Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

Ref: T25/47646

NAME OF DOCUMENT	Code Black – Activation, Response and Management
TYPE OF DOCUMENT	Corporate Business Rule
DOCUMENT NUMBER	RHW CLIN146
DATE OF PUBLICATION	August 2025
RISK RATING	Medium
REVIEW DATE	August 2028
FORMER REFERENCE(S)	List documents that are replaced by this one including if the title has changed from previous versions List any relevant higher level NSW Health, SESLHD and RHW policies or procedures which are referenced.
EXECUTIVE SPONSOR	Donna Garland General Manager
AUTHOR	Access Demand Manager Manager of Clinical and Corporate Support Services
SUMMARY	CODE BLACK is defined as any incident where there is a personal threat to staff, patients, volunteers and/or visitors. This can include assaults (verbal and physical aggression, armed hold up and robbery). It is important that all staff are aware that there are a range of options available when faced with violent events.
Key Words	CODE BLACK, violence, verbal and physical aggression, armed hold-up, robbery, security

Code Black – Activation, Response and Management

RHW CLIN158

Contents

Code Black – Activation, Response and Management

RHW CLIN158

1 BACKGROUND

CODE BLACK is defined as any incident where there is a personal threat to staff, patients, volunteers and/or visitors. This can include assaults (verbal and physical aggression, armed hold up and robbery)

It is important that all staff are aware that there are a range of options available when faced with violent events. These responses will depend on a number of factors including:

- the nature and severity of the event
- whether it is a patient, visitor, intruder, or other person
- equipment available to staff
- the skills and experience of the staff involved

Staff may activate a CODE BLACK in situations where they feel threatened and the safety of staff, patients, visitors, volunteers or the person exhibiting the aggression is endangered.

The purpose of this Clinical Business Rule is to:

- identify the CODE BLACK activation process
- the roles and responsibilities of the response team
- management of a Code BLACK for patients and non-patients
- review and governance of CODE BLACK incidents

This Business Rule follows SESLHDPR/483 Restrictive practices with adult patients.

2 RESPONSIBILITIES

2.1 Code Black Response Team Composition and Roles

If the Code Black Team has been summoned, **all members of the Code Black Team must respond immediately.** The Code Black response team will oversee and coordinate the Code Black in collaboration with staff members **in the unit/department until de- escalation of the emergency occurs**

2.2 Code Black Responders

Follow code black flow chart -See also Appendix 1

Staff identified below are to cease their duties and respond when a CODE BLACK is activated.

Code Black Team- Attendees- In Hours

0800-1630 hours	Responsibilities
Nurse/Midwife Manager-Access Demand (or delegate) ***Team Leader***	• Oversee incident management of the event and ensure that all the remaining functions are being adequately addressed • Initiate Clinical Review or Rapid Response if medical staff are required for prescribing of medication/sedation • Co-ordinate additional requirements of the team, if necessary, e.g., additional clinical specialty staff, physical and/or medication restraint and activate call to Police (000) • Notify Hospital Disaster Controller/Executive on call (or delegate) if decision to evacuate area (Code Orange) • Notify switch of 'stand-down' or if other escalation management is required
NUM/MUM/delegate (inpatient/outpatient ward/unit/department)	• Patient assessment and de-escalation • Provide brief synopsis of the situation inclusive of relevant medical history to code black team • Assess for potential staff anxiety /stress and provides psychological first aid and information on E.A.P • Organise debriefing session • If staff member injured, ensure medical attention is ordered promptly • Complete documentation in HCR, and Ims+ report
Medical officer	• Medical review and medication prescribing • Hand over CODE BLACK incident if patient care is transferred to relevant medical officer
Nursing/Midwifery staff	• Patient assessment and de-escalation • Provide brief synopsis of the situation inclusive of relevant medical history to CODE BLACK response team • Complete documentation in Health Care Record (HCR), and Ims+ report
Security (4 staff) **Mon to Fri 0800 – 1630 Security Operations Manager attends**	• Assess situation • Secure and make the area safe • Clear the area of staff, patients and visitors who are not directly related to the incident • Patient de-escalation and assist with physical restraint as directed by medical staff • Complete a security incident report within Handidata information management system

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Code Black Team Attendees – Out of Hours

