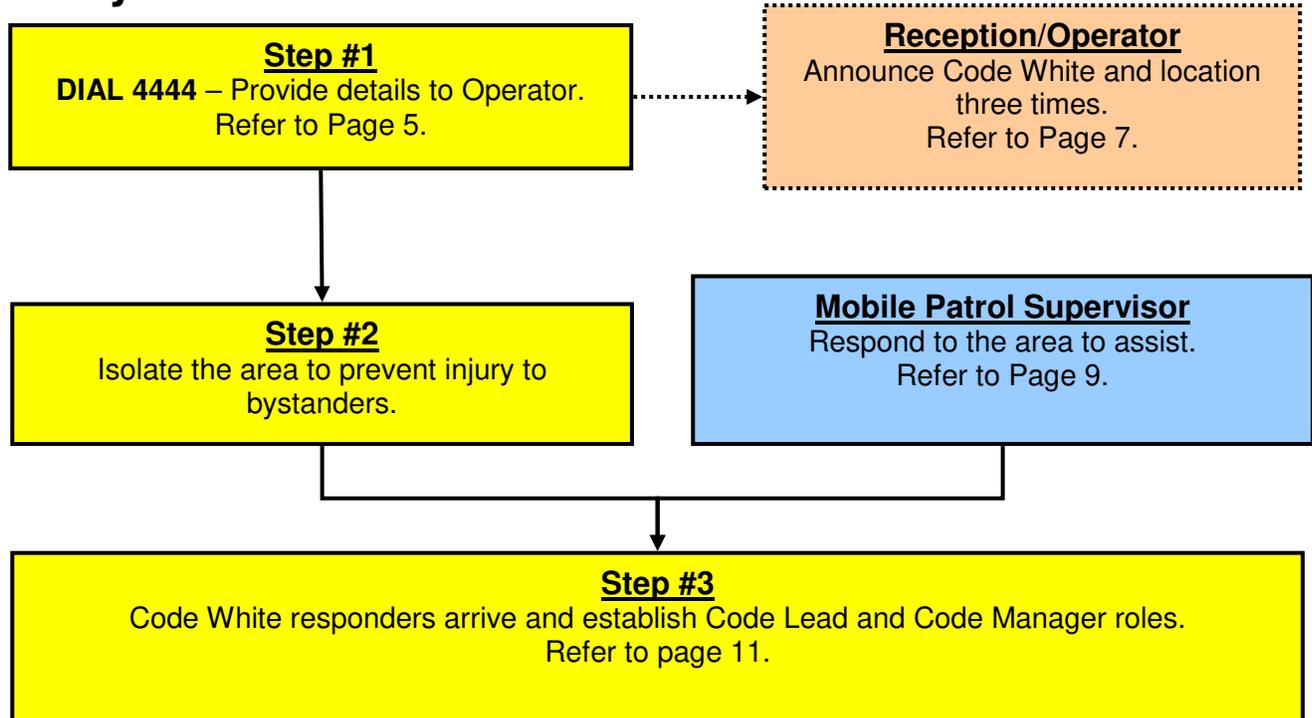


i. Outline

CODE WHITE

(Violent/Behavioural Situation)

Anytime There Is a Violent/Behavioural Situation



Code White Response

| | |
|--|---|
| <u>Response Team</u> | |
| <ul style="list-style-type: none"> • Person initiating Code White • Mobile Patrol Supervisor | <ul style="list-style-type: none"> • Designated nurses or delegates • Director of Care/Assistant Director of Care <p>Refer to Page 11</p> |

All Staff

Code Leader and Code Manager will direct or assist in implementing procedures so as to de-escalate and defuse the critical or potentially critical incident
Refer to Page 5

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1.0 General Overview

1.1 Preamble

Early recognition and intervention in potentially violent situations are key to crisis prevention. This plan is not limited to residents; it may be used for any aggressive/violent persons. In the event an acting out person shows signs of rapidly escalating behavioral aggression, and/or a risk of harm to self or others (verbal threats included) activating a Code White will provide:

- a standard response for staff to manage “acting out” persons
- necessary support to maintain or regain control of the situation
- the means to minimize risk of injury to residents, visitors, physicians, staff and volunteers
- structure for notifying other staff working in the Home of the incident
- assistance to the “acting out” person to regain control of their behaviour

Staff are encouraged to call a Code White when they need help with an acting out person, feel threatened and/or there is a risk of harm to a resident or others, and de-escalation techniques are ineffective. Proactively calling a Code White to ensure the safety of staff and residents will not be subject to repercussions. A resident’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 profiling to understand how the resident interacts, communicates; and expresses protective or defensive behaviour in response to specific triggers.
- All clinical staff must remain vigilant for early indicators of a person in crisis: anxiety, agitation or defensiveness and intervene safely and effectively in order to avert the crisis and minimize risk of assaultive behaviour.
- Staff’s responses to the behaviours of a person in crisis that incorporate the Gentle Persuasive Techniques from the GPA training sessions will provide the bases for consistent and effective intervention strategies.

1.3 Gentle Persuasive Approach to Dementia Care (developed by AGE Inc.)

- Ensure only 1 person is communicating with the person
- Stay calm, confident and self-controlled
- Keep communications simple, short and clear
- Avoid arguments and power struggles
- Assign others to relocate residents and others in order to isolate the resident experiencing catastrophic responsive behaviour
- Attempt to remove possible triggers i.e. bright lights loud noise (TV, radio), an audience
- Stay at least a leg-length away from the defensive/protective person
- Don’t let the person get between you and an exit from the room/area

- Don't try to handle the situation alone; request assistance from team members in the immediate vicinity
- Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression, respond with unconditional positive regard
- If attempts to defuse the person are unsuccessful and sufficient staff are not at hand initiate a Code White response by having someone call Reception (**4444**).

Providence Manor management will provide GPA training and incorporate a review of the Code White response plan to all new staff involved in Code White response. In addition, the Protection Services department will facilitate periodic "in-services" on each resident care area.

1.4 Glossary

GPA

Gentle Persuasive Approach to dementia care: Responding to a person with responsive behaviours (see section 1.3)

Code White Response

A Code White may be initiated if there is escalating 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.

Acting Out Person

A person demonstrating a total loss of control, which results in a physical acting-out episode. This is defined in the Crisis Prevention Institute's Crisis Development Model as the third level of Crisis Development Behaviour. It is preceded by level one; anxiety and level two; defensiveness. The fourth and last stage is tension reduction.

Code Leader

A clinical staff member in the area where the Code White occurs, who has knowledge of the person and the necessary therapeutic intervention skills (e.g. GPA training).

The Code Leader maintains a therapeutic and least restrictive approach to defuse the crisis incident. The level of response by Security will be determined by the Nurse-in-Charge at the time of the incident.

The Code Leader can be:

- The Registered Nurse in charge of the Resident Home Area/Home (who will respond to all Code White situations in the Resident Home Area/Home)
- The first person on the scene
- Any team member with the confidence and competence in handling crisis situations
- The team member who has the best rapport with the acting out individual

The Code Leader duties include:

- Assess the situation
- Plan the intervention
- Direct or cue the other team members
- Communicate with the acting out individual

Code Manager

The Code Manager is a clinician (Director of Care, Assistant Director of Care/Delegate) who supports the Code Leader, and assists with coordination of the overall intervention. He/she may determine, as directed by or in consultation with the Code Leader:

- The number of staff needed and redirect others back to their work areas;
- The medication to be brought to the scene
- Assignment of specific duties to other staff
- Determine if Police are required, contact Reception and provide brief details
- When the code is over and when to call Reception for the All Clear announcement
- Facilitation of a formal post-incident debriefing

Code White Response Team

The responders to Code White will consist of a team of trained inter-professional staff (e.g. clinical staff, Security, physicians, and Director of Care, Assistant Director of Care/Delegate) who will work together to effectively de-escalate or respond to a person who is aggressive.

Each Resident Home Area will assign a responder to respond to Code White calls each shift. Non-clinical staff will function in an auxiliary role with their response to be directed by the Charge Nurse.

