

Local Procedure



Health
Hunter New England
Local Health District

Maitland Hospital Code Black Procedure

Sites where Local Procedure applies	
This Local Procedure applies to:	Maitland Hospital
1. Adults	Yes
2. Children up to 16 years	Yes
Target audience	All Staff
Description	Procedure for responding to personal threats

[Go to Procedure](#)

Keywords	Code Black, emergency, personal threat, violence, aggression, behaviour, security
Document registration number	
Replaces existing document?	No

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- NSW Health June 2013, [NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies, Protecting People and property](#)
- NSW Health Policy PD 2015_001 [Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach](#)
- NSW Health Policy PD2017_013 [Infection Prevention and Control Policy](#)
- NSW Health Policy Directive PD 2017_043 [Violence Prevention and Management Training Framework for NSW Health Organisations](#)
- [Safety Notice 003/16 Use of Prone Restraint and Parenteral Medication in Healthcare Settings](#)
- HNE Health Policy Compliance Procedure PD2015_004:PCP 1 [PD2015_004 PCP 1 Mechanical Restraints in Adult Patients.pdf](#)
- [NSW Health PD2015_004 Principles Safe Management of Disturbed and/or Aggressive Behaviour and the use of restraint](#)
- GL2015_007 [Management of patient with Acute Severe Behavioural Disturbance in Emergency Departments](#)
- HNE Health Policy Compliance Procedure HNELHD Pol 17_08:PCP
- [HNE Health Policy Compliance Procedure HNELHD Pol 17_08:PCP 1 Prevention, Recognition and Management of Delirium in the Older Person.pdf](#)
- NSW Government HNELHD Emergency Procedures Flip Chart June 2019
- HNELHD Pol 14_05 Security [HNE Health Policy Compliance Procedure HNELHD Pol 14_05 Security.pdf](#)
- Work Health & Safety Act 2011 No 10. [Work Health and Safety Act 2011 No 10 - NSW Legislation](#)
- Work Health and Safety Regulation 2011. [NSW Legislation Regulations 2017](#)
- NSW Health 2015: A Reference Guide, Mental Health for Emergency Departments
- National Safety and Quality Health Service Standard (NSQHSS)

Prerequisites (if required)	Applies to all staff onsite
Local Procedure note	This document reflects what is currently regarded as safe and

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appropriate practice. The procedure/s **require mandatory compliance**. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patients health record.

Position responsible for the Local Procedure and authorised by	Christine Osborne, General Manager Lower Hunter Sector
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This document contains advice on therapeutics	No
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PURPOSE AND RISKS

Maitland Hospital Code Black local response procedure has been developed to provide direction to staff and to ensure that the risks of harm to patients and staff associated with Code Black incidents are identified, minimised and managed.

This procedure is supplemental to [HNELHD Code Black Security PPM Security: PCP 7](#).

Risk Category: *Safety & Security;*

GLOSSARY

Acronym or Term	Definition
AHNM	After Hours Nurse Manager
AVO	Apprehended Violence Order
DECT	Digital Enhanced Cordless Telecommunication
EAP	Employee Assistance Program
ED	Emergency Department
HSA	Health & Security Assistant
IMS+	Incident Management System
iPM	Inpatient Management System
LHS	Lower Hunter Sector
MMHU	Maitland Mental Health Unit
MRN	Medical Record Number
Muster Point	Designated points must be identified where Code Black teams can muster and enter an area before approaching a Code Black situation. This will ensure the delegated team leader has a safe space to brief and coordinate the Code Black team and the response to the incident.
ONM	Operational Nurse Manager
PMVA	Prevention Management of Violence and Aggression
Safe Haven	A safe Haven is a room where staff can retreat to when they feel unsafe or threatened. The room must be lockable, preferably with two exit doors, an available phone line and fixed duress. The structure should be robust with solid doors and frame and access controlled.

PROCEDURE

This procedure requires mandatory compliance.

