respond to the area and call for your response team to start moving that way in case they are needed.
- When you arrive the Dr has taken the board hostage claiming that he has a weapon(s) in his briefcase.
- What orders do you give to your response team?
- Are you or a team member going to try to set up communication with the Dr?
- What is your next decision? Team response? WHY?

911 advises that due to the sensitive location, they want the SWAT Team to respond and that may take up to 30 minutes, outside officers have set up a perimeter

# Get back to Basics

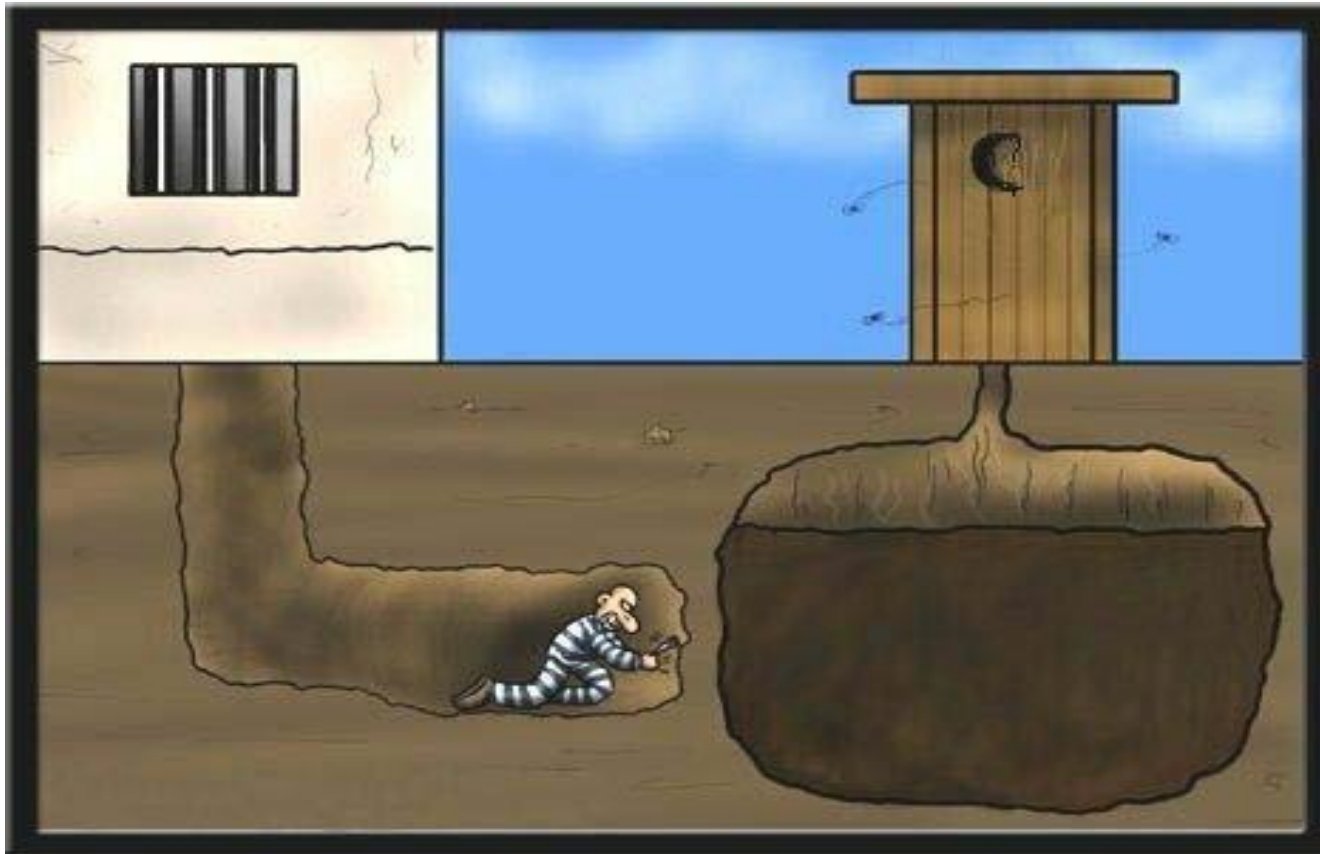


Are you like a Chicken  
Or an Owl?





# It Takes Good Planning



To Avoid Potential Problems



# Now What Happens?

- Security responds, and it's now your PROBLEM
- Security is often looked upon as



## REMEMBER

How people perceive us is more important than what may or may not be true. We are all a walking and talking advertisement for our employer.

**Perception is Reality**

# “The Team Responds”

- Are you a team of ONE?
- How many disciplines are represented on the response team?
- Day and Night difference?
- Location make a difference?



# Who makes up your team?

- Security
- Clinical
- Physicians
- Maintenance
- “All hands on deck”

# Who should make up the response team?

- Clinical
  - Charge Nurse
  - Psych Nurse or one with behavior health training
  - Security officer
  - The Bartender, (nurse with the cocktail)
  - Support personnel

# Who should make up the response team?

- Non Clinical (Visitor / Family Members)
  - Charge Nurse
  - Security
  - Support Personnel
  - Law Enforcement
- If the situation gets out of hand, the Law Enforcement can assist and then arrest them for disorderly conduct, etc.

