Pediatric Code White

A Patient Safety Story
CFMHN(C) Conference
October 27, 2011

TEGH

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Clinical Case Summary

Four year old child and mother brought into the Emergency Department by Police and EMS

- Child arrived lying on a stretcher being physically held down by EMS staff accompanied by 3 police Constables; police requesting restraints

"In the Moment"

- Security staff bring restraints prior to child being assessed by MD
- MD assesses child shortly after arrival to ER and child was placed in 5 point restraints
- Child transferred to isolation room
- Received IM medication and restraints reduced to 4 point
- "Everyone demanding restraints"
- "Couldn't handle him…Unprepared"

Child and Adolescent Crisis Worker

Arrived on scene with child being placed in restraints

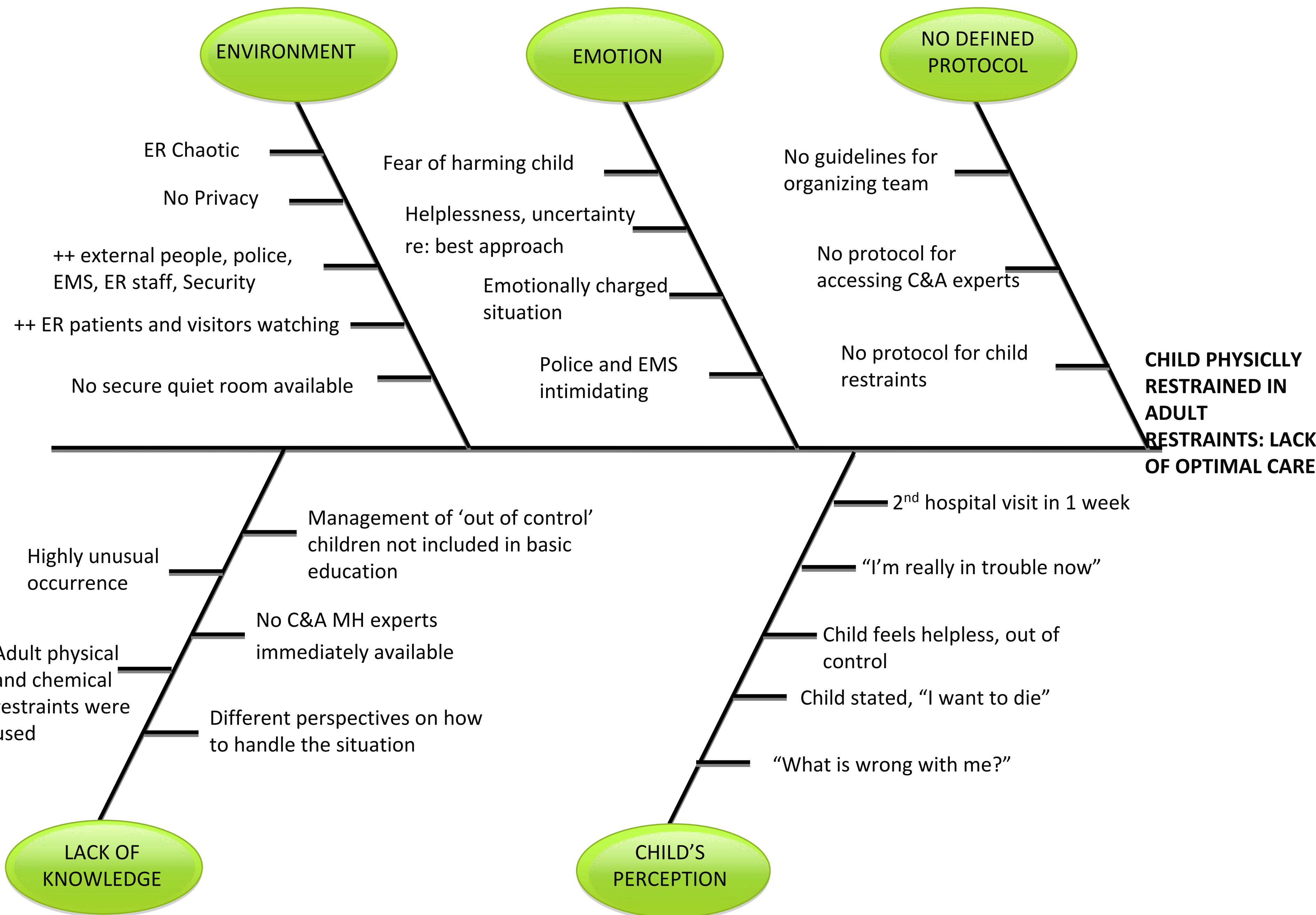
- Mother present, feeling no one taking her seriously
  - Seems to be triggering child
- Chaotic scene, a lot of staff
  - Removed restraints
  - Decreased stimulation
  - Distraction techniques used

