

Justice Health NSW Procedure

Code Black (Psychiatric Emergency, Armed Hold-up, Hostage) – Management

Issue Date: April 2023



Code Black (Psychiatric Emergency, Armed Hold-up, Hostage) – Management

Procedure Number 9.020

Procedure Function Safe Practice and Environment

Issue Date April 2023

Next Review Date April 2026

Risk Rating

Summary A Code Black emergency can be related to any personal threat. This may include a psychiatric emergency (an acute disturbance of a patient's behaviour which results in a significant risk of aggression and/or violence including harm to self or others), confrontation with an armed or unarmed person, assault, armed hold-up and hostage type situations. The Network considers violence to be any incident where a person is abused, threatened or assaulted in circumstances arising out of, or in the course of their work. Violence is actual, attempted or threatened harm to another person that is deliberate and non-consenting

Responsible Officer Director of Nursing and Services, The Forensic Hospital

Applies to Administration Centres
 Community Sites and programs
 Health Centres - Adult Correctional Centres or Police Cells
 Health Centres - Youth Justice Centres
 Long Bay Hospital
 Forensic Hospital

Other:

CM Reference PROJH/9020

Change summary

- Formatted into new template,
- Minor adjustments made and updating of hyperlinks
- Change use of the word “workers” in document to “staff” for better overall flow

Authorised by Forensic Hospital Policies and Procedures Committee

Revision History

#	Issue Date	Number and Name	Change Summary
1	June 2019	DG70668/21	
2	April 2023	DG53945/22	DG54498/22

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Printed copies of this document, or parts thereof, must not be relied on as a current reference document.
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2. Preface

A Code Black emergency can be related to any personal threat. This may include a psychiatric emergency (an acute disturbance of a patient's behaviour which results in a significant risk of aggression and/or violence including harm to self or others), confrontation with an armed or unarmed person, assault, armed hold-up and hostage type situations. Justice Health NSW considers violence to be any incident where a person is abused, threatened or assaulted in circumstances arising out of, or in the course of their work. Violence is actual, attempted or threatened harm to another person that is deliberate and non-consenting.

The Forensic Hospital (FH) uses a system of emergency levels (1-5) to convey to staff the alert status of the hospital at any particular time. The levels indicate the required response and management of any emergency situation, including prevention, monitoring and surveillance.

For a full description of Emergency Levels in the Forensic Hospital refer to [Policy 5.017](#) Management of Emergencies – Forensic Hospital.

In the event of a Code Black, the Nurse in Charge (NiC) of the unit is responsible for coordinating the immediate management of the incident, and is referred to as the Code Black coordinator for the purpose of this procedure. The Local Incident Controller (LIC) - Deputy Director of Nursing (DDON) / After Hours Nurse Manager (AHNM), and/or Deputy LIC and/or Nurse Unit Manager (NUM) and Manager Security and Fire Safety (MSFS) may assist or assume this coordination where required.

The most immediate response to any incident within the FH will always be provided by clinical staff closest to the incident. However, all clinical staff in the Forensic Hospital have a responsibility to respond to and assist in the management of an incident if it is safe to leave current tasks or responsibilities, regardless of assignment to the Emergency Response Team (ERT). Roles in a Code Black are not exclusive to Violence Prevention and Management (VPM) and Mechanical Restraint (MR) techniques. Supporting the ward through tasks such as retrieving equipment, providing activities for patients, supporting mealtimes and relieving ward staff may be requested by the Code Black coordinator or the LIC.

In the event where there is reduced staffing on the unit due to an ERT response to another area, staff should risk assess scheduled activities and engagement with patients to minimise any adverse risk to staff. Engagement with patients must be with a least two staff, otherwise staff may be required to remain in the staff station until staffing has been resolved. Staff are able to request other disciplines to assist in these instances (Allied Health or Medical Team). Any decrease in service/care provision should be documented in the shift report and the patient Mental Health observation and engagement level chart to identify a rationale and any interventions/observations which had to be cancelled/delayed.

3. Procedure Content

3.1 Responding to Code Black Emergencies

3.1.1 Where a patient's behaviour is escalating, the Code Black coordinator must ensure the following occurs wherever possible:

- Keep other staff and patients safe
- Complete a safety huddle
- Allocate tasks
- Ensure there are enough staff to manage the incident
- Allocate one person to lead the communication and direct responses with the patient
- Refer to the Forensic Hospital Emergency Procedures Flip Chart – Code Black

3.1.2 Clinical staff must consider and implement appropriate de-escalation strategies when engaging with a patient, this may include but is not limited to:

- Actively listening to the patient
- Trying to understand the patients expectations and acknowledging their feelings
- Communicate back to them what you understand clearly and concisely
- Maintain intermittent eye contact
- Encourage the patient to re-focus on solving the problem
- Help negotiate a solution
- Ensure the patients personal space, whilst maintaining your safe zone
- Offer choices and optimism
- Offer PRN medication
- Offer sensory modulation
- Offer diversional activities
- Always complete what you have agreed to do

3.2 Use of the ERT in Managing Code Black Emergencies

3.2.1 Where a patient's behaviour is escalating and de-escalation strategies have been unsuccessful the ERT may be requested to respond via the duress system. The ERT responder must:

