Children’s Hospital and Health System
Patient Care Policy and Procedure

This policy applies to the following entity(s):
☒ Children’s Hospital and Health System

SUBJECT: Behavioral Outbursts

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POLICY

Children's Wisconsin may accept any patient for hospitalization, outpatient treatment, clients for out of home care, and community based social services who have a mental and behavioral health support need. While the child’s treatment and service needs are being addressed, an assessment of their behavioral health support needs will be completed. Interventions will be implemented to promote the patient’s safety and coping during treatment or service delivery. Behavioral interventions are always the primary intervention. A child should not be medicated unless it is clear that patient or staff safety is at risk.

A disruptive behavioral outburst may present in various ways. This may be a new behavior pattern or reflective of a past/chronic diagnosis. It is important that there is early recognition/detection of behavioral issues. Providers should communicate and use appropriate judgment to assess patient risk. Patients/clients at risk for behavioral outbursts may include:

1. A patient/client who is felt to be potentially harmful to themselves or others by any clinician
2. A patient/client with a prior history of violence or disruptive behavior
3. A patient/client with a developmental/behavioral disorder or history such as psychosis, autism spectrum disorder, traumatic brain injury (TBI), or cognitive disability
4. Parent report of patient/client physical aggression towards others, frequent/unmanageable tantrums, other outbursts or self-destructive behaviors
5. History of physical or emotional trauma

6. Medication reconciliation includes typical medications for behavior issues being administered (e.g. Clonidine, Risperidone, Guanfacine, Ziprasidone, Lithium, Valproic Acid, Aripriprazole, Quetiapine)
7. Observation of outbursts
8. A patient/family member or visitor felt to be a potential risk to others due to suspected drug or alcohol ingestion

The Behavioral Assessment Team "BAT" and Public Safety will be notified whenever there is an anticipated concern of disruptive or violent behavior, or a suggestion of threat (Milwaukee campus only). This must be reported to Public Safety, or Law Enforcement for community based locations. Refer to the Safety Policy, Workplace Violence. Staff in Fox Valley should contact ThedaCare Security Services for the immediate response to behavioral escalation. Additionally, for a non-emergent situation, a Public Safety Risk Assessment can be ordered in the electronic health record (EHR) by any provider (independent nursing order or MD/PA/NP).

If the patient needs to be transferred to another facility due to a behavioral health issue the following information should be reviewed:

1. If the patient is in the Milwaukee Campus Emergency Department Trauma Center (EDTC), refer to the Patient Care Policy and Procedure (P&P), Emergency Medical Treatment and Active Labor Act ("EMTALA"), or Discharge of a Patient from the Hospital, EDTC, or Day Surgery.
2. If the patient is in the community, staff are expected to consult local emergency services such as a crisis mental health program or law enforcement to determine if an assessment can be done at the person's present location and/or the safest means for transporting them to an appropriate facility.

PROCEDURE

General

Staff must:

1. Take appropriate actions to maintain a safe environment for themselves while assuring a safe environment for the patient/client during an outburst.
2. Have knowledge of available resources.

I. EDTC

A. Nursing Responsibilities

When an agitated patient is cared for in the EDTC, the following is recommended:

1. Place patient near the nurse's station whenever possible.
2. Contact Public Safety for a Security Risk Assessment.
3. Provide nurse to nurse handoff including:
    a. Utilize process of Handoff of Patient Care P&P
    b. Triggers or events surrounding the outburst
    c. Description of the outburst

   d. Interventions that help calm the patient (parents and caregivers can provide valuable information)

If the patient is being hospitalized:

1. Notify Public Safety that the patient is being hospitalized.
2. A nurse or care partner, in addition to a second person (ambassador, Public Safety, etc.) must accompany the patient to the unit.
3. Consider consultation with BAT team for crisis prevention strategies and behavior planning upon transfer
4. Provide nurse-to-nurse hand-off report including:
   a. Use of Handoff of Patient Care P&P
   b. Triggers or events surrounding the outburst
   c. Description of the outburst
   d. Interventions that help calm the child (parents and caregivers can provide valuable information)

Contact patient care manager (PCM) on call/ or bed manager if assistance is needed to expedite transfer.

B. Public Safety Responsibilities:

1. Refer to Security Risk Assessment P&P

C. EDTC Provider Responsibilities:

1. Use "Behavioral Outbursts (EDTC)" order set in the EHR, which includes orders specific to managing behavioral issues
2. Consider consulting Psychiatry
3. When calling the transfer of care report to the appropriate admitting service/resident, include information about any outbursts

II. HOSPITAL UNIT (Milwaukee and Fox Valley Campuses)

Note: ThedaCare Regional Medical Center-Neenah Security will be notified whenever there is an immediate concern of disruptive or violent behavior at the Fox Valley Campus. Staff in Fox Valley should contact ThedaCare Security Services for the immediate response to behavioral escalation. The bedside nurse or designee will notify Public Safety **on the Milwaukee Campus for ongoing awareness by calling (414) 266-2552.**

A. Hospital Admitting Provider Responsibilities:

1. Consider use of "Medically Stable Mental and Behavioral Health Admission Orders" if patient is admitted to the Milwaukee campus as medically stable awaiting placement for inpatient psychiatric treatment
2. If an assessment is made that restraints are necessary, refer to the Patient Care P&P, Restraints --Use of.
3. EDTC Provider communicates with admitting provider to reduce delay in care from the initial hospitalization to the hospital unit.

