Kingston Health Sciences Centre,
Kingston General Hospital site

MENTAL HEALTH AND ADDICTION CARE
PROGRAM POLICY & PROCEDURE

Subject: Safe Practices **Number: KGH-1-10.03**

Prepared / Reviewed by: Multidisciplinary Team, MHAC Violence Risk Working Group
Issued by: Program Operational Director

Original Issue: 2020.11
Revised: 2022.09

Introduction:

Mental Health and Addiction Care (MHAC) is committed to supporting a trauma informed approach to patient care and de-escalation. The purpose of this program policy is to provide an overview of general and specific measures to enhance safety of staff, patients and their families.

Policy:

This policy applies to all MHAC staff, medical residents, physicians and credentialed staff, security, students, and affiliates (volunteers, contracted staff) who work in the MHAC areas at the KGH-site.

Front line staff have a shared responsibility in complying with this, and other related policies, and procedures to minimize the risk of workplace violence. Failure to comply with hospital policy could result in disciplinary action.

In addition to this policy, the following related policies provide further information on hospital procedures for safety:

- MHAC Policy 1-20 Restricted Access (Burr 4)
- MHAC Policy 1-30 Communication & Patient Handover Process (Inpatient Units)
- MHAC Policy 1-60 Vocera and Panic Alarm Devices
- MHAC Policy 2-30 IV Therapy (Adult IP Units)
- Administrative Policy 02-096 Reporting and Review of Employee / Affiliate Incidents
- Administrative Policy 02-141 Assessing, Flagging, Preventing and Managing the Risk of Patient Violence
- Administrative Policy 02-143 Workplace Violence Prevention Program
- Administrative Policy 02-196 Health and Safety Training for Employees and Affiliates
- Administrative Policy 02-205 Food and Drink
- Administrative Policy 06-050 Suicide Risk Assessment
- Administrative Policy 06-170 Reporting and Management of Patient Safety Incidents
- Administrative Policy 11-200 Resolving Issues Regarding the Plan of Care
- Administrative Policy 12-771 Dress Code
- Administrative Policy 13-360 Patient Behaviour Management and Least Restraint
- Administrative Policy 17-062 Contraband Management
- Administrative Policy 17-063 Searching Persons and Personal Property
- KHSC Emergency Codes: KGH-site Code White – Violent Behavioural Situation
- KHSC Emergency Codes: KGH-site Code Green – Evacuation

Procedure:

1. General Safety Precautions

1.1. Staff must always be aware of their surroundings and the potential for unpredicted aggression

1.1.1. Use windows to view the area prior to access / egress.

1.1.2. Ensure others in the area are aware of any patient movement that is about to occur.

1.1.3. Know potential escape routes for you or for patients.

1.1.4. Be aware of locations where patients may not be clearly visible or could hide.

1.1.5. Know who is around you.

1.1.6. Report any hazards (e.g. hole in the wall, leaks, equipment repair, etc.) to appropriate department (e.g. Maintenance, Security, Environmental Services, Clinical Engineering, etc.) and follow up with the Charge Nurse or Manager / delegate if unresolved.

1.2. When a patient has a specific visitor(s) on the unit that may cause potential risk for the escalation of a patient's behaviour (i.e. violent relationship with caregiver, bullied by sibling, etc.) ensure that all staff review the Behavioral Crisis Alert (BCA) & Risk Reduction Plan (RRP) documents for any known cues, triggers and strategies to mitigate for potential risk for a patient's behaviour to escalate. Staff are to follow policies as outlined (please see *Administrative Policy 02-141 Assessing, Flagging, Preventing and Managing the Risk of Patient Violence*), and see more information in Section 8 *Patient-Related Violence Risk Assessments and Risk Reduction Planning* below.

1.3. Unit Handover is completed daily at all shift changes (including weekends and statutory holidays), to communicate patient related and environmental safety concerns. *(see MHAC Policy 1-30 Communication and Patient Handover Process (Inpatient Units))*

1.3.1. In the Intensive Observation Area (IOA) (Unit A) and Child and Youth Inpatient Unit (Unit C) check whiteboard to identify any patients with a Behavioural Crisis Alert (BCA) or other high-risk behaviour (e.g. falling star, etc.). In the Adult Unit (Unit B) staff will need to check the safe handover sheets to review any safety issues.

