

## GOOD SAMARITAN SENIORS COMPLEX POLICY AND PROCEDURE

<b>Manual: FIRE and DISASTER</b>	<b>Subject: CODE WHITE – Violent Situation (unarmed)</b>
<b>Section: C</b>	<b>Effective Date: JUNE 2022</b>
<b>Approved By: Deirdre Britton</b>	<b>Supersede: June 2018, June 2020</b>

### APPENDICES:

- Appendix 1 – Code White Emergency Checklist

### POLICY

Good Samaritan Seniors' Complex is committed to providing a safe and healthy environment for everyone.

A staff member assessing a violent situation or a person with a weapon as posing an immediate danger to themselves and/or others, may call a Code White at any time. The Home/Lodge must follow the procedures in this policy in dealing with a situation where there is potential for serious injury or uncontrollable behaviour due to a violent outburst.

“**Code White (Location)**” will be the designated page used to inform staff in all areas that a violent situation (unarmed) is presenting, or could develop, and assistance is required immediately.

In the event of a violent situation whereby a person is armed, a “Code Silver” will be used.

### BACKGROUND

A Code White response is intended to be used for a situation in which a person (most often a Resident) is behaving in an aggressive and potentially dangerous manner towards themselves or others; it indicates that a situation is escalating beyond the abilities of the present staff to control the situation or there is potential for escalation beyond their control.

The “Code White” response is designed to regain control of the situation by either using verbal techniques to defuse the situation or, if necessary, physical techniques that employ the least restrictive measures possible for the shortest period of time in a non-violent manner in accordance with behaviour management training.

### GUIDELINES

A Code White is used in any situation in which there is a real or perceived risk of physical harm to any person, staff member, and/or to property, and assistance should be sought sooner rather than later.

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Staff calling for help should not be challenged about their call for assistance as the decision to call for assistance is a subjective one.

**Assistance should be sought when:**

- staff perceive themselves or others to be in danger of physical harm from an aggressive person;
- a person is acting out in a manner that is dangerous to self, others or the environment;
- there is an imminent risk of acting out; and/or
- the situation is rapidly escalating out of control.

**A “CODE WHITE” CALL BECOMES A “911” CALL OR AN EMERGENCY CALL TO POLICE when:**

- risk of harm is present;
- there is a real or perceived threat that lives are in danger;
- the staff determines the situation is beyond their abilities to manage;
- a weapon or firearm is involved;
- other means of intervention are not available.

**When calling 911 be prepared to answer questions such as:**

- What is the nature of the incident? (person out of control, person with a weapon etc.)
  - Describe what it is? What is the person doing with the weapon?
- Where exactly is the incident occurring?
- Has anyone been injured?
- How many people besides the aggressive person are in the room/area/building?
- Describe the person (name if known, race, sex, age, height, weight, color/style of hair).
- If the person leaves the building, what is the direction of travel? How long ago did the person leave?
- Who is the contact person for the incident?

## PROCEDURES

**Staff Initiating the Call / First Staff member to come upon the scene:**

- Identify that a situation exists requiring immediate assistance;
- Ensure Resident, own, and co-worker safety (e.g., need to leave area until sufficient resources are available to restrain or remove an aggressive person);
- Follow procedure outlined by the organization for summoning assistance;
  - Page “Code White and Location” x3
- Direct other staff as necessary to reduce stimulation in the area (removing all persons

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- from the area, reducing noise levels by turning off radios/TV's, vacuum cleaners, etc.);
- Provide information to the responding staff about the situation, action taken and action required;
- In the event the person is to be placed in seclusion, ensure the room is ready to receive the individual i.e., safe and secure with no items to be used as weapons; and that the person is not left alone or without supervision;
- In the event that additional help is required (e.g., Police) ensure that the call has been placed and that help is on the way.

### **ADMINISTRATOR or DESIGNATE / RN / RPN**

- Assess the situation.
- Determine the need for additional resources if required (e.g., Police)
  - Designate someone to call 9-1-1 and summon assistance; same person to wait at entrance to meet Police and bring them to the code area.
- Take leadership in the management of the situation;
  - Engage with the aggressive person where appropriate and attempts to de-escalate the situation where safe to do so;
  - Use action-oriented verbal communication and non-violent interventions to de-escalate the situation safely.
  - Do not try to remove a weapon or subdue the person.
- Obtain information about the situation from the staff and what is expected of the team:
  - reason for Code White call
  - details of current situation
  - name of acting out person
  - history of past incidents if appropriate / interventions that have worked in past
  - any pertinent medical information
    - diagnosis, mental status
  - intervention needed (e.g., medication, removal to seclusion, etc.)
  - location of person
  - additional information that may be pertinent (could include pertinent medical/nursing orders, committal status)
- Develop intervention plan to ensure resources are available to safely carry out plan.
- Provide direction to responding staff;
  - Inform and direct staff about the plan of action, including approach to be used, type of intervention and how each member will exit from room;
  - Ensure safety of everyone by having all staff remove items such as watches, neck lanyards, rope pens, pagers, scissors, stethoscopes, name tags, etc.;

