Connecticut Valley Hospital Nursing Policy and Procedure

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| Authorization: Nursing Executive Committee | Date Effective: May 1, 2018 |
| Scope: Connecticut Valley Hospital |

**Standard of Practice:**
The RN ensures staff maintains competency in the provision of care during a psychiatric emergency.

**Standard of Care:**
The patient can expect immediate, competent staff assistance in a psychiatric emergency situation.

**Policy:**
The RN Supervisor shall conduct Psychiatric Emergency Drills once per quarter/per shift/per building in the absence of an actual emergency. The RN Supervisor or Chief of Patient Care Services shall evaluate the effectiveness of the staff response to the psychiatric emergency. A Psychiatric Emergency Monitor Form is to be completed for each “All Available” psychiatric emergency and/or drill conducted.

**Procedure:**
1. The RN Supervisor initiates a Psychiatric Emergency Drill when the threshold has not been met for the quarter (once per quarter/per shift/per building in the absence of an actual emergency.)
2. The RN Supervisor notifies the Telecommunications Operator (TCO) and the Agency Police Department (APD) and Chief of Patient Care Services that the Psychiatric Emergency Drill will be conducted & will inform them of the location.
3. The RN Supervisor initiates the Psychiatric Emergency Drill in collaboration with the designated unit staff. (In Merritt, due to the cross over of two divisions, the RN Supervisors from both divisions will obtain a copy of the drill regardless of the division and process it accordingly).
4. The RN Supervisor goes to the site where the Psychiatric Emergency Drill will be conducted.
5. The RN Supervisor ensures completion of the “Psychiatric Emergency All Available Monitor” immediately following the Psychiatric Emergency Drill.
6. The “Psychiatric Emergency All Available Monitor” is also completed as part of every “All Available” psychiatric emergency. The team leader assigns a staff member to be a recorder.
7. The RN Supervisor forwards the completed “Psychiatric Emergency All Available Monitor” forms to the Divisional Chief of Patient Care Services and Program Manager by the end of the shift.
8. Recipients will identify any deficiencies or areas that need improvement and take appropriate action.