i. Outline

CODE WHITE

(Violent / Behavioural Situation)

Any Time There Is Violence Or A Threat of Violence

Step #1
Request help from other staff members, if available.
Dial 4444 – Provide details to Operator.
Refer to Page 7.

Switchboard
Announce Code White and location three times.
Refer to Page 9.

Step #2
Isolate the area to prevent injury to bystanders.

Security Officers
Respond to the area to assist.
Refer to Page 11.

Step #3
Code White responders arrive and establish Team Intervention Leader and Code Manager roles.
Security will take direction from the charge person, and / or staff most familiar with the aggressor.
Refer to page 11.

Response

All Staff
Team Intervention Leader and Code Manager will direct or assist in implementing procedures so as to de-escalate and defuse the critical or potentially critical incident.
Security will take direction from the Charge person, and / or staff most familiar with the aggressor.
Refer to Page 7

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1.0 General Overview

1.1 Preamble

Early recognition and intervention in potentially violent situations are key to crisis prevention. In the event of rapidly escalating behavioural aggression, activating a Code White will bring necessary support to maintain or regain control of the situation and to minimize risk of injury to patients, visitors, physicians, staff and volunteers. This plan is not limited to patients; it may be used for any aggressive / violent persons.

Staff are encouraged to call a Code White when they feel threatened and de-escalation techniques are ineffective. Proactively calling a Code White to ensure the safety of staff and patients will not be subject to repercussions. A patient's legal status is not a determining factor when calling a Code White.

1.2 Proactive Measures to Prevent a Code White

- The clinical team will utilize preventative planning through behaviour observation in order to understand how the patient: interacts, communicates; and expresses aggressive behaviour in response to specific triggers.

- All clinical staff must remain vigilant for early indicators of anxiety, agitation or distress and be prepared to intervene therapeutically and safely with any patient in order to minimize risk of escalating behaviour.

- The staff response will appropriately match the phases of the person's aggression escalation continuum (subtle changes, escalating behaviours, imminent aggression, and physical aggression).

- Consistently assess your areas of work to determine if there is an elevated risk of violent / behavioural situations. Provide feedback to your immediate supervisor should you have concerns.

The vast majority of patients or visitors pose little or no risk of violence towards caregivers or others. Some people, because of emotional disturbance or a disease characteristic, may behave abusively or even violently. The best defense is constant vigilance by staff

- Try to defuse the situation and use Non-Violent Crisis Intervention techniques to maintain control of the situation
- Call the patient's unit to send a staff member that may be familiar with the patient
- Be aware of any changes in the aggressor's behaviour
- Maintain a safe distance[1] from the aggressor
- Isolate the aggressor where possible by either placing him or her in a secluded room, or by removing others in the area
- Do not approach an aggressive person alone, seek assistance wherever possible

[1] "Safe Distance" is described as 2 ½ - 3 feet from a person. It is the ability to see a person's entire body (head to toe) using peripheral vision while looking at their facial area

- Be aware of the environment and always have an escape route identified
- Be aware of those who may need to be rescued in the area

Where, in spite of preventative measures, if someone's behaviour becomes abusive and / or dangerous; or the caregiver perceives that they are caught in a dangerous situation the following principles should be applied:

Immediate Action:
On entering a patient's room where you sense the possibility of, or have reason to expect, abusive or violent behaviour, **DO NOT** allow the patient or visitor to block your escape route through the doorway.

- If you have concern about your safety, alert a co-worker, your supervisor or Security **(4142)** to stand by or to help
- Call the **CODE WHITE** if the situation escalates
- If you are caught in a dangerous situation, or you are being attacked and cannot immediately retreat to safety; call, scream or yell for help
  - Alternately, use the Vocera Panic Alarm function[2], if available
- Wait for assistance to stabilize the patient or visitor, if possible

Follow Up:

- Get immediate treatment for any injuries received
- Let others help you, and seek medical attention when advised
- Make notes of as many details as possible to facilitate a future investigation, and to prevent that type of incident from happening in the future

For Potentially Violent Visitor:
If a visitor is acting out, call for help before approaching the visitor:

- Security is available 24 hours a day through the Security Operations Centre **(4142)**
- Notify the affected area Manager or Charge Nurse, and ensure that the nurse is accompanied by a co-worker or Security Officer
- The affected are Manager or Charge Nurse will instruct the visitor to leave, and the visitor will be escorted off property by Security

1.3 Glossary

Code White Response
A Code White may be initiated if there is escalating behavioural aggression and/or a threat of violence/assault made by a person that is believed to be serious and imminent and the immediate staff and resources are insufficient to de-escalate the person and respond safely and effectively.

