



Health Sciences North
Horizon Santé-Nord

CODE WHITE (Violent Situation / Disruptive Behaviour)

EMERGENCY RESPONSE PLAN

FOR

HEALTH SCIENCES NORTH

Revised: December 2023

Reviewed: January 2020

RECORD OF AMENDMENTS 2022

Amendment Number	Section(s) or Page(s) Amended	Date of Amendment
1	Added CareLink system to Staff Duress Alarms	April 2022
2	Added the COVID Assessment Centre to Appendix A.	May 2022
3	Added Debrief info to All Staff Response Poster	September 2022
4	Added Debrief information to The Roles and Responsibilities Poster	September 2022
5	Added Debrief information to The Incident Commander Action Sheet and Algorithm	September 2022
6	Added Debrief information to Code White Team Response Action Sheet	September 2022
7	Adjusted Security assignments on Security Response Action Sheet	September 2022
8	Added Debrief Tool Link to Documentation Section	September 2022
9	Added Debrief Tool As Appendix C	September 2022
10	Removed content re COVID Assessment Centre	October 2023
11	Removed Protected Code White	December 2023

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INTRODUCTION

Purpose

This emergency plan will provide direction to Health Sciences North and NBRHC Kirkwood Place staff on appropriate actions to take in the event of a Code White (Violent Behaviour/Disruptive Behaviour) which threatens staff, patient/client and building occupant safety.

Definitions:

HSN:	Health Sciences North (including the NBRHC location on Kirkwood Drive)
RLHC:	Ramsey Lake Health Centre - Refers to all buildings on the campus including the North East Cancer Centre, Daffodil Terrace Lodge, and NEO Kids.
SOC:	Sudbury Outpatient Centre
Kirkwood Place:	All buildings on the campus including the main building, cottages 1, 2, 3, and Ruth McMillan School.
NBRHC:	North Bay Regional Health Centre, Kirkwood Place
Staff:	All employees of Health Sciences North and tenant management
Affiliates	This includes Physicians and other medical staff, all learners, students, volunteers and contractors, point of entry (POE) screeners.
Situational Awareness:	The continual process of collecting, analyzing, and disseminating intelligence, information, and knowledge to allow organizations and individuals to anticipate requirements and to prepare and respond appropriately (CSA Z1600-17).
Threat:	The presence of a hazard and an exposure pathway. (CSA Z1600-17).
Hot Wash:	An immediate <u>process</u> debriefing session following an exercise/incident, to review code response and procedure, while events are still fresh in everyone's mind (Adapted from Emergency Management Ontario definition).
Cold Wash:	A post exercise/event meeting that is held after a period of time. Opportunity to provide further feedback that may have been missed in the hot wash - can include an emotional debriefing or Critical Incident Stress Debriefing session to address psychological impacts and issues as a result of the incident (Adapted from Emergency Management Ontario definition).
De-escalation:	To decrease the size, scope or intensity of conflict or potentially violent situation. The gradual resolution of a potentially violent and/or aggressive situation through use of verbal and physical expressions of empathy, alliance and non-confrontational limit setting that is based on respect (Cowin et al 2003).

Competent

Person [staff]: Means a person who is qualified because of knowledge, training and experience to organize the work and its performance (OHSA).

Scope

This plan is specifically intended for HSN and NBRHC Kirkwood Place and the departments, tenants, and buildings on that campus. It addresses the expected response and recovery actions of staff in the event of Code White activation. The objectives are:

- To provide a standard response for staff to follow to obtain assistance in managing episodes involving violent persons.
- To obtain the assistance of competent staff and additional staff in managing violent persons.
- To preserve the safety of staff, patient/clients and other building occupants.
- To communicate an episode of violence to other staff members working in the building.
- To assist persons displaying violence to regain control over their behaviour.

The Code White response is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of other persons. Please refer to the Workplace Violence and Harassment Prevention policy for further information and additional specific policies and procedures.

Plan Assumptions

- All available staff within affected location (unit, department) and assigned staff (as identified in the Code White Emergency Response Plan) will respond to a Code White location to ensure an immediate response to protect the safety of staff, patient/clients and visitors.
- Affiliates will not participate in a Code White. Their role is limited to recognizing what is a Code White and understanding how to activate a Code White (call for help) in their work area. Certain affiliates, due to the nature of the role, may receive specific training (e.g. Security) that would allow them to have an enhanced response role in a Code White; this is reflected within the Emergency Response Plan.
- Opportunities for de-escalation should be utilized when intervening with patient/clients and/or other individuals prior to and during the implementation of the Code White Response Plan.
- Staff will perform a point of care risk assessment (PCRA) as defined by the PCRA tool at the start of every interaction with a patient or the patient's environment to:
 - Evaluate the risk of exposure to blood and body fluids, excretions, secretions or contaminated items.
 - Select and wear the correct personal protective equipment (PPE) to prevent exposure.
- If physical restraint becomes necessary HSN's policy on use of restraints should be followed.