Incident Debriefing

Interviewed ER Physician, Nurses, Crisis Worker, and Security involved in incident

- All staff very upset by experience
- Staff felt they were thrown into the fury and "drawn into it"
- ER nursing staff and security staff all stated they felt they had never received training for these types of situations.

ER INCIDENT NOVEMBER 2009



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Recommendations

Emotion

- Need for everyone to recognize that this is an emotionally charged situation and immediately need to get some control
- Use ER supervisors or Charge Nurse to help de-escalate the situation

Recommendations (2)

Environment

- Limit number of people going in and out of the room
- Security to provide crowd control
- Isolation/Safe room needs to be made available for paediatric situations

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Recommendations (3)

Child's Perception

- Treat the child as a child
- Attend to developmental level
- This was the 2nd hospital visit in a week

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Recommendations (4)

No Defined Protocol

- Explore need for a “Code White: Pediatric” Policy
- Assign a Hospital Team Lead for Code (not EMS/Police)
- Assign “Point Person” for family
- Security to provide crowd control
- Clarify process to access C & A psychiatry when crisis occurs

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Recommendation (5)

Lack of Knowledge

- Dedicate a joint ER/C & A Rounds to this topic
- Add paediatric education to ‘safe management program’ for ER, Security and C & A staff
- Develop a Mandatory Pediatric Code White Protocol
- Hold ‘Mock pediatric code white’

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Next Steps:

Emergency Education Rounds Held

- Review situation
- Initial differential diagnosis
  - Immediate intervention
  - Role of Guardian and Consent
  - Role of Form 1
  - Medication Options
- Resolution

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No Defined Protocol

Develop pediatric guideline:

- Inter-professional team to develop pediatric guidelines (clinical and security staff)
- Research other facilities
- Literature search
- Review community agencies using protocols to manage behaviours

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Development of a Pediatric Code White Policy:

- **General Guidelines for Maintaining Safety for all**
- **Defined Levels of Interventions According to Behaviours**
- **Delineated Roles and Responsibilities for Staff Members**
- **Care of the Family**

Pediatric Code White:

Attempt to De-escalate:

- Level 1 intervention:
  - Non-restrictive Interventions encourage behavioural self control while preserving safety
- Level 2 intervention:
  - Restrictive interventions that support adaptive behaviour and respond to the greater threat of safety to patient or others, or damage to property

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Pediatric Code White Continued:

- Level 3 intervention:
  - Most restrictive intervention with most external control over an individual's behaviour with greatest limitation to autonomy
  - Used to ensure safety of patient and others when less restrictive measures unsuccessful
  - All require intense monitoring and supervision

Imminent Risk of Harm to Self or Others :

- Escalating use of restraint; i.e. decrease stimulation ➔ room containment ➔ medication ➔ physical or mechanical restraint techniques
  - Open Airway
  - Minimize use of prone position
  - Two point versus 4 point restraint
  - Q 15 minute vital signs, range of motion
  - Monitor physical, psychological, and comfort status
  - As brief as possible
- Debrief family and child

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Work Place Violence Prevention

- Safe Management Group 1-2-3 Training Program is structured around principles of :