1630-0800 hours	Responsibilities
After Hours Nurse/Midwifery Manager (or delegate) ***Team Leader***	• Oversee incident management of the event and ensure that all the remaining functions are being adequately addressed • Initiate Clinical Review or Rapid Response if medical staff is required for medication or sedation • Co-ordinate additional requirements of the team, if necessary, e.g., additional clinical specialty staff, physical and/or medication restraint and active call to Police (000) • Notify Hospital Disaster Controller/executive on-call (or delegate) if decision to evacuate area (Code Orange) • Notify switch of 'stand-down' or if other escalation management is required
Nurse/Midwife in charge (inpatient/outpatient ward/unit/department)	• Patient assessment and de-escalation • Provide brief synopsis of the situation inclusive of relevant medical history to CODE BLACK response team • Assess for potential staff anxiety /stress and provides psychological first aid and information on E.A.P. • Organise debriefing session • If staff member injured, ensure medical attention is ordered promptly • Complete documentation in Health Care Record (HCR), and IMS + report
Security (4 staff)	• Assess situation • Secure and make the area safe • Clear the area of staff, patients and visitors who are not directly related to the incident • Patient de-escalation and assist with physical restraint as directed by medical staff • Complete a security incident report within Handidata information management system

****Team leader - May be delegated to a member of the CODE BLACK response team determined by clinical judgement and type of incident**

3 TRAINING REQUIREMENTS

The following categories of staff at RHW have been identified to ensure training is provided in accordance with NSW Health policy PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations

3.1 Category 1 – Identified as being at risk of Workplace Violence

All staff requirements:

My Health Learning Modules

- Violence Prevention and Management – Awareness- (Course Code- 39831935)
- Violence Prevention and Management - Promoting Acceptable Behaviour in the Workplace (course code 39964553)

3.2 Category 2 –Identified as working in High-Risk Areas

High risk workplaces may include (but are not limited to) Mental Health, Emergency Departments, Aged Care, Midwifery and Early Childhood units, Maternity, Methadone clinics, Brain Injury clinics, Neurology wards, Community Health and Drug & Alcohol services. Other work areas may be identified, via the risk assessment process, as being at significant risk of experiencing violent incidents.

Requirements as per Category 1 staff plus:

- My Health Learning module- Violence Prevention and Management - An Introduction to Legal and Ethical Issues (Course Code 39964595)

Due to the low number of Code Black calls and not needing intervention by the attending security staff, RHW staff do not need to complete the one day face to face training. This was endorsed by the RHW Work, Health and Safety committee on 22 February 2025.

Department/Service	Position/s
Access Demand Manager	Nurse Manager
After Hours Nurse/Midwife Manager	Nurse Manager
Inpatient Departments: Antenatal Ward Birthing Suite Breast Centre Close Observation Unit Day Surgery Newborn Care Centre Macquarie Ward Postnatal Ward Recovery	Nursing Staff Midwifery Staff Medical Staff

Outpatient Departments: Gynaecology Maternity	Nursing Staff Midwifery Staff
Clerical Staff	All patient areas
Allied Health Staff	Social Workers
Security Department	Security Manager Security officers

Other work areas may be identified, through the risk assessment process, as being at significant risk of aggressive behaviour.

3.3 Category 3 - identified as being potentially involved with leading or undertaking the physical restraint of other individuals

Staff working in high-risk environments and those in security and duress response roles must be able to minimise the risk of harm to the safety of self and others arising from potential, imminent and actual aggression and be trained to, as a last resort, actively restrain a patient in a safe, effective, and least restrictive, manner in the event of actual violence.

Requirements as per Categories 1 and 2 staff:

- Violence Prevention and Management – Awareness- (Course Code- 39831935)
- Violence Prevention and Management - Promoting Acceptable Behaviour in the Workplace (course code 39964553)
- My Health Learning module- Violence Prevention and Management - An Introduction to Legal and Ethical Issues (Course Code 39964595)
- Personal Safety Training (1- day course)
- Team Restraint Techniques Training or the Emergency Department Violence Prevention and Management Program (EDVPM) (3 - day course).

3.4 Category 4 – Are staff are those who supervise Category 1, 2, & 3

Staff Department Heads are required to:

- Understand their responsibilities in preventing violence from occurring and understand how risks are prevented, managed and controlled
- Ensure training needs of staff are identified and documented and that staff are rostered to attend training
- Develop procedures, in consultation with staff, to control or eliminate workplace violence
- Manage incidents in accordance with MoH PD2020_047- Incident Management Policy Including post incident staff monitoring and support.