Violent Episode
A situation where a person is demonstrating a total loss of control, which results in a physical acting out episode as defined in the third level of the Crisis Prevention Institute's Crisis Development Model.

[2] Vocera Panic Alarm function explained in General Overview section 1.7.

Use of Restraints[3]

Policy

1. Restraints are used only in an emergency; when there is an immediate risk of harm to self or others and available alternative actions have failed or are deemed ineffective.
2. Possible alternatives to restraint are identified and evaluated prior to the use of restraints.
3. Where restraint is unavoidable, the least restrictive form of restraint is used.
4. Restraint is a temporary measure and discontinued as soon as possible.
5. A physician's written order is required for chemical restraints. A physician's order also may be required for select physical restraints and environmental restraints as per hospital "Acceptable Restraint List" (Appendix B).
   5.1. In an emergency, a regulated health care provider may apply a physical/environmental restraint that normally requires a physician's order.
6. Informed consent from the patient/client or substitute decider is obtained prior to the use of all restraints.
   6.1. In an emergency, a restraint may be administered/applied without consent.
7. Patients who are restrained are monitored (see Patient Monitoring).
8. Close observation is required while an individual is physically restrained. The care plan of an individual may require constant observation for a period of time.
9. Documentation includes steps leading to restraint use and withdrawal of restraints, assessment, reassessment and monitoring.
10. Personnel involved in direct patient/client care receive orientation and ongoing education with respect to least restraint (i.e. policy and procedure, least restraint use, and use of alternative measure).

Team Intervention Leader

A clinical staff member / Security Officer in the area where the Code White occurs, who has knowledge of the person and the necessary therapeutic intervention skills (e.g. Non-violent crisis intervention). The Team Intervention Leader maintains a therapeutic and least restrictive approach to defuse the crisis incident. The level of response by Security will be determined by the Team Intervention Leader at the time of the incident.

The Team Intervention Leader can be:

1. the first person on the scene
2. any team member with the confidence and competence in handling crisis situations
3. the team member who has the best rapport with the acting out individual

The Team Intervention Leader duties include:

1. assessing the situation
2. planning the intervention
3. directing or cue the other team members
4. communicating with the acting out individual

[3] Kingston General Hospital Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

Code Manager
The Code Manager is a clinician (affected area Manager / Administrative Coordinator) who supports the Team Intervention Leader, and assists with coordination of the overall intervention. He/she, as directed by or in consultation with the Team Intervention Leader determines:

- the number of staff needed and redirect others back to their work areas
- the medication or mechanical restraints to be brought to the scene
- assignment of specific duties to other staff
- when the code is over ("All Clear will not be announced overhead for Code White)

Code White Response Team
The responders to Code White will consist of a team of trained inter-professional staff (e.g. clinical staff, Security, affected area Manager / Administrative Coordinator and attending physician) who will work together to effectively de-escalate or respond to a person who is aggressive.

Security
The level of response by Security will be determined by the Team Intervention Leader at the time of the incident.

Restrain[4]
To "place the person under control by the minimal use of such force, mechanical means or chemical as is reasonable having regard to the person's physical and mental condition". (Patient Restraint Minimization Act 2001)

Physical Restraint[2]
Any physical or mechanical device used to involuntarily restrain the movement of the whole or a portion of a patient's or client's body as a means of controlling physical activity e.g. lap trays, gerichairs, lap belts, padded limb holders.

Chemical Restraint[2]
A pharmacological agent given for the sole purpose of inhibiting behavior that threatens the safety of the individual or others. A chemical restraint is not a standard treatment for the patient/client's medical or physical condition.

Environmental Restraint[2]
Any structural barrier that prevents a patient/client's movement from one location to another and includes side rails, monitoring devices, locked doors, "time out rooms", seclusion rooms.

Incident Debriefing
A group or individual discussion regarding the Code White incident response. It is an opportunity to provide support and education to responding staff and assess the impact and safety of staff and patients following a Code White. This may occur immediately

[4] Kingston General Hospital Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

after the incident. Based on the circumstances of the incident a more in-depth debriefing may also occur in the days following the incident.

