COUNTY OF LOS ANGELES **DEPARTMENT OF HEALTH SERVICES**

HARBOR-UCLA MEDICAL CENTER

SUBJECT: CODE GRAY - COMBATIVE PERSON **POLICY NO. 347C**

PURPOSE:
To provide an appropriate response to situations involving an aggressive, hostile, combative or potentially combative persons.

POLICY:
Harbor-UCLA Medical Center will ensure that in the event of an aggressive, combative or abusive behavior that is displayed by a patient, visitor, staff, or any other person on the Harbor-UCLA Medical Center campus, staff are to activate a Code Gray, by contacting the Los Angeles County Sheriff's Department at [redacted], and inform the Sheriff's Dispatch that a "Code Gray" is occurring, the location, and a brief description of the incident.

Any assault or battery that results in an injury to a workforce member, patient, or visitor must be reported immediately to the Sheriff and a Security Incident Report (Attachment I) must be completed and submitted.

Code Gray is to be used in the non-clinical management of disruptive behavior and is distinct from the "Code Gold – Mental Health/Behavioral Response". [Code Gold is a response to violent behavior related to the clinical management of a patient in any patient care area (e.g., Psychiatric Emergency Room, Emergency Room, outpatient clinic, or other nursing unit). The Code Gold manages violent or self-destructive behavior that jeopardizes the physical safety of a patient, workforce member, other individual in the course of the provision of patient care.]

PROCEDURE:

I. Recognizing Early Warning Signs
No single sign alone should cause concern, but a combination of any of the following signs should be cause for concern and action. Workforce members should be alert to the following signs and notify their supervisor if they witness these behaviors in combination.
- Direct or verbal threats of harm
- Intimidation of others by words and/or actions
- Refusal to follow policies
- Hypersensitivity or extreme suspiciousness

EFFECTIVE DATE: 7/15/15 **SUPERSEDES:**
REVISED: 7/18, 6/20
REVIEWED: 7/18, 6/20
REVIEWED COMMITTEE: Environment of Care Committee

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

- Extreme moral righteousness
- Inability to take criticism regarding job performance
- Holding a grudge, especially against a supervisor
- Often verbalizing hopes that something will happen to the other person against whom the individual has a grudge
- Expression of extreme desperation over recent problems
- Intentional disregard for the safety of others
- Destruction of property

II. Code Gray Response

A. Any staff member confronted with or witnessing a combative situation should initiate a Code Gray by calling the Sheriff's Dispatch at [redacted] or [redacted]

1. Verbal Abuse – Personnel should provide assistance to the victim(s).
   - Assist in attempts to verbally de-escalate the assailant
   - Call in a second person to take over
   - Add distance/barriers between victim and assailant

2. Physical Battery – Prepare to provide assistance to the victim(s) by:
   - Protecting self and others by assisting the victim to stop/deflect blows by the assailant
   - Creating a diversion by putting distance/barrier between victim and assailant
   - Getting medical assistance, if needed

3. Active shooter or hostage situation – Immediately contact the Operator at x111 or Sheriff Dispatch at [redacted], to activate "Code Silver" (See Harbor-UCLA Medical Center policy "Code Silver: Person with a Weapon, Active Shooter, and/or Hostage Situation").

4. Any employee who hears the request to initiate a Code Gray should contact the Sheriff's Dispatch at [redacted] and state that a Code Gray is in progress by giving informant's name, location, phone number, and a brief description of the incident.

5. The Sheriff's Department will respond to the incident location.

6. When the Code Gray has been resolved, the Sheriff's Department will clear the event.

B. In the event an individual refuses to leave a secure area (e.g., the clinic exam room, emergency room treatment areas, or inpatient unit) after being requested to do so, workforce members should call the Sheriff Dispatch for assistance.

C. A Security Incident Report should be completed by the Supervisor/Manager and submitted as indicated on the form (Attachment I). Any assault or battery that results in an injury to a staff member or patient must be reported to law enforcement within 72 hours.

Disturbances that occur in a clinical treatments area and that involve a patient, should be documented in the patient's medical record.

D. Management may conduct a debriefing or similar review of the incident to identify areas for improvement and then implement those improvements.

III. Training and Education

Staff members and other personnel regularly assigned to departments with a known risk for violent behaviors from patients or others should, as appropriate to their job responsibilities and relative risk of violence, receive education and training on a continuing basis relating to at least the following:

i. General safety measures
ii. Personal safety measures
iii. The assault cycle
iv. Aggression and violence predicting factors
v. Obtaining patient history from a patient with violent behavior
vi. Characteristics of aggressive and violent patients and victims
vii. Verbal and physical maneuvers to diffuse and avoid violent behavior
viii. Strategies to avoid physical harm
ix. Restraining techniques
x. Appropriate use of medications as chemical restraints
xi. Any resources available to employees for coping with incidents of violence, including, but not limited to, critical stress debriefing and/or employee assistance programs.