4 PROCEDURE

4.1 Duress System

Some areas are fitted with a fixed "Duress alarm". Fixed duress alarm activations are received by the Security Controller in the Control Room. The controller advises all security to respond to the location.

4.2 Code Black Activation

CODE BLACK is an operational system for obtaining assistance when someone is perceived as presenting threat to themselves, hospital staff, volunteers, visitors or other patients. Any member of staff can initiate a CODE BLACK response.

4.2.1 How to activate a Code Black

- Dial "2222" on an internal phone
- Advise the operator of :
    - Code Black
    - Exact Location
    - Patient or non-patient (if known)
    - Nature of incident
    - Safest entry point
    - If police are required (e.g. patient armed, hostage taken), NUM/MUM to call police, dial 000, giving their name, location and the nearest cross street (Barker Street, Randwick Sydney).For Menopause Hub – nearest cross street – Avoca Street Randwick Sydney.

Examples:

"CODE BLACK, Birthing Unit, room 7 inpatient, aggressive person attempting to assault staff. Enter from Barker Street. My name is Annie."

4.2.2 The Switchboard operator is responsible for:

- Initiating a Code Black '**alert'** on the paging system with details of the location of the duress alarm activation location
- Ensuring a building name/ward unit and safe entry point is assigned to the Code Black pager to ensure prompt arrival of the Code Black team to the correct area.
- Completing the RHW *Code Black Response Assessment form.*
- Upon resolution of the event, communicate **'stand down'** via group page at the direction of the Code Black Team leader.

4.2.3 Code Black Contingency

Where a second CODE BLACK (or other facility emergency) is activated, whilst the team is already attending to a CODE BLACK, the team leader is responsible for nominating the appropriate team members to be released to respond to the second CODE BLACK. The decision should be based on retaining CODE BLACK team members best suited to manage the current situation.

4.2.4 Code Black-Situation Management

All CODE BLACK situations are uniquely different and influenced by variably specific factors to each individual.

4.3 Staff response:

- Take notice of early signs of disturbed and/or aggressive behaviour and take any threat seriously
- Seek assistance as early as possible and preferably before the situation escalates
- Implement de-escalation strategies as identified in section 4.3 or as per behaviour management plan
- Remove patients, staff & visitors from immediate dangers and isolate area
- Complete an alert in eMR & iPM for high-risk patients
- Alert other staff of risk for violence through the safety huddles and during clinical handovers between shifts
- NUM or delegate to inform CODE BLACK team leader and security of potential risk of a CODE BLACK

Patients identified as high risk for disturbed and/or aggressive incidents are to have behavioural management plans in place to ensure the safety of staff, patients and members of the public. Other useful screening tools are available such as:

- Cognitive screening for older persons
- Medical assessment of Mental Health Patients
- Drug and Alcohol screening tool

The identified risks and management plan is to be discussed with patients, families and carers. These strategies aim to reduce Code Black incidents, and where possible, eliminate the use of mechanical and pharmacological restraint.

Please refer to the SESLHDPR/341 Violence Prevention and Management for behavioural management strategies and templates.

4.3.1 Code Black Team response

- There are sufficient numbers of personnel responding to meet the needs and the scope of possible actions that can be undertaken by the Team
- There is an agreed assembly point to enable a better co-ordination of response and avoid responding team members entering unsafe areas
- The Code Black clinical team leader ensures all designated team members are in attendance and informs an agreed person to follow up on missing team members.
- Responders remove name tags/lanyards/pens/scissors/jackets etc that may be used as weapons or used to constrain them during the incident.
- All team members must act under the direction of the Code Black clinical team leader, unless they are incapacitated. There should be pre-arranged agreement on which team member is to be the second in charge.

4.3.2 During the Code Black Response

- There is an immediate assessment of the situation by the Code Black clinical team leader - is this situation appropriate for intervention by the team?
- The response team may decide not to intervene and call the Police and then the role of the team may be to keep others away from the area.
- The following procedures are set in place by the Code Black team leader for likely

events, such as:

- De-escalation
- Restraint (and options for continued management of patients & non-patients)
- Sedation
- Retreat
- Securing the scene
- Crowd security/and crowd control
- Back up / hand over to security agencies

4.4 De-escalation Techniques

In dealing with a Code Black situation where a patient or an individual is verbally aggressive, staff should remain calm and use effective communication skills when attempting to de-escalate a situation. Some actions may include:

- Approach with caution
- Be aware of personal space and use clinical judgement to determine when to intervene, be aware of your exit points. Do not have the person exhibiting aggression between you and any exit point
- If safe to do so, remove items that may be used as a weapon
- Keep the door opened if you are in a room by yourself
- Establish communication**,** introduce yourself, ask what they would like to be called
- Only one person should communicate with the person
- Address the person respectfully in a calm non-threatening manner
- Allow the person to express feelings
- Validate the person's feelings (N.B. - you do not have to agree with their behaviour or statements to do this)
- Reassure the person that they are safe if they are expressing fear and anxiety
- Avoid personalizing any hostility directed towards you
- Allow for courtesies (e.g., water, phone call if relevant)
- Do not promise something you cannot provide
- Consider using PRN medication as prescribed for agitation, as per behavioural management plan. Alternatively, if not prescribed, the attending medical officer may advise of the need for medication
- The use of physical restraint is a last resort measure, and only if deemed safe to implement
- If the CODE BLACK situation is not able to be managed by the CODE BLACK response team, the CODE BLACK team leader will make the decision for police assistance- **(0) 000**

4.5 Pharmacological Management

4.5.1 Indications

Pharmacological interventions may be required for patients whose behaviour puts them or others at immediate risk of serious harm, which is unable to be contained by other means. If pharmacological management is required, the Code Black Team Leader must activate a Rapid Response or Code Blue for medical assistance

4.5.2 General principles

- Pharmacological management should only be used when verbal de-escalation is unsuccessful
- If the patient has a documented individual pharmacological management plan, this should be followed
- Oral medications are preferable to parenteral medications when there is no imminent risk to self (patient) or others AND the patient is agreeable
- The desired clinical end point is the relief of distress/agitation. There may be occasions when the patient becomes sedated, and the desired end point here is rousable sleep
- The choice of medication should be discussed with medical officers in attendance and is individually specific
- Use lower doses and caution, in patients who are frail and/or medically compromised
- Wherever possible, parenteral sedation should be carried out at a location that will be safe (resuscitation equipment available) and provides protection of patient's dignity and confidentiality
- Appropriate monitoring of the patient vital signs is required whenever parenteral sedation for acute severe behavioural disturbance is utilized

4.6 Use of Patient Restraint

RHW is committed to principles of restraint minimisation. RHW considers that the use of restraint must be reserved for circumstances of patient safety or critical need and is only to be implemented when all other options have been explored. Refer to SESLHDPR/483 – restrictive practices with adult patients and RHW Standard 5 – Comprehensive Care Guideline

If restraints are used in the ***RHW***. The Restraint Register must be filled in by the Medical Officer and Registered Nurse/Midwife.

- Complete the ims+ for the use of the restraint on a patient at RHW.
- Copy of restraint form is kept in the AHNM office in the 'restraint folder'

4.6.1 Manual Restraint

In the rare circumstances when manual restraint is required, the restraint techniques should be carefully considered, and risk assessed to ensure the least restrictive strategy is being utilised. Staff must have completed specialist training. Manual restraint should be limited to the amount of time necessary to:

- Allow the patient / individual to safely regain control of their behaviour
- Allow the application of mechanical restraint
- Administer medication, and or remove the patient to a safer environment
- Restraint form should be completed with a copy placed in the patient's notes and in the restraints folder, AHNM office.

4.7 RHW Code Black Team Response Areas

Code Black members are responsible for familiarising themselves with all RHW Code Black response areas to ensure patient/staff safety is not compromised as a result of delayed response times.

The RHW Code Black Team responds to all areas for all inpatients, outpatients and non-patients/ visitors.

4.7.1 Legal Context for Urgent Treatment of Acute Severe Behavioural Disturbance (ASBD)

ASBD requires health professional awareness of the legal context and requirements for subsequent actions or interventions.

Doctrine of necessity

The common law doctrine of **necessity** sometimes referred to as 'emergency powers' is the mechanism which allows health professionals to intervene in the care and treatment of patients in the following circumstances:

- The treatment is necessary to prevent imminent serious injury or even death; and
- That treatment does not override a competent patient's wishes.

N.B. This should only be used in emergencies, not in a consistent or planned manner. When it is anticipated that ASBD may require ongoing management (greater than 24 hours), legislative requirements become prominent. For example, consideration may have to be given to a mental health act certificate (*Mental Health Act 2007* (NSW)) in the context of mental disorder or mental illness; or a Guardianship application (*Guardianship Act 1987* (NSW)) in the context of impaired capacity.

