

# A STEPPED RESPONSE to challenging behaviour by a patient

		WHO DO YOU NEED TO ASSIST WITH THIS SITUATION?	
		Examples of what they can assist you to do	What else you need to know
<b>OBSERVE, ASSESS, DE-ESCALATE, RESPOND TO PATIENTS NEEDS</b>  Do you need to evacuate the area?       Do you need to withdraw or retreat?	<b>1</b> Ask a more senior team member	Communicate with the patient and initiate de-escalation. Review the patient for possible causes, triggers of challenging behaviour. Review the care plan. Suggest actions to take.	Discuss how this will happen in your team, so that senior workers can facilitate learning and skill building among less experienced workers, and build confidence in handling difficult situations.
	<b>2</b> Call a team huddle	Alert the team, include information in handover. Make a shared plan for a quick response if required.	Quick team meetings to make and share a plan for a quick coordinated response if the situation intensifies.
	<b>3</b> Request medical officer or senior clinician review of patient	Medical review and / or multidisciplinary review. Review the care plan. Review the RDR chart. Commence new treatment or management, and monitor	Changes to behavior can be early signs of physical or mental state deterioration, or inadequate management of symptoms.
	<b>4</b> Call for security assist (non-urgent, planned assistance)	Security Officer(s) attend, and are on standby in case, for example for a tense family meeting. Attend to assist with routine release/removal of restraint for personal care. Assist with de-escalation, monitoring, and physical assistance if required. As authorised officer enforcing Hospital by-laws, Security officers may ask a non-patient to leave the premises, (if not requiring medical attention). They can also conduct searches for weapons or prohibited substances.	Security officers (guards) who are authorised can also prohibit return of non-patients for up to 24 hours (refer to hospital by-laws). NB It is better to have rapid attendance if required, and this may prevent further escalation.
	<b>5</b> Activate duress alarm (urgent) (Code Black)	Security Officers attend urgently. SAPOL attendance (Regional LHNs).	There are local arrangements for the use of duress alarms and the response when they are activated. E.g. SA Ambulance Service (SAAS) code 51
	<b>6</b> Call Code Black	The Emergency Response Team (ERT) will respond and attend very quickly to restore safety and reduce the level of risk through: <ul style="list-style-type: none"> <li>&gt; de-escalation, and suggest additional strategies for the home team to use</li> <li>&gt; assess and provide additional treatment</li> <li>&gt; review care plan and provide advice for future management</li> <li>&gt; provide authorisation for use of restrictive practices, including legal orders, as required.</li> </ul> They may in turn escalate to SA Police or other agencies as indicated. Regional LHNs use ERT or similar.	An ideal ERT is 4 to 6 people, with at least one clinical lead. For example, medical, nursing and security. Workers need to be aware of how to work with the team when they arrive – what information and/or handover they need from the home team, what everyone’s roles are, and which clinician is leading or coordinating.
	<b>7</b> Call SA Police (Code Black)	In emergency – SA Police will attend and take action as appropriate to ensure safety, when other responses are unsuccessful and the situation is high risk. After alleged criminal activity - SA Police may be required to attend to gather evidence.	Who takes responsibility for this at your site? Where and how to withdraw. How to assist other people to evacuate the area. How to secure the area. How and when to secure or preserve any evidence(preserve the scene) How to seek support post an incident How to pursue legal action against alleged offenders, if you wish.