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Ensuring Safety During Behavioral Health Emergencies in Emergency Rooms

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Ensuring Safety During Violent Behavioral Health Emergencies in Emergency Rooms

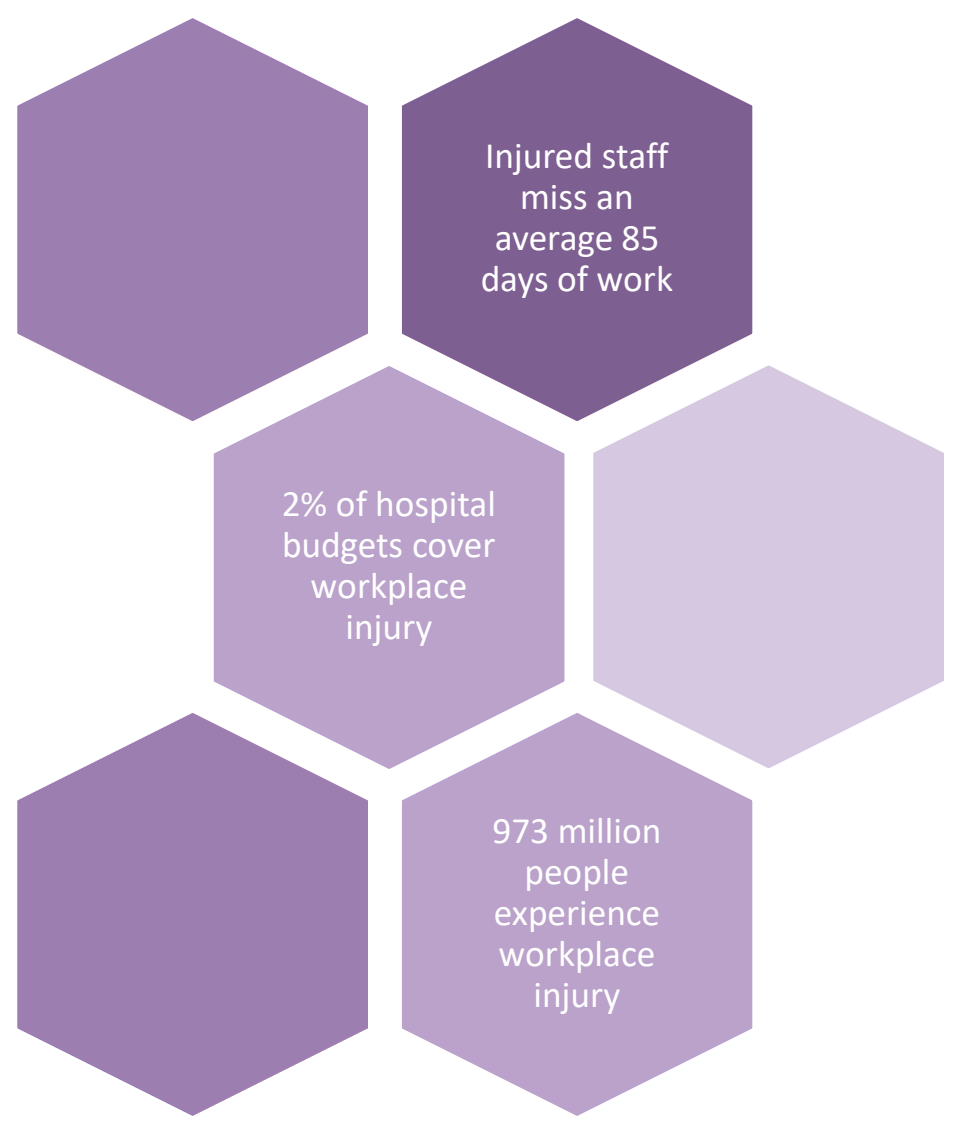


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Background

- It is seen that 16.5% of children suffer from at least one mental health diagnosis (Foster et al., 2021).
- Emergency care of mental health conditions has increased from 28% to 56% in the last decade (Foster et al., 2021).
- With the increase in complexity and acuity of mental health visits in the emergency room, there is an increased risk that these patients will become agitated, posing a threat to themselves and others
- Emergency rooms and medical units lack the areas and milieu to properly de-escalate patients in crisis.