Security

The level of response by Security will be determined by the Code Manager at the time of the incident.

Control¹

The degree of influence required to maintain resident safety under extreme circumstances or when there is reason to believe the resident has lost personal control (mentally, physically or in terms of their behaviour) to the extent where intervention is necessary.

Personal Safety Techniques

Maneuvers taught to all GPA trained staff to protect the staff and the acting out individual from injury when behaviour escalates to the physical level.

Chemical Restraint (requires a physician order and family consent)

Using medication to temporarily reduce a target behaviour that may or may not be related to the illness; to assist with calming an overly aggressive or agitated behaviour.

¹ Providence Care Clinical Practice Manual: Emergency Restraint CLIN-PP-65

Chemical restraints are any form of psychoactive medication used, not to treat illness, but to intentionally inhibit a particular behaviour or movement. (College of Nurses, 2009).

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 residents following a Code White. This may occur immediately after the incident. Based on the circumstances of the incident, a more in-depth debriefing may also occur in the days following the incident.

1.5 Code to be Used in Case of a Need for Extra Resources

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 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.

1.6 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.

1.7 Activation of Code White

- The staff member who advises the Operator to call a Code White shall provide the location (Resident Home Area or area 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.

1.8 Personal Alert Devices

Staff will utilize personal alert devices, where available, to obtain help from those within auditory range during an emergent violent/behavioural situation.

2.0 Response & Recovery – All Staff

Response

2.1 Procedure if You Are Aware of a Violent/Behavioural Situation Where There is an Urgent Need for Extra Personnel and/or Resources

- If available, and deemed necessary, utilize personal alert device to get assistance from staff in audible range
- 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 by implementing the Gentle Persuasion Approach to provide safety for the staff and individual
 - If the situation is beyond the capability of staff, retreat to a safe location, evacuating residents, visitors and staff to the best of your ability. Ensure the Police have been notified

2.2 Procedure if You Hear a Code White Announced Overhead

- All assigned clinical staff with the approval of the Charge Nurse/Delegate², that can safely leave their area will respond to a Code White
- Security will respond to assist
- Non-clinical staff in the vicinity of the Code White will cease regular duties and are expected to give assistance as required (i.e. open doors, keep corridors clear, etc.)
- Those who respond to a Code White should report to and take direction from the Code Leader and staff who are most familiar with the person
- When responding avoid surging into the area in large numbers, it may only escalate the situation (i.e. move quickly to the location but walk in).

Recovery

2.3 Upon Notification That the Crisis Has Concluded

- Ensure the person in crisis is appropriately assessed and restrained if required
- Initiate observation, documentation and reports as appropriate to the situation
- Report the incident in SafeT-Net with flags to Risk Management, Occupational Health, Safety, and Wellness, and Protection Services

² Delegate refers to the next level of appointed authority, in this case the Registered Practical Nurse.

- Those involved in the incident may take some “time out” to regain personal composure before returning to work, if necessary
- Participate in a formal incident debriefing session following the incident
- Watch for signs of critical incident stress and encourage one another to contact the Occupational Health, Safety, and Wellness and Spiritual Health for assistance, as needed or directed by the Director of Care or Administrator.

3.0 Response & Recovery – Reception

(After normal Reception hours the 4444 number is answered by the Kingston Hospitals' Security Operations Centre Operator and will perform all Reception job actions listed below)

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 situation” and briefly explain**
 - Include any information regarding weapons involved**
- Notify Security Operations Centre via **3242** from Reception Console or **613-548-2484** from an external line

Recovery

3.2 Upon Notification That the Crisis Has Concluded

- Announce over the public address system three times, “**Code White, All Clear**”

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4.0 Response & Recovery – Protection Services

Response

4.1 Upon Receiving Notification of a Code White Kingston Hospital's Security Operations Centre

Security Operations Centre Operator

- When Reception is off-duty, perform Reception functions (see 3.0 Response & Recovery – Reception, page 7)
- Notify Mobile Patrol Supervisor