Reasonable force

There is no single definition for reasonable force, which is context specific and considered the amount of force necessary in any given situation. You must use your professional judgment in any situation; commensurate with the risk you feel is presented. This judgment may be challenged by others, and you may be required to support why potential other course of action were inappropriate for the situation.

4.7.2 Code Black Stand Down

Following de-escalation of the situation and/or removal of the aggressor, the Code Black Team Leader will consult members of the Code Black response team to agree on the need to stand-down the Code Black. The Code Black Team Leader will be responsible for notification to switchboard.

The Switch operator is responsible for:

- Initiating the Code Black Paging system and notifying **Code Black stand-down** once Team Leader has confirmed stand-down.

4.7.3 Post Code Black Incident Management

The allocated RN/RM (or person responsible for initiating/requesting CODE BLACK) is responsible for providing documentation in the patient's health care record (if patient involved). Completion of an incident report (IMS+) is to be entered as soon as practicable after the event. Security Staff are also complete the Security Incident Report form.

4.7.4 Post incident response- patients/carers

For inpatients, the individual patient care plan is to be reviewed by the treating medical team (with the patient and their family / carer) to include / amend prevention strategies for managing identified stressors or stimuli that trigger behavioural escalation.

4.7.5 Post incident response - staff

Staff involved, whether directly or as witnesses, will react in different ways regardless of the level of severity of the incident. It is important for management to be sensitive to how a staff member wants to be supported, particularly immediately after the incident when some staff may prefer to be alone rather than receiving more active assistance. For staff support – contact Employee Assistance Program 1300 687 327.

A hot debrief will be offered to all staff involved following a Code Black incident. While it is encouraged that all staff attend the HOT debrief it is not mandatory enforced. The Code Black team leader will follow the huddle up form while leading the Code Black debrief. See Appendix 3

Managers must:

- Ensure any injuries are treated in the first instance
- Make certain the staff member is supported from the time of the incident – immediately after an incident can often be a period of vulnerability
- Remember the staff member is a victim and should be provided with any necessary support
- Ensure any witnesses (patients, staff and visitors) to an incident are also offered appropriate support
- Be sensitive to the staff member in how the incident is communicated to other staff

For example, a staff member may not always want their experience repeatedly described, except where it is necessary for safety reasons to do so.

4.7.6 Complaints-patients /carers

In some instances, the patients and / or their family / carer may feel that inappropriate care was provided during the management of the incident. Clinicians should attempt to discuss the incident and resolve the issue at the time using open disclosure (as necessary). If this is not acceptable to the patient and / or their family / carer, information on how to lodge a formal complaint with the facility must be given to the patient / family / carer

4.7.7 Incident Reporting

Each incident of aggressive behaviour is to be reported in Incident Information Management System (ims+). The occurrence of Code Black incident is to be reported and reviewed within the required timelines in accordance with the PD2020_047 Incident Management Policy

4.7.8 Injury Management

Line Managers/Department Heads will manage, report and investigate workplace incidents in accordance with. SESLHDPR/322.Health, Safety and Wellbeing - Incident Investigation

Where a worker is potentially exposed to bodily fluids during a Code Black event they should contact CNC Infection Control & Prevention during working hours. If out of hours then contact the After Hours Nurse Manager.

4.7.9 Data, Review and Audit

An operational review is to be undertaken for each CODE BLACK incident reported in the incident management system (IMS+). This review will include any operational, environmental, or logistical issues which arose during the CODE BLACK response (e.g., response attendees, response time, coordination of roles, risk controls, etc.) This review will be attended by the following staff members every 3 months:

- Security Operations Manager
- Director of Nursing and Midwifery
- Patient Safety, Quality Care and Health Outcomes

The outcome of the review will be tabled at the Work Health & Safety Committee. Issues raised will be minuted with clear action sought including recommendations for prevention strategies, training, environment and strategies to promote ongoing reduction in incidence.