- Staff will be expected to implement the Code White emergency plan immediately upon activation. This plan is a guidance document and decision-making at the time of an incident may vary depending upon evolving circumstances.
- If staff feel the patient's behaviour poses a risk level that is beyond the capacity of the staff to manage safely, staff will seek assistance of the Greater Sudbury Police Services (GSPS) in managing violent persons:
 - When there is a real or perceived threat of bodily harm to others
 - When the violent behaviour continues to escalate beyond the resources and/or abilities of the Code White responders
 - When an active killer/weapons threat situation (edged weapon/firearm is involved) {please refer to HSN Code Silver Response Plan}
 - When the aggressor leaves the property
 - If aggressor is a member of the hospital community (visitor, volunteer, staff member, physician, student)
- HSN and NBRHC – Kirkwood Place staff will participate in educational opportunities and training as outlined in organisational policy and procedures.
- All department managers will ensure their staff have access to the electronic copy of this plan (via the HSN Intranet) and will ensure a staff member is tasked with maintaining a hard copy of this plan, and its associated forms, in the department's emergency response Plan binder.

Plan Maintenance, Revision, and Testing

This plan will be reviewed on an annual basis by HSN's Emergency Preparedness and Security Department.

Modification to this plan will be submitted for review to HSN's Joint Health and Safety Committees & Health and Safety Representatives and approval to the appropriate Emergency Preparedness committees of HSN.

Approved revisions to this plan will be posted on the HSN Intranet.

ALL STAFF RESPONSE INFORMATION

All Staff Response Poster

CODE WHITE

Feel unsafe? Activate a Code White.
Here is what you need to know:

① Activate a Code White

- Know the activation process for your site
- Use your voice to call for help
- Using a hospital phone, **dial 5555** and provide location (site, tower, level, room #)
- Activate duress/personal safety alarm (if applicable – ELPAS, SPIDER, MYCALL)

② Stay the C.O.U.R.S.E

Stay **Calm**

One staff member communicates with person

Be **Understanding** and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe **Exit** from the room

③ Know Your Role and the Roles of the Responders

Incident Commander (IC) - leads the code (initially, staff on unit fill this role **until** psychiatry/mental health staff arrive, who then assume command). Offsite locations: IC assumed by staff confident and competent in the role. Incident Commander **will assign roles** and **determine when to cancel the code**.

Verbal De-escalation Lead – only person who engages with individual displaying acting out behaviour

Safety Officer – identifies safety concerns, removes all hazards, observes donning and doffing of PPE

Right & Left Support Person – employ physical interventions

Medication Administrator – prepares and gives medication if ordered by a physician

Traffic Control – removes audience

Runner – acquires supplies (i.e. restraints)

Access Control – will provide access to the responders in a key-access controlled area

*** Important:** Physical intervention should only be used as a last resort!

If the acting out behaviour is beyond the capacity of the staff to manage safely, **dial 9-911** to call the police.

④ Follow Directions

- Incident Commander leads the code. Follow their directions
- Stay on the scene as an advisor, don't leave
- If the code is not in your area, do not pool

⑥ Find the Response plan on the Hub

- Find the Response plan on **thehub** for more information
- See back of page for the Code White Algorithm

⑤ Participate in the Debrief

Incident Commander will debrief with all involved after the incident. Topics include:

- Safety and well being of all individuals
- Discuss plan of care of patient
- Identify what initiated / triggered the incident
- What went well, what should be improved upon?
- Were commands, roles, and plan clear?
- Do we need additional emotional support for staff involved?
- Action: Report any injuries to Occ Health, complete CRMS report

Now you know your role in a Code White

Who Responds Poster



CODE WHITE WHO RESPONDS?



Code White: A violent or behavioural situation requiring the assistance/support of staff from nearby departments in order to de-escalate the situation..

REMEMBER:

- ✓ Dial **5555** to activate
- ✓ Listen for the Code White location
- ✓ Respond if it's in your department or coverage area
- ✓ Follow direction of the Incident Commander (Code Lead)

A minimum of **5 responders** are required to manage a Code White.

Site	Location of Code White	Departments That MUST Respond (at least 1 person from each Department)
Kirkwood Place	All Levels	<ul style="list-style-type: none"> All Security that are available (Level 200, to Level 500), . All available clinical Staff (RN, RPN, PSW, allied health), Clinical Manager/ designate in the department that initiated the Code White. Building Services staff will respond to manage any facility related issues that arise
RLHC	EVERY CODE WHITE	<ul style="list-style-type: none"> Security Services Acute Inpatient Psychiatry North Tower Level 6 All available Staff, Clinical Staff, Clinical Manager/ designate, Clinical Leader, and Charge Nurse in the affected departments.
	North Tower	<ul style="list-style-type: none"> Level 4 NT, Level 5 NT Child and Adolescent Mental Health Program (CAMHP), Level 7 NT, Level 8 NT, Level 9 NT
	Centre Tower	<ul style="list-style-type: none"> Level 2 CT Day Surgery/ Preadmission, Level 2 CT Crisis Intervention , Level 3 CT ICU, Level 3 CT Birthing Centre, Level 3 ST IRU, Level 2 CT E.D.
	South Tower	<ul style="list-style-type: none"> Level 3 ST IRU, Level 4 ST, Level 5 ST, Level 6 ST
	NCC	<ul style="list-style-type: none"> Level 0 Chemotherapy, Level 0 Radiation, Level 0 Clinics A, B,C, Level 1 Supportive Care,
	Daffodil Lodge	<ul style="list-style-type: none"> All available clinical staff and management located in the Daffodil Lodge.
SOC	All Levels	<ul style="list-style-type: none"> All Security Staff that are available. (Level 5, Level 4, Level 2, Level 1, Level 0) All available clinical Staff (RN, RPN, PSW, allied health), Clinical Manager/ designate in the department that initiated the Code White.