1.4 Code to be Used in Case of a Violent / Behavioural Situation

All attempts to defuse a situation involving a person whose behaviour is escalating rapidly into an "acting out" phase have been exhausted by staff on hand and it is perceived that the attending staff involved in a violent incident may not be able to safely and effectively defuse the situation, or:

- A threat of violence / assault made by a person is perceived as serious and imminent and the immediate personnel and resources are insufficient to respond safely and effectively.
- It is necessary to impose emergency restraint on an individual(s) who is displaying "acting out" behaviour and adequate staffing is not at hand.

1.5 Authority to Declare a Code White

A Code White may be called by:

- Any staff member who is involved in a violent incident or is in the immediate area and who determines extra personnel and / or resources are required immediately, can dial 4444 and advise the Operator to announce a Code White.

1.6 Activation of Code White

- The staff member who advises the Operator to call a Code White shall provide the location (building and level where the incident is taking place).
- The Operator will immediately announce Code White and the area three (3) times in succession over the public address system.

1.7 Vocera Panic Alarm Function

Vocera communication devices feature a panic alarm function that can be activated by quickly "double-tapping" the Vocera button. When this is occurs, a Security Officer will use a standardized reply of "Hi (caller's first name), is everything alright?" The caller should then indicate, whether they need assistance and their location. If it was an accidental activation, the caller should reply back indicating as such.

1.8 Incident Command Centre

The Incident Command Centre may be established during a Code White by the Team Intervention Leader.

1.9 Emergency Restraint

For the use of restraint in an emergency situation, please refer to:
Kingston General Hospital Administrative Policy Manual:
Subject: Least Restraint - Number: 13-360

1.10 All Clear Announcements

An "All Clear" announcement will not be made for Code Whites.

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2.0 Response & Recovery/Post-Vention – All Staff

Response

2.1 Procedure if You Are Aware of a Violent / Behavioural Situation

- ☐ The staff member who makes the assessment that the Code White is to be called will direct someone to dial **4444** providing:
  - ☐ Name and title
  - ☐ Location
  - ☐ Nature of emergency **(Code White)**
  - ☐ If a weapon is involved or suspected, request that the Police be notified immediately, and identify the weapon if possible
- ☐ Staff will initiate such procedures to assist the person in crisis to regain self control or implement such "emergency restraint procedures" as necessary to temporarily maintain the person in crisis as safely as possible
- ☐ Consider the need to initiate a Behavioural Crisis Alert (BCA) when one or more of the risk factors for BCA has been identified

2.2 Procedure if You Hear a Code White Announced Overhead

- ☐ Security will respond to assist
- ☐ Those who respond to a Code White should take direction from the Team Intervention Leader and staff who are most familiar with the aggressor
- ☐ When responding avoid surging into the area in large numbers; it may only escalate the situation

Recovery/Post-Vention

2.3 Upon Notification That the Crisis Has Concluded

- ☐ If you are the initiator of the Code White be prepared to provide a statement to the attending Security Officer for reporting purposes
- ☐ Ensure the person in crisis is appropriately assessed and restrained if required
- ☐ Initiate observation, documentation and reports as appropriate to the situation
- ☐ Complete Patient Behaviour Crisis Alert (BCA) Record to activate alert in Patient's Electronic Heath Record (in PCS) and on Teletracking System.
  - ☐ Post BCA stickers on patient profile, spine of patient chart, and in patient's room, as appropriate.
- ☐ Those involved in the incident may take some "time out" to regain personal composure before returning to work, if necessary
- ☐ Participate in a incident debriefing session following the incident
- ☐ Watch for signs of critical incident stress and encourage one another to contact the Occupational Health & Infection Control Department for assistance, as needed

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3.0 Response & Recovery - Switchboard

Response

3.1 Upon Notification of a Code White

Caller information:

Name & Title:	
Location:	
Weapons (if any):	

☐ Announce **"CODE WHITE (location)"** three times in succession over the public address system

☐ If requested to do so, notify the Police **(911)**

- ☐ **Do not use the term Code White, instead say "violent person"**
- ☐ **Include any information regarding weapons involved**

☐ Notify Security Operations Centre **(4142)**

Recovery

3.2 Upon Notification That the Crisis Has Concluded

☐ An "All Clear" announcement will not be made for Code Whites.