5 DEFINITIONS

Violence	Any incident in which an individual is abused, threatened or assaulted
Restraint	Physical restraint of a patient by staff, or by a restraint device, in order to protect the patient or others from harm
Manual Restraint	Manual restraint refers to the use of a minimal amount of manual force (human to human) to restrict a person's movement in an emergency situation of aggressive behaviour, where the person is at an immediate risk of harm to self or others
Mechanical Restraint	Mechanical restraint refers to the use of a mechanical device/s to restrict a person's movement in an emergency situation of aggressive behaviour, where the person is at an immediate risk of harm to self or others
Code Black	The colour code allocated by the Australian Standards AS4083- 1997 *Planning for emergencies – health care facilities* for personal threat (armed or unarmed persons) threatening injury to others or to themselves.
Code Black Response Team	Specialist personnel, appointed to attend Code Black- Personal Threat incidents, to contain, control or eliminate the emergency.

Critical need situation	A situation in which actions are enforced to provide lifesaving treatment, in self-defence, to protect the patient, others, and/or property, or where statutory powers exist under Guardianship or Mental Health Legislation
Hospital Disaster Controller	Member of the Executive with responsibility for the management of all activities undertaken to control an incident

Category 1 Staff	Staff identified as being potentially at risk of workplace violence
Category 2 Staff	Staff identified as working in a high-risk area
Category 3 Staff	Staff identified as potentially involved with leading or undertaking the physical restraint of other individuals
Category 4 Staff	Staff who supervise category 1, 2 and 3 staff

6. DOCUMENTATION

- Health Care Record (if patient related)
- RHW Code Black Response Assessment form
- Duress Alarm Notification Sheet.
- IMS+
- Security Incident Report
- Handidata
- Restraint register form AHNM office

7. RELATED POLICIES/PROCEDURES

- RHW Emergency and Disaster Response Plan
- Protecting People and Property Security Manual 2022
- PD2017-043 Violence Prevention and Management Training Framework for NSW Health Organisations
- PD2020-004 Seclusion and Restraint in NSW Health Settings
- GL2015_007 Management of Patient with Acute Severe Behavioural Disturbance in Emergency Departments
- PD2020_047 Incident Management Policy.
- PD2015-001 Preventing and Managing Violence in the NSW Health Workplace – A Zero Tolerance Approach
- SESLHDPR/341 Violence Prevention and Management
- SESLHDPR/483 Restrictive practices with adult patients
- SESLHDPR/322 Health, Safety and Wellbeing- Incident Investigation.
- PD2017-010 HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed.pdf