1.3.2. Staff should familiarize themselves with the location of ligature scissors, PINEL key, Fire key, puncture resistant search gloves, and other unit specific tools when completing the environmental checklist. Extra fire keys will be made available to resource pool staff.

1.4. Unit C game controllers, DVDs and games are to be kept in the nursing station and signed out for use.

1.5. When staff are entering or leaving the floor, it is important that patients and / or visitors are not permitted to enter or leave unless they have authorization to do so (i.e. no 'tailgating') *(see MHAC Policy 1-20 Restricted Access (Burr 4)).* All non KHSC staff need to present to the Central Monitoring Station to gain access to the floor *(see 6.7 below)*.

2. Personal Dress

2.1. Staff must refrain from wearing the following as they pose a risk *(see Administrative Policy 12-771 Dress Code).*

2.1.1. Ligature risks around neck (e.g. lanyards, neckties, necklaces, scarves, hoods with strings, headphones, etc.)

2.1.2. Jewelry which could be pulled (e.g. dangling earrings, etc.)

3. Safe Work Environment

3.1. The clinical team assessment of the patient is guided by the Administrative Policies of *06-050 Suicide Risk Assessment*, *17-062 Contraband Management* and *17-063 Searching Persons and Personal Property* which will determine appropriate items / clothing for patients.

3.2. Store all sharp implements in desk drawers when not in use (e.g. scissors, etc.).

3.3. Areas around egress points should remain clear. Equipment should not be stored immediately next to doorways where they may hinder staff exiting an area.

3.4. Do not leave unnecessary medical equipment in the patient room.

3.5. The Environmental Checklist needs to be completed in a timely manner.

3.6. <u>Emergency Department (ED) Section E:</u>

3.6.1. If the Healthcare Professional needs to obtain supplies, medications, or linens stored outside of Section E, and according to the Healthcare Professional's assessment of the risk that additional assistance is required, they should contact the MHAC Emergency Nurse Navigator, Burr 4 Charge Nurse, ED PCA, or ED Charge Nurse.

3.6.2. Break coverage will be coordinated between the nurse in Section E, MHAC Emergency Nurse Navigator and the Burr 4 Charge Nurse.

4. Staffing

4.1. Staffing needs will be assessed by the Charge Nurse. Should there be a patient population that results in increased risk of violence, and additional resources are necessary for safety or clinical reasons the following steps will be taken:

4.1.1. Care Team has a discussion to develop care plan to best meet patient needs, and ensure that adequate staffing is in place to support these needs.

4.1.2. Discussions should include the acuity of the floor, special needs for patients (e.g. patients with dementia, high level of ALC, active withdrawal, etc.), and any other factors that may need to be considered.

4.1.3. Opportunities should be explored, and alternative plans considered to best utilize existing staffing and supports on the unit prior to requesting additional resources.

4.1.4. If additional resources are needed to meet patient needs, approval is required through discussion with Program Manager (or delegate), or Operations Manager on off hours.

4.1.5. Disagreement regarding care plan development should be escalated to the Program Manager (or delegate) if disagreement remains after resolution process *(see Administrative Policy 11-200, Resolving Issues Regarding the Plan of Care).*

5. Safety Training

The hospital will provide staff with safety-related training.

5.1. All registered MHAC nursing staff are required to maintain annual recertification and competency in the following:

5.1.1. Non-Violent Crisis Intervention (NVCI).

5.1.2. Code White Simulation and e-learning.

5.1.3. PINEL Training.

5.1.4. MHAC Safe Practices Policy

5.1.5. KHSC's Preventing and Managing Workplace Violence is a 2 day program that includes Non-Violent Crisis Intervention (NVCI), and is currently recommended. It will become the requirement following full program implementation / rollout.

5.2. All non-registered MHAC staff are required to maintain annual recertification and competency in the following:

5.2.1. Non-Violent Crisis Intervention (NVCI).

5.2.2. MHAC Safe Practices Policy

5.2.3. MHAC Code White e-learning module

5.2.4. KHSC's Preventing and Managing Workplace Violence is a 2 day program that includes Non-Violent Crisis Intervention (NVCI), and is currently recommended. It will become the requirement following full program implementation / rollout.

