

Title: Code White - Violent or Threatening Person	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> SOP
Category: General Sub-category: Administration: Emergency Plan	Distribution: Organization Wide
Endorsed: President & CEO	Approval Date: April 1998 Reviewed/Revised Date: Mar. 1, 2022 Next Review Date: Mar. 1, 2025
Signature:	

CROSS REFERENCES: (SAF-1-32) Alternative Approaches to Restraints; (MHS-41) Emergent Use of Chemical Restraints; Mechanical Restraints and Seclusion; (CAMH-05) Restraint of Child or Adolescent Mental Health Patients; (OHS-os-245) Violence Prevention Workplace Program; (OHS-oh-141) Support for Staff; (EMER-130) Code Purple – Hostage Situation; (EMER-150) Hospital Lockdown; (EMER-190) Code Silver – Active Shooter / Armed Intruder; (SE-01) Mandatory Annual Review; (SAF-1-33) Use of Restraint at Thunder Bay Regional Health Sciences Centre; (SEC-CNTRL-04) Removal of Unwanted Persons.

1. PURPOSE

Identify how to safely manage a violent or threatening person inside Thunder Bay Regional Health Sciences Centre (the Hospital).

2. POLICY STATEMENT

The Hospital has zero tolerance for violence.

The Hospital expects staff to be prepared to safely manage a person displaying threatening or violent behaviour towards others. The purpose of this policy is to prevent and reduce harm, de-escalate violent situations, and mitigate property damage. Safety is prioritized in the following order:

1. Self
2. Other Workers
3. Patients/ Visitors
4. Environment

3. SCOPE

Applies only to incidents requiring immediate management of a threatening or violent person in the Hospital. It does not apply to situations occurring outside of the Hospital or within associated Hospital buildings. In these instances, Police are to be contacted by dialling 9-911.

This policy does not apply to situations when a person poses an imminent threat to life (e.g. imminent or active use of a weapon) and an enhanced Police response is required. In these instances, staff must immediately remove themselves and others from the situation, call the Police, and follow EMER-190 – Code Silver - Active Shooter / Armed Intruder procedure. For a hostage situation, call the Police and follow EMER-130 – Code Purple procedure. Dial 9-911 when calling from a Hospital phone.

4. DEFINITIONS

Code White is an emergency code called for a situation occurring inside the Hospital in which any person is behaving in a violent or threatening manner.

A “Code White” response may be appropriate for the following situations:

- Staff are unable to safely manage the situation using the department’s established policies and procedures;
- Security Services have been called to respond and require additional support;
- Behaviour de-escalation techniques have failed (Nonviolent Crisis Intervention Training);
- The incident has the potential to, or is, escalating out of control;

- Workers perceive themselves or others to be in danger of physical harm from a violent or threatening person.

Hot Wash Debrief: Immediate debrief of incident response with participants involved to evaluate actions and capture initial reactions. The Hot Wash Debrief may be used to inform a formal After Action Review/ Improvement Plan.

Nonviolent Crisis Intervention Training (NVCI): is a formal approach to safely managing a patient who is behaving in a threatening or violent manner.

Patient: Any person who is registered to receive a service at the Hospital. This includes inpatients and outpatients.

Restraint Training: Instructed application, monitoring, and removal of a Hospital approved restraint system followed by a review of appropriate documentation; provided by Interprofessional Education and Clinical Nurse Specialist (CNS) group during orientation and in accordance with any changes. Additional education provided on clinical units by CNS or IPE.

5. PROCEDURE

5.1 NOTIFICATION & ACTIVATION:

For specific roles and responsibilities refer to section 6.

- a. A Code White is initiated by calling Switchboard at “55”, and stating “**Code White + location**”.
If the worker initiating the Code White has an established therapeutic rapport with the violent or threatening patient, this worker takes the role of Code White Team Leader.

If potential level of threat overwhelms the Hospital’s internal capacity to respond, the worker initiating the code also contacts Police by dialing 9-911 when calling from a Hospital phone.

Note, Hospital phones in the main corridors do not have access to outside lines.