A Code Black call is made when any person, staff, patient or visitor is at risk of physical harm from threatening behaviour, or an act of violence or aggression.

Position	Responsibility
Hospital Manager	<ul style="list-style-type: none"> • Hospital and managers are responsible for implementing systems to ensure personal threats are identified and managed and outcomes monitored and investigated as necessary. • Hospital and managers are responsible for facilitating a risk assessment and establishing a plan for relevant staff to undertake expected education and training. • Ensure this procedure is communicated to all staff • Supporting Managers and supervisors in the implementation of this procedure • Ensure that resources are available to implement this procedure • Monitor compliance of this Code Black Procedure
Line Manager	<ul style="list-style-type: none"> • Ensuring management plans are developed, documented and reviewed for all patients at risk of violent or aggressive behaviour • Ensuring all staff are educated in the Code Black procedure and required controls are available. Code Black team members must also be provided with necessary training. • Ensuring all Code Black calls are reported in incident reporting system • Ensuring all staff injuries are reported in incident reporting system • Ensuring all patients (and / or witnesses) are followed up and offered support as appropriate • Ensure all identified risks are investigated and plans in place to mitigate risk (including safety huddles, communication strategies etc.).
Code Black Response Team	<ul style="list-style-type: none"> • Complete all relevant training and attend Code Black drills/exercises when requested • Respond to 'Personal Threat – Code Black' duress events • Assess the situation in collaboration with local senior staff • Maintain personal safety with the use of appropriate PPE • Participate in the restraint process as required • Assist with, and participating in hot and cold debrief process • Complete the Code Black Response Evaluation Form
Employees	<ul style="list-style-type: none"> • Comply with this Code Black Procedure • Ensure all identified training is completed • Report any incident of occupational violence to line manager

Staff Preparation

It is mandatory for staff to follow relevant: "Five moments for hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene, **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.

Equipment Requirements

Alcohol based hand rub

- Personal Protective Equipment
- Fixed or mobile duress alarms
- Zebra Phone with duress function
- Landline phone 2222
- 2-way radios

Procedure Steps

The aim of this procedure is to ensure that:

1. Code Black calls are made at the first indication of, or when a person is subject to a personal threat
2. Code Black events are responded to and managed appropriately
3. Risk of injury to workers, patients and visitors is minimised
4. Persons involved in personal threat events are supported and followed-up
5. Appropriate management of offenders is undertaken
6. Code Black events are documented.

General Management Principles

- Workers are not to put themselves at risk
- The Code Black Response Team will manage the physical and environmental safety of all incidents until the danger has been diffused, or the person is appropriately calmed/ restrained and or handed over to the NSW Police or other authority
- Incidents involving injury or illness of persons outside the main hospital building will be referred to the NSW Ambulance Service as required
- Incidents involving aggression outside the hospital buildings should be referred to the NSW Police Force
- All staff are educated in Code Black and duress procedures through site orientation
- All staff attend Code Black drills/exercises regularly
- A Code Black Response Team is established and trained
- Code Black calls are reported and monitored in IMS+
- The provision of appropriate support services is available for affected workers, patients and visitors.

Initiating a Code Black response

- If a worker is threatened, feels fearful, or observes any indication of aggression, violence, intimidation, antisocial behaviour or unlawful behaviour by a visitor, worker patient or any other person on campus, they should –
 - Withdraw to a safe distance keeping the offender under observation
 - Assess whether the condition or prior behaviour of the person involved minimises the threat of the person carrying out a physical threat eg frail immobile
- In the event of a Code Black, initiate the Code Black response by any of the following:
 - Activate a fixed duress alarm – Sends an alarm and message to all code black team member's Zebra Phones notifying them of a code black, its location and any special instructions.
(In the event the Police are required to attend the AHNM is to initiate the call to SWITCH on 2222 and clearly state the NSW Police are required).
 - Activate Duress on Zebra Phone – notifies the Code Black Team of a code black and its location.
(In the event the Police are required to attend the AHNM is to initiate the call to SWITCH on 2222 and clearly state the NSW Police are required)
 - Dialing 2222 – notifies Switch who then sends a group notification to the Code Black Team on your behalf.
- When 2222 is called inform the Switchboard operator of:
 - your identity
 - the location, patients name, bed number (if aggressor is a patient)
 - the assistance required - CODE BLACK
 - the nature of the threat, e.g. knife, firearm, aggressive person