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

Roles & Responsibility Poster



CODE WHITE ROLES & RESPONSIBILITIES



Incident Commander	<ul style="list-style-type: none"> The Role of the Incident Commander is overall responsible for taking charge/lead and directing responders in the management of the Code. First person on scene automatically assumes the role of initial Incident Commander as they are the first responder to the crisis. Those sites with Mental Health/Psychiatry staff will assume role of Incident Commander once on scene. Those sites that don't have Mental Health/Psychiatry staff the most confident and competent responder will assume the Incident Commander role. Will conduct a debrief post code event and complete the Debrief Tool and attach it to the CRMS report.
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Roles	Description
Verbal De-escalation Lead	<ul style="list-style-type: none"> Responsible for engaging in verbal conversation with the individual in crisis
Right/Left Support Person	<ul style="list-style-type: none"> Individuals assigned to intervene and physically restrain the individual Maybe be more than two people based on the situation and the need to ensure Patient and Staff Safety
Medication Administration	<ul style="list-style-type: none"> Nurse assigned to review orders or acquire order for chemical restraint from Most Responsible Physician (MRP) Prepare and administer medication to the individual in crisis
Traffic Control	<ul style="list-style-type: none"> Removes the audience, directs co-patients and visitors away from the area of the code
Runner	<ul style="list-style-type: none"> Collects needed supplies and brings them to the scene of the code (i.e Stretcher, mechanical restraints, Debrief Tool etc.)
Access Control	<ul style="list-style-type: none"> Applicable only for locked units Facilitates access in location with key access control measures.
Scribe	<ul style="list-style-type: none"> Documents interventions and actions taken during the course of the code. Completes patient documentation and CRMS reports.
Safety Officer	<ul style="list-style-type: none"> Operates on the periphery with Incident Commander Monitor responder and environmental safety Identify and report to Incident Commander any safety concerns/hazards For Protected Code White: Observe that individuals have donned/doffed droplet/contact precautions properly and observe for breaches of PPE

NOTE: 1 individual can be assigned multiple roles as necessary based on responder resource levels

Affiliate Response Poster

CODE WHITE

**Are you a physician, learner,
volunteer, or contractor?**

Know what a Code White is:

A violent or behavioural situation that requires the assistance and support of staff in the area in order to de-escalate the situation.

Know when to activate a Code White:

Any time you are feeling unsafe, activate a Code White.

Know how to activate a Code White:

- RLHC, HSNRI, Kirkwood, SOC, and Cedar Street, **dial 5555** and provide your location (site, tower, level, room#)
- Use your voice and call for help
- Activate duress/personal safety alarm if applicable
- Offsite, be familiar with your site-specific activation process
 - found on the Hub under Emergency Preparedness, Code White, *Appendix A - Offsite Locations*

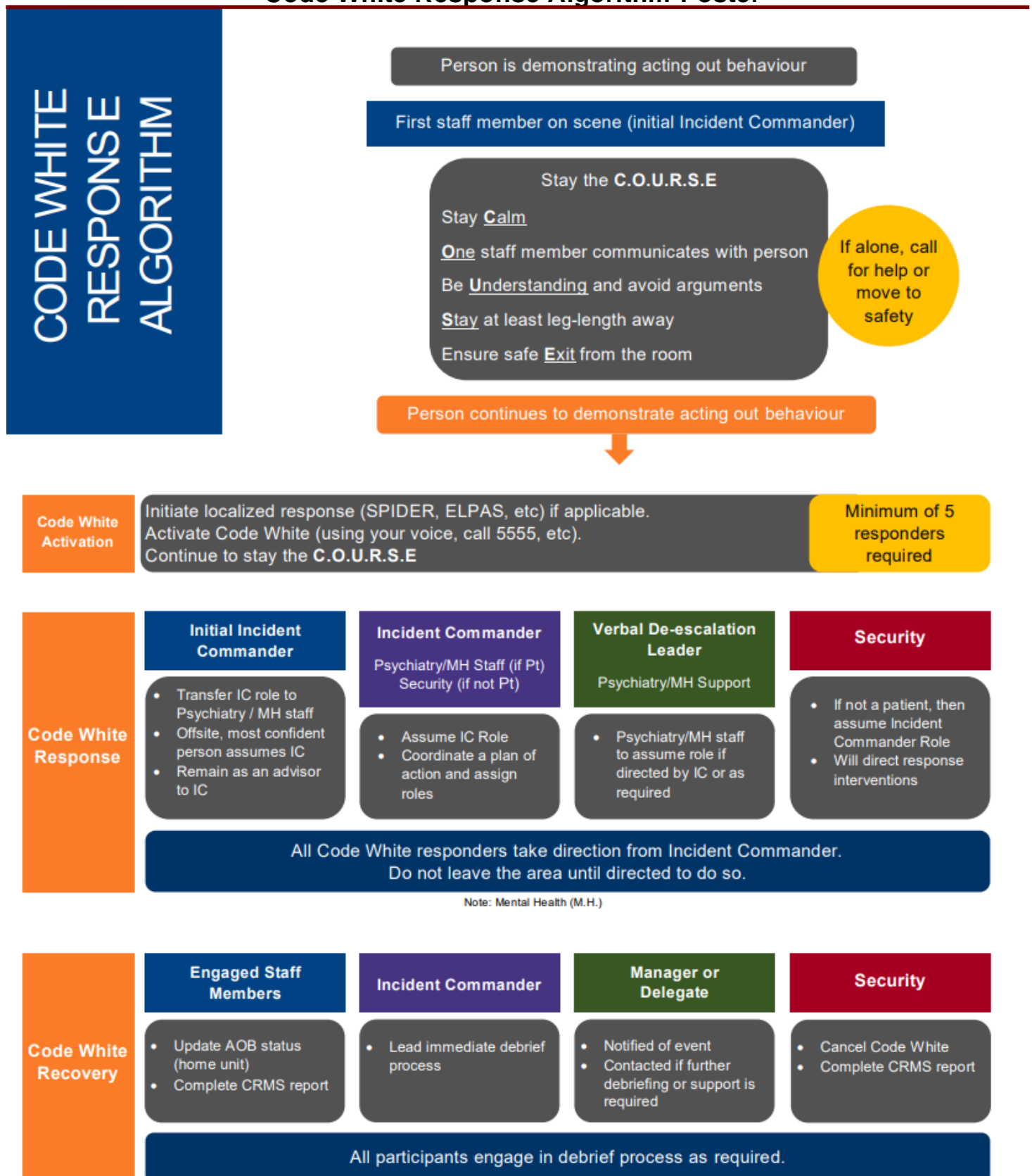
Know how to respond in a Code White:

- Remove yourself from the area
- Your priority is **staying safe**
- A response team is on the way



Manager's Action: Ensure affiliate has read and acknowledged their roles & responsibilities.
Record this according to your current systems.

Code White Response Algorithm Poster



Code White Response Poster

Code White/Violent Behaviour-Disruptive Behaviour	
Trigger	Individual displaying escalating risk behaviour (violent/disruptive behaviour)
Focus	Early recognition and intervention to assist an individual in crisis
Activation	Activate staff duress system (if available) OR dial 5555 and announce Code White
Initial Response	<ul style="list-style-type: none"> Follow established Code white Emergency Response Plan Stay the C.O.U.R.S.E. First responder on scene assumes initial Incident Command Should attempt to de-escalate situation
Responders	<p>Upon arrival of additional responders:</p> <ul style="list-style-type: none"> For those sites with Mental Health/Psychiatry staff assume Incident Command role once on scene. For those sites <u>without</u> Mental Health/Psychiatry staff the most confident and competent responder will assume Incident Commander role <p>Incident Command assigns roles and develops Incident Action Plan to resolve the crisis.</p> <p>Code White Team at a minimum should consists ideally of 5 responders:</p> <ul style="list-style-type: none"> ➤ Designate a sole Verbal De-escalation Lead ➤ Safety Officer ➤ Right and Left Support person ➤ Medication Administrator ➤ Traffic Control ➤ Runner ➤ Access Control ➤ Scribe
PPE	<p>Responders will don Personal Protective equipment (if needed) <u>when individual behaviour poses risk of contact with bodily fluids</u> this can include:</p> <ul style="list-style-type: none"> Fluid Resistant mask Face shield/Eye Protection Gown (Level 2) Non-sterile Gloves <p>Additional PPE may also be donned based on circumstances:</p> <ul style="list-style-type: none"> Bite guards Kevlar gloves (Security)

Activation Phase

Initiating A Code White Emergency Response – Response Action Sheet

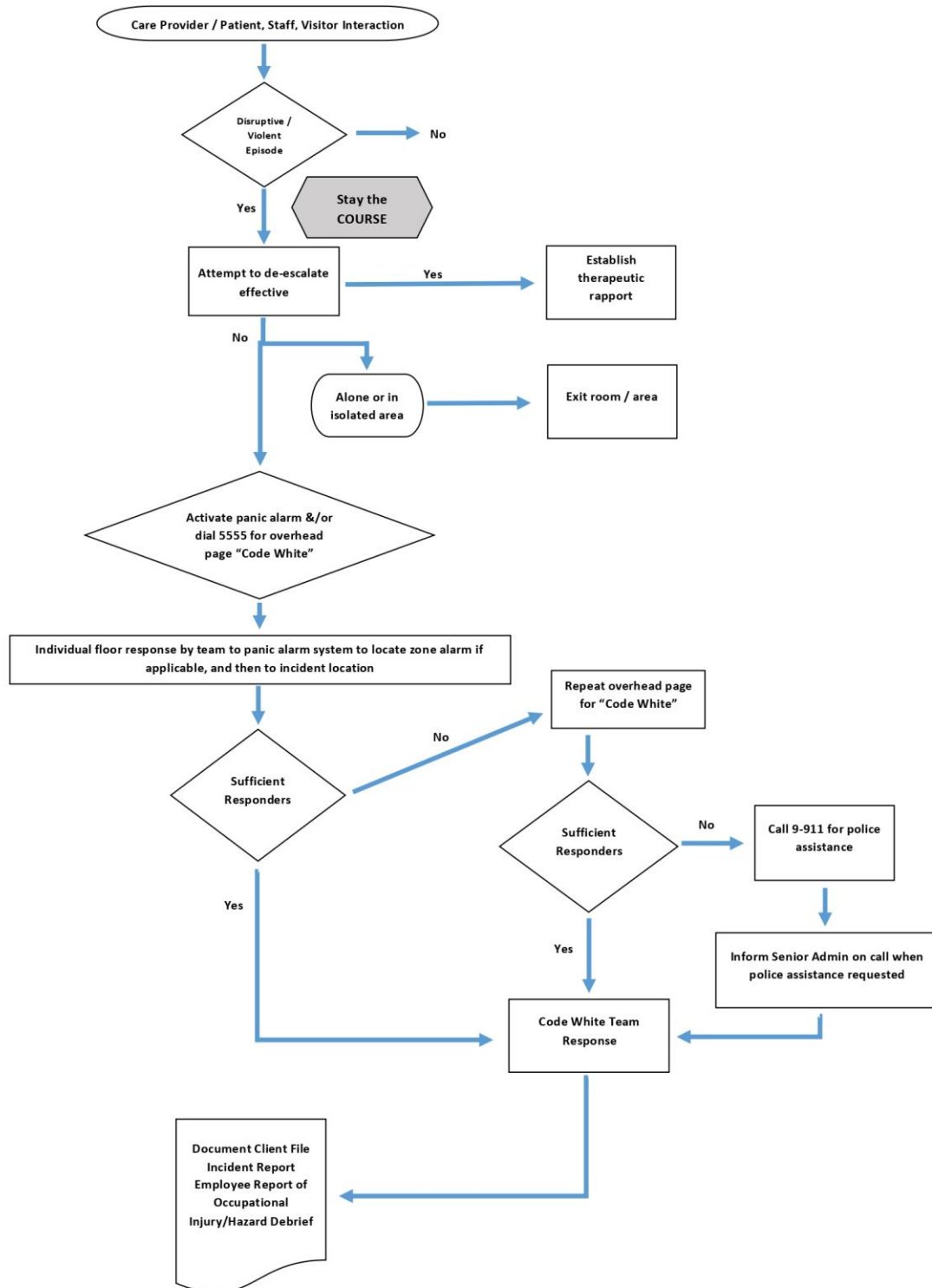
When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware**, Don't try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE**.