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4.0 Response & Recovery/Post-Vention – Protection Services

Response

4.1 Upon Receiving Notification of a Violent / Behavioural Situation

Kingston Hospital's Security Operations Centre Operator

☐ Announce Code White and location over the radio network

Shift Supervisor

☐ Proceed to the location of the incident and provide assistance as requested

☐ Direct non-essential staff and visitors away from the area to prevent unnecessary injury

☐ When dealing with a person, and at the instruction of the health care provider in attendance, Security may physically restrict the acting out person's movements

☐ If the acting out person is not a patient determine the best course of action (e.g. escorting off property, detaining for the Police etc.)

- ☐ Request the Security Operations Centre to notify the Police **(911)** for situations beyond the training and capability of the Protection Services department

Security Officers

☐ Proceed to the location of the incident and provide assistance as requested

☐ Direct non-essential staff and visitors away from the area to prevent unnecessary injury

☐ When dealing with a person, and at the instruction of the health care provider in attendance, Security may physically restrict the acting out person's movements

☐ If the acting out person is not a patient determine the best course of action (e.g. escorting off property, detaining for the Police etc.)

- ☐ Request the Security Operations Centre to contact the Police **(911)** for situations beyond the training and capability of the Protection Services department

Recovery/Post-Vention

4.2 Upon Notification That the Crisis Has Concluded

Shift Supervisor

- ☐ Provide assistance as required
- ☐ Participate in a post-incident debriefing session with the Team Leader and Code Manager
  - ☐ Ask the following questions:
    - ☐ Is there is a BCA active on the patient?
    - ☐ Will a BCA be activated on then patient?

  If 'no' or 'unsure' to the above questions:
    - ☐ State: “As per our responsibility to communicate the risk of physical violence to others, please consider the appropriateness of activating a BCA at this time.”

Security Officer

- ☐ Provide assistance as required
- ☐ Participate in a post-incident debriefing session with the Team Leader and Code Manager

5.0 Response & Recovery/Post-Vention – Team Intervention Leader / Code Manager

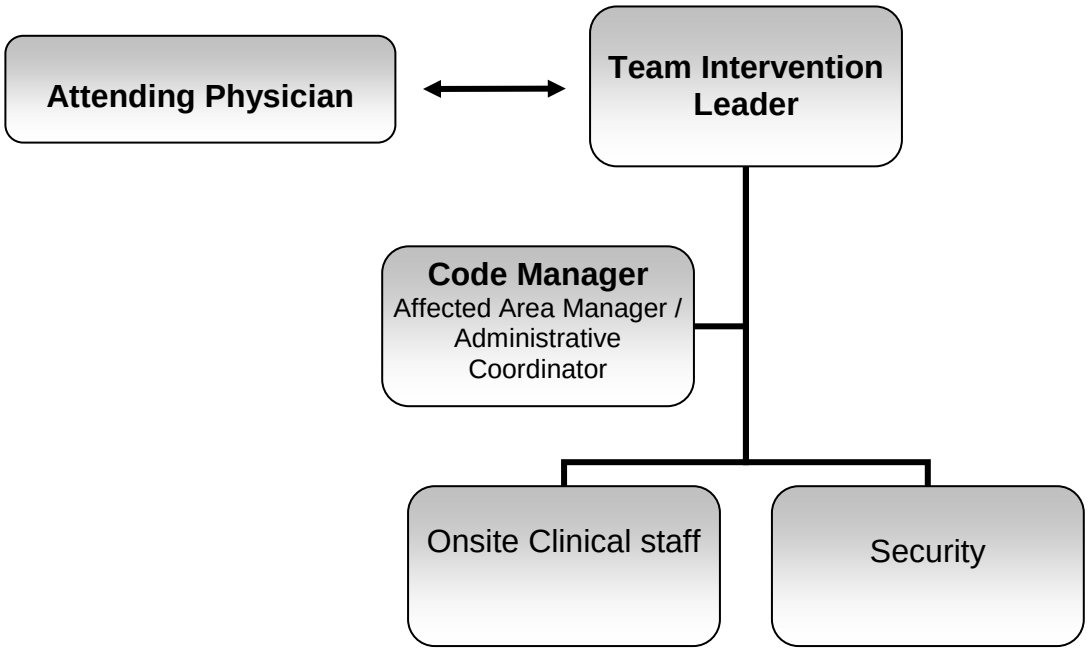
Response

5.1 Incident Management System

Specific responsibilities may be assigned to appropriate staff to ensure interdepartmental coordination during an emergency to facilitate direction and control of response and recovery actions.