5.3. All MHAC clinical staff will also have additional training requirements as outlined in the MHAC 2-day PowerPoint Unit Orientation.

5.4. All clinical staff from the Resource Pool are required to maintain annual recertification and competency in the following:

5.4.1. Non-Violent Crisis Intervention (NVCI).

5.4.2. Code White Simulation.

5.4.3. PINEL Training.

5.4.4. MHAC Safe Practices Policy

5.4.5. MHAC Code White e-learning module

5.4.6. KHSC's Preventing and Managing Workplace Violence is a 2 day program that includes Non-Violent Crisis Intervention (NVCI), BCA and RRP review, and is recommended. It will become the requirement following program implementation / rollout.

5.5. All non-MHAC clinical staff from Allied Health are required to maintain annual recertification and competency in the following:

5.5.1. Non-Violent Crisis Intervention (NVCI).

5.5.2. MHAC Safe Practices Policy

5.5.3. MHAC Code White e-learning module

5.5.4. KHSC's Preventing and Managing Workplace Violence is a 2 day program that includes Non-Violent Crisis Intervention (NVCI), BCA and RRP review, and is recommended.

5.6. All non-MHAC non-clinical staff (e.g. Environmental Services, Nutrition Services, Maintenance, Administrative Staff, etc.) are required to maintain annual recertification, and competency in the following:

5.6.1. MHAC Safe Practices Policy.

5.6.2. Clinical Orientation depending on role and frequency of placement.

5.6.3. Consideration for NVCI when staff are frequently working on the unit.

5.7. Security staff are required to maintain all of their required training as per KHSC / Paladin contracts. They should also maintain competency in the following:

5.7.1. MHAC Safe Practices Policy.

5.7.2. Clinical Orientation as per the MHAC 2-day PowerPoint Unit Orientation.

6. Protection Services

Use your clinical judgement with early intervention or crisis management if you know that a patient or situation may escalate, and as part of that planning you may determine that additional security presence would be helpful; we encourage staff to call extension 4142, and request additional guards if needed as we often do this before issuing forms or administering IM medication. Be aware that a Vocera double tap contacts security directly, but does not automatically activate a Code White; this allows staff to be able to ask for additional guards STAT, or request a code to be called. All guards wearing Vocera will hear the call come through.

6.1. When a patient escalates to the point of physical intervention, security personnel will act as the lead in collaboration with the primary health care provider.

6.2. Security will complete daily rounds on Burr 4 and Section E, and communicate with the Charge Nurse to assess risk of violence.

6.3. Short term additional security presence can be requested by any staff member upon calling for an increased presence, STAT or Code White scenario. In some situations, a longer term presence may be needed. In these situations, the Charge Nurse, in consultation with the Manager (or delegate), will request that Protection Services provide increased coverage. The Managers (or delegate) within Protection Services and MHAC or the Emergency Department will discuss scheduling needs.

6.4. Where security personnel are part of a risk reduction plan (e.g. required to be present for patient care), they are responsible for developing and communicating the entry / approach plan so that all parties are aware prior to entering the patient's room.

6.5. On a weekly basis Protection Services and MHAC Leadership will review Code Whites, and any CCTV footage if appropriate.

6.6. Security guards are stationed in IOA and in the triage area of the Emergency Department at all times. A guard will also be in Section E whenever there are patients present. Staff who are called to open Section E must contact Protection Services to arrange for security staff.

6.7. A Security Ambassador will be staffed in the Central Monitoring Station (CMS) located at the main entrance to Burr 4 from 0600 – 2200 daily. The Security Ambassador has additional training in mental health, addiction and stigma issues, and will greet visitors, provide information about the unit, help people access lockers for safekeeping of possessions and ensure that all safety and screening precautions are met before admitting visitors and / or voluntary patients onto the floor. When not engaging with visitors the Security Ambassador will monitor all CCTV on Burr 4 from the CMS, and support MHAC staff by responding to incidents, emergency codes and other assistance as needed.

7. Searching Persons and Personal Property

7.1. Patients admitted to the inpatient units of Mental Health & Addiction Care on Burr 4 must have personal property searched as well as a cursory search of their person prior to being allowed on to the floor. These searches must be completed by Protection Services *(see Administrative Policy 17-063 Searching Persons and Personal Property).*

7.2. **Involuntary patients:** As involuntary (formed) patients are usually admitted through the Emergency Department it is the responsibility of Protection Services staff in the ED to complete these searches prior to the patient being sent to Burr 4.