Purpose

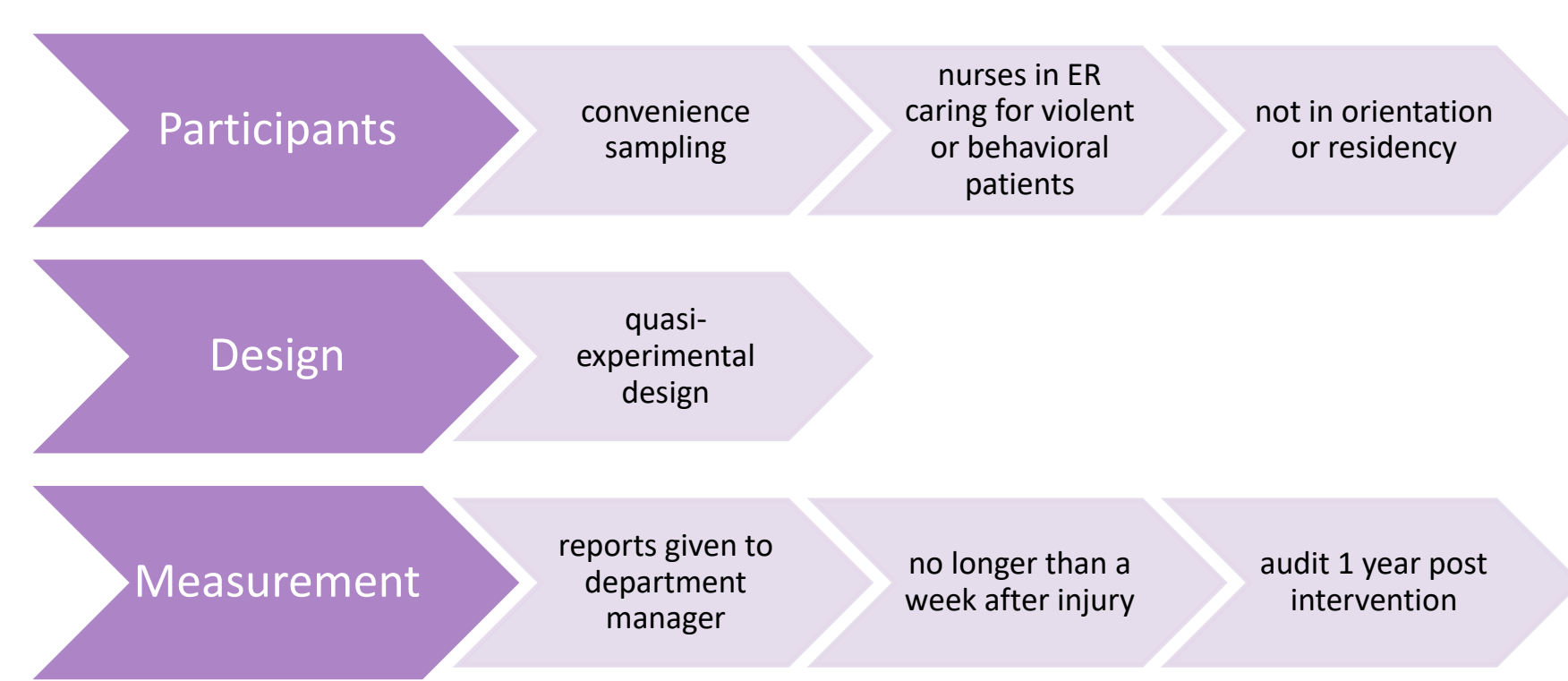
The purpose of this project is to determine if the implementation of a Behavioral Emergency Response Team and person protective equipment bundle will decrease the number of staff injuries caused by violent and behavioral health patients.

Literature Review

- Lack of Resources
 - Lack training and resources associated with managing aggression and hostile behaviors
 - Medical units and emergency departments impact the ability to effectively intervene
- Under Reported
 - Actual number of staff injuries is unknown
 - Assumed to be part of the job
- Staff Confidence
 - High stress and lack of confidence to intervene
 - Believe they will retraumatize
- Staff Perceptions
 - Negative prior interactions
 - Negative stigma surrounding behavioral health
 - Increased fear response
- Behavioral Emergency Response
 - Reflects a rapid response team
 - Assists staff with education on de-escalation techniques and proper PPE
 - Promotes confidence
 - Support from mental health staff

Methods

- This study will utilize a retrospective report audit to determine the cause-and-effect relationship between staff injury and violent behavioral cases presenting in the emergency room, before and after implementation of a Behavioral Emergency Response Team and proper use of personal protective equipment.
- Independent variable is the implementation of a BERT and PPE
- Dependent variable is the incidence injury occurs among staff members.



Intervention

- A 3-day long classroom-based course will be implemented to teach non-mental health staff, in the emergency room, methods to effectively intervene in high stress, violent situations.
- Individuals will learn how to properly verbally de-escalate, physically restrain, and medicate patients in this setting.
- Participants will also learn how to properly wear appropriate behavioral health personal protective equipment.
 - Padded helmets, padded jackets, Kevlar sleeves, Kevlar gloves, and impact pads



Implications

- After implementation of a BERT staff may note feeling safer and more confident providing care to violent patients.
- After implementation, it is expected that staff injury rates will decline
- Staff will feel more understood, supported, and confident managing de-escalation.