Attachment I

COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS -- EXECUTIVE OFFICE
SECURITY OPERATIONS UNIT

INCIDENT CODE:

(Refer to Code Sheet)

SECURITY INCIDENT REPORT

INSTRUCTIONS: This report shall be completed by the person reporting or involved in the incident or their manager/supervisor (or designee) The completed Report shall be delivered to the **Security Operations Unit, 500 West Temple Street, Room #B-98, Los Angeles, California 90012**, or sent electronically to **sir@lasd.org** (e-mail) or **(213) 613-0848** (fax) **no later** than the end of the business day following the date of the incident

Please refer to the accompanying *Incident Code Reference Sheet* for determining the proper incident code. Use a separate form(s) to report multiple individual incidents. Call the Security Operations Unit (SOU) at (213) 893-2031 for additional information

A *SECURITY INCIDENT* IS DEFINED AS:

- An incident placing a person or property at risk that requires action by law enforcement authorities or security personnel at a County facility whether they were summoned or not, or
- An incident placing a person at risk involving an on-duty County employee during the performance of their official duties This classification includes while walking to or from an off-site parking facility at the start or end of the workday; or
- An incident of a suspicious or unusual nature on County Property that place people or property at risk; or
- An incident that occurred during non-business hours that impacts or affects the County workplace.

I. DATE OCCURRED: _____ **TIME OCCURRED:** _____ **DATE COMPLETED:** _____

COUNTY DEPARTMENT REPORTING: _____

ADDRESS OF FACILITY: _____

☐ *On-site security services contracted with Sheriff's Department*

ADDRESS OF INCIDENT: *(If different)* _____

SUMMARY OF INCIDENT: *(BRIEFLY describe the incident here, include full names (first and last), use separate sheet to document details, if necessary.)*

☐ *Continued on a separate sheet(s)*

OTHER PARTIES INVOLVED NOT LISTED IN SUMMARY: *(List any additional parties on a separate sheet)*

1) Name: _____ ☐ Employee Gender: Emp#/DOB/Age: _____
2) Name: _____ ☐ Employee Gender: Emp#/DOB/Age: _____
3) Name: _____ ☐ Employee Gender: Emp#/DOB/Age: _____

II. WORKPLACE VIOLENCE CHECKLIST:

☐ The VICTIM is a County employee?
☐ There was a physical ACT OF VIOLENCE?
☐ FIREARM (gun) used
☐ HATE CRIME (per 422.55-75 PC)
☐ Law Enforcement RESPONDED-Agency: _____
☐ The SUSPECT is a County employee.
☐ There was a verbal/written THREAT OF VIOLENCE
☐ Other WEAPON used, non-firearm. Type: _____
☐ RECURRENT ISSUE: Previous Incident(s) ☐ Reported ☐ Not Reported
☐ Complaint/Crime REPORT Taken-Report #: _____

III. SAFETY PLAN: *The actions below should be considered when dealing with an act or threat of violence if necessary. check ALL that apply*

☐ 1) On-site security notified.
☐ 2) Parties involved were separated.
☐ 3) Offer/obtain medical treatment for affected employee(s).
☐ 4) Offer Security escort to their vehicle/modify parking assignment.
☐ 5) Offer employee reassignment/alternate workplace
☐ 6) Offer County Employee Assistance Program (EAP) services
☐ 7) Law enforcement patrol check requested for workplace/home.
☐ 8) Obtain and attach copies of written witness affidavits/statements.
☐ 9) Emergency Protective Order obtained from law enforcement.
☐ 10) Consult with Security Operations Unit (SOU) personnel.
☐ 11) Seek/request assistance in obtaining a Restraining Order from the Office of County Counsel at (213) 974-8394.
☐ 12) Initiate an Incident Event Log *(per DHR620)* and maintained by: _____
☐ 13) Other action(s) taken: _____

REPORTED BY: _____ **TELEPHONE:** _____ **EMAIL:** _____

MANAGER: _____ **TELEPHONE:** _____ **EMAIL:** _____

Submit By Email

CODE REFERENCE SHEET FOR SECURITY INCIDENT REPORTS

DO NOT SUBMIT THIS FORM WITH YOUR REPORT

B. ROBBERY: *The taking of property by force or fear*

1. Robbery of a County facility or employee in the performance of their duties
2. Robbery of a person, including employee, not performing their duties

D. SEXUAL ASSAULT: *A term which covers a range of crimes, including rape; non-consensual sex*

1. Rape of a County employee
2. Rape of someone other than a County employee
3. Other sex-related incident

E. ASSAULT: *The physical battering of another person*

1. Assault with a weapon
2. Assault without a weapon requiring medical attention
3. Assault with only minor or no injuries and no weapon used

G. DISTURBANCE: *The disruption of routine business*

1. Disturbance of a County facility or employee while performing their duties
2. Disturbance created by a County employee, relation, or domestic partner
3. Disturbance not involving County employee(s).
4. Inappropriate communication

H. THREAT: *Expressed or implied threat of violence or harm*

1. Bomb threat
2. Suicide threat *(involving employee or workplace)*
3. Threat on a County owned or leased facility or event *(not "Bomb Threat")*
4. Physical, verbal, or written threat to a County employee.
5. Workplace Bullying/Recurrent Intimidation

J. SUSPICIOUS ACTIVITY: *Unusual behavior/activity*

1. Suspicious activity by a County employee
2. Suspicious activity by a non-County employee
3. Suspicious package

O. OTHER: *Acts/activities not covered in any of the previous classifications*

1. Other activity, such as property crimes, with elements of Workplace Violence (including acts of vandalism, theft, burglary, arson, or theft). Please explain in detail.