Mobile Patrol Supervisor

- Proceed to the location of the incident and provide assistance as requested
- Accept direction from the Code Leader or Code Manager:
 - In a professional manner, ensure other residents, non-essential staff, visitors and family members are re-directed from the area to prevent unnecessary injury
 - Remove any potential hazards in the environment
 - When dealing with a person, and at the instruction of the Code Leader and/or Code Manager, Security may physically restrict the acting out person's movements
 - Assist in the restraint process as needed under the direction of the Code Leader and/or Code Manager
- If the acting out person is not a resident determine the best course of action (e.g. escorting off property, detaining for the Police, etc.)
 - Notify the Police (**911**) for situations beyond the training and capability of the Protection Services department
- Document as per standard procedure

Recovery

4.2 Upon Notification That the Crisis Has Concluded

Security Operations Centre Operator

- When Reception is off-duty, perform Reception functions (see 3.0 Response & Recovery – Reception, page 7)
- Notify Mobile Patrol Supervisor, if not already aware

Mobile Patrol Supervisor

- Provide assistance as required
- Participate in a formal post-incident debriefing session with the Code Manager/delegate
- Complete comprehensive incident report/use of force report, as required

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5.0 Response & Recovery – Code White Response Team/Code Leader/Code Manager

Response

5.1 Code White Response Team

The Code White Response Team consists of:

Weekdays

- 1 PSW from each Resident Home Area
- Registered Nurse in charge of Resident Home Area
- DOC or ADOC or Designate
- Ancillary (non-clinical) staff in the area (Housekeeping, Maintenance, etc.)
- Security Mobile Patrol Supervisor

Evenings, weekends and holidays

- PSW from each Resident Home Area
- Registered Nurse in Charge
- Ancillary (non-clinical) staff in the area (Housekeeping, Maintenance, etc.)
- Security Mobile Patrol Supervisor

Nights

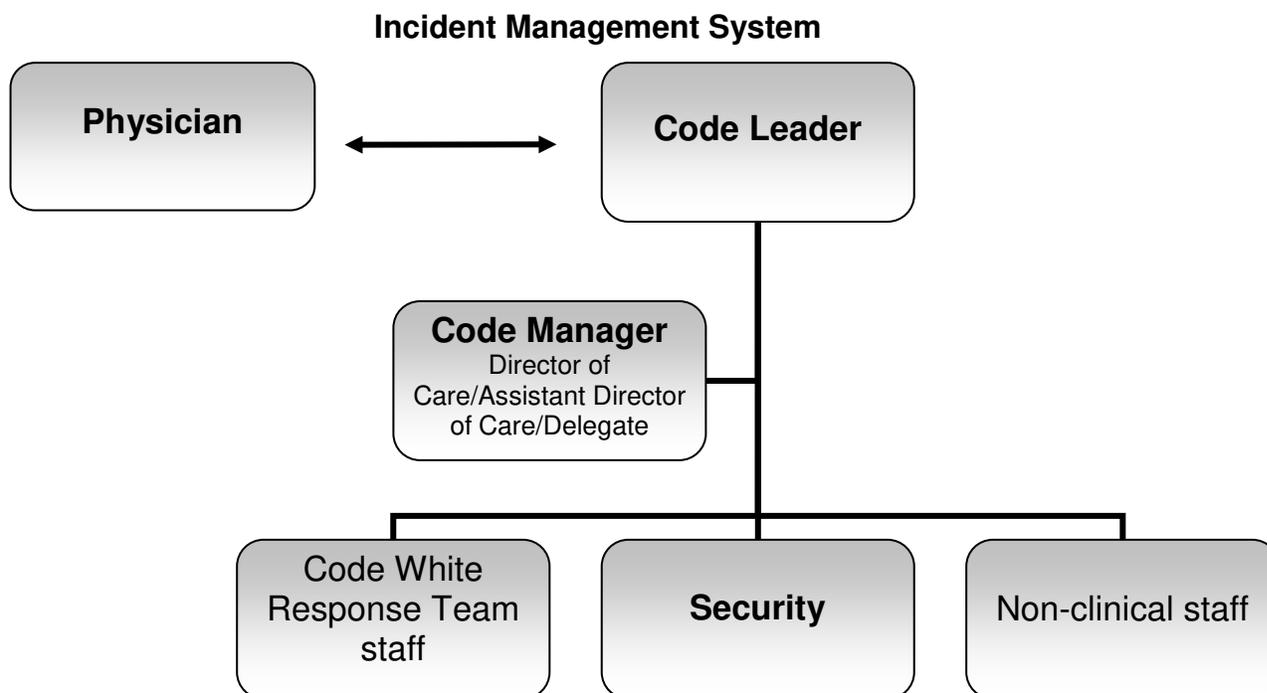
- Registered Nurse in Charge
- 1 Registered Practical Nurse
- Security Mobile Patrol Supervisor