- b. The worker in the immediate area of the aggressor is to remove themselves and others from danger and assists the Code White Team as necessary.
- c. Switchboard staff announces “**Code White + location**” overhead three times every 30 seconds until the code is terminated.

5.2a RESPONSE:

- a. The area where the Code White has been called assigns one worker to don the “emergency response vest” and meet and direct Code White Responders to the incident site.
- b. Assess situation to determine required response and disposition of violent or threatening person. Refer to policy, Workplace Violence Prevention Program, OHS-os-245.
- c. Responders assess the situation to determine if the person is patient or non-patient to determine appropriate Team Leader and response.
- d. The Code White Team Leader identifies themselves on scene and directs the overall response in adherence to the Code White policy and applicable procedures (see Section 6a for specific responsibilities).
- e. A minimum of 2 Security Guards and 1 staff from all Clinical Departments (inpatient/outpatient areas, Diagnostic Imaging (DI), Cancer Centre) respond to a Code White. Clinical departments to provide additional staff if able to do so (see Section 6. b for specific responsibilities).
- f. A staff member responding from Adult Mental Health arrives to the incident site with a designated Code White restraint kit. If any of the restraints are used, the entire kit will then become a part of the unit’s inventory. Mechanical restraints can only be applied to patients.
- g. Remove all objects that could cause harm (pens, staff lanyards, chairs, etc.).

- h. The Team Leader should attempt to de-escalate the situation using NVCI techniques, or assign de-escalation to a responder who has more expertise in NVCI.
- i. Should de-escalation techniques fail, see section 5.2b below for Physical Intervention guidelines.

5.2b GUIDELINES FOR PHYSICAL INTERVENTION

Restraints and seclusion may only be used as a last resort in emergency situations where a patient's threatening or violent behaviour presents an immediate risk of serious bodily harm to self or others. They may only be used after alternative, less restrictive measures and de-escalation strategies have been considered or implemented and assessed as not effective.

Patients in outpatient areas who are violent or threatening should be removed from the premises and their appointment rescheduled. If the appointment is deemed to be medically necessary, restraints should only be used as a last resort and require an order from the Most Responsible Provider.

For patients admitted to Adult Mental Health (AMH), Forensic Mental Health (FMH), please refer to MHS-41 Emergent Use of Chemical Restraints, Mechanical Restraints and Seclusion. For Child and Adolescent Mental Health patients, refer to CAMH-05. For all other areas of the hospital, please refer to SAF-1-33, Use of Restraint at Thunder Bay Regional Health Sciences Centre.

Guidelines:

- a. All in-patient clinical departments are required to maintain a code white restraint kit;
- b. Ensure there are enough responders to handle the intervention. A minimum of 7 appropriately trained responders are required provided it can be safely managed;
- c. Responders who are involved in physical intervention need to be appropriately trained to do so (e.g. NVCI, Restraint Training);
- d. To minimize harm, all staff performing the intervention must remove pens, scissors, neckties, keys, glasses, rings, etc;
- e. Before intervention, a plan for the physical intervention is to be developed under the direction of the Code White Team Leader; including the expectation that an order can be obtained from the Most Appropriate Provider after restraints have been applied.
- f. Before intervention, patient must be invited to co-operate;
- g. Mechanical restraints must be applied instantaneously and simultaneously to pre-assigned area of the body (arm, leg, and abdomen) and at a prearranged signal from the Team Leader. (*See SAF-1-33, Use of Restraint at Thunder Bay Regional Health Sciences Centre., MHS-41 Emergent Use of Chemical Restraint, Mechanical Restraint and Seclusion, or CAMH-05 Restraint of Child or Adolescent Mental Health Patients*);
- h. A physician's order must be obtained immediately following the application of mechanical restraints (if not ordered prior to intervention);
- i. Electronic Learning System report (Patient Safety Report) to be completed by Code White Team Leader or designate to document the incident and use of restraints.