- adult or child causing the threat

Awaiting the Arrival of the Code Black Team

- Attempt to engage with the involved person if safe to do so
- Remain a safe distance from the involved so that a quick withdrawal can be made if required
- Utilise de-escalation techniques in attempt to engage the involved person:
 - Commence conversation in a calm, non-threatening and respectful manner
 - Position yourself in a non-dominant position, and at the level of the aggressor
 - Acknowledge that you are listening and attempting to help them
 - Ensure you have an exit to access
- Note what the aggressor is saying and communicate this to team leader
- If at any time the staff member feels unsafe or threatened or cannot manage the situation on their own they are to retreat to their safe haven and await the arrival of the code black team and/or Police.

Membership of the Code Black Response Team

The members of the Code Black Response Team are:

1. Operational Nurse Manager Access and Flow (in hours) or After Hours Manager (Team Leader)
2. On-Take Medical SRMO (Clinical Lead)
3. Security Officer/s
4. Nurse In-charge of ward
5. Unit Manager/ In-Charge
6. Wards Person

Nurse Manager Access and Flow/ After Hours Manager (Team Leader)

- Communicate in the Zebra phone bridging phone call when activated
- Assess the situation upon arrival
- Ensure all Code Black team members have responded
- Plan and coordinate the management of the situation including standing down wardsperson staff if not required
- Arrange any additional resources required by the team e.g. physical restraints, workers
- Page the medical team caring for the patient (if in hours and a patient)
- If required, contact NSW Police on 0-000 or through the Switchboard on 2222
- Contact NSW Police in the event of a simultaneous Code Black occurring
- Ensure clinical assessment
- Ensure Admitting Medical Officer consulted if a patient is involved
- Ensure the provision of first aid and medical treatment to injured staff via the Emergency Department
- Security Services are not to be asked to "Stand By" for prolonged periods as an alternative to active management of the situation.
- Assess the need for a formal incident review and refer to appropriate Manager
- Call the "ALL CLEAR" when the problem is resolved or under control. Ensure the Switch is notified also.
- Staff assaulted are to be encouraged and supported to report the assault to police. Staff will be supported through the criminal proceedings and can use their business address when pressing charges for assault/AVO.

- Assess potential for worker distress post-incident and coordinate assistance as required, including access to the Employee Assistance Program (EAP) for workers affected by the Code Black event, and Social Work assistance for affected patients, families and visitors.
- Facilitate a hot debrief of impacted staff if required
- Ensure an IMS+ is entered for all Code Black incidents (under the relevant who or what was most affected - Relative/Visitor; Worker; Patient; No Person)

On-Take Medical SRMO (Clinical Lead)

- Attend all Code Black calls made within Maitland Hospital, except ED and MMHU (within business hours)
- The On-Take Medical SRMO will not respond to events in the ED as they will utilise their own medical officers, unless they require extra assistance.
- On-Take Medical SRMO (Clinical Lead) MUST ATTEND MMHU during Weekdays 1630-0830, Weekends and PH 1500-0900
- Immediately assess the situation
- Initiate treatment and discuss on-going management, including appropriate chemical restraint, with other relevant teams as required
- Consider the use of chemical sedation and/ or physical restraints
- Consult Admitting Medical Officer
- Decide if patient requires continued medical care (e.g. delirium), under the duty of care act, or can self- discharge. If there are any concerns regarding self-harm or risk to reputation, then consider involuntary admission under the Mental Health Act (Schedule section 19).
- Document the events in the patient's health care record (if patient involved).