- How many have a code / plain text?
- How many practice the code plain text?
- How often does your team practice together (not just security)
- Team properly trained? Certification?
- Who runs the team?
- Who is the leader of the team
  - Different for Visitors / Patients? Yes / No / Why?
- When does the C-Suite become involved?

- Suggests no more than 5 on a team, more leads to confusion and a show of force, heighten the anxiety and cause the person to act out physically.
- Auxiliary can be in the background ready to help if needed
- Organized code for response.



- Who?
- What type of training needed?
- Emphatic
- Good communication skills
- Good rapport with the patient

- Situational awareness (360) of the area, surroundings, personnel
- Plans intervention
- Assigns duties to team members
- Communicates with acting out individual.
- Have a code phrase that alerts the team that all attempts to de-escalate has failed, and it time to take control of the situation.

- Remove
  - Change venues
  - No audience
- Stay calm
  - Demeanor
  - Words
  - Gestures
- Adjust your mindset
  - Professional vs. personal
  - Set aside feelings
- Know the problem
  - Real
  - Perceived



Q-TIP

Quit taking it personally!

- Ask them what they want
  - Goals
- Know what you can do
  - Personally
  - Professionally
  - Organizationally
- Say you're sorry
  - Acknowledge
  - Wait
  - Listen
- Follow up
  - Contact person
  - Timeline

- I understand your frustrations. We don't want any of our patients feeling this way. Let's find a way to work this through.
- I wish I could make that happen. Unfortunately, that's not an option we have. What we **can** do is...
- I'm sorry we didn't meet your expectations. What can we do differently?

- Name - is there anything I can say to get you to go along with our requests today? I sure hope there is.
  - This is a confirmation statement, you have set the limits, and they chose not to comply
  - Witnesses perceive, you are professional, considerate, emphatic and nice, the subject the opposite
  - By using this statement, you have created a preclusion, *meaning that your employer, and any court that is to called to judge your actions will be favorable, you used every means at your disposal to have precluded the need for using force*

# The Reponse Team Goal

- The patient or person regains control of their self and becomes rational, complying with the initial requests.
- We want the person to make the decision to comply on his own.
- We try to avoid the hands on if at all possible.



Should the de-escalation fail and it is determined that the person is a danger to self or staff member

- Must be
  - Quick
  - Well executed
  - Safe / non-harmful to patient.
  - Each team member assigned part of an extremity to control
  - Generally 5 personnel responding for approach.  
(one each extremity, one torso)

- Obscure airway
- Watch pressure on chest even if from rear
- Do not put into prone position
- Never restrain face down
- Once secured place on back or in sitting position.
- *Remember you can only use the minimal force necessary to mitigate the situation. Be AWARE of the feeding frenzy.*

- This is more than a CYA moment. This needs to be written using your reporting system as if you will reading this again later in court.
- Pull all video / audio of incident, remember that cell phones are everywhere and can be edited.
- Document - Document - Document

- Make sure everyone is ok both physically and emotionally.
- While it is fresh in your mind, write it down
- Clinical perspective - Pt ok? Employees
- Security Perspective, scene safe from further harm?
- Conduct a quick Debriefing session.
  - Identify if any EAP assistance is needed for staff.

- ASHLAND, Ky. - A paramedic was charged with murder in the death last year of a Boyd County inmate from West Virginia. Marty Johnson, 29, of Flatwoods, Ky., a paramedic with Boyd County EMS, was charged with wantonly asphyxiating Chad Ray Boggess. He was indicted Thursday by a Boyd County grand jury.
- Boggess was restrained in a prone position, face down with his arms handcuffed behind his back and his legs shackled, according to his death certificate. A cot strap was also used to restrain him, it stated.
- Boggess' autopsy report lists the immediate cause of death as complications of positional and mechanical asphyxia. ...

- was accused of murdering Boggess by "wantonly asphyxiating" him with a riot baton, known as a PR-24, in the King's Daughters Medical Center emergency room, where Boggess was taken following an incident at the jail the night of March 16, 2002. Boggess went into cardiac arrest in the ER and died at KDMC 26 days later.

Johnson's attorney, Ned Pillersdorf of Prestonsburg, argued that Boggess' death was the result of a condition known as agitated delirium, possibly caused by withdrawal from Xanax, a prescription anti-depressant Boggess was known to have abused.

- Johnson admitted he used the PR-24 to restrain Boggess, who was thrashing, kicking and attempting to bite people in the ER. However, he said he placed the baton at the base of the inmate's jaw, not on his neck, and held it there for 30 to 60 seconds
- During his closing remarks, Schneider Commonwealth Attorney said Boggess' beating and subsequent death **were the result of a "chest-thumping, testosterone-riddled, I'm-going-to-show-you who's boss" mentality that permeated the jail.**

**That same mentality caused Johnson to "step out of the role of a paramedic and into the role of some ER policeman," he said.**



