



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

CRISIS INTERVENTION TEAM

Effective Date: July 21, 2014

Policy #: TX-18

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I. PURPOSE:

- A. To ensure that patient and staff safety is maintained to the greatest extent possible when intervening with a patient who is demonstrating physical aggression or threatening physical aggression.
- B. To provide guidelines for utilizing a team approach to crisis intervention that will provide protection for both patients and staff and maintain therapeutic relationships to the greatest extent possible.

II. POLICY:

- A. Montana State Hospital (MSH) utilizes a model of intervention that treats people with dignity and respect and uses a system of gradual and graded alternatives for de-escalating and supporting people in behavioral crisis.
- B. MSH will provide training to staff in crisis intervention processes that use a combination of interpersonal communication skills and physical interaction techniques designed to support the patient's involvement in therapy and reduce the risk of physical and emotional injury to all parties to the greatest extent possible.
- C. Whenever a physical hold, restraint or seclusion is initiated, the documentation and process outlines in the Use of Seclusion and Restraint Policy must be followed

III. DEFINITIONS:

- A. Crisis Intervention Team (CIT) – Shall consist of members of individual treatment units who are trained in de-escalation. MSH Security Officers are considered permanent members of the Hospital's Crisis Intervention team.
- B. Crisis Response Coordinators - Trained Registered Nurses or Licensed Independent Practitioners (LIP) of individual treatment units.
- C. Verbal Intervention Techniques – May include active listening, setting limits, support techniques and problem solving.

- D. Physical Intervention Techniques – May include supportive holds and or restraint techniques to manage dangerous behavior.
- E. Show of Support – A summons of CIT members, Security Officers and supervisors to a planned patient intervention by use of telephone and paging system.
- F. Code Green – An audible summons of CIT members via the public address system when patient behavior is violent toward staff or hospital property.

IV. RESPONSIBILITIES:

- A. Unit staff – to request assistance from the CIT as needed.
- B. Hospital Operations Specialist (HOS) – to activate the public address system for code green situations and/or dialing units to request a show of support.
- C. Professional staff - to respond to emergencies or requests for assistance on their primary unit unless directly involved with other patients at the time.
- D. Nurse managers/supervisors – ensure unit assignments are written and responders clearly identified on each unit.
- E. Unit Registered Nurse - to manage the crisis by delegating and directing staff not directly involved in the intervention.
- F. Security Officers – All security officers will respond to all calls for code green situations as well as calls for a show of support unless involved with a similar crisis or other emergency.

V. PROCEDURE:

A. GUIDELINES:

1. All interventions shall promote keeping people safe and treating people with dignity and respect.
2. All treatment staff will be trained in crisis response principles and techniques at new staff orientation and annual de-escalation training
3. In all situations, staff members will work to use verbal/non-physical interventions before attempting to use physical interventions. Physical

techniques shall be used only as a last resort, and only after non-physical interventions have proven to be insufficient to ensure the safety of everyone.

4. Staff members shall work as a de-escalating team to bring about a reduction in tension in the patient who is demonstrating physical aggression or threatening physical aggression behaviorally disturbed or disordered.
5. Treatment unit staff maintains responsibility for care of the patient during behavioral crisis.

B. PROCEDURES:

1. At the start of each 8 hour shift, the unit Registered Nurse will designate 2 staff from each unit to respond to a code green or show of support.
2. All planned interventions during a behavioral crisis will be implemented by Unit Staff led by a Crisis Response Coordinator.
3. Unit staff will attempt to secure the safety of the patient through use of verbal techniques and then physical interventions if needed.
4. The trained RN or LIP will assume Crisis Response Coordinator role for all behavioral crisis responses with leadership changed only by clear transfer to another professional responder.
 - a. The Crisis Response Coordinator will assess the situation, nature of the problem, and identify resources needed.
 - b. The Crisis Response Coordinator will communicate with the person in crisis or designate another team member with the best rapport to do so.
 - c. The Crisis Response Coordinator will direct other crisis intervention team members or cue their action.
 - d. When assessed to be needed by the Crisis Response Coordinator, the call for the CIT will be made by unit staff by dialing 7440, the emergency number and either declaring a code green or requesting a show of support. The HOS will summon the CIT members to a code green via the public address system. Security will also be notified via radio. If a show of support is needed, the HOS will notify security and dial the treatment units individually to summon help. In both situations during regular business hours, the HOS will notify the DON, ADON, Program Managers and Nurse Managers via the paging system. During weekends, holidays, afternoon and night shifts the House Supervisor will be notified of all planned interventions as soon as possible.
 - e. The Crisis Response Coordinator will assign a unit staff member to meet the CIT as they arrive on the unit. At the main hospital this will

