

Manual	Emergency Procedures Manual (Wilson)	PROCEDURE
Section	Code White, Wilson Site	
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References	Least Restraint – Adults and Children Policy	
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CODE WHITE - ACTUAL OR POTENTIAL VIOLENCE, WILSON SITE

Procedure Statement

This procedure provides a process to prevent and safely manage aggressive or violent behaviour within the hospital to ensure a safe environment for patients, hospital personnel and visitors.

Code White provides a means for staff to obtain immediate assistance in the event of a violent situation (actual or potential) on hospital premises.

A Code White may be called in the following circumstances:

- A person's behaviour is becoming out of control
- A person is threatening to harm self or others
- A person has harmed self or others
- A person is causing or is threatening to cause damage to hospital property

The Code White Procedure provides staff at HRH with immediate access to staff trained in non-violent crisis intervention (NVC/CPI) and physical restraint techniques in the event of a violent situation (actual or potential) on hospital premises.

Code White episodes are monitored through review of Code Observer Reports by the Emergency Preparedness Steering Committee.

Activation of Code White Alarm

A Code White alarm will be initiated automatically by activating one of the following:

- White button on HRH ID badge (RTLS) (either white button will activate Code White)
- Nurse Call system "White" button
- Duress button (a button discretely hidden under a counter)
- Red mushroom button
- Exterior emergency call station located on HRH exterior grounds and in parking garages

Activating the alarm via any of these above methods will trigger an automatic notification of the Code White Response Team.

- In the absence of the above methods, initiate Code White call by dialing the Central Dispatch at **55555**. State your name, Code White and the exact location of the incident.

The Patient Flow Manager/Incident Commander will consider escalating the Code if the situation meets any of the following criteria: 1. Life safety concerns /risks/actual injury, 2. Potential /actual property damage, 3. Impact to facility and /or IT and Communications operations, 4. Impact to hospital operations and /or patient care, or 5. Reputational risk. If the situation meets any of these criteria, the Patient Flow Manager/Incident Commander will contact the CEO/EVP (business hours) or Administrator on Call (after hours).

The Administrator On Call/CEO/EVP (EOC Director) will consider escalating the Code if the situation meets any of the following criteria: 1. Life safety concerns /risks/actual injury, 2. Potential /actual property damage, 3. Impact to facility and /or IT and Communications operations, 4. Impact to hospital operations and /or patient care, or 5. Reputational risk. If the situation meets any of these criteria, the Administrator On Call/CEO/EVP (EOC Director) will contact the CEO/EVP and activate the Emergency Operations Centre.

Procedure

Code White Response Team Composition

The Code White Response Team consists of the following members who are **required** to attend a Code White situation:

HRH Staff
Security (2)
Security (1) from EPU – if required
Security (1) from Mental Health Unit (5 th Level) – if required
Corporate Patient Flow Manager/Incident Commander (1)
Code Marshall of Code White unit
Mental Health Consultation Liaison Nurse (1) for Code White on non-Mental Health areas and ED (including EPU in ED) – available M-F, days
Child Youth Worker (1) if available for Code White on non-Mental Health areas and ED (excluding EPU in ED) – available M-F, days

Staff Member Discovering Violent or Potential Violent Situation

1. Give violent person space and instruct other patients, visitors and staff to stay out of the area.
2. Clear the area of any objects that could potentially be used as a weapon.
3. Speak in a non-threatening manner and remain calm.
4. Assess the situation including the need for help.
5. Protect other patients and visitors as much as possible.
6. **Activate Code White alarm** using a method described in section above “Activation of Code White Alarm”
7. Provide members of the Code White Response Team information regarding the events that led up to the violent situation, relevant patient history, and any actions taken and their results.

NOTE: See **Accountability / Responsibility section in this procedure for further procedures related to specific personnel.**

Infection Prevention and Control Consideration

All patients at HRH will be cared for according to [Routine Practices](#). IPAC should be consulted regarding all patients on [Additional Precautions](#). All staff performs [Hand Hygiene](#) as per HRH guideline.

Definitions

- Chemical Restraint:** The use of a psychopharmacologic drug not required to treat medical symptoms, for any purpose of discipline or convenience (OHA Restraint Task Force, November 2001). If a medication is to be used as a chemical restraint, the order for the medication should specify that purpose.
- CPI:** Crisis Prevention Institute – a training program that involves teaching non violent crisis intervention (Crisis Prevention Institute, 2006 *Instructor manual for the Nonviolent Crisis Intervention* ® *training program*. Brookfield, WI: author). All Mental Health/Addictions clinical staff at HRH are required to have a CPI Certificate and to attend yearly CPI recertification.
- ED:** Emergency Department
- Environmental Restraint:** A barrier or device that limits the locomotion and confines a person to a specific geographical area i.e.: bed exit monitors, wandering bracelets locked doors, bed rails, geri-chair tray and seclusion area.
- EPU:** Emergency Psychiatric Unit
- Physical Restraint:** The use of any physical or mechanical device to involuntarily restrain the movement of the whole or a portion of a patient’s body as a means of controlling his/her physical activities (see Least Restraint Adults and Children).
- QRM Notification:** Quality/Risk/Management Notification
- SIR Form:** Staff Incident Report Form
- Violent Situation:** Situation where one or more persons are engaged in, or demonstrate the potential for physical violence, with the danger of physical harm resulting, and /or where hospital staff is not able to safely control the situation.

Accountability / Responsibility

The first person of the Code White Team who arrives will act as the Person in Charge of the Code White until either confirmed or replaced by a more appropriate member of the Code White Team.

Code White Team Person in Charge will:

1. Assess the Code White situation
2. If intervention required, carry it out
3. If situation appears under control, allow de-escalation process to continue.

Code Marshall will:

1. Co-ordinate staff at the scene and delegate responsibilities as required such as:
 - crowd control
 - assign staff to greet Emergency Services personnel at front door of facility or from entrance of unit, if required
2. If a patient related Code White event, contact the patient's Most Responsible Physician (MRP).
3. Initiate or delegate therapeutic verbal intervention.
4. Assist with non-violent physical crisis intervention
5. Utilize restraints when alternatives have been exhausted.
6. If response to Code White is insufficient, initiate a second calling of Code White via Central Dispatch at 55555.
7. Police should be called via 911 under the following circumstance:
 - in the event there is an uncontrollable, violent individual and the attempts to safely defuse/control the situation are unsuccessful and there is an imminent risk to others
8. Notify next of kin as soon as possible, if appropriate.
9. Complete/ensure staff completes QRM Notification and if appropriate, a SIR Form.
10. Document/ensure staff documents the incident in the appropriate areas (Code Observer Report ((completed by Patient Flow Manager(PFM)/Incident Commander in consult with Code Marshal)) and patient medical record) to include:
 - Description of the person's behavior prior to the Code White
 - Description of the interventions implemented and the person's response to those interventions e.g. medications, restraint, de-escalation techniques
 - Outcome of the Code White
11. During business hours, notify the Manager of the area.
12. During non-business hours, notify the Corporate Patient Flow Manager/Incident Commander.
13. Ensure medications are administered by assigned nurse or physician as the situation requires.
14. Facilitate or participate in the debriefing session.

NOTE: If the Code White is cancelled while in progress i.e.: patient was not experiencing Code White and therefore Code White team not required:

- If Code White was initiated by pushing Code White button on Nurse Call system, then push "Cancel" button and dial Central Dispatch at 55555 to inform Central Dispatch that Code White is cancelled.

OR

- If Code White was initiated by dialing 55555, dial Central Dispatch at 55555 to inform Central Dispatch that Code White is cancelled.

All Code White Response Team members will:

1. Respond immediately to the Code White broadcast.
2. Follow the directions of the Code White Team Person in Charge

Central Dispatch Staff will:

1. Upon receiving a Code White notification, immediately broadcast and overhead announce Code White (location) two times as follows:
 - For Code White in the Emergency Department or Level 5, only overhead announce Code White (location) within the area it is occurring and Level 1 and Level 0.
 - For Code White in all other areas, and if call is received via the 55555 Emergency Code line, overhead announce Code White (location) throughout the hospital.

- Broadcast all Code White events to Code White Team via PDA.
- 2. Call 911 for police assistance if instructed by Code White Team Person in Charge.
- 3. Participate in the debriefing, as required.

Unit Staff will:

1. Return to their unit, upon hearing or receiving notice of the Code White situation on their unit.
2. Provide necessary information to the Code White Response Team.
3. Provide direction to the Code White Response Team as to the exact location of the Code.
4. Assist with contacting the physician, the application of restraints, and preparation and administration of medication as required upon a physician's order and under the direction of the person in charge.
5. Participate in the debriefing session
6. Complete necessary documents as indicated in "Documentation" section.

Physician in Attendance will:

1. Provide direction regarding use of chemical restraint.
2. Provide order for use of restraint, where applicable.

Manager/Corporate Patient Flow Manager/Incident Commander will:

1. Ensure that the necessary documentation has been completed (QRM Notification and SIR form, Code Observer Report Form, documentation on the patient record).
2. Ensure that a formal debriefing process is completed.
3. Ensure that any required follow up is completed.
4. Determine if a "critical incident debriefing" for staff is required.
5. Notify Occupational Health & Safety nurse in the event of staff injury.
6. Ensure that Administrator (Administrator On-call/Emergency Operations Centre Director) is aware of the situation including providing information of any injury to staff and/or damage to hospital property which occurred during the Code White.

Security will:

1. Assist with non-violent physical crisis intervention and/or restraint application under the direction of the Code White Team Person in Charge.
2. Assist with crowd control, ensuring other people do not enter the problem area and become endangered.
3. Stay in the immediate area until such time as the situation is defused and/or resolved.
4. Participate in the debriefing session.

Documentation

Document	Completed By:
QRM Notification	Nurse Assigned to Patient
SIR Form, if applicable	Staff Member
Code Observer Report	PFM/Incident Commander
Patient Medical Record	Nurse Assigned to Patient

Reference Standard

- Patient Restraint Minimization Act, S.O. 2001
- Mental Health Act, R.S.O. 2004
- Crisis Prevention Institute, 2006 *Instructor manual for the Nonviolent Crisis Intervention* ® *training program*. Brookfield, WI: author`