80% of nurses
Attacked/abused in
last 12 months



80% of incidents
Caused by patients



Frequently
Underreported



High Cost of
Staff Turnover

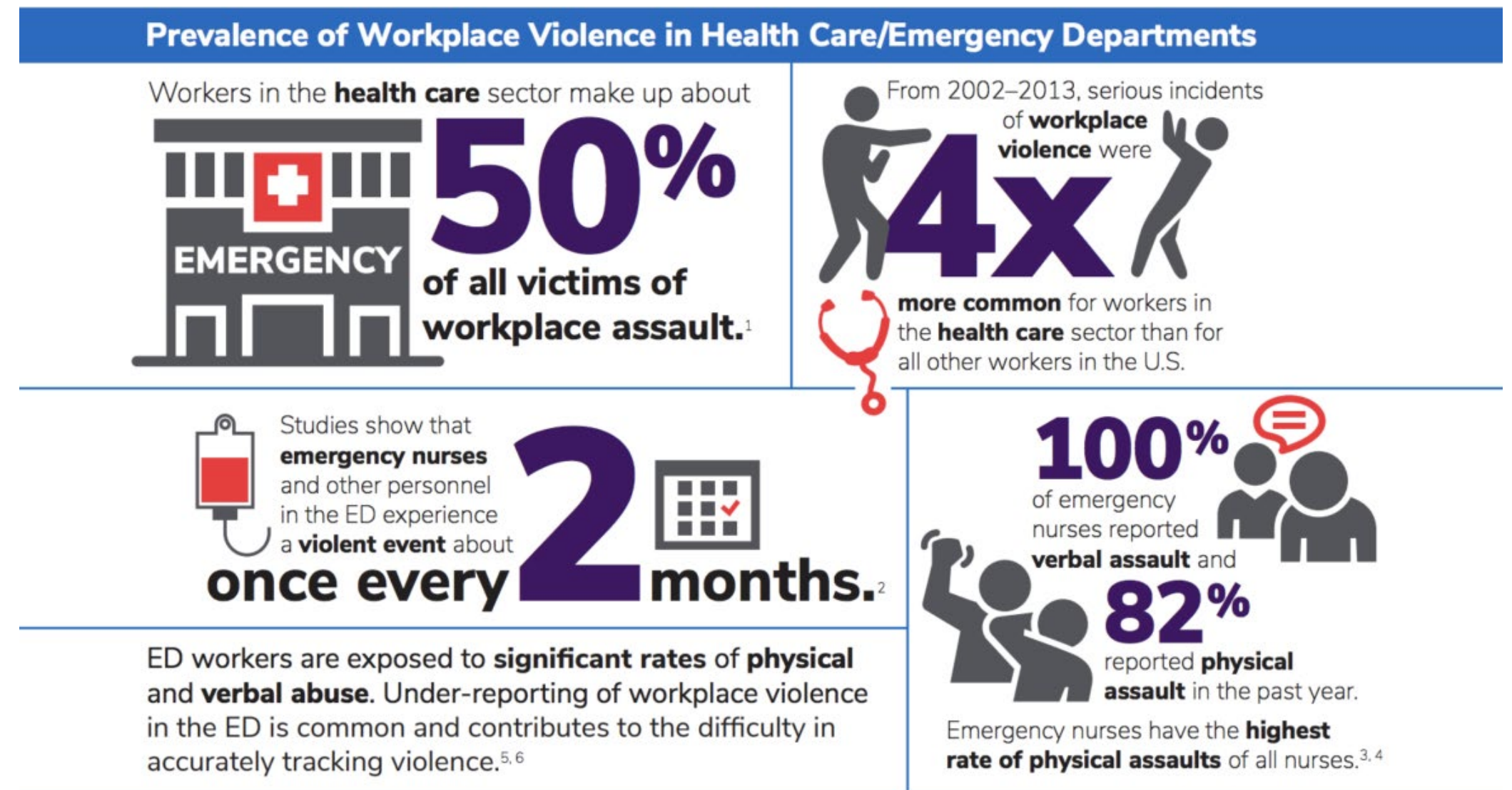
Recommendations

- It is recommended that further research be conducted on the implementation of a similar program to manage violent patient interactions.
- If implementation of a BERT decreases staff injury it is suggested that widespread implementation shall occur throughout the hospital and nationwide.
- It will be strongly encouraged that the BERT be utilized.



Conclusion

- There is potential through research that this program may be able to battle the increasing staff injury rates.
- The number of behavioral health patients seeking medical care in emergency rooms has grown, and the resources available to staff to care for these individuals must reflect that increase.



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