5.2c USE OF TURTLE SHIELD®

- If the patient has a history of physical aggression, and it is evident that the patient is or will be acting in a physically aggressive or violent manner, the Team Leader can request Security personnel use the Turtle Shield®, which is a padded shield designed to safely secure a combative patient in a humane and effective manner.
- Only Security Personnel that have been trained in its use, may use the Turtle Shield®.
- Team Leader to delegate a runner to retrieve Turtle Shield® equipment kept in AMH, Emergency Department (ED), and FMH.
- If the Security Personnel feel the situation can be safely resolved without the use of the Turtle Shield®, the team will proceed to de-escalate, restrain or seclude the patient as deemed necessary.

5.2d PROTECTED PROCESS

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See Appendix 2 for Protected Code White Algorithm

- a. Contact-Droplet-Airborne suspected patient is violent/ threatening, Dial 55 “Protected Code White”;
- b. Retrieve and don PPE (mask, gown, gloves, goggles or face shield);
- c. Attempt to isolate patient in room;
- d. Runner will be delegated to retrieve unit restraints;
- e. Wait until there is a minimum of 7 responders before intervening;
- f. Enter patient’s room wearing full PPE;
- g. Place procedure mask on patient if safe to do so;
- h. Ensure patient is safely secured and medicated before exiting room to doff PPE.

5.3 DEACTIVATION: Expected Outcomes of de-escalation are:

- Non-patients will be compliant or will be removed from the property by Security.
 - Outpatients will be assessed by the Team Leader for disposition. If the patient is unable to be compliant, the appointment will be cancelled and re-booked and the patient will be removed from the property. If the appointment is deemed medically essential, the Team Leader in collaboration with the Manager and the Most Responsible Provider will determine how to proceed.
 - Inpatients will be returned to their unit or room, or moved to an appropriate inpatient location as determined by the Team Leader and most responsible provider.
- a. Once the number of response staff is deemed adequate or the situation is resolved, the Code White Team Leader instructs a worker to call Switchboard to announce “Code White, All Clear” three times overhead. Workers not assigned a responsibility should return to their unit.

5.4 RECOVERY:

- Responding AMH nurse to perform a Hot Wash Debrief with responders after the incident and submit Appendix 3 to Lead, Emergency Preparedness.
- Once the code response is terminated and situation has been appropriately de-escalated, the AMH responder ensures the relevant documentation is completed and submitted (see 7.0 Documentation).
- Manager(s) of affected area(s) are to refer to OHS-oh-141 Support for Staff Policy.

6. ROLES AND RESPONSIBILITIES

<p>CODE WHITE TEAM LEADER</p>	<ul style="list-style-type: none"> ▪ Assess whether person is inpatient, outpatient or non-patient <ul style="list-style-type: none"> ▪ Inpatient incidents will be led by Primary Nurse ▪ Outpatient incidents will be led by Most Senior Clinical Staff Member ▪ Non-Patient incidents will be led by Security ▪ Assigns tasks to the Code White Responders and communicates proposed action plan; ▪ Interacts directly with the violent or threatening person and attempts to de-escalate the incident; ▪ Ensures only one person talks to the violent or threatening person to avoid confusion; ▪ Assigns a Code White Responder the task of de-escalating the person should a responder have expertise in de-escalation or NVCI; and ▪ Delegates traffic control once seven responders have arrived on site. <p><i>If De-escalation techniques fail and Physical Intervention is necessary:</i> For Patients:</p> <ul style="list-style-type: none"> ▪ Determines if a physician order would be obtainable prior to applying physical restraints.
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	<ul style="list-style-type: none"> ▪ Contacts the MRP as required; ▪ If MRP is not contactable, instruct the team that physical restraints are not permitted. Seek alternative actions, including contacting police if physical restraint is required; and ▪ Contacts the Manager or delegate to assist with determining disposition of person if required. <p>For Non-Patients:</p> <ul style="list-style-type: none"> ▪ Advise the individual that they are required to leave and provide a reason; ▪ Advise the individual that failure to comply will result in a trespass notice, arrest, and police involvement; ▪ If the individual agrees to leave, follow escorting process as outlined in SEC-CNTRL-04 Removal of Unwanted Persons (Security SOP); and ▪ If the individual refuses to leave and/or becomes combative, place them under arrest for trespassing and contact the Thunder Bay Police Service as per the Use of Force Continuum (use as little force as necessary) and SEC-CNTRL-04 Removal of Unwanted Persons (Security SOP). <p>Deactivation:</p> <ul style="list-style-type: none"> ▪ Once the number of response staff is deemed adequate or the situation is resolved, the Code White Team Leader instructs a worker to call Switchboard to announce “Code White, All Clear” three times overhead.
<p>SECURITY Minimum of 2 designated Security Guards (one Intervention Security Guard & one Roamer Security Guard)</p>	<ul style="list-style-type: none"> ▪ Respond to incident site to assist with overall response ▪ Use Turtle Shield® if requested by the Code White Leader and trained to do so <p>If FMH patient is violent towards staff, FMH guard to immediately call Code White</p>
<p>AMH STAFF</p>	<ul style="list-style-type: none"> ▪ Brings restraint kit and leads restraint process (patients only) as necessary; ▪ Leads and documents Hot Wash Debrief immediately after incident-see Appendix 3; and submits appropriate documentation as outlined in section 7.0.
<p>CLINICAL STAFF RESPONDING</p>	<ul style="list-style-type: none"> ▪ Whenever possible, responders should be trained in NVCI or restraint training. Responders will only carry out duties within their scope of practice. ▪ Upon arriving at the incident site, responders take direction from the Code White Team Leader. <p>Duties may include:</p> <ul style="list-style-type: none"> ▪ Removing other patients, visitors and workers from the incident site; ▪ Gathering required equipment, restraint kit etc.; ▪ Clearing clutter and spills; ▪ Directing Code White Responders to appropriate area; ▪ Providing traffic control; and ▪ Completing additional duties as directed.
<p>MANAGER OF INCIDENT SITE</p>	<ul style="list-style-type: none"> ▪ Ensures that an incident review occurs as required, and that process improvement strategies are identified and communicated. If able, includes all Hospital workers who took on an active role in the incident.