4. Behavioral/psychiatric plan orders can be entered into the EHR using the Behavioral Outbursts-Inpatient order set in Milwaukee.
5. If the patient has developed behavioral challenges during the hospitalization, in addition to the standard medical orders that may be initiated for the patient, additional orders are recommended to increase the safety profile of the patient and staff during hospitalization and may include:
   a. Psychiatry or Psychology consult
   b. Occupational therapy consult for sensory assessment
   c. Child Life and/or Creative Arts Therapies consults
   d. Security Risk Assessment
   e. Behavioral Assessment Team
   a. <u>Medication management considerations</u>: Medicating a child for solely behavioral reasons may be considered a chemical restraint and should only be done in consultation with the psychiatrist on call. Medication recommendations are located in the Behavioral Outbursts – Inpatient order set (Milwaukee campus only)
6. Discuss patient's behavioral challenges with parent/guardian. Ask parent/guardian to provide information on approaches that tend to be useful with patient (communication style, transitions, de-escalation, triggers, etc.).
7. When the patient no longer requires medical or surgical care, and if the behavioral health issues continue, the attending provider should consult Social work and Case Management for assistance determining appropriate placement or discharge with arrangements for continuing mental health services.

B. Hospital Nursing/Clinic Staff Responsibilities:

1. Perform an assessment of the patient's behavioral health needs. (Refer to the Patient Care P&P, Assessment, Reassessment, Documentation of a Patient – CW).
   a. The nurse will:
      i. Discuss patient's behavioral difficulties with parent/guardian. Ask parent/guardian to provide information on approaches that tend to be useful with patient (communication style, transitions, de-escalation, triggers, etc.)
      ii. If hospitalized in Milwaukee, consider entering the Risk for Behavioral Outbursts Care Plan. The nurse should review the interventions and individualize anywhere specific information has been obtained regarding the patient's behavior, specific triggers, or de-escalation strategies. If hospitalized at Fox Valley, consider use of Violence Self/Other Directed Care Plan.
      iii. Discuss behavioral care plan with parent/guardian and ensure that they understand/agree with interventions.
      iv. Contact the provider if parent/guardians disagree with any interventions.
      v. When possible, avoid invasive procedures until a specific plan of care has been agreed-upon by the medical team, BAT team, and Public Safety with consideration for patient and staff safety.
      vi. If restraints have been ordered for the child, review the restraint procedures with the parent/guardian.
   b. Consider consulting:

i. Behavioral Assessment Team for Milwaukee campus
ii. Public Safety for a Security Risk Assessment if not already consulted in the EDTC at Milwaukee campusSocial Work
iii. Creative Arts Therapy/Child Life

2. If the patient is a risk to self or others: Refer to the site specific Patient Care P&Ps addressing risk for suicide and/or Restraints-Use of.
3. When disruptive behavior or ineffective coping is exhibited, notify the provider and consider calling a Behavioral Huddle if the patient is hospitalized at the Milwaukee campus.
4. Monitor patient safety including assessing the need for environmental modifications such as an enclosure bed, location of the patient's room, number of staff in the room at one time, etc.

III. All Clinics (Including Primary Care, Urgent Care, and Surgicenter) Except Those on the Milwaukee and Fox Valley Campuses

1. For patients with chronic behavioral issues who receive ongoing care in the clinic setting, communication of successful strategies that lessen behavioral outbursts should be documented in a progress note and referenced in an FYI and Security Risk Assessment.
2. If the patient is known to have behavioral difficulties, consider the following prior to a scheduled visit if possible:
   a. Discuss the need for a longer appointment time to allow for breaks
   b. Communicate with the parent/caregiver/family member if the patient has a specific behavioral plan that they follow routinely
   c. Discuss the need for the presence of a support person, distraction item, or the need to decrease waiting time
   d. Discuss the need for additional staff
3. If any significant warning signs are present, support appropriate coping mechanisms such as:
   a. Discuss patient's behavioral difficulties with parent/guardian
   b. Ask parent/guardian to provide information on approaches that tend to be useful with patient (communication style, transitions, de-escalation, triggers)
4. When possible, avoid invasive procedures until a specific plan of care has been created. If patient behaviors are escalating and the patient becomes a risk to self or others:
   a. Consider calling 911 for immediate needs
   b. Call Public Safety for Security Risk Assessment
   c. Communication among the clinical team should occur on the need to expedite or cancel diagnostic assessment
   d. Inform appropriate disciplines, e.g., Social Work and/or Patient Relations and request support as necessary
   e. If the patient is a risk to self or others: Refer to the Patient Care P&P: Suicide Risk Assessment/Care of the Suicidal/Self-harm or Potentially Suicidal Patient

