



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

CRISIS INTERVENTION TEAM

Effective Date: May 24, 2018

Policy: TX-18

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I. PURPOSE:

- A. To ensure that patient and staff safety is maintained to the greatest extent possible when intervening with a patient who is demonstrating physical aggression or threatening physical aggression.
- B. To provide guidelines for utilizing a team approach to crisis intervention that will provide protection for both patients and staff and maintain therapeutic relationships to the greatest extent possible.

II. POLICY:

- A. Montana State Hospital (MSH) utilizes a model of intervention that treats people with dignity and respect and uses a system of gradual and graded alternatives for de-escalating and supporting people in behavioral crisis.
- B. MSH will provide training to staff in crisis intervention processes that use a combination of interpersonal communication skills and physical interaction techniques designed to support the patient's involvement in therapy and reduce the risk of physical and emotional injury to all parties to the greatest extent possible.
- C. Whenever a physical hold, restraint or seclusion is initiated, the documentation and process outlines in the MSH policy "Use of Seclusion and Restraint, TX-16" must be followed.

III. DEFINITIONS:

- A. **Crisis Intervention Team:** Shall consist of members of individual treatment units who are trained in de-escalation. MSH Security Officers are considered permanent members of the Hospital's Crisis Intervention team.
- B. **Crisis Response Coordinators:** Trained Registered Nurses or Licensed Independent Practitioners of individual treatment units.
- C. **Verbal Intervention Techniques:** May include active listening, setting limits, support techniques and problem solving.
- D. **Physical Intervention Techniques:** May include supportive holds and/or restraint techniques to manage dangerous behavior.

- E. **Show of Support:** A summons of Crisis Intervention Team members, Security Officers and supervisors to a planned patient intervention by use of telephone and paging system.
- F. **Code Green:** An audible summons of Crisis Intervention Team members via the public-address system when patient behavior is violent toward staff or hospital property.

IV. RESPONSIBILITIES:

- A. Unit staff: Request assistance from the Crisis Intervention Team as needed.
- B. Hospital Operations Specialist (HOS): Activate the public-address system for code green situations and/or dialing units to request a show of support.
- C. Professional staff: Respond to emergencies or requests for assistance on their primary unit unless directly involved with other patients at the time.
- D. Nursing supervisors: Ensure unit assignments are written and responders clearly identified on each unit.
- E. Unit Registered Nurse: Manage the crisis by delegating and directing staff not directly involved in the intervention.
- F. Security Officers: All security officers will respond to all calls for code green situations as well as calls for a show of support unless involved with a similar crisis or other emergency.

V. PROCEDURE:

A. GUIDELINES:

1. All interventions shall promote keeping people safe and treating people with dignity and respect.
2. All treatment staff will be trained in crisis response principles and techniques at new staff orientation and annual de-escalation training.
3. In all situations, staff members will work to use verbal/non-physical interventions before attempting to use physical interventions. Physical techniques shall be used only as a last resort, and only after non-physical interventions have proven to be insufficient to ensure the safety of everyone.
4. Staff members shall work as a de-escalating team to bring about a reduction in tension in the patient who is demonstrating physical aggression or threatening physical aggression.

5. Treatment unit staff maintains responsibility for care of the patient during behavioral crisis.

B. PROCEDURES:

1. At the start of each 8-hour shift, the unit Registered Nurse will designate 2 trained psychiatric technician/mental health technician from each unit to respond to a code green or show of support.
2. All planned interventions during a behavioral crisis will be implemented by Unit Staff led by a Crisis Response Coordinator.
3. Unit staff will attempt to secure the safety of the patient through use of verbal techniques and then physical interventions if needed.
4. The trained RN or Licensed Independent Practitioner will assume Crisis Response Coordinator role for all behavioral crisis responses with leadership changed only by clear transfer to another professional responder.
 - a. The Crisis Response Coordinator will assess the situation, nature of the problem, and identify resources needed.
 - b. The Crisis Response Coordinator will communicate with the person in crisis or designate another team member with the best rapport with the patient to do so.
 - c. The Crisis Response Coordinator will direct other crisis intervention team members or cue their action.
 - d. When assessed to be needed by the Crisis Response Coordinator, the call for the Crisis Intervention Team will be made by unit staff by dialing 7440, the emergency number and either declaring a code green or requesting a show of support through the Hospital Operations Specialist. The Hospital Operations Specialist will summon the Crisis Intervention Team members to a code green via the public-address system. Security will also be notified via radio. If a show of support is needed, the Hospital Operations Specialist will notify security and dial the treatment units individually to summon help. In both situations during regular business hours, the Hospital Operations Specialist will notify the Director of Nursing, Assistant Director of Nursing, Program Managers and Nurse Supervisors via the paging system. During weekends, holidays, afternoon and night shifts the House Supervisor will be notified of all interventions as soon as possible.
 - e. The Crisis Response Coordinator will assign a unit staff member to meet the Crisis Intervention Team as they arrive on the unit. At the main hospital this will be at the outside of the double doors and at the Spratt building the unit staff member will be at the south end nurses' station. The staff member will let team members know who is involved and where the intervention is taking place. Unit staff will brief and direct the Crisis Intervention Team. If not needed, Crisis

Intervention Team members will depart from the area. Unit staff may also be directed to issue gloves and other Personal Protective Equipment. Crisis Intervention Team members on the unit where the intervention is taking place will prepare the transport blanket and/or seclusion room if needed.

f. Crisis Intervention Team members will assist the unit staff in caring for an aggressive patient.

5. Training during orientation and annually will be conducted by designated staff on seclusion room use and restraint equipment as needed. The Staff Development Department will coordinate this training.
6. Designated Treatment Team members will complete the Event Review, as appropriate. Crisis Intervention Team responders from other units whenever possible will participate in the Initial Review part I as outlined in MSH policy "Event Review, TX-25."

VI. REFERENCES: MSH Seclusion & Restraint Policy, The MANDT Systems Manual and Training.

VII. COLLABORATED WITH: Director of Nursing, Director of Clinical Services; Nurse Supervisors; Program Managers, Medical Director, Hospital Administrator, Director of Quality Improvement and Public Relations, Safety Officer; Director of Health Information.

VIII. RESCISSIONS: TX-18, *Crisis Intervention Team* dated July 21, 2014; TX-18, *Crisis Intervention Team* dated May 27, 2009; TX-18, *Crisis Intervention Team* dated May 9, 2008; TX-18, *Crisis Intervention Team* dated November 17, 2004; TX-18, *Crisis Intervention Team* dated April 24, 2001.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Nursing

XII. ATTACHMENTS: None

Signatures:

Jay Pottenger
Hospital Administrator

Thomas Gray, MD
Medical Director