7. DOCUMENTATION

Document	Details	Responsibility
Hot Wash Debrief	<ul style="list-style-type: none"> - Document initial worker reactions and takeaways from the incidents - Submit to Lead, Emergency Preparedness 	AMH Responder or designate
Employee Incident Report (mandatory)	<ul style="list-style-type: none"> - Document incident details & report physical and/or emotional injury & near misses. 	Team Leader
Incident Learning System (Patient Safety Report) (Mandatory if aggressor is a patient)	<ul style="list-style-type: none"> - Document patient injury or use of restraints. - Document immediate actions taken and any issues or challenges with the response process. 	Primary Nurse
Patient chart	<ul style="list-style-type: none"> - Document incident in patient's chart following F/DARP format and note if restraints were used. 	Primary Nurse

8. EDUCATION & TRAINING

Code White education and training to occur in a manner and frequency determined by the Emergency Preparedness Committee in consultation with the Code White Working Group and relevant stakeholders.

9. REFERENCES

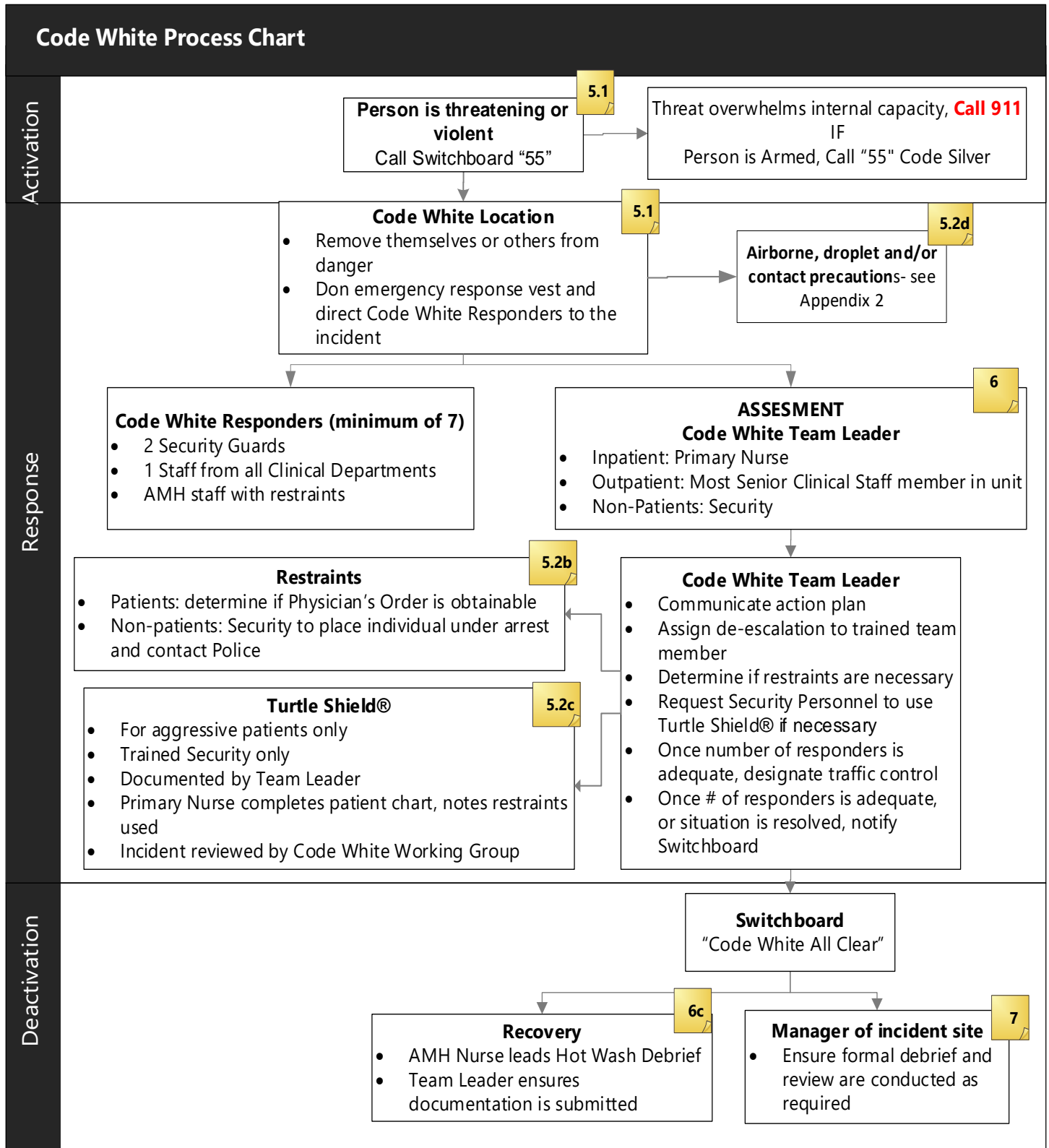
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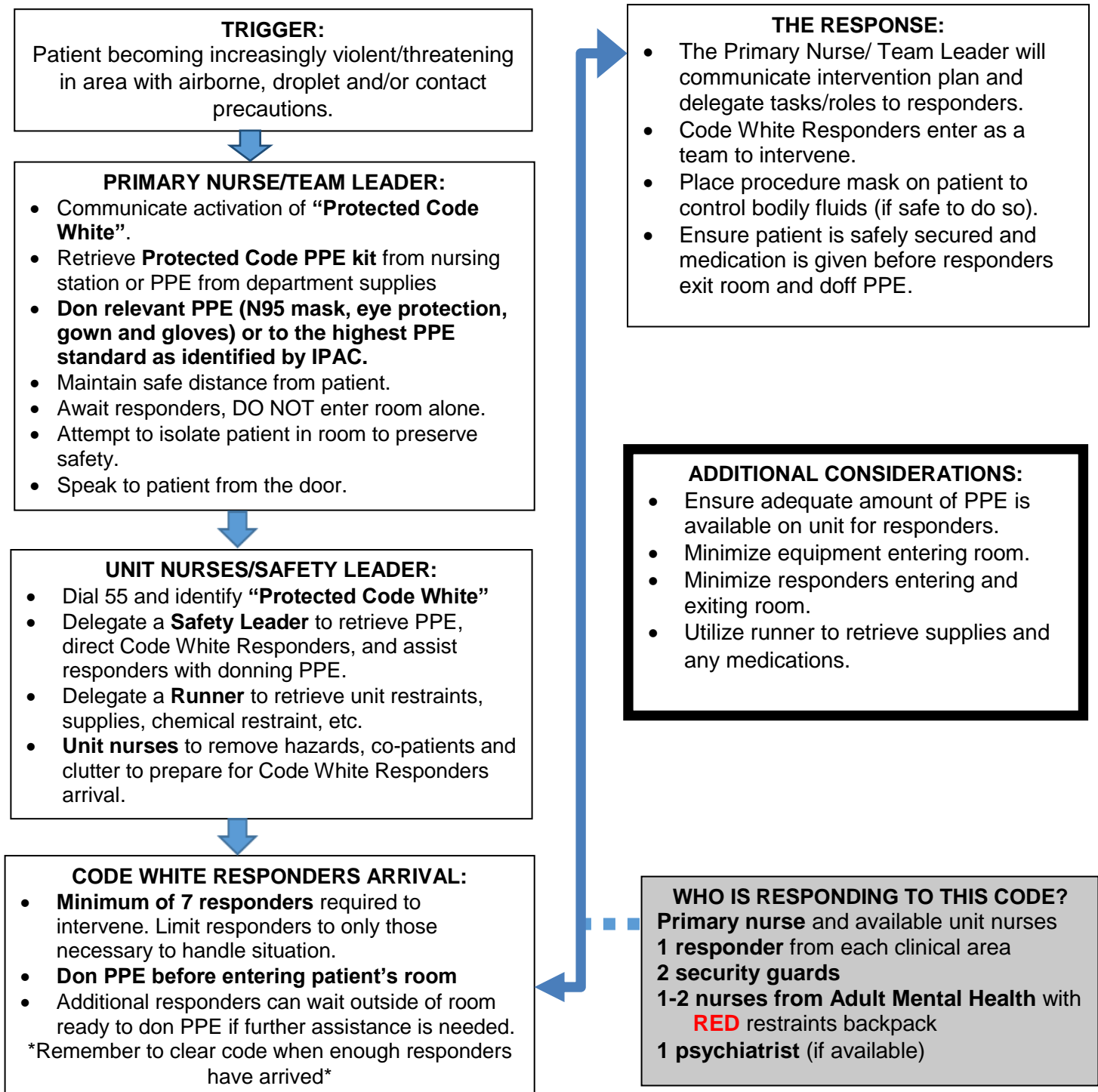
Appendix 1: Code White Process Chart