- C = Stay CALM, confident and self-controlled
 - O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
 - U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
 - R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards, Keep doors open, lights on and hallways clear
 - S = STAY at least a leg-length away from the aggressive individual; Respect personal space
 - E = Ensure safe EXIT from the area/room; Don't let the aggressive individual get between you and an exit from the room
1. If escalating behaviour continues and if attempts to de-escalate are unsuccessful initiate a response by activating a Staff duress alarm system if available, call for help or have someone call Switchboard by dialing **5555** to initiate a building wide overhead page.
 2. Identify to the Switchboard operator **“Code White, building/tower, the location or department, room number or room name (if known)”** and **Extension of Incident Command Post**. Speak calmly and clearly so that you are well understood.
 3. If alone in an isolated area, leave the area immediately to initiate the building wide overhead page from a safe location.
 4. Switchboard staff will activate the overhead paging system and announce: **“Code White, building/tower, the location or department, room and room name” x 3**.
 - Switchboard staff will also contact Security staff via portable radio to ensure attendance at the location. All available staff in the department/location will respond to assist whenever possible.
 5. Staff and the manager/designate in the affected location, Security and the assigned Code White responders will go to the Code White location immediately.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

A minimum of 5 responders is required to effectively manage a Code White situation. If the number of responders is less than 5, a staff member should be assigned to dial 5555 again to repeat the Code White overhead page.

Initiating A Code White - Algorithm



ADDED ROLES AND RESPONSIBILITIES

Code White Incident Commander – Response Action Sheet

Mission:

The initial Incident Commander's role is to Stay the C.O.U.R.S.E. and provide direct communication and interaction with aggressor or violent person (when responding alone).

Once additional responders are available the initial Incident Commander will either:

For those sites with Mental Health /Psychiatry Staff

- Transfer Incident Command role to Mental Health/Psychiatry staff member and remain as an advisor to the New Incident Commander.

For those sites **WITHOUT** Mental Health /Psychiatry Staff

- The Most Confident and Competent responder will assume Incident Command

The Incident Commander directs code logistics, assigns roles and ensures that the priority focus is to de-escalate the individual verbally whenever possible, recognizing that physical intervention should only be used as a last resort and keeping the individual's personal safety and dignity a priority throughout all interactions.