The assigned roles that may be established during a Code White include:

- ☐ Team Intervention Leader – has the primary role to communicate with the person in crisis and direct the team during the incident
- ☐ Code Manager – supports Team Intervention Leader
- ☐ Security Officer(s) – The level of response by Security will be determined by the Team Intervention Leader at the time of the incident
- ☐ Attending Physician – assessment and treatment
- ☐ Onsite Clinical staff – follow direction from Team Intervention Leader



5.2 Procedure if You are Aware of a Violent / Behavioural Situation

In most instances the Team Intervention Leader is the first person on the scene; any team member with the confidence and competence in handling crisis situations; and/or the team member who has the best rapport with the acting out individual.

Team Intervention Leader

- ☐ Assess the situation and plan the intervention to defuse the immediate crisis incident
- ☐ Ensure someone has dialed **4444** and advised Switchboard to announce Code White and the location (building / level)
- ☐ Direct or assist in implementing hospital sanctioned procedures so as to de-escalate and defuse the critical or potentially critical incident
- ☐ Communicate any known patient de-escalation preferences or potential escalating triggers
- ☐ Communicate all known medical, emotional/psychological, physical, or psychiatric risk factors of the patient in crisis
- ☐ Implement such “Emergency Restraint Procedures” as necessary to temporarily maintain the acting out person as safely as possible
- ☐ Disengage from the incident if the intervention is ineffective or if cued by the Code Manager

Code Manager (Affected area Manager / Administrative Coordinator)

- ☐ Assess the situation and receive direction and input from the Team Intervention Leader to assist with the intervention
- ☐ As directed by or in consultation with the Team Intervention Leader, brief all staff upon arrival and delegate duties:
  - ☐ Retrieve and assist with mechanical/chemical restraints (if needed)
  - ☐ Clear the area of potentially dangerous objects
  - ☐ In a professional manner, ensure other patients are re-directed from the immediate area
  - ☐ In a professional manner, ensure visitors and family members are re-directed from the immediate area
- ☐ As directed by or in consultation with the Team Intervention Leader, determine the number of staff needed and redirect others back to their work areas once enough have arrived to provide an appropriate response

☐ Prompt Team Intervention Leader to disengage from the incident if they are no longer effective in being able to defuse or de-escalate the person and delegate another responder to the role

Security

☐ Accept direction from the Team Intervention Leader or Code Manager:
- ☐ In a professional manner, ensure other patients are re-directed from the immediate area
- ☐ In a professional manner, ensure visitors and family members are re-directed from the immediate area
- ☐ Remove any potential hazards in the environment
- ☐ Assist in the restraint process as needed under the direction of the Code Manager and/or clinical staff

☐ Document as needed

Recovery/Post-Vention

5.3 Upon Notification That the Crisis Has Concluded

Team Intervention Leader

☐ In consultation with the Code Manager (Affected area Manager / Administrative Coordinator), determine that the staff and acting out person are safe and the Code White can be declared all clear – "All Clear" will not be announced overhead for Code Whites

☐ Initiate care for the patient by ensuring the following actions are taken:
- ☐ Brief clinical assessment of the physical and mental status of the person involved in the incident
  - ☐ Post staff to initiate close / constant observation and continue restraint protocols (set up rotation) as indicated Kingston General Hospital Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

Code Manager (Affected area Manager / Administrative Coordinator)

☐ Document the incident in Safe Reporting

☐ Facilitate post-incident debriefings with staff and patients

☐ Watch for signs of critical incident stress and encourage staff to contact the Occupational Health & Infection Control Department for assistance via the EFAP

Security

☐ Participate in a Post-Incident Debriefing

☐ Refer to 4.2 Recovery – Protection Services section on page 12

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6.0 Response & Recovery/Post-Vention – Attending Physician

Response

6.1 Upon Receiving the Code White Notification

☐ Where available, the attending physician will respond according to the level of risk – criticality / severity of the situation

☐ Be aware of the occurrence or provide direction for care via phone

Recovery/Post-Vention

6.2 Upon Notification That the Crisis Has Concluded

☐ Provide follow up care for the person involved

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