7.3. **Voluntary patients:** Voluntary patients can come from our outpatient programs, the ED or other floors within the KGH-site. In these instances the Security Ambassador in the CMS will conduct the required searches before allowing the patient on to the Floor.

7.4. If a patient has been admitted to the floor without the proper searches taken place Protection Services should be immediately contacted, and a SAFE report completed.

8. Patient-Related Violence Risk Assessments and Risk Reduction Planning

8.1. Risk assessments to identify each patient's increased risk for aggression and / or violence will be completed at least **twice daily** by MHAC staff. This will be documented in the Patient Care Record. Risk assessments should be completed continuously during each shift as these inform both clinical practice and personal safety concerns *(see Administrative Policy 02-141 Assessing, Flagging, Preventing and Managing the Risk of Patient Violence).*

8.2. Support and allied staff should present to the care station upon entering the unit so staff on the unit can make them aware of what precautions they need to take while in the unit or when with or near patients that are identified as high risk.

8.3. The BCA & RRP are to be communicated to the care team and highlighted during the communication and patient handover process *(see MHAC Policy 1-30 Communication & Patient Handover Process (Inpatient Units)).*This safety information must also be provided to support staff who may interact with the patient. Completing the *"Learn About Me"* Form may provide additional opportunities to expand tools for risk reduction and de-escalation for those patients who are deemed to have a higher risk.

9. Storage of Belongings

9.1. Emergency Department (ED) Section E:

9.1.1. Patient personal items and belongings will be stored in the lockers provided until discharge or transfer.

9.1.2. Visitor belongings should also be left in the care desk for the duration of the visit.

9.1.3. Staff will wear puncture proof gloves when storing, accessing or manipulating items placed in lockers that haven't been searched.

9.2. Burr 4:

9.2.1. Patient personal items and belongings will be stored in the following locations:

9.2.1.1. Unit A - In the blue bins located in the care desk.

9.2.1.2. Unit B - in the lockers located outside the patient rooms.

9.2.1.3. Unit C - in the lockers located in the Patient Locker Room.

9.2.2. Visitors will be informed by the Security Ambassador in the CMS to store belongings in the lockers outside the Burr 4 Main Entrance. These lockers can be locked by the user by setting a code that only the user is aware of. Should the user forget their code, the locker can be unlocked by any Unit B staff member or the Security Ambassador.

9.2.3. A list of contraband items will be posted in the CMS for the Security Ambassador to inform visitors of prohibited items, and direct them to the lockers for safe storage. When appropriate the Security Ambassador will provide alternatives to minimize risk on the floor (e.g. replace plastic bags with paper bags).

9.2.4. When the patient leaves the premises on a pass, they will be provided with their belongings at their request. These items will be returned to the nursing staff at the care desk upon their return to the unit.

10. Food & Drink

10.1. Staff food and drink is prohibited at the care desk due to contamination hazards. Food and drink are also identified as behavioural triggers for some patients and thus shouldn't be visible in those circumstances. Food and drink are permitted in personal offices, meeting rooms, staff room and Management approved drinking and eating areas *(see Administrative Policy 02-205 Food and Drink).*

10.2. No liquids in open or unsealed containers will be allowed onto any of the units.

10.3. No hot beverages will be served in Unit A (IOA) or Section E. Coffee, tea and hot chocolate are available, but must cool before being served.

10.4. In the IOA, Nutrition Services will bring food trays to the care desk for nurses to distribute. Nutrition Services staff do not enter the IOA.

10.5. In Section E, the nurse can call the PCA to bring snacks / drinks from the kitchenette. Nutrition Services staff will bring food to the charting station, and nursing staff will distribute accordingly.

11. Code White and Emergency Situations

11.1. The primary way to call a Code White is dialing by phone (x4444) to switchboard. Only if unable to get to a phone should staff 'double tap' their Vocera to reach Security to advise of escalating situation and request Code White to be called *(see KHSC Emergency Codes: KGH-site Code White – Violent Behavioural Situation.)*

11.2. One MHAC staff member from Unit B is assigned each shift to respond to any Code Whites that occur on the floor (aka Code White Responder).