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- Ensure personal protection equipment (PPE) are available for staff use;
- Assign staffs to specific tasks/positions;
- Ensure all persons including staff are ready before taking action (medication is ready, room is prepared, etc.);
- Direct intervention plan to completion (may administer, if appropriate, or delegate medication administration);
  - In the event medication is to be administered ensure medication orders have been received, medication has been prepared and is ready;
- Ensure defusing/debriefing takes place as soon as possible following the incident and that staff know about and are able to access all available support if necessary;
- If an injury occurs to a staff ensures member receives/seeks proper first aid;
- Ensure appropriate documentation is completed as per organization's protocols.
- If necessary and appropriate, ensures that the person's physician is consulted to determine whether any changes in medication, medical treatment and/or other precautionary measures are necessary to eliminate or minimize the risk to staff and modifies the care plan;
- Review care plan (where Resident involved) with staff to ensure appropriate changes to care are made to address "triggers" that may precipitate the aggressive behaviours;
- When care is being transferred, advises receiving facility/agency or community treatment partner of any changes in behaviour management relating to this or other incidents.

### RESPONDING STAFF

- Follow instructions of the ADMINISTRATOR or DESIGNATE / RN / RPN;
  - carry out tasks assigned and any other additional tasks as needed such as:
    - crowd control and clearing area of hazardous objects
    - supporting other staff
- Inform ADMINISTRATOR or DESIGNATE / RN / RPN if unable to perform assigned task;
- Remove personal items which could be damaged or cause injury;
- Assist in supervising/following/monitoring the person;
- Assist with documentation as necessary;
- Participate in debriefing.

### ADMINISTRATOR or DESIGNATE

- Notify the Ownership group promptly.
- Complete reporting and notifications as required:

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- Notify the Joint Occupational Health & Safety Committee and government labour authorities (e.g. Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health & Safety Act).
- Notify Ministry of Health/provincial authority if a Resident is critically injured or is sent to hospital due to injury; initiate a critical incident report.
- Schedule a detailed review, with staff, within one week of a Code White incident involving police; keep record of review.

### EXTERNAL INCIDENT – OFF GROUNDS

- If a “lock down” occurs or other situations of violence occur external to the Home/Lodge and may affect the Home/Lodge, advise staff of a Code White – External by announcing: “CODE WHITE EXTERNAL, (provide location if known)” “CODE WHITE EXTERNAL, (provide location if known)” “CODE WHITE EXTERNAL, (provide location if known)”
- Do not permit people to leave the building until all is clear.
- Call police at 9-1-1 to ascertain the situation.
- Secure the doors until the police or other officials declare the situation safe.
- Once the situation is declared all clear, announce using the overhead communication system: “CODE WHITE EXTERNAL, ALL CLEAR” “CODE WHITE EXTERNAL, ALL CLEAR” “CODE WHITE EXTERNAL, ALL CLEAR”

### POST EVENT DEBRIEFING

All staff, led by the ADMINISTRATOR or DESIGNATE / RN / RPN, will have an informal debrief as soon as possible within the shift that the Code White occurred to review and assess:

- The effectiveness of the response
- Requirement for additional documentation
- Opportunities for improvement

Notification of the following will take place as soon as possible, during or after, the Code White:

- Administrator (unless already on-site/aware)
- Resident Attending physician if applicable
- Joint Occupational Health and Safety Committee

### POST EVENT DOCUMENTATION:

All persons involved in the Code White will provide information to the ADMINISTRATOR or DESIGNATE / RN / RPN immediately in order for incident documentation and follow up to be

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completed;

- If a Resident and/or visitor is injured a Critical Incident report may be required to be sent to the Ministry of Long Term Care or Retirement Homes Regulatory Authority;
- In the event that a staff is injured, an “employee incident report” must be completed, and a report to the Workplace Safety and Insurance Board may be required if the staff sought medical attention outside of the workplace;
  - In the event of a critical injury to a staff, a report to the Ministry of Labour is required;

### References:

Extendicare: Emergency Preparedness and Response Manual, accessed June 13, 2022  
<http://scoc.ca/wp-content/uploads/2021/06/2021-01-25-emergency-preparedness-and-response-manual-2021.pdf>

GUIDELINES: CODE WHITE RESPONSE  
<http://www.phsa.ca/Documents/Occupational-Health-safety/GuideGuidelinesCodeWhiteResponse.pdf>

NYGH: CODE WHITE – VIOLENT PATIENT  
[https://nygh.on.ca/data/2/rec\\_docs/1007\\_Code-White.pdf](https://nygh.on.ca/data/2/rec_docs/1007_Code-White.pdf)

IWK Health Centre: Code White Procedure  
[http://policy.nshealth.ca/site\\_published/iwk/document\\_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=47752](http://policy.nshealth.ca/site_published/iwk/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=47752)