Operational Phase

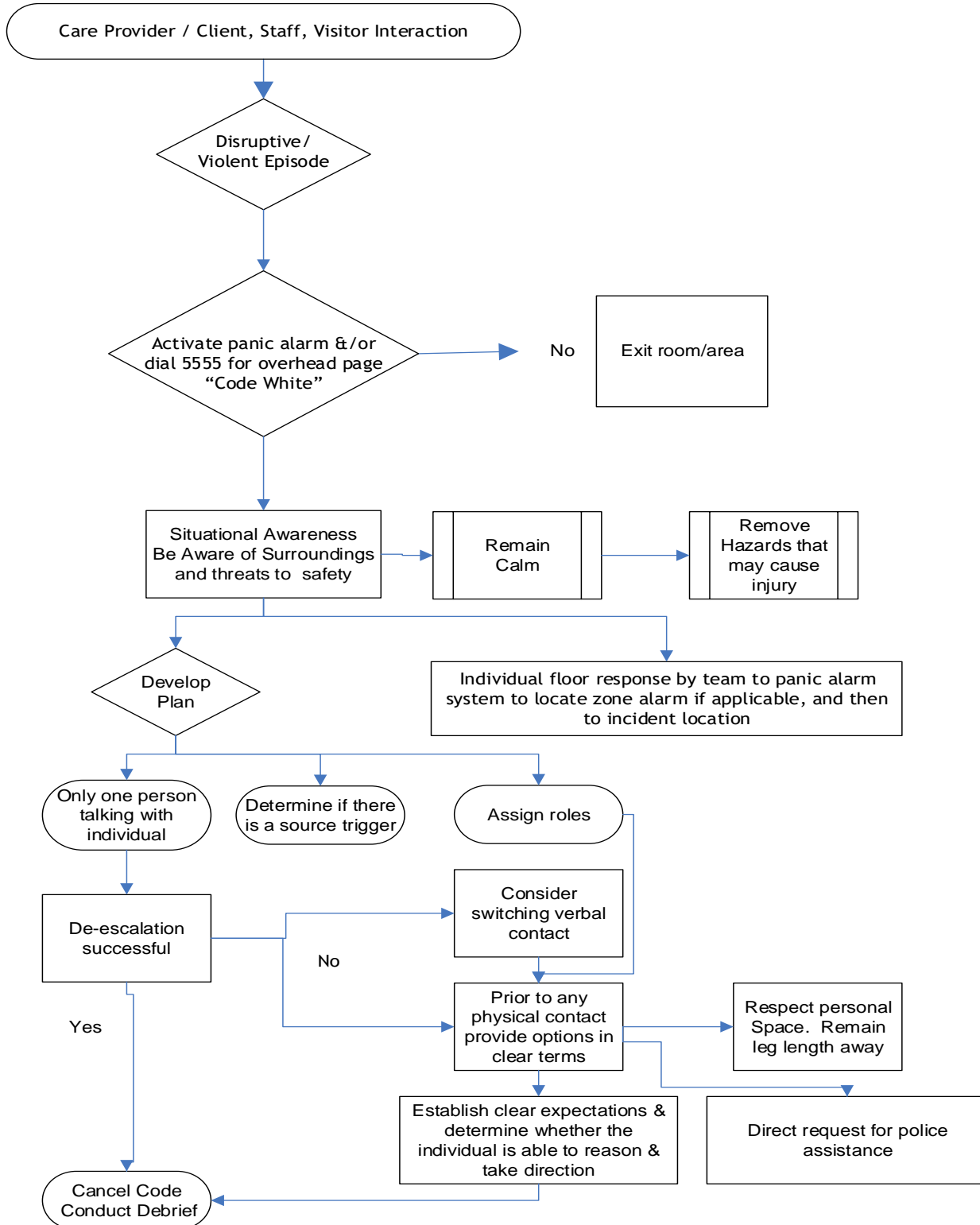
1. **Activate response** (self or designate): Staff duress alarm and building wide Code White overhead page (dial 5555).
2. **Be situationally aware** of surroundings and potential threats to ensure safety of responders, patient/clients and visitors (environment and response).
3. **Remain calm** and use de-escalation and crisis management techniques to intervene with the individual and ensure the safety and security of all present.
4. **Remove hazards on your person or in the vicinity** that may cause injury. e.g. pens, scissors, neckties, lanyards, etc.
5. **Develop an action plan and assign roles to Code White Response Team:**
 - Designate a sole Verbal De-escalation Lead with patient/person and focus attention to the individual.
 - Safety Officer (monitoring of responder and environmental safety)
 - Right and Left Support person if physical intervention is needed
 - Medication Administrator (chemical restraint)
 - Traffic Control (to remove the audience)
 - Runner (supplies, Debrief Tool etc.)
 - Access Control (i.e. locations with key access control)

➤ Scribe (as needed)

If possible ensure at least 1 female staff member is part of the response team (to avoid subsequent allegations of sexual assault) when aggressor/violent person is female.

6. **Ensure only assigned verbal de-escalation lead is communicating** with individual (aggressor). Assess individual for ability to reason and take direction. Assess situation for potential triggers and remove if possible.
7. **Determine if there is a source or trigger** for the incident and remove if possible (may be an individual or situation).
8. If unsuccessful in attempts to de-escalate individual, consider alternate de-escalation lead.
9. **Prior to any physical contact**
 - a. **Ask person to cooperate**, set context (explain why) & provide options/choices in clear, simple terms.
 - b. **Establish clear expectations** and determine whether the individual is able to reason and take direction.
 - c. **Always treat the person with respect** and professionalism.
 - d. **Respect personal space** and remain at least a leg length away from aggressor.
 - e. **Provide explicit instructions to Security** if assistance is required to physically restrain the individual.
 - f. **Direct request for Police assistance** to manage disruptive or violent individual (see Plan Assumptions p. 6) Notify Senior Management on call if police are contacted.
10. **Ensure appropriate documentation** is being recorded at the same time on various required records.
11. **Cancel Code White** - When aggressor is under control and responders and staff are safe by calling 5555 and notifying switchboard to announce the “cancel Code White ”
12. **Ensure all notification(s) are made** (Clinical Manager, Manager or Clinical Manager on call, physician(s); when the incident involves a patient).
13. **Complete all documentation** following response (Debrief Tool **and submit with CRMS report**, *Hospital Incident Report – CRMS – for patient/clients and non-patient/clients, HSN Initial Incident Log; and, the Employee or Supervisor Report of Occupational Hazard/incident/Accident- for staff injuries in MyHSN > MyEmployee Services*)

