LAPEER COUNTY COMMUNITY MENTAL HEALTH   **Date Issued** 08/11/2022
                                     Date Revised 08/22/23; 02/13/24; 11/19/24

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	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 of 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 or Maple Grove campus.

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 or Maple Grove campus 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, 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 and Maple Grove campus to respond to all medical emergencies or Code Gray events. Reasons the RRT may be activated include:

1. There is concern about an individual's physical or psychological status.

2. Acute changes in vital signs 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, or seizure activity.

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

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

PROCEDURES:

A. Staff call a "Medical Emergency" or "Code Gray" to activate an all-staff response. All staff, including the RRT, will initially respond to the code. See LCCMH Policy

08.003.25 Emergency Preparedness Plan and the LCCMH Emergency Preparedness and Response Plan.

1. 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 the RRT Code Leader.

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

   c. Medically trained staff are the code leaders in a medical emergency. The highest trained medically trained staff on-scene is the leader. If there are no medically trained staff onsite at the location, a staff trained in CPR is the code leader.

   d. Medically trained 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 medically trained staff or a physician who responds to medical emergencies determines the need to call Central Dispatch (9-1-1) in all other situations. If the medically trained staff 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 is documented in the Incident Report in the electronic health record (if applicable) and on the LCCMH Form #235 Emergency Drill Report Form.

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

2. 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 the RRT Code Leader.

     b. Triage staff are the code leaders in Code Gray situations. If there are no onsite triage staff at the location, a staff trained in enhanced de-escalation techniques is the code leader.

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

B. RRT members may 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. RRT members may also use the agency's emergency notification system to communicate with each other and call a Code RRT.

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.

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

1. Code leaders in medical emergencies and Code Grays initiate care and verbalize roles for responding members

2. The code leader ensures all proper documentation is completed and documented as an Incident Report in the electronic health record (if applicable) and LCCMH Form #235 Emergency Drill Report Form is completed and sent to the Health and Safety Committee. If there were

multiple code leaders, they each participate in completion of the paperwork.

3. The code leader facilitates debriefing of the RRT within 24 – 72 hours after the incident.

DEFINITIONS:

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

Medically Trained Staff: staff who have some form of formal medical training, higher than basic CPR/First Aid training, and/or certification (e.g. registered nurses, medical assistants, emergency medical technician, physicians, nurse practitioners, physician assistants, etc.).

Respiratory Distress: Deprivation of oxygen to the organs. Serve shortness of breath or unable to breathe without support as identified by an 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:

American Heart Association guidelines for Cardio Pulmonary Resuscitation.
https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines
LCCMH Emergency Preparedness and Response Plan
LCCMH Form #235 Emergency Drill Report Form (Form #235 – Exhibit A)
LCCMH Policy 08.003.25 Emergency Preparedness Plan
Mayo Clinic. (2022, January 20). *Stroke*. Mayo Clinic. Retrieved July 25, 2022, from
https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113

LR