Code White – Violent/Aggressive Behaviour

ST. JOSEPH'S CARE GROUP

POLICY   Number: **AD-06-192**

Manual: Global Administrative Manual	**Approval Date:** May 26, 2023
Section in Manual: Risk Management	**Approved by:** Leadership Quality, Safety & Risk Committee

Cross References: *Emergency/ Disaster Incident Management System (IMS) Response AD-06-225, Lockdown Site Specific Sub-Plans, Code Silver –Person with a Weapon AD-06-196, Code Purple – Hostage Taking AD-06-197, Prevention of Workplace Violence and Harassment Program, Leadership Team On-Call Protocol*

Purpose

The purpose of this policy is to provide an appropriate response to a person who is displaying undue anxiety, yelling or otherwise represents a threat of aggression or violence to themselves or others.

Policy Statement

All employees are expected to know what a reportable code white incident is and how to appropriately respond to an aggressive or violent situation.

Scope

This policy applies to all situations within a SJCG site that require an immediate response to assist with an aggressive or violent person. This policy does not apply to a situation involving a person with a weapon or a hostage situation. For these instances, please refer to the *Code Silver (Person with a Weapon)* and *Code Purple (Hostage Taking).*

Care Compassion Commitment

Definitions

Reportable Incident

- A person is using aggressive, and/or verbally abusive language and does not respond to behaviour de-escalation techniques (Nonviolent Crisis Intervention Training).

- The situation has the potential to, or is, escalating out of control.

- A visitor or family member refuses to leave the premises when requested to do so.

- Security Services have been called to respond and require additional support.

- Staff perceive that the situation may place them or others to be in danger of physical harm from a violent or threatening person.

Code White Lead – A person who has been designated to direct staff through the Code White.

Personal Safety Alarm/Panic Alarm – a device used to summon immediate assistance to a location where a worker has become isolated during a threatening or aggressive/violent situation. Personal Safety Alarms/Panic Alarms are implemented based on a program specific risk assessment. Additional summoning devices are used in various areas of SJCG – managers are responsible for informing staff of any site/area specific procedures related to these devices.

Procedure

AREAS THAT USE A PERSONAL SAFETY ALARM/PANIC ALARM

1. If a worker is involved in a threatening or aggressive/violent situation and is unable to call for help or leave the situation, initiate personal safety alarm to alert others in the area of the emergency – otherwise, proceed to "**First Response Where Emergency Occurs**" procedure.

FIRST RESPONSE WHERE EMERGENCY OCCURS

1. Announce three times: **"CODE WHITE – LOCATION"** following site specific overhead paging or communication processes (e.g. *67, radios, etc.).

2. Remove any clients, staff or visitors in the immediate area from danger.

3. Code White Lead will assume a leadership role of the emergency. Where possible, the Code White Lead should have a rapport with the individual who is behaving in a violent or threatening manner.

4. Code White Lead will assess the need for Police. If Police assistance is deemed necessary, assign a staff member to call 9-911.

5. All responders will take direction from the staff leading the Code White.

6. Initiate calming and defusing strategies.

7. Remove any material objects that could be used to cause harm (i.e. furniture, pens, telephone cords)

8. If safe to do so, the person may be physically restrained (if applicable). Follow with an order from the physician.

9. Once Code White is resolved, announce "Code White – All Clear".

10. Conduct debriefing with responders and complete appropriate documentation.

FIRST RESPONSE IN OTHER AREAS

1. Upon hearing "**CODE WHITE**" announcement, all other units/departments that have staff available will send one staff member to support the area dealing with the emergency.

2. Remain alert to the emergency situation.

3. Await further instructions from the Code White Lead.

POST EMERGENCY

1. Document Code White on appropriate incident forms.

2. Complete an Emergency Code Audit Form. Once completed, forward to Occupational Safety & WSIB department.

3. Staff who are physically or emotionally injured by the incident will be seen by the Occupational Health Nurse and referred for EFAP when necessary.

4. Clients who have demonstrated aggressive behaviour, or who demonstrate a potential for violence, should be identified appropriately to alert other staff – this may include:

   a. Suggested approaches for management noted a care plan

b. A notation on test requisitions

Roles & Responsibilities

CODE WHITE LEAD

1. Assume responsibility for management of the Code White.

2. Assess the need to protect employees and the need to remove other patients/clients and/or visitors.

3. Determine the need to call for police assistance.

4. Direct staff who has responded from other departments/units - duties to assign may include but are not limited to:

   a. Removing clients and/or visitors from the area
   b. Removing any material items or clutter from the area
   c. Directing responding staff (i.e. if there is an adequate number of responding staff, keep additional responders out of the immediate area until needed or Code White is all clear)

5. Notify the family physician as soon as possible (if applicable).

6. Ensure appropriate documentation is completed following the incident.

SECURITY

1. Upon hearing "**CODE WHITE**" announcement, immediately report to the emergency location.

2. Assist as directed from the staff leading the Code White.

3. Request Police (if required) if not already notified by staff.

4. Remain at the Code White location until the "All Clear" is announced.

5. Security responders will only carry out duties within their scope of practice.

ALL STAFF

1. Ensure any mandatory training related to Code White emergencies is up to date (i.e. Non-Violent Crisis Intervention, Gentle Persuasive Approaches)

Education & Training

1. All employees are required to complete the Fire Safety & Emergency Code LMS module once per year.

2. Managers are required to ensure that employees review the corporate emergency code policies and emergency site sub-plans at least annually.

3. Emergency Code Audits must completed after every emergency code.

4. Each department/site will complete mock exercises or table top exercises at a minimum of once per year and provide documentation of such to Occupational Health, Safety & Wellness.

Related Practices and/or Legislation

Ontario Health and Safety Act and regulations, Emergency Management and Civil Protection Act, Canadian Standards Association – Emergency Preparedness and Response Standards

References

OHA Emergency Management Toolkit, 2009