



Good Samaritan First Responder in Crisis Room 16 Protocol **ADMISSION THROUGH THE EMERGENCY ROOM**

Good Samaritan Emergency Department Squad Line: 513-862-2690

- Peer Supporter to call to alert the Charge Nurse they are bringing a first responder to the ER Back Bay and when you will arrive. **Ask for the Room 16 Protocol.**
- Upon arrival, the patient will be taken to a room in or near room 16 for confidentiality.
- Peers are encouraged to stay with the patient. Let the staff know they wish to stay with the patient.
- Registration will be completed in the patient's room and will notate that the patient is confidential. Their name will show as Anonymous on the ER Board.
- Patients may have a family member and/or a peer supporter stay with them. If they can't be left alone, the ER will assign someone to sit outside the room.



- If the ER is crowded and rooms in or near room 16 are not available, alternative arrangements will be made to maintain privacy and safety. A peer supporter should wait with them if placed in this room. Once Room 16, 15 or 14 becomes available, the first responder will be moved.
- The patient will be medically screened by the Good Samaritan Emergency Department Physician. Labs may be drawn and detox initiated. Psychiatric Intake will then be called to evaluate the patient.
- Peer Supporters should also talk with the provider to share their reasons why the first responder was brought to the ER. The ER doctor and the Psychiatric Intake Nurse (providers) will talk with the first responder. The providers will clarify what was said to the Peer Supporter to bring the first responder in crisis to the ER. The goal is to better understand imminent intent. This step is to encourage the first responder to share why the peer supporters thought they are in need Room 16 Protocol.
- If the First Responder does not have a support person with them, the ER staff may give them their phone back to make a call to a peer supporter/wellness coordinator/family member.

Please make sure the patient has secured any weapons prior to coming to the hospital. The patient may need to be searched for weapons upon arrival. This is for the safety of the hospital staff and the first responder.

If driving, park in the Ambulance Bay and walk the person into the ER. Once the person is in the room, you can move your car to the parking lot on Clifton Avenue, across from the public entrance to the ER. The driveway to the ambulance bays does not go through to Dixmyth, so cars will exit on Clifton Ave.

Does the First Responder Need Detox?

Yes - Labs will be drawn and when they are sober next steps are determined.

No - The Psychiatric Intake will be done next.

Psychiatric Intake Next Steps:

Do they need In-patient hospitalization?

Yes - The patient will be taken to the Behavioral Health Floor. They are required to wear patient top and bottom. They will leave all personal items in a locker. They can access their phone. Who do they need to call at their department to arrange for sick leave, FMLA, vacation etc.?

No - The patient will be released. Referrals to appropriate clinical care. All patients who are screened on the Room 16 Protocol will receive information about accessing the UC Stress Center and/or a reminder to contact their current mental health provider, if they have one.

Referral for Residential Care

Medically indicated referrals for Residential Care. Please contact Amy Foley, Pete Gardner, your department wellness coordinator or the clinician treating the first responder for a list of 30-45-90 day in-patient treatment options. Please refer to the TSPST web-site vetted clinical treatment list for options.



TRI-STATE
PEER SUPPORT TEAM

Facts about the Good Samaritan Behavioral Health Floor

- A 72 hour hold in the ER can be reevaluated by the psychiatrist on the Behavioral Health Unit.
- Patients will be reevaluated on a regular basis for suicidality. When deemed safe, they may be discharged.
- If an individual asks to be discharged, the psychiatrist has the discretion to approve or deny this request. The decision will be made taking into consideration a variety of variables, but most importantly, the safety of the individual and/or other individuals.
- Ask if the person would like the peer to be added as a contact person to the *Release of Information*.
- Though the In-patient Program is not first responder specific, it offers more privacy than other in-patient treatment centers.
- If admitted, their day-to-day needs on the unit are provided by the nursing staff. Social workers are responsible for discharge planning. Patient will meet with a psychiatrist daily.
- Occupational therapists, recreational therapists and certified occupational therapy assistants provide group therapy. Attendance is not mandatory, but it is strongly encouraged. Most individuals find that the content and interaction during groups are beneficial. Group participation also allows the treatment team to evaluate the individual's progress during the hospitalization.
- Rooms have a single bed option and a double bed option. Every effort will be made to give first responders a single room, but they may have to share.

Discharge Connection from In-Patient Services to Clinical Services

If the first responder has a clinician, discharge planning will include calling them to set up appointments.

If the first responder does not have a clinician, the inpatient unit social worker will contact the UC Stress Center. (Open M-F 8:00 a.m.- 05:00 p.m.) If the first responder is discharged from the ER, they will be instructed to call the UC Stress Center (513- 585-5872) and leave a message stating they are being referred as part of the Good Sam Room 16 First Responder in crisis protocol and need to be seen as soon as possible. UC Stress Center will call you back within 24 hours, or the next business day. The first responder's healthcare benefit will pay for these services. If the person does not have insurance, or has other financial difficulties, the UC Stress Center has access to scholarship funding to cover the costs of care.

Additional vetted Clinical Options can be found on the Tri-State Peer Support Team web-site. These clinicians may have a waiting list and they are generally self-pay.

Peer Supporter Considerations

Use Active Listening Skills to reassure the first responder:

- I appreciate your sharing that with me
- Thank you for trusting me that you are feeling that way
- You did the hard thing- now let's get you help.
- You deserve to be here getting help. You are important to me, to your family and your department.

The first responder will most likely become irritable, angry, back peddle after acknowledging how they are feeling. Listening to these tirades/rants/anger reinforces how they are feeling at this time. Keep the conversation short and gently redirect them to why it is important that they are at a safe place (hospital) being seen by a professional to determine the proper level care. Encourage them to:

- Choose to think about what they need for healing
- Lean into the treatment and what it offers for healing
- "I am gonna get the off the phone so you can take advantage of this time to concentrate on YOU.
- Stop the drama in families by asking them to support their loved one. He/She is where they need to be.
- If the First Responder has a list of duties, offer to help with those.

Family Support from the Peer Supporter

Describe the process to them:

- Enter Good Sam ER in the Ambulance Bay side door.
- Will be taken around the ER and into a private room with walls.
- Will be asked about weapons.
- An MD will do a physical health and detox assessment.
- A clinician will do an Mental health assessment to determine the next level of care.
 - Out-patient referral will connect you to your clinician or the UC Stress Center
 - In-patient referral will be to Good Sam.
- It is a short time period for long-term recovery.
- We will be with you for all the steps.
- Give HOPE.
- Expect anger, hostility, lashing out and denial. Remain calm and call another Peer or a clinician
- Share a personal story that focuses support.
- When notifying their department, give as little information as possible. Help to cover shifts, if necessary. When asked, say "I appreciate your concern, They will let you know when they are ready." "They can tell you when they get back." "Things are being taken care of."