Security Officers

- Respond to the ZEBRA phone bridging call for ALL code blacks to assist with coordination of resources
- Attend all Code Black calls
- On arrival assess the situation and act accordingly to ensure worker, patient and visitor safety.
- Follow the instructions of the Code Black Team Leader
- Assist with physical restraint as required
- Inform the Team Leader (ONM Access and Flow / AHNM) if extra assistance is required.
- Remain at the scene to monitor/ guard the involved person until otherwise informed by the Code Black team leader.
- Advise the Team Leader if hospital lockdown is required
- Notify the Team Leader via bridging call as soon as possible if a delay in response is anticipated so alternateresources can be sought.
- The Security officer will document the Code Black in the Security Services Incident Report if they have attended and complete an IMS+ report if relates to No Person or Worker due to an injury.
- Security officer to complete a report in

NUM/ In-Charge

- Respond to Code Black calls
- Assist with the response in accordance with the Team Leader's instructions
- Assist with physical restraint as required
- Ensure that patients at risk of re-presenting/ reoffending with behaviour likely to harm workers or themselves are to be discussed at safety huddles, team meetings and a risk assessment and

management plan is documented in the patient's health care record. Place alert on iPM.

- Ensure the provision of the Employee Assistance Program (EAP) for workers affected by the Code Black event, and Social Work assistance for patients, families and visitors.
- Conduct or facilitate a hot debrief where appropriate
- Ensure a Clinical IMS+ is completed if a patient is involved so adequate assessment and tracking of patient outcomes can occur

Wards Person

- Respond to Code Black calls
- Assist with the response in accordance with the Team Leader's instructions
- Assist with physical restraint as required under the supervision and guidance of the security officer

Responsibilities of the Code Black Response Team

- All team members are to respond to all Code Black calls within the Maitland Hospital
- Meet at a designated meeting place, the main entrance to the department where the Code black was called, to attend as a group
- Formulate a plan and staff to go in as a group
- Remove anything that can be used against you as a weapon eg pens, scissors, jewellery
- Minimise the risk of harm to personnel by managing the situation, including directing people away from the area
- Ensure the provision of a full Code Black team (delegates must be assigned in absence)
- Assess and intervene as required to manage the situation
- Contact Police if further assistance is required as directed by the Team Leader
- Protective equipment such as gloves, eyewear and masks should be worn when required
- Attempt to engage with the involved persons using de-escalation techniques
- Ensure the involved person is permitted physical and emotional space as required
- Do not attempt use of restraints unless safe to do so
- Do not attempt use of restraints unless there are 5 trained staff in attendance
- If the person involved is a visitor or a patient that does not come under a duty of care or the Mental Health Act
 - If the situation cannot be de-escalated and the person's behaviour escalates or they seem to be under the influence of alcohol or some other drug then Security or the Code Black Team Leader should ask them to leave the premises. If they refuse, they are committing an offence under the Inclosed Lands Act and police should be called to have them removed.

Use of Restraint

Mechanical Restraint

For guidance on mechanical restraint, please refer to the below documents:

- HNE Health Policy Compliance Procedure PD2015_004:PCP 1
[PD2015_004_PCP_1_Mechanical_Restraints_in_Adult_Patients.pdf](#)
- [NSW Health PD2015_004 Principles Safe Management of Disturbed and/or Aggressive Behaviour and the use of restraint](#)

Chemical Restraint

For guidance on chemical restraint, please refer to the below documents:

- GL2015_007 [Management of patient with Acute Severe Behavioural Disturbance in Emergency Departments](#)
- HNE Health Policy Compliance Procedure HNELHD Pol 17_08:PCP 1
[HNELHD Pol 17 08 PCP 1 Prevention, Recognition and Management of Delirium in the Older Person.pdf](#)

Personal threat involving weapons

For events where weapons are involved, the following steps should be followed:

- Staff should remove themselves and others from the immediate area if possible and secure the area to prevent people from entering. The situation will be managed by the NSW Police.
- If required and safe to do so the facility's emergency lockdown button should be activated to separate clinical areas from public areas to prevent persons from entering.
- Dial 2222 and inform the Switch of the danger, e.g. firearm
- The Switchboard Operator will dial '000' to inform Police a weapon has been detected. Details to include are type of weapon, location of aggressor and other relevant facts as determined by the incident.
- Staff should observe as much detail as possible - the offender, accomplices, weapons or vehicles used. A mental note should be taken of:
 - distinguishing features
 - gender
 - height and weight
 - colour of hair, eyes and skin
 - speech defects/accents
 - the presence of a beard or moustache, tattoos or scars
 - other mannerisms or distinguishing features
 - Where possible written notes should be taken of all observed information as soon as possible. An offender description form is available in the HNE Health Emergency Procedures flipchart.
- Do not touch any items that the Police may require for evidence or finger-printing

Simultaneous Code Black Events

In the event that simultaneous Code Blacks are called, the Team Leader is to assess the situation and in conjunction with security officer prioritise response team if required, the NSW Police will be contacted to respond to the subsequent Code Black event.

Reporting and Documenting Code Black Events

- All Code Black calls must be documented in the patient's health care record (if a patient is involved) and a clinical IMS+ must be entered by the person activating the Code Black if possible.
- If the person is not an inpatient the Operational Nurse Manager Access and Flow / AHNM and Security will enter a **Relative/Visitor; No Person**) and ensure that the following information is documented:
 - State **Code Black** as part of the Injury / Incident Description
 - **Time and date** of Code Black initiation
 - **Location** of Code Black, including building level, **ward/ area, bed number** (if applicable)
 - **MRN** of involved (if patient)
 - Type of **restraint** (if utilised)
 - Code Black **team members** who attended (roles)
 - **Duration** of Code Black response/ attendance
 - **Details** of incident

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- In the Review section - document the outcome and whether there was a debrief of the incident and any actions if required.

* If a person was injured during a Code Black event the incident must be entered into IMS+ under the following **most relevant who or what was most affected - Relative/Visitor; Worker; Patient**

Monitoring Code Black Events

- A Security Incident report will be completed for all Code Black calls attended by the Security Officer.
- The Maitland Hospital Security Committee will monitor the number of Code Blacks called per month and make recommendations to address any trends.
- The Maitland Hospital National Standard 5 committee will monitor and assess clinical management of patients involved in code blacks that required the use of a restraint (chemical or mechanical).
- Mandatory education will be monitored by Managers

Education and Training

Refer to PD2017_043 [Violence Prevention and Management Training Framework for NSW Health Organisations](#) for violence prevention and management training minimum standards for category 1-4 staff.

All staff

1. Mandatory training My Health Learning modules:
 - Security Awareness – all staff (194502198)
 - Violence Prevention and Management – Awareness (39881935)
 - Promoting acceptable Behaviour in the Workplace (39964553)
 - Disaster Management and Emergency Procedures (41436715)
 - IMS+ How to Notify an Incident (319927859)
2. Unit induction by unit manager/delegate (day 1)
 - Location and use of fixed and personal duress alarms
 - Duress Alarm Testing & Repair – Fixed and Mobile
 - Unit's muster point
 - Unit's safe haven
 - How to initiate a unit lockdown (ED)
 - How to call a Code Black
 - Role and responsibilities of staff and Code Black team

Clinical staff

- Personal Safety & De Escalation Workshop 3.5hrs (140225278)

High risk workplaces

Including but not limited to: Emergency Departments, Midwifery, Mental Health.