Prevention

Preventing
crisis from occurring

Intervention

If a crisis does
occur, how can it best be managed to ensure safety

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Course Overview

Crisis Prevention Strategies

- Prevention methods are intended to reduce the possibility of a violent incident in the workplace
- Intervention Techniques involve both managing aggression (de-escalation) and physical techniques

Mandatory training for Staff:

Children's Physical Intervention Techniques

by Safe Management Group

When to use Child Techniques:

- **Use of Child techniques is determined by height, regardless of age**
- **Child's head must not be above staff's belly button**
- **Used when a child's extended arm in front falls between staff's elbow's crease and wrist**

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Physical Intervention Pre-requisites

Pre-requisites for Safe Implementation:

Maintaining Safety and Appropriateness

- Awareness of differences in physical size and strength
- Appropriate Strength – using rotation of wrist to generate torques vs using biceps to generate a blocking response

Adequate Monitoring and Feedback

Consistent and Regular practice

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Physical Techniques

Protective Position A:

- **Is designed for redirecting an attack in a straight line**
- **Arm should be on a 45 degree angle out in front of staff’s body and directly above the leg**
- **Hand is open, with fingers being held together in a cupped orientation**
- **Foot stance remains the same as for adult**
- **One foot forward turned in slightly, back foot up on toes**

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Position A:

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Physical Techniques

Protective Position B:

- Designed for when a client escalates quickly and unpredictably
- Both arms should be on 45 degree angle out from the body
- If the child does strike , they will likely strike your hands
- Fingers should be together and cupped

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Position B:

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Physical Techniques

Protective Position C:

- This is for the child that cannot be redirected or makes repeated attacks
- This position will be the base from which the child will be lowered to side or the other
- Both hands are extended toward the child and adjusted to the child's attack

Pre-requisites for Physical Techniques

7 Pre-requisites for Maintaining Effective Protective Positions:

1. Stay outside the child's personal space
2. Stand erect, shoulders back and head up
3. Ensure you can see the child at any given time
4. Keep moving all the time
5. Stay relaxed as possible
6. Anticipate the child's actions
7. Allow child to have access to exit routes

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Physical Techniques

Managing Strikes:

- Movement away from the strike is always the preferred action
- Using the Protective Position A
- Key – Hand is open, not a closed fist
- Extended hand comes into contact with the child’s forearm
- Use of “Pivoting Step”

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Physical Techniques

<u>Managing an Attacking Child:</u>

- Use stance to protect self
- If child drops to the ground – assist with laying the child on their side, then let go of the arms
- Contain the child in an approved hold

Managing an Attacking child:

EXIT

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Physical Techniques

<u>Containment and Positioning</u>:

- To secure a struggling child – ensure one arm is over the other
- Staff need to pull backwards firmly to prevent the child from slipping thought the hold
- Key: Child's upper body is always in a" No air" position
- Staff to keep a wide base for stable containment

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Physical Techniques

<u>Seated Basket Hold</u>

- Is used when the child chooses to drop to the floor
- Staff assist with lowering by sliding the child down the leg that they are compressed against
- Key: Ensure staff’s knee is not in the child's’ back
- Then hold until calm

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Physical Techniques

How to Manage:

- Managing Wrist Grabs
- Clothing Grab
- Managing Bites
- Managing Kicks

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Summary

Managing Aggressive / Violent Children:

- Educate your staff
- Follow the Code White Procedure for Pediatrics
- Follow Children's Physical Intervention Techniques outlined by Safe Management Group
- Follow the directions for de-escalation and least restraint measures as per hospital Policy and Bill 168

Work Place Safety

Toronto East General Hospital has been committed to providing a safe workplace through the implementation of the Safe Management Group, Workplace Violence Prevention Program.

For more information:

Contact Christa Longdon, RN, BScN

Karin Doan, RN, MScN, CPMHN(c)

Toronto East General Hospital

825 Coxwell Ave.

Toronto, Ontario M4C 3E7

Tel: (416) 469-6580 , ext. 3302 or 6583

www.tegh.on.ca

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we care.