Incident Commander – Algorithm



Code White Team Responders – Response Action Sheet

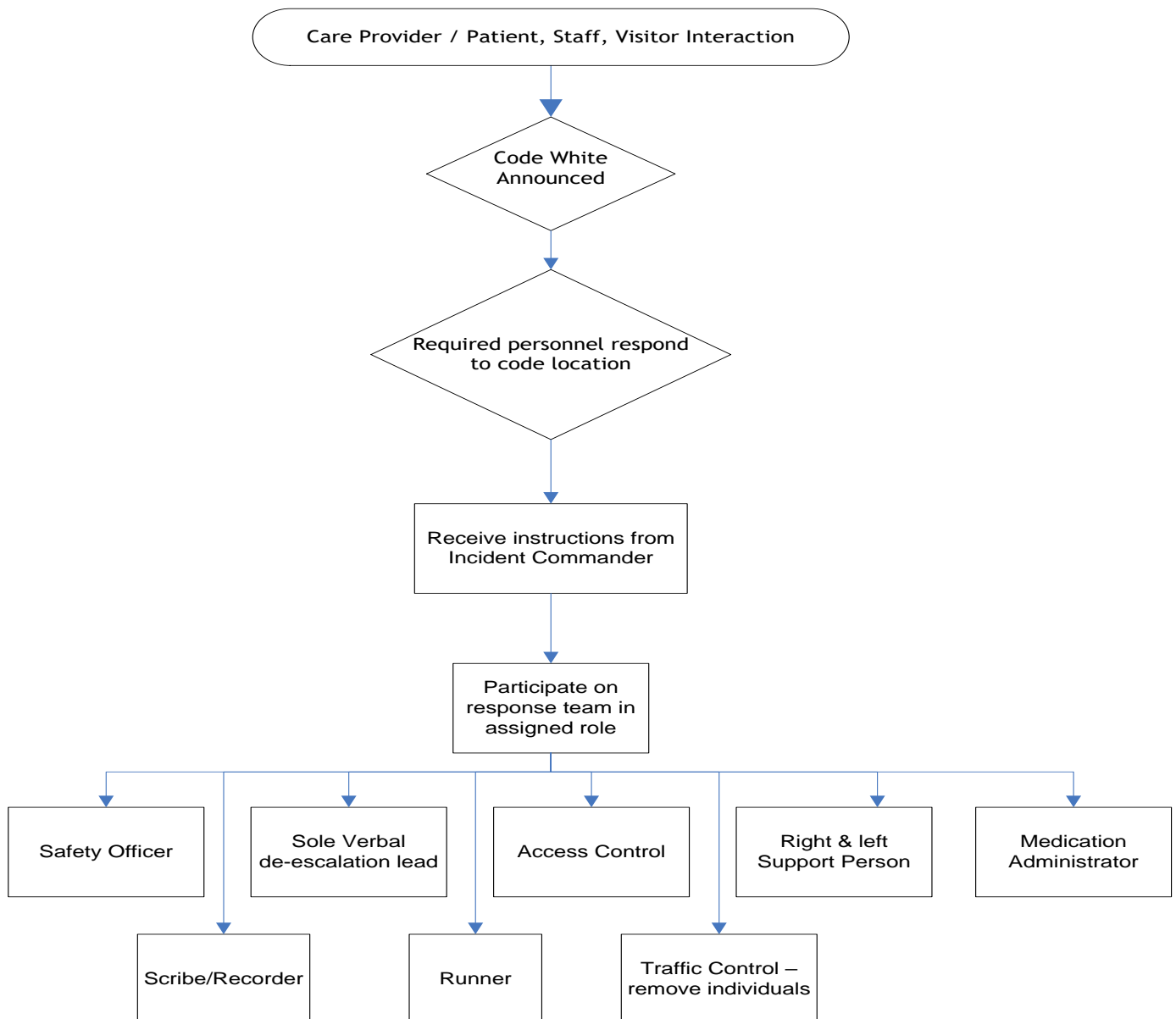
Mission: Responders provide assistance for response activities associated with the management of the violent person. Remain calm and utilize de-escalation and crisis management techniques when requested to participate in response.

Operational Phase

1. **Receive instructions** from Incident Commander.
2. **Participate on response team and in role assigned as directed**, remain on stand-by or return to work as directed.
3. **Verbal De-escalation lead = Assigned person to communicate** and verbally de-escalate the individual in crisis.
4. **Traffic Control = Manage the audience by** removing other individuals from immediate incident location including patients, visitors, and staff for their safety and/or to assist in de-escalating the individual (aggressor).
5. **Safety officer = Responder safety by** removing furniture & unsafe objects from environment as directed to prevent injury to response team. Ensure responders Remove hazards on your person that may cause injury to response team or become a weapon of opportunity. E.g. pens, scissors, neckties, etc.
6. **Medication Administration** = responsible for reviewing available medication, acquiring physician order, preparing and administering ordered medication as directed by Incident Commander.
7. **Right & Left Support position** = responsible for physical intervention of either the left or right side of the body. Multiple responders can be assigned to right or left support based on the situation and needed resources to safely restrain the individual in crisis.
8. **Access Control (for areas that are limited or locked access)** = Provide key pad door entry/management as directed in order to not inhibit responder arrival to the code scene.
9. **Runner** = collect required supplies (restraints, medical equipment, Debrief Tool) as necessary.
10. **Scribe** = recorder by completing documentation and recording information as it relates to code response actions (contemporaneous documentation).
11. **Make appropriate notifications** as directed by Incident Command team.
12. **DO NOT COMMUNICATE** with aggressor or perform any function unless directed by Incident Command.