8 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

9 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

10 NATIONAL STANDARDS

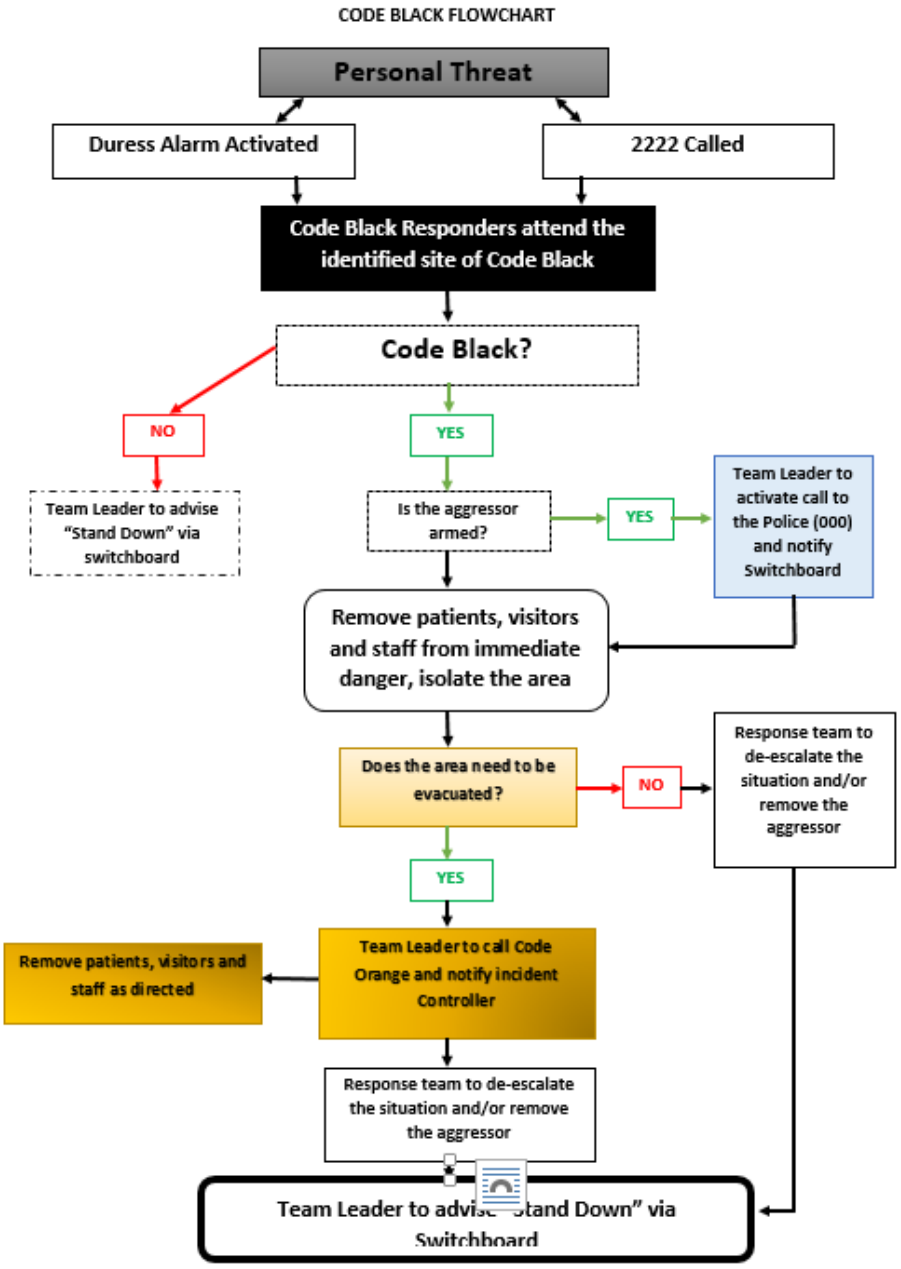
- Standard 1
- Standard 5
- Standard 8

11 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
29 October 2024	1	Access Demand Manager Manager Clinical and Corporate Support Services
21 July 2025	1	RHW BRGC

12 Appendix

Appendix 1: CODE BLACK RESPONSE FLOW CHART



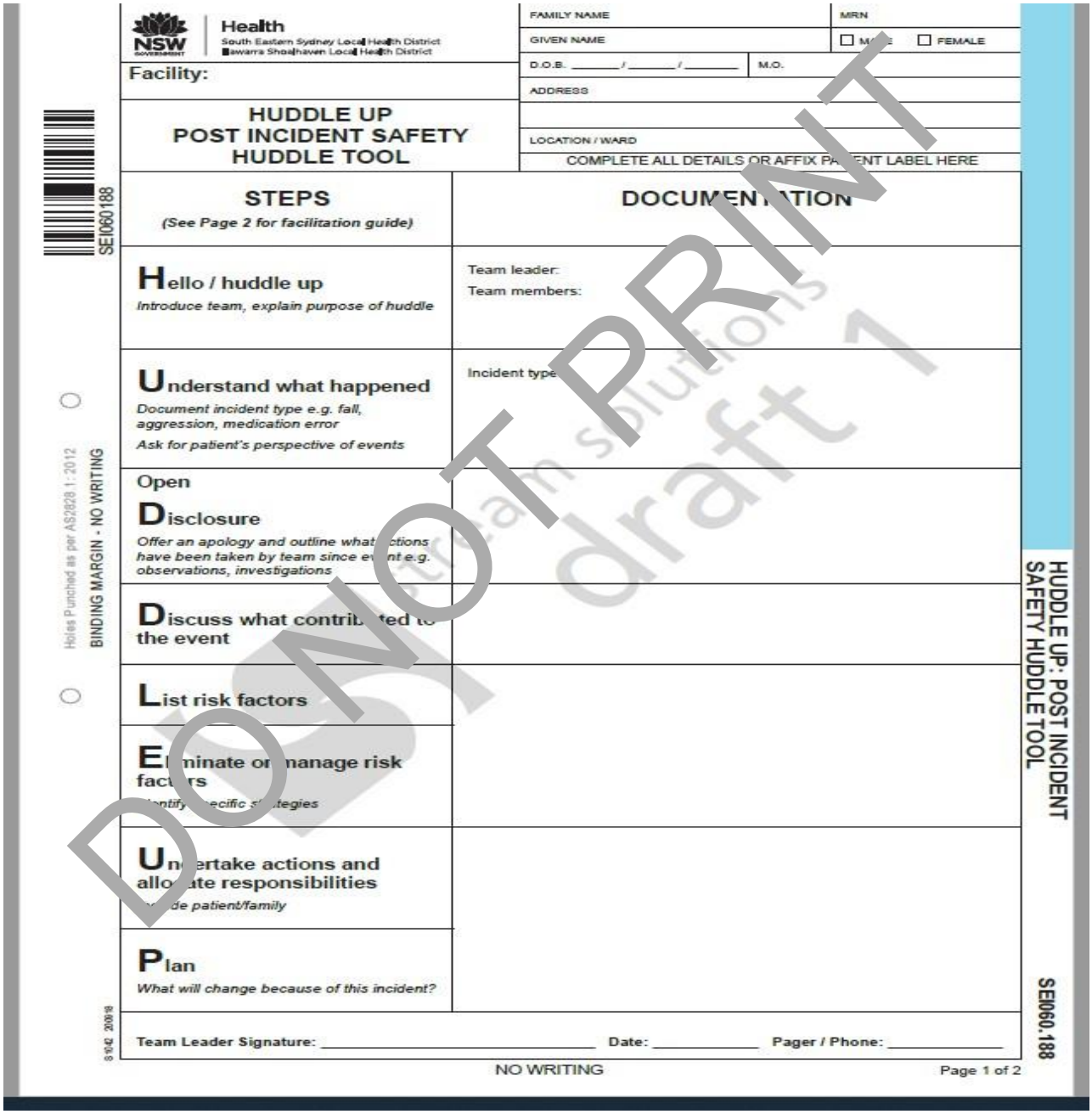
Appendix 2- CODE BLACK RESPONSE TEAM LIST