11.3. Panic alarms are personal safety devices that request emergency security assistance, but do not initiate a Code White *(see MHAC Policy 1-60 Vocera and Panic Alarm Devices).*

11.4. In the event of a Code White a Code White Debrief form is completed by Protection Services and the clinical team to document the situation, identify follow-up steps, and support the completion of the SAFE Report *(see Administrative Policy 02-141 Assessing, Flagging, Preventing and Managing the Risk of Patient Violence).*

12. Power Outages, Fire Alarms, and Magnetic Doors

12.1. **Power Outages -** There are two main types of power outages:

12.1.1. **Municipal power outages -** Power from the city to the hospital is interrupted; in these cases the power will go out for approximately 10 seconds until the emergency backup generators are activated and start supplying power.

12.1.2. **Localized power outages -** Power to a specific area of the hospital (like Burr 4) is interrupted because of a failure of the power distribution infrastructure (i.e. a circuit breaker is activated because a patient stuck an item into an electrical socket). The magnetic door holder system cannot be reset until power resumes *(see 12.2 below for more information).*

12.1.3. Regardless, if power is lost the magnetic door system will be affected in the same way as if there was a fire alarm (e.g. doors will release except for those in Units A & C and Section E).

12.1.4. There are multiple redundancies in place to make sure we do not lose power; in the rare circumstance that this does happen manual locking via keys will work on the identified doors below when needed.

12.2. **Magnetic Doors -** Fire alarms and power outages also have an effect on the magnetically locked doors on Burr 4:

12.2.1. **Fire alarms** for Burr or any wing connected to Burr will cause the magnetic door holders to release. Exceptions include the following, but only if the door is locked

at the time of the fire alarm (generator should activate within 3 seconds):

12.2.1.1. The locked patient doors in Unit A (rooms A1 – A7)

12.2.1.2. The locked short stay doors in Unit A (rooms S8 and S9);

12.2.1.3. The locked seclusion door in Unit C (room C3), and;

12.2.1.4. The locked patient doors in Section E (rooms E2 and E3).

12.2.1.5. This means the doors will remain locked during a fire alarm, and release buttons for these doors are located on a panel at the nursing station of each unit.

12.2.2. **Power outages** that affect the entire hospital, or just Burr 4, will also cause magnetically locked doors to release. Exceptions include the following but only if the door is locked at the time of the power outage (generator should activate within 3 seconds):

12.2.2.1. The locked patient doors in Unit A (rooms A1 – A7);

12.2.2.2. The locked short stay doors in Unit A (rooms S8 and S9);

12.2.2.3. The locked seclusion door in Unit C (room C3), and;

12.2.2.4. The locked patient doors in Section E (rooms E2 and E3).

12.2.2.5. This means the doors will remain locked during a power loss.

12.2.3. If the magnetic door holder system has been affected by a fire alarm or power loss the system will need to be reset after the fire alarm is over or after power resumes. This reset is completed by Protection Services staff and takes approximately 10-15 minutes to complete.

12.2.4. If the magnetic door holder system has not come back on after 10-15 minutes the Charge Nurse is to contact the Security Operations Centre (SOC) at KGH ext. 4142 to request the magnetic door holder be reset.

12.2.5. Extended Power outages may cause problems as the magnetic door holder system cannot be reset until power has resumed. If there is a longer than normal power outage on Burr 4 it may be necessary to request additional staff resources to provide access control to the units until power resumes and the magnetic door holder system can be reset. Patient doors can be locked manually until power resumes.

12.2.5.1. Staff and Security to go to entry / exit points on their respective units as indicated below; when possible security should have priority for stairwells and main entry / exit in order to prevent patient elopement; the following are

the entry / exit points for KGH-MHAC (see Appendix 2 for floorplans):

12.2.5.1.1. **Unit A:** 21.4.013.44.2, 21.4.018.2, 21.4.013.18.0, 21.4.017.0, 21.4.018.3.0 and 21.4.017.4.

12.2.5.1.2. **Unit B:** 21.4.011.3, 21.4.013.37, 24.4.013.0 and 21.4.013.44.0.

12.2.5.1.3. **Unit C:** 21.4.20.0, 21.4.20.14, 21.4.020.16.0 and 21.04.023.

