LAPEER COUNTY COMMUNITY MENTAL HEALTH

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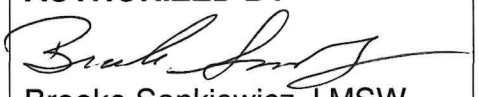
CHAPTER Health and Safety	**CHAPTER** 08	**SECTION** 003	**SUBJECT** 50
SECTION Safety	**DESCRIPTION** Rapid Response Team: Medical Emergency and Code Gray		
WRITTEN BY Sarah Whitehead, BSN, RN Nursing Supervisor	**REVISED BY** Lisa Ruddy, MPH QI Supervisor & Health and Safety Officer	**AUTHORIZED BY**  Brooke Sankiewicz, LMSW, CADC CEO	

APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) responds quickly and effectively to improve the outcome in a medical and/or behavioral crisis using a Rapid Response Team (RRT).

STANDARDS:

A. The RRT assists and evaluates any person served, visitor, or staff who is experiencing a medical or behavioral crisis at LCCMH Main Building.

B. The RRT members are trained initially and periodically in the RRT model by the triage supervisor or designee.

C. The RRT may be assembled at any time at the LCCMH main building if there is concern regarding a person's medical condition or behavior.

D. The RRT uses a proactive assessment approach to best address the person's needs, to communicate this data to appropriate persons, and together determine the best approach for treating the person.

E. There is a designated RRT at LCCMH main building to respond to all Medical Emergencies or Code Gray events.

F. In the event of a fire, missing person, bomb threat, active shooter/hostage situation, chemical spill or external disaster, staff follow the Emergency Preparedness Plan Policy 08.003.25 and the Emergency Preparedness and Response Plan.

G. Post incident the code leader facilitates a debriefing with all RRT responders and any other staff involved.

PROCEDURES:

A. Duties to be performed:

1. Staff dials 74994 and call a "Medical Emergency" or "Code Gray" to activate an all-staff response. All staff, including the RRT, will initially respond to the code.

2. For medical emergencies, all LCCMH staff trained in cardiopulmonary resuscitation (CPR) respond and begin CPR when indicated, until the RRT arrives to manage the care of the person.

    a. Upon arrival of the RRT, the responding LCCMH staff turns over care to RRT Code Leader.

    b. All nursing staff and the RRT respond to all medical emergencies and bring a jump bag, AED, and Narcan® to the scene.

    c. Nursing staff are the code leaders in a medical emergency until a Physician, Physician's Assistant (PA), or Nurse Practitioner (NP) responds.

    d. Nursing staff assess the person and help with the implementation of the interventions as previously outlined in LCCMH approved

policies and procedures and American Heart Association (AHA) guidelines.

e. In a life-threatening crisis, when dealing with a person requiring resuscitative or other emergency care, or when a person is unconscious, LCCMH staff call Central Dispatch (9-1-1).

f. LCCMH Nursing Department or a physician who responds to medical emergencies determines the need to call Central Dispatch (9-1-1) in all other situations. If the Nursing Department agrees that ambulatory care is not needed, LCCMH staff will offer to call Central Dispatch (9-1-1) on their behalf. If the individual refuses, this will be documented in the Incident Report (if applicable) and on the Emergency Drill Report Form (Form #235 – Exhibit A).

g. Care of the person is released to the Emergency Medical Technicians (EMT) or paramedics once they arrive on site, if applicable.

3. For Code Gray events, all LCCMH staff trained in de-escalation techniques respond and begin interventions as indicated, until the RRT arrives to manage the care of the person.

   a. Upon arrival of the RRT, the responding LCCMH staff turns over care to RRT Code Leader.

   b. Triage staff are the code leaders in Code Gray situations.

4. The code leader assigns a RRT member to document/record.

B. RRT members may dial 74994 and call "Code RRT" in situations where additional backup support is needed from other RRT members, but a full Code Gray or Medical Emergency Code is not needed.

   1. RRT members are the only ones authorized to call "Code RRT."

   2. RRT members are the only ones who respond to "Code RRT."

3. When non-RRT members hear "Code RRT," they are to continue working as normal.

4. The RRT members may also use the Emergency Notification System to notify each other of needed assistance.

C. RRT members' roles are as defined but not limited to:

1. Code leader facilitates debriefing of the RRT post incident and ensures all proper documentation is completed and submitted to the Health and Safety Committee.

2. A physician, PA, or NP responds to every medical emergency, when available.

3. Code leader in medical emergencies and Code Grays initiate care and verbalize roles for responding members

D. Reasons the RRT may be activated include:

1. Any staff, person served, or visitor is concerned about an individual's physical or psychological status.

2. Acute changes in vital signs (VS) or behavior from previously recorded or baseline parameters.

3. If an individual is experiencing any stroke-like symptoms (trouble speaking and understanding what others are saying, paralysis or numbness of the face, arm or leg, problems seeing in one or both eyes, headache, or trouble walking).

4. If an individual is experiencing any suspicious chest pain.

5. If an individual is in respiratory distress or has a decrease in oxygen saturation.

6. If an individual has a mental status change, change in level of consciousness (LOC), or seizure activity.

DEFINITIONS:

Jump bag: A bag containing first-aid equipment used to treat traumatic injuries.

Respiratory Distress: Deprivation of oxygen to the organs. Serve shortness of breath or unable to breathe without support as identified by increase in breathing rate (breaths per minute), color changes, grunting, nose flaring, sweating, wheezing or body position signifying distress. www.Hopkinsmedicine.org

Oxygen Saturation: The amount of oxygen circulating in the blood.

REFERENCES:

Mayo Clinic. (2022, January 20). *Stroke*. Mayo Clinic. Retrieved July 25, 2022, from https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113

American Heart Association guidelines for Cardio Pulmonary Resuscitation. https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines

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