Code Black Response Team List	Contact Number
Access Demand Manager	# 44020 0417 426 577
After Hours Nurse Manager	# 44020 0434 565 264
MUM - Birthing Unit	0437 762 964
MUM - Maternity OPD	0475 746 295
MUM – Antenatal Ward / Close Observation Unit	0499 825 682
MUM – Maternal Fetal Medicine	0459 958 761
MUM - Postnatal Ward	0499 861 673
NUM - Macquarie Ward / Gynae / Gynae Oncology	0499 849 894
NUM - Day Surgery Unit / Recovery	0476 871 514
NUM - Breast Centre	Page 43303
NUM – Menopause Hub	0474 995 397
NUM – Gynaecology Outpatients	0417036580
NUM – Newborn Care Centre	0467 679 107
NUM – Fertility and Research Centre	0499 727 247
Porter	# 44000
Registrar / RMO	#44081/ # 44085
Manager – Social Work	0439 756 423
Security	9382 2847
Switchboard	Dial 9

NB: NUMs/In-Charge RN to attend their own ward/unit Code Blacks only.

NB: STAFF IN CODE BLACK DISTRIBUTION PAGER LIST ABOVE, WILL RECEIVE NOTIFICATIONS, BUT DO NOT NEED TO RESPOND UNLESS ESCALATED TO RESPOND BY THE CODE BLACK TEAM LEADER.

Appendix 3- HUDDLE UP POST INCIDENT HUDDLE TOOL



NSW Health
South Eastern Sydney Local Health District
Illawarra Shoalhaven Local Health District

Facility:

HUDDLE UP
POST INCIDENT SAFETY
HUDDLE TOOL

FAMILY NAME | MRN
GIVEN NAME | ☐ MALE ☐ FEMALE
D.O.B. ____/____/____ | M.O.
ADDRESS
LOCATION / WARD
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SE1060188

STEPS (See Page 2 for facilitation guide)	DOCUMENTATION
Hello / huddle up *Introduce team, explain purpose of huddle*	Team leader: Team members:
Understand what happened *Document incident type e.g. fall, aggression, medication error* *Ask for patient's perspective of events*	Incident type
Open **D**isclosure *Offer an apology and outline what actions have been taken by team since event e.g. observations, investigations*	
Discuss what contributed to the event	
List risk factors	
Eliminate or manage risk factors *Identify specific strategies*	
Undertake actions and allocate responsibilities *Include patient/family*	
Plan *What will change because of this incident?*	

Team Leader Signature: _____ Date: _____ Pager / Phone: _____

NO WRITING

Page 1 of 2

Holes Punched as per AS2828.1:2012 BINDING MARGIN - NO WRITING

HUDDLE UP: POST INCIDENT SAFETY HUDDLE TOOL

SE060.188