NOTE: Security is a member of the Code White Response Team but cannot apply any restraint system (e.g. Pinel Restraint System). They may assist in physically restraining when given explicit instructions by the Code White Incident Commander.

Code White Team Responders – Algorithm



Switchboard – Response Action Sheet

Mission: To ensure safety through accurate and timely announcement of Code White situations.
To complete announcements in accordance with the Overhead Paging-Public Address System policy.

Operational Phase

1. **Activate the overhead Code White page:**
 - “Code White, building/tower, the location or department, room number or room name (if known)” x 3
2. Code White **Cancel Code White at direction of Incident Commander:**
 - “Cancel Code White” x3

Security – Response Action Sheet

Mission: To take direction from Incident Commander and ensure safety of staff and other building occupants.
If Police contacted, provide assistance to Police Services as requested.

Operational Phase

1. **Switch to IC post radio channel**
2. **Receive instructions** from Incident Commander.
3. Security At Ramsey Lake Health Centre will

➤ **Team Leader**

Active	Recovery
<ul style="list-style-type: none"> Respond to Incident location Once on scene, identify and take direction from Incident Commander 	<ul style="list-style-type: none"> In the event of guard injury ensure employer is notified Participate in debrief away from involved person to maintain privacy.

➤ **Control Guard Zone 1 will:**

- | |
|--|
| <ul style="list-style-type: none"> Monitor and control facility cameras and main entrance security systems. |
|--|

➤ **Patrol Guard South Zone 2 will:**

- | |
|--|
| <ul style="list-style-type: none"> Respond to Incident location Once on scene, identify and take direction from Incident Commander If Supervisor off site Patrol is site lead |
|--|

➤ **Emergency Department Guard Zone 3 will:**

- | |
|---|
| <ul style="list-style-type: none"> Remain in department on stand-by and await further direction from Supervisor When requested by supervisor or when all “call sign” request is made. Respond to Incident location unless acuity in ED requires you to remain in the department Once on scene, identify and take direction from Incident Commander |
|---|

➤ **PIC/AIP Guard Zone 4 (if available) will:**

- | |
|---|
| <ul style="list-style-type: none"> Respond to Incident location, if the incident location is 5 North Tower (CAMHP) or 6 North Tower only. Identify and take direction from Incident Commander If location not 5 north (CAMHP) or 6 north remain on the unit and continue with normal operations. |
|---|

➤ **Patrol Guard North Zone 5 Guard will (0700-1900):**

- | |
|--|
| <ul style="list-style-type: none"> Remain in Department on stand-by and await further direction from Supervisor When requested by Supervisor or when all “call sign” request is made. Respond to Incident location and take direction from Incident Commander If supervisor off-site, respond to Incident location and take direction from Incident Commander |
|--|

4. Security At Sudbury Outpatient Centre Will**➤ Sudbury Outpatient Centre (SOC) Guards will:**

- Respond to incident location
- Identify and take direction from Incident Commander
- Notify Supervisor post situation.

5. Security At Kirkwood Place Will**➤ Kirkwood Main Guard will:**

- Respond to incident location
- Identify and take direction from Incident Commander
- Notify Supervisor post situation.

➤ Level 5 Unit Guard (if Available) will:

- Respond to Incident location
- Identify and take direction from Incident Commander

NOTE: Security as a member of the Code White Response Team cannot apply any restraint system (e.g. Pinel Restraint System).

OTHER INSTRUCTIONS

Code White In-servicing and Training

In-servicing of HSN and NBRHC – Kirkwood Place staff on the Code White emergency response plan will be offered routinely (published on the education calendar) at HSN and NBRHC – Kirkwood Place health centers by Emergency Preparedness in collaboration with:

- Nurse clinicians/educators
- Education department
- Managers/delegates.

Code Exercise

It is important for staff to understand and practice a response to any code situation in order to effectively respond to a real event. Arrangement of mock situational exercises is the responsibility of the Emergency Preparedness Committee. All mock situational exercises will follow the mock situational exercise standard work document located at the link below

[Mock Exercise Toolkit](#)

Frequency of mock exercises for each code will be determined by the Emergency Preparedness Committee taking into consideration legal/legislative requirements, best practice or identified need by the organization.

Refer to the Workplace Violence and Harassment Prevention policy for minimum workplace violence prevention education requirements. Area specific education requirements are identified through assessment and re-assessment using departmental workplace violence risk assessment form located and maintained on the HUB Toolbox.

Staff Duress Systems

Several Staff Duress alarm systems have been installed at the various hospital campuses.

Note: All staff, students and volunteers must review the Staff Duress Systems policies for their areas.

Spider alert/ELPAS

The Spider alert security system provides Staff with the ability to immediately summon assistance in an episode of disruptive or violent behaviour. Staff have access to the wireless staff duress alarm system by wearing a personal Staff duress tag.

MyCall staff protection solution

The Stanley MyCall system is a real-time location system (RTLS) which provides a portable means to call for help/assistance from anywhere in the main building of the Kirkwood Place Complex. Staff have access to the system by wearing a MyCall Badge

Dukane Nurse Call

The Dukane nurse call system is installed throughout the main site (RLHC site) in various inpatient and outpatient locations. In some locations, a “Code White” button is installed as part of the patient station at each bedside or as a separate