- All staff as above
- Personal Safety & De Escalation Workshop 3.5hrs (140225278)
- Violence Prevention and Management: An Introduction to Legal and Ethical Issues
- ED Staff: Emergency Department Violence Prevention and Management Program (EDVPM)

Security Officers / Wards Person

- Personal Safety & De Escalation Workshop (140225278)

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- Violence Prevention and Management - An Introduction to Legal and Ethical Issues
- Violence Prevention and Management – 3 day Team Restraint Techniques

Code Black Team Members:

1. New members of the Code Black Team will be provided with training and support by existing team members.
2. Code Black responses will be tested via drills and table top exercises

Post Procedure

Code Black Team Stand Down - Post Incident Management

Team Leader to ensure:

- IMS+ reports and Code Black Evaluation Form are completed
- Provide a debrief following each incident.
- EAP to be offered to staff when required or requested
- If a person is injured, ensure medical attention is offered promptly and follow Injury Management Policy for all workers.

IMPLEMENTATION, MONITORING COMPLIANCE AND AUDIT

1. This document will be approved for uploading on the Hunter New England PPG Directory by the LHS Policy, Procedure, Guideline and Patient Information Committee.
2. The governance for this local procedure sits with the LHS Safety, Environment and Disaster Committee which will review this procedure in January 2025.
3. The Quality Manager and the Work Health and Safety Coordinator will be responsible for ensuring this local procedure is communicated to all staff via the LHS Newsletter, LHS News Flash, the LHS WHS Committee Meetings and the orientation training program.
4. The Director of Medical Services will communicate the changes to the Medical Registrar and the Emergency Department Medical Officers.
5. The Director of Nursing and Midwifery will communicate the changes to the After Hours Nurse Managers and the Patient Flow Manager.
6. The Manager of Food and Patient Support Services will communicate the changes to security licence holders and relevant HealthShare staff.
7. The Work Health and Safety Coordinator will be responsible for reviewing, monitoring and trending Code Black events.
8. All staff will be informed of this procedure at site orientation

APPENDICES

Appendix 1 Code Black Response Team Flow Chart

Appendix 2 Code Black Team Training Requirements

REFERENCES

FEEDBACK

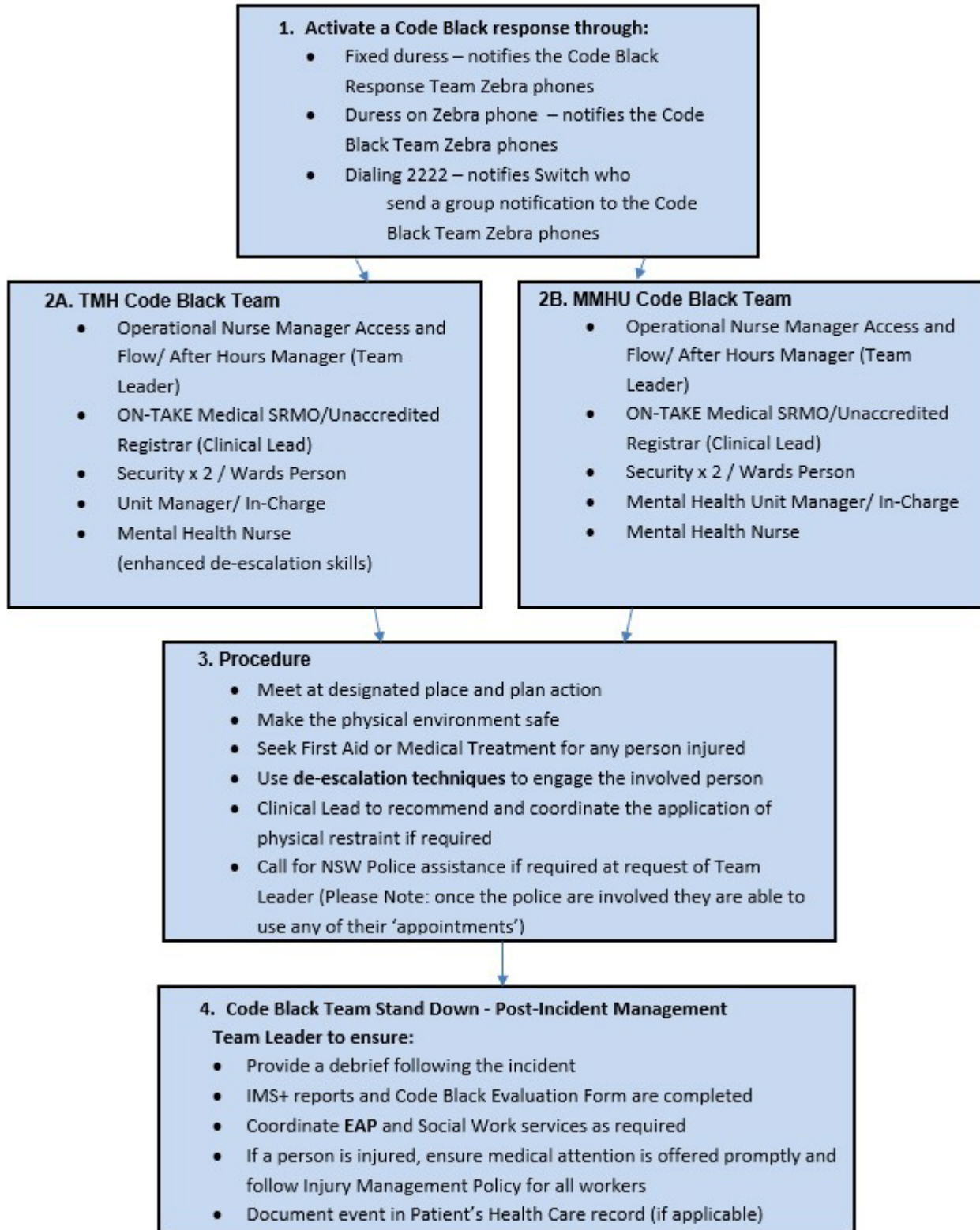
Any feedback on this document should be sent to the Contact Officer listed on the front page.