5.2 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:

- The Code Leader – has the primary role to direct the team during the Code White and to communicate with the person in crisis
- Code Manager – supports the Code Leader
- Security Officer(s) – The level of response by Security will be determined by the Code Leader at the time of the incident
- Attending Physician – assessment and treatment
- Onsite Clinical staff – follow direction from the Code Leader
- Non-clinical staff responders – assist with isolating the area (closing doors, redirecting visitors and residents from the incident area, etc.)



5.3 Procedure if you are aware of an acting out incident or there is an urgent need for extra personnel and/or resources

In most instances the Code Leader is the first Code White Response Team member 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.

Code Leader (Nurse-in-Charge/Staff member with best rapport, etc.)

- Assess the situation and plan the intervention to defuse the immediate crisis incident
- Ensure someone has dialed **4444** and has provided the Operator their name and location (Resident Home Area or otherwise) where the incident is taking place, the nature of the incident, and information regarding weapons involved, if any.
- Direct or assist in implementing hospital sanctioned procedures so as to deescalate and defuse the critical or potentially critical incident
- Communicate any known resident de-escalation preferences or potential escalating triggers
- Communicate all known medical, emotional/psychological, physical, or psychiatric risk factors of the resident 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 (Director of Care, Assistant Director of Care/Delegate)

- Assess the situation and receive direction and input from the Code Leader to assist with the intervention
- In consultation with the Code Leader, brief all staff upon arrival and delegate duties:
 - Retrieve and assist with chemical restraints (if needed and authorized)
 - Clear the area of potentially dangerous objects
 - In a professional manner, ensure other residents are re-directed from the immediate area
 - In a professional manner, ensure visitors and family members are re-directed from the immediate area
- Ensure resident's physician is made aware of the incident
- Notify Manager/Administrator on-call
- Contact Power of Attorney/Substitute Decision Maker, as required
- In consultation with the Code 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 Code 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 Code Leader or Code Manager:
 - In a professional manner, ensure other residents 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 per standard procedure

Recovery**5.4 Upon Notification That the Crisis Has Concluded****Code Leader**

- In consultation with the Code Manager (Program Manager/Nursing Supervisor/Delegate), determine that the staff and acting out person are safe and the Code White can be declared all clear
 - Ensure the Operator is advised to call Code White – All Clear
- Initiate care for the resident by ensuring the following actions are taken:
 - Brief clinical assessment of the physical and mental status of the person involved in the incident
- Report the incident in SafeT-Net with flags to Risk Management, Occupational Health Safety, & Wellness, and Protection Services
- Review legislative requirements for reporting of incident
- Report incident to Ministry of Health and Long Term Care or other agencies, as required

Code Manager (Director of Care, Assistant Director of Care/Delegate)

- Supplement the incident report in SafetE-Net from the Code Leader
- Facilitate a formal post-incident debriefing with staff and residents and incorporate the debriefing outcome in SafetE-Net
- Follow up with any staff who may have been injured. Ensure they seek medical attention, as required.
 - Ensure any required notifications are made (i.e. Occupational Health, Safety & Wellness/WSIB/Union)
- Watch for signs of critical incident stress and encourage staff to contact the Occupational Health, Safety, & Wellness department for assistance via the Employee & Family Assistance Program

Security

- Participate in a Post-Incident Debriefing
- Refer to 4.2 Recovery – Protection Services section on page 12