IV. Community Services Responsibilities

A. Reception Staff Responsibilities

When a visitor or patient becomes agitated in an area accessible to the public, the following is recommended:

1. Keep a safe distance, with a physical barrier between yourself and the agitated person if possible, and then start the verbal de-escalation process using AIDET – (Acknowledge, Introduce, Duration, Explanation, Thank-you) and/or ARCC – (Ask, Request, Concern, and Chain of Command). See Children's Connect for more information.
2. If the person remains agitated, alert at least one other staff bystander of the situation; preferably an onsite leader or Public Safety personnel, when available.
3. Communicate the person's agitated state to whomever they are there to see before that person makes in person contact with them; direct practice staff and/or leaders, then assume responsibility for determining if or when the person is safe to enter a secure service area.
4. If the agitated person at any time presents an immediate danger to themselves or others, call 911 for emergency assistance and put the area on lock down, if possible and beneficial to containing the situation.
5. When it is safe to do so, document the incident and inform your leader, Community Services' Safety Manager and the Community Services Public Safety Manager and Team by entering a report in the safety event reporting system.

B. Direct Practice Staff Responsibilities

When a patient becomes agitated at a CW service location, public place or private residence, the following is recommended:

1. Assess the person's potential for physical aggression; consider any known mental health diagnoses, pattern of behavior, stated intention, acute stressors such as a disruption in living situation or being required to participate in specific activities or services, etc.
2. Use verbal de-escalation techniques to support the person in returning to a cooperative state, if possible.
3. If the person still remains agitated or continues to escalate, consider the risk and benefit of potential responses; for example, allowing a parent to have their scheduled visit with their child may be safer than enforcing strict time limits when in an environment that leaves staff and children especially vulnerable to verbal and/or physical aggression.
4. Whether services are being provided on a voluntary or court ordered basis, staff have the right to terminate any contact with an adult patient if necessary to ensure staff and/or child safety.
5. If the agitated person at any time presents an immediate danger to themselves or others, call 911 for emergency assistance, physically distance yourself from any potential danger, and engage bystanders if possible and beneficial to containing the situation.

6. In the event an agitated person escalates to physical aggression toward a staff person, staff are permitted to use any means necessary to physically protect themselves.
7. If a staff person's attempt to take physical custody of or transport a child contributes to an agitated person's escalation AND proceeding with that course of action is judged to expose the child to greater risk of harm, staff may need to leave the immediate area to seek assistance with safely retrieving the child. When it is safe to do so, document the incident and inform your leader, Community Services' Safety Manager and the Community Services Public Safety Manager and Team by entering a report in the safety event reporting system.
8. Any CW employee may request a Safety Huddle and/or a Risk Assessment and Safety Plan at any time; or, safety staff may reach out to assigned staff in response to patient/client and/or staff safety event reports.
9. Staff may not be permitted to terminate contact with an agitated child or minor who is on an order of protection and services, such as when they are recovered from a missing episode or in need of an out of home care placement. In these circumstances, the following is recommended:
   a. Move the patient/client to a quiet area that separates them from onlookers but still allows at least one or more staff bystanders to provide direct assistance or monitor from a distance, as appropriate for the patient/client in the moment.
   b. Prioritize meeting the patient/client's physical and emotional needs, to support them returning to a cooperative state, over treatment goals anytime staff and/or child safety is in question.
   c. When an agitated child must be transported, use a vehicle that minimizes opportunities for the child to throw or damage property, designate one staff person to drive and at least one staff person to actively monitor the child and exercise creative problem solving; for example, a teen who needs to be picked up from a police station late at night may be appropriate to ride in a taxi staff send for them.

C. Public Safety **Responsibilities**

1. Complete Risk Assessments and Safety Plans on child and adult patients, upon request.
2. Participate in Safety Huddles used to share information and develop case-specific safety strategies for children, caregivers, and staff.
3. At sites with access to a CW Public Safety Officer, actively monitor and engage at the level appropriate for the behavior being displayed; for example, a young child who is having a tantrum may be able to be safely monitored from a short distance whereas an older child who is actively striking at staff is likely to require a hands on response.

D. Leader Responsibilities

1. Round with staff affected by any serious behavioral outburst to determine if they are in need of medical attention or immediate relief from their duties.
2. Be familiar with and encourage appropriate use of staff resources anytime staff are exposed to a behavioral outburst that jeopardize their physical or psychological safety. See Children's Connect staff resources for more information.

References:

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Related Hospital Policies and Procedures:

Community Services-- Behavior Support and Management
Patient Care -- Assessment, Reassessment, Documentation of a Patient
Patient Care -- Consent for Treatment
Patient Care -- Emergency Detention
Patient Care -- Fall Prevention
Patient Care -- Restraints - Use Of
Patient Care -- Rights and Responsibilities
Patient Care -- Security Risk
Patient Care -- Suicide Prevention: Screening, Assessment and Precautions Patient Care—Suicide Risk Assessment/ Care of the Suicidal/Potentially Suicidal Patient- FV
Safety -- Workplace Violence Prevention

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