

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Rounding Responder Team FEBRUARY 2026 REPORT

The Behavioral Emergency Response Team (BERT) are psychiatrically trained health care professionals that respond to any perceived or impending behavioral emergencies in various locations within Zuckerberg San Francisco General Hospital. BERT provides a trauma-informed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies.

- ### UPDATES & REMINDERS
- ❖ BERT Activities Engagement Rounds
 - ❖ BERT Services Include:
 - BERT in-services and training for staff on topics including verbal de-escalation
 - BERT Monthly Safety Tips are available on SharePoint

KEY PERFORMANCE INDICATORS



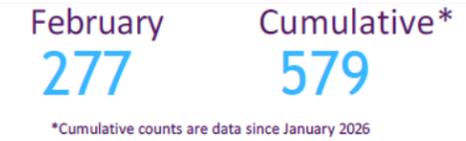
- Three Criteria for a Successful Intervention:**
1. Patient/visitor remained safe of injury
 2. Staff remained safe of injury
 3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency **OR**
 - b. did not escalate a challenging behavior

- Show of Support
- Verbal Redirection
- Verbal De-escalation
- Assist with Escort

EXAMPLE OF A SUCCESSFUL BERT ACTIVATION

BERT was activated for a patient in the Urgent Care Clinic (UCC) who was not receptive to staff redirection and refused to come out of the bathroom. **VERBAL DE-ESCALATION, VERBAL REDIRECTION, and ASSIST WITH ESCORT**

Upon BERT arrival, the primary nurse was observed by the bathroom and informed BERT that the patient remained inside. BERT staff knocked on the bathroom door and called the patient by his name. Through engagement, the patient became receptive and opened the door. When the patient existed the bathroom, the patient was observed to be undressed from the waist down and yelled out, "I can't walk, I need help." The patient made paranoid statements of "bug infestation" and was not receptive to putting on his personal clothing. BERT staff assisted the patient to a wheelchair and covered him with a blanket. The patient was provided with a new pair of pants and AOD facilitated to have patient evaluated in Psych Emergency Services (PES). BERT staff assisted with escorting the patient out of UCC and transported the patient to PES for further assessment with deputies present. No further incident was noted.



EXAMPLE OF A ROUNDIRG CONSULTATION

During rounds, nursing staff brought up a patient with a Riese order who had been refusing scheduled medications and was demanding towards nursing staff. The patient frequently used the call light and was verbally abusive when needs are not attended to immediately. BERT suggested limit setting and clustering care to help manage the patient's behavior. BERT discussed the use of a buddy system when providing interventions and emphasized safety measures when administering IMBU. Additionally, BERT also encouraged the patient to accept scheduled medications and offered standby assistance for IMBU administration.

DEPARTMENT/LOCATIONS

BERT ACTIVATIONS/CALLS	
H22/25	1
H24/26	9
H32/38	4
H34/36	6
H42/44	8
H52	11
H54/56	13
H58	9
H62/64	10
H66/68	15
H76/78	11

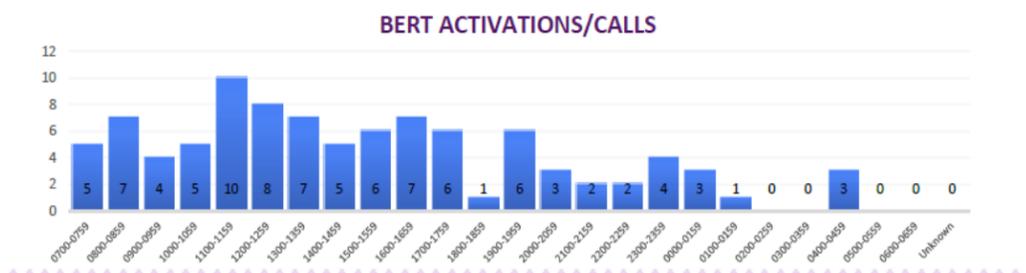
Department/Location	UCC	3M	4M	1N	CPD
Outpatient Specialty Clinic	4	1	1	2	1

Additional Areas

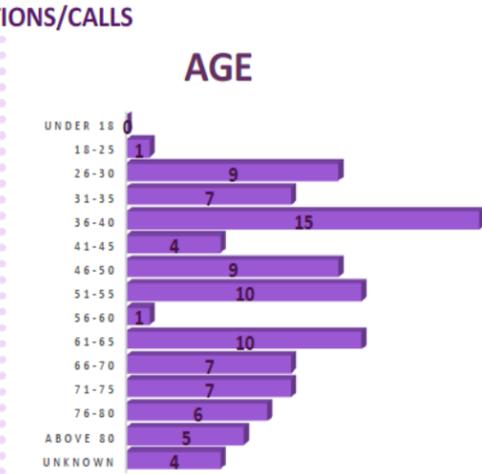
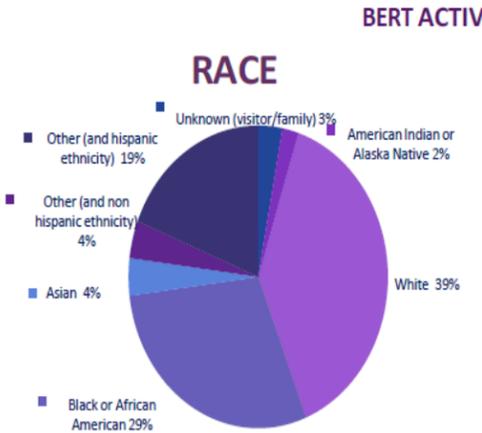
Bldg 25 Lobby	1
PreOp	2
PACU	1
MHRC	3
Chapel	1

*Outside of the hospital and Psychiatric units, aside from H52, are not covered for BERT activations. BERT support was provided per the department's and/or AOD's request

TIME



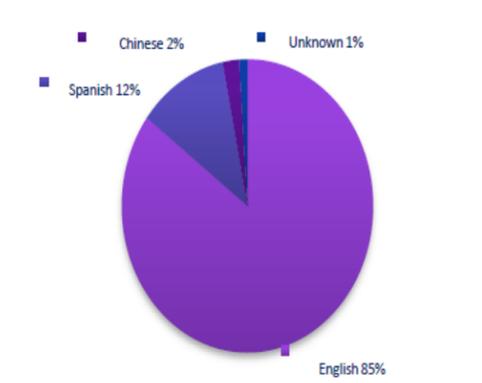
PATIENT DEMOGRAPHICS



Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

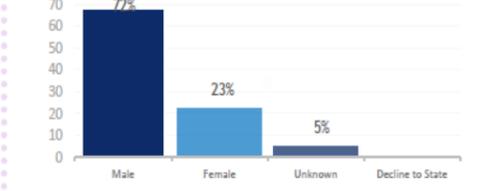
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PREFERRED LANGUAGE

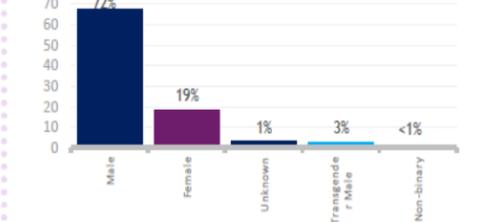


*BERT currently has staff certified as proficient in Cantonese, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

SEX ASSIGNED AT BIRTH



GENDER IDENTITY



*Unknown refers to visitors and/or declined to state on EPIC

February Monthly Safety Tip Topic:
Empathic Listening

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For further information about BERT, please contact:

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