6.0 Response & Recovery – Physician

Response

6.1 Upon Receiving the Code White Notification

- 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
- If emergency restraint is initiated provide direction to continue/discontinue emergency restraint procedures

Recovery

6.2 Upon Notification That the Crisis Has Concluded

- Provide follow up care for the person involved
- Notify Power of Attorney/Substitute Decision Maker

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7.0 Appendix A: Code White Debriefing Form

Date: _____ Start: _____ End: _____

Charge Nurse: _____

Debriefing Attendees: PLEASE PRINT

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Expected actions:

- Call **4444** for notification of the Code White
- Remove unsafe objects from environment to prevent injury.
- Remove personal effects that may cause injury to response team. E.g. pens, scissors, neckties, etc.
- Ensure scene safety by controlling crowd. Remove unnecessary individuals from area.
- Remain at least a leg length away from aggressor.
- Remain calm and utilize Gentle Persuasion Approach techniques.
- If situation escalates beyond the capability of staff, call **911** to notify Police.

Debriefing Questions:

Were expected actions completed? If not, which actions were missed?

What went well during the response to the incident?

What needs improvement?

Were the Police called? If so, what was the outcome?

Were any staff injured? Have they received first aid?

Additional comments:

Reports completed:

SafetE-net Occupational Health, Safety and Wellness Behavioural Alert

Please forward this debriefing report to the Director of Care for review.

| Action Taken/Recommendations/Follow Up | Most Responsible Person(s) |
|---|----------------------------|
| <ul style="list-style-type: none"> ▪ Reminder about EFAP Crisis Management Services (Manager to coordinate date and time) ▪ Reminder about Employee & Family Assistance Program (EFAP) ▪ Completion of SafetE-Net report | |

DISTRIBUTION OF COMPLETED DEBRIEFING FORMS

| After a Hospital CODE Blue/99/White | After a Hospital Emergency Restraint | After a Workplace Violence Incident |
|---|---|--|
| <p>Send a copy of the debrief form to: At Providence Care Hospital:</p> <ul style="list-style-type: none"> ▪ Vice-President, Medical and Academic Programs ▪ Vice-President, Patient and Client Care ▪ Senior Director ▪ Director, Medical Administration ▪ Manager ▪ Educator ▪ Chair, Medical Codes Subcommittee (Code Blue/99 only) <p>At Providence Manor:</p> <ul style="list-style-type: none"> ▪ Director of Care ▪ Medical Director <p>For repository:</p> <ul style="list-style-type: none"> ▪ Secretary, Occupational Health, Safety & Wellness | <p>Send a copy of the debrief form to: At Providence Care Hospital:</p> <ul style="list-style-type: none"> ▪ Vice-President, Patient and Client Care ▪ Senior Director ▪ Manager ▪ Educator <p>At Providence Manor:</p> <ul style="list-style-type: none"> ▪ Director of Care ▪ Medical Director <p>For repository:</p> <ul style="list-style-type: none"> ▪ Secretary, Occupational Health, Safety & Wellness | <p>Send a copy of the debrief form to:</p> <ul style="list-style-type: none"> ▪ Director, Occupational Health Services <p>For repository:</p> <ul style="list-style-type: none"> ▪ Secretary, Occupational Health, Safety & Wellness |

| After Other CODES, e.g. Red/Green/Black/Brown | After a Traumatic Workplace Event |
|---|---|
| <p>Send a copy of the debrief form to:</p> <ul style="list-style-type: none"> ▪ Manager(s) ▪ Portfolio Directors(s) ▪ Portfolio Vice-President(s) ▪ Manager, Emergency Management, Parking and Security Crisis Control <p>For repository:</p> <ul style="list-style-type: none"> ▪ Secretary, Occupational Health, Safety & Wellness | <p>Send a copy of the debrief form to:</p> <ul style="list-style-type: none"> ▪ Manager ▪ Director, Occupational Health Services <p>For repository:</p> <ul style="list-style-type: none"> ▪ Secretary, Occupational Health, Safety & Wellness |