- Attend the location of an incident immediately:
 - For Unit based incidents this is the Staff Station
 - For Recreation Building incidents this is the Recreation Building entry foyer
 - For the centralised group area incidents this is the grassed area outside this area
 - For incidents that occur on the perimeter staff must respond to the perimeter location highlighted on the emergency pager
- Ensure they assess the scene for imminent dangers to self and others prior to entering any area (e.g. making sure the patient does not have a weapon). If required the LIC will contact emergency services for assistance (see point 4)
- Identify themselves as an ERT responder to the LIC or a unit based staff member who is coordinating the incident
- Try to obtain a briefing of the incident and complete any delegated tasks allocated by the Code Black coordinator/LIC
 - Where this is not possible (i.e. during an active incident) staff must render immediate assistance as directed by the Code Black coordinator/LIC
 - Where staff members are unable to perform their delegated task or they believe the request may place themselves or others in danger, they must raise these concerns immediately for discussion and resolution
- Take an active role in the incident response and provide any intervention that is necessary and reasonable in the circumstance as directed by the Code Black coordinator/LIC
- Report back to the same person when delegated tasks are completed
- The Code Black coordinator/LIC must consider returning ERT staff to their units as soon as is reasonably practicable. When returning ERT staff, Elouera and Austinmer Adolescent staff should be prioritised.

3.2.2 Staff may be required to complete tasks, including but not limited to:

- Applying VPM techniques
- Applying MR techniques
- Management/monitoring the physical health of relevant patient(s)

- Administration of medication as per the Network Medication Guidelines and Policy [1.441](#) Acute Sedation – Forensic Hospital and Long Bay Hospital Mental Health Unit
- Crowd control and asking patients to return to their room or escorting patients to a designated area/evacuation point
- Documentation of a time line of the incident
- Observation of patients who are not involved in the incident
- Management of the environment to ensure all environmental risks are removed or managed
- Checking the seclusion room(s) are ready for use
- Completion of relevant documentation (i.e. Restraint Register and Seclusion Register)
- Completion of patient and staff counts
- Completion of environmental, bedroom and/or personal/ordinary searches
- Retrieval of patients and/or staff from the FH grounds
- Ensure personal protective equipment is available and worn by staff as required
- Liaison with senior staff members including the treating psychiatrist / psychiatrist on-call as appropriate
- Liaison with external agencies, including for support and guidance around physical complications (e.g. ROAMS primary care, Prince of Wales Emergency Department, Emergency services)

3.3 Post incident

3.3.1 Where Code Black emergency has occurred, the LIC or delegate must ensure the following occurs post incident:

- Ensure a staff incident debrief is completed as per [Procedure 6.099](#) Incident Debrief
- Ensure the patient is reviewed by the Psychiatric Registrar or Consultant Psychiatrist
- Ensure the incident is documented in the patient's progress notes using the 5W documentation methodology
- Ensure the patient's TPRIM is reviewed and updated as required
- Ensure an ims+ is complete
- Ensure the incident is documented in the *End of Shift Report* and referred to during clinical handover processes – inclusive of any restrictive practices used or any injuries
- Ensure the patient's Designated Carer and/or Principal Care Provider is informed of the incident.
- Any staff injuries are to be managed as per "[Procedure 8.007](#) Injury or illness – Management and mandatory reporting"
- The incident should be discussed at the next Daily Safety Huddle

3.3.2 Including the actions above (3.1), the following should occur in case of an armed hold up or hostage situation immediately after:

- Calling emergency services – as soon as it is safe to do so and if necessary an ambulance using the emergency number 0-000 (outside call)
- Contacting G4S Security Control Room [REDACTED]
- Providing first aid to injured or traumatised staff and members of the public
- Assisting the police – staff should be given guidance on what they can expect from contact with police after the incident e.g. leaving evidence undisturbed and reporting what and who they observed
- Contacting victims' families and other staff
- Providing and encouraging counselling for staff involved and staff affected by the incident e.g. colleagues of the victims
- Providing debriefings to staff to share information about the incident
- Reviewing risk assessments and control measures

- It may also be necessary to notify the regulator following a robbery or armed hold-up if a death, serious injury or illness occurs. Section 38 the WHS Act 2011 has details on what incidents must be notified. Section 39 of the WHS Act 2011 includes requirements for leaving evidence undisturbed. Further information is available in the [Procedure 6.099](#) Incident Debrief

3.4 NSW Police Force Assistance

- 3.4.1 The Local Incident Controller or delegate must not hesitate to contact NSW Police Force (NSWPF) via '0-000' (outside call) to request immediate assistance when internal resources have been exhausted to safely manage the incident or the situation poses an immediate risk to life or severe threat(s) of violence to persons in the environment.
- 3.4.2 All major incidents / emergencies must be communicated to G4S Security Control Room via [REDACTED] The LIC or delegate must notify G4S Security about emergency and NSWPF impending attendance.
- 3.4.3 Escalation of the situation must be completed by the LIC or delegate.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Related documents

Legislations	<i>Nil</i>
Justice Health NSW Policies, Guidelines and Procedures	Policy 1.078 Care Coordination, Risk Assessment, Planning & Review Policy 5.005 Alarm, Pager & Two-Way Radio Use and Management – Forensic Hospital Policy 5.107 Management of Emergencies – Forensic Hospital Procedure 6.100 Clinical Risk Assessment and Management (CRAM) Procedure 9.010 Fixed-Point Duress Alarm Testing & ERT Pagers Audit Procedure 9.015 Searches Procedure 6.068 Mechanical Restraint Procedure 6.088 Seclusion and Restraint Process Procedure 8.007 Injury or illness – Management and mandatory reporting Procedure 6.099 Incident Debrief

Justice Health NSW
Forms

NSW Health Policy
Directives and Guidelines

[PD2015_001](#) *Preventing and Managing Violence in the NSW Health Workplace - A Zero Tolerance Approach*

NSW Health [Protecting People and Property](#)

Other documents and
resources

Forensic Hospital Emergency Procedures Flip Chart

Forensic Hospital [Incident Escalation to Senior Managers and Justice Health NSW Executive](#)