

**OREGON STATE HOSPITAL  
PORTLAND – SALEM**

**POLICIES AND PROCEDURES**

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**SECTION 6 : PATIENT CARE**

**POLICY: 6.039**

**SUBJECT: Acute Milieu Emergency Policy**

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**APPROVED: ROY J ORR  
SUPERINTENDENT**

**DATE: July 23, 2009**

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**I. POLICY**

Oregon State Hospital (OSH) has the responsibility to provide humane care and treatment to individual patients in the least restrictive manner consistent with safety for patients, staff, and the public. In the event of a critical occurrence that jeopardizes the safety of multiple patients and staff on a unit (e.g., multiple homicidal threats towards staff or other patients, threats of hostage taking, or threats/occurrence of rioting), an Acute Milieu Emergency Policy (AMP) Status will be instituted to provide a safe environment for all patients and staff and the resources necessary to resolve the situation and return the milieu back to an active, safe, therapeutic environment.

**II. DEFINITION**

- A. "Acute Milieu Emergency Policy" is an OSH clinical leadership response to a specific situation or set of conditions on a treatment unit in which the behavior of multiple patients will likely result in physical harm to patients or others. The response is defined in the following procedures.

**III. PROCEDURES**

- A. When an assessment is made by the unit Registered Nurse (RN) that the unit may be at risk for multiple serious incidents, and the unit is

becoming unsafe for multiple patients and staff, the RN in charge shall notify the Nursing Supervisor and the unit Psychiatrist that an Acute Milieu Emergency Policy (AMP) status may be warranted. The notification will then immediately go to the Chief Medical Officer (CMO) and the Director of Nursing.

- B. The Chief Medical Officer, in consultation with the Director of Nursing, shall determine if the unit commences AMP status.
- C. In the event that an Acute Milieu Emergency Policy status must be implemented on off hours, the clinical team will be contacted by the Communications Center to contact members by conference call.
- D. If instituting AMP status, the clinical leadership team (Chief Medical Officer or designee, Director of Nursing or designee, Clinical Director, or designee) and the unit team shall meet either in person or by conference call to determine the plan. A brief written plan may include:
  - 1. A temporary hold of all patient privileges.
  - 2. A temporary hold of treatment activities, with the exception of medical emergencies.
  - 3. An emphasis on treatment engagement to facilitate positive behavior.
  - 4. Isolation of offending, imminently dangerous patients utilizing existing OSH seclusion or restraint policies.
  - 5. Systematic searches of patient's rooms and belongings.
  - 6. Increased security staff assigned to the unit.
  - 7. Defined threshold criteria for discontinuation of the AMP status.

The plan may be revised by the clinical leadership team as needed and shall be reviewed with the unit staff at shift change each day until the AMP status is terminated.

- E. At any time during the assessment of the need to initiate AMP status, or once it has been instituted, the RN will explain to the patients' that the unit is in an Acute Milieu Emergency situation and, as needed, may ask all patients to take a voluntary movement restriction (OSH Policy 6.023). The voluntary movement restriction defined as "staff initiated request for a patient to go voluntarily into an unlocked limited space area for the purpose of giving the patient time to evaluate and modify their psychological discomfort and bring behavior under control." (Note: movement restrictions aid in searching the unit, maintaining safety of patients not involved in aggressive actions, etc.)
- F. As per OSH Policy and Procedure 8.014, patients' belongings or room will be searched if needed with patient present if possible.
- G. In the unlikely event that more patients need to be secluded than the unit has designated seclusion rooms, the unit RN will contact other units in the building to assess the possibility of using other unit's seclusion rooms. In extreme situations, during AMP status only, patients may be secluded, alone in a bedroom. (Roommates shall be provided with temporary lodging and access to their belongings.) A specific order must be written by the CMO or designee MD justifying this extreme measure.
- H. AMP status shall be re-evaluated every 24 hours by the OSH clinical leadership team and the unit clinical leadership team and revisions to the AMP status plan shall be made if needed. Unit patients shall be informed of progress as unit returns to a safe environment.
- I. If at any time between the 24-hour re-evaluation periods, the unit RN believes that the unit has met the threshold criteria for discontinuation of the AMP status, he/she shall notify the Nursing Supervisor to notify the OSH Clinical leadership to re-convene the clinical teams to determine if AMP status can be terminated.

- J. Within 24 hours of the end of the AMP status, a debriefing of patients and staff shall take place and be documented on the AMP debriefing form.

#### **IV. REFERENCES**

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, 2009, Provision of Care Chapter.

The Joint Commission, Comprehensive Accreditation for Behavioral Health, 2009, Provision of Care Chapter.

OSH Policy & Procedure 6.003, Use of Seclusion and Restraint

OSH Policy & Procedure 6.027, Restrictive Event Reporting, Including Seclusion and Restraint

OSH Policy & Procedure 8.014, Ward Searches