Appendix 1 Code Black Response Team Flow Chart

TMH Code Black Response Flow Chart



CHECK the Daily Medical Allocation for the ON-TAKE SRMO/ Unaccredited Registrar in the event you need to dial directly



Appendix 2 Code Black Team Training Requirements

Training requirements meet or exceed PD 2017_043 Violence Prevention and Management Training Framework Staff need to access training according to their workplace not their role.			Category 1	Category 2	Category 3	Category 4	Medical	Physically Limited Staff
			At risk of workplace violence e.g.	Working in high risk areas e.g.	Potentially involved in restraint e.g.	Supervise Categories 1, 2 and 3 e.g.		
			Admin	Community	Inpatients	Managers		
HETI code	Module Description	Duration						
39831935	VPM - Awareness	15-30 minutes	Once only	Once only	Once only	Once only	Once only	Once only
39964553	VPM- Promoting Acceptable Behaviour	15-30 minutes	Once only	Once only	Once only	Once only	Once only	Once only
39964595	VPM – Introduction to Legal and Ethical Issues	15-30 minutes	Once only	Once only	Once only	Once only	Once only	Once only
39990453	VPM for Managers	30 minutes				Once only	Required if also Cat 4	Determination required about level of limitation and ability to function
45793317	Personal Safety Workshop	1 day		Once every 5 years	Once every 5 years	Required if also Cat 2	Required if also Cat 2	
45792110	Team Restraint Workshop	2 days			Once every 5 years	Required if also Cat 3	Required if also Cat 3	
272829787	Managing an incident with de-escalation	2 days	A two day interactive workshop that is recommended for all nursing staff and other clinicians. This course complements Safe Care PMVA but does not include physical restraint training. There is an emphasis on non-physical management of challenging behaviour and violence.					
REFRESHER TRAINING REQUIRED								
All Staff are required to attend regular practice drills in their workplace.								
Category 1			Not required					Depends on workplace category
Category 2				Yearly				
Category 3					Yearly			
Category 4						Not required		
Category 2 and 3 repeat cycle of yearly refreshers and every 5th year do their original workshops								