12.2.5.2. Inform the Charge Nurse so they can request additional staff resources to assist with access control via the Program Manager or through the Operations Manager after hours.

12.2.5.3. MHAC Staff are not to go hands on with patient(s) if they are attempting to flee the unit; only security can do this. If patient elopement is successful take the following steps:

12.2.5.3.1. Take a description of the patient.

12.2.5.3.2. Notify the Charge Nurse and MRP of the patient(s) who have left.

12.2.5.3.3. Make attempts to encourage the patient to return to the unit by calling their mobile phone, calling the SDM / POA or family member listed in the Kardex, or fill out a Form 9 if applicable.

13. Evacuation

The need to evacuate an area of the hospital is generally an extension of a pre-existing emergency such as a Code Red (fire) or Code Black (bomb threat.) In the event of an evacuation a command structure from the pre-existing emergency will be put in place, and provide detailed direction to the affected areas. *(see KHSC Emergency Codes: KGH-site Code Green – Evacuation.)* Remember that emergency situations like this can be fluid, and change from one moment to the next. The guidelines below help to provide some structure, but there is no substitute for clear communication and common sense.

13.1. KHSC uses a “defend-in-place” strategy for evacuations which means units only evacuate as far as is necessary to get away from the hazard. The focus is on horizontal (along the same level) evacuation across fire separation doors as the primary route, and vertical (downstairs) evacuation, as a last resort.

13.2. The doors and walls on Burr 4 are fire rated, and fire separation doors are typically rated between 45 minutes to 1.5 hours of fire protection. The patient care areas at the KGH-site are also covered by sprinklers, which provide protection during fire emergencies by containing and suppressing the fire.

13.3. If there are no signs of smoke or fire, or an obvious hazard in your area, do not evacuate until you hear the overhead instructions or are instructed by authorized personnel from the command structure (e.g. Police, Fire, or Security).

13.4. If there is an imminent need of evacuation for an area / unit of Burr 4 you will be directed by the command structure regarding next steps and plan. In general the command structure will likely move horizontally across the fire separation doors (unit exit) to a safe area, and prepare to continue evacuation vertically downstairs, if required. Ensuring access control, and preventing patient elopement is of utmost importance so staff should be stationed at exit stairwells to enhance security.

13.4.1. Request additional staff resources to assist with access control through your Program Manager or through the Operations Manager after hours.

13.5. Keep in mind that Code Green **(*signified by a temporal tone of 3 quick tones then a pause*)** responses are normally phased; (i.e. the evacuation process will proceed outward from the location of the emergency, not all areas at the same time, etc.) A complete site evacuation is exceptional, and seen as an absolute last resort.

13.6. If the emergency is on our floor then we would be directed by the command structure regarding next steps and plan. In general the command structure will likely direct us to evacuate to our designated primary meeting place (BURR 1 Gym / Waiting Area), and wait to hear for further instructions.

13.7. If the entire wing is to be evacuated (i.e. ***"Code Green Burr Wing")*** we would be directed by the command structure regarding next steps and plan. In general the command structure will likely direct us to our designated primary meeting place (Dietary 3 – Environmental Exposure Unit), and wait to hear for further instructions.

13.8. In the rare event that the entire hospital needs to be evacuated (i.e. ***"Code Green KGH")*** the command structure would provide detailed instruction and direction.

References:

1. Occupational Health and Safety Act, R.S.O. 1990, c. O.1 – updated 1 July 2022

Additional Resources:

None

Appendices:

Appendix A – Guidelines in the event of Fire, Power Loss or Evacuation

Appendix B – Floorplans with locations of entry / exit points requiring staffing

Kingston Health Sciences Centre,
Kingston General Hospital site

MENTAL HEALTH AND ADDICTION CARE
PROGRAM POLICY & PROCEDURE

Subject: Safe Practices **Number: KGH-1-10.03**

Prepared / Reviewed by: Multidisciplinary Team, MHAC Violence Risk Working Group
Issued by: Program Operational Director

Page: 13 of 13
Original Issue: 2020.11
Revised: 2022.09

Authorizing Signature:

Nicholas Axas, BSSW, MSW, R.S.W.
Program Operational Director
Mental Health and Addiction Care