Appendix 2: Protected Code White Algorithm

General guiding principles to reduce potential exposure to health care workers when responding to a Code White. Principles include limiting the number of responders to the amount required to safely handle the situation, limiting the equipment entering room, and modifying processes where possible (e.g., application of a surgical mask on patient if safely able to do so and implementation of a Safety Leader for donning and doffing PPE).

This process map aims to identify procedures that are not within routine practice. The assumption is that all standards of care and best practices continue to be employed with the addition of these modifications. Refer to EMER-50 for details.



Appendix 3:

Hot Wash Debrief		
Complete with participants <u>immediately</u> after incident to capture initial reactions and lessons learned. Submit debrief to emergencypreparedness@tbh.net .		
Location:	Date:	Time:
Responders: <i>Circle all that apply</i>		
Primary Nurse Unit Manager Security AMH Nurse Psychiatrist Physician MRP		
Other: _____		
Response Summary:		
Switchboard notified with location and protected precautions (if applicable)?		YES / NO
Assessment completed to determine whether person is Inpatient, Outpatient, Non-Patient?		YES / NO
Team Leader donned emergency code vest and established control clearly?		YES / NO
De-escalation techniques used? <i>NVCI, Gentle Persuasion</i>		YES / NO
Did adequate number of staff respond? <i>Minimum 7</i>		YES / NO
Was traffic control delegated and effective?		YES / NO
Were restraints appropriately applied? <i>See SAF-1-33</i>		YES / NO
Was Turtle Shield used by trained Security staff?		YES / NO
Were there any injuries? <i>Complete appropriate documentation</i>		YES / NO
What went well?		
What could be improved?		
Preventative Steps/ Recommendations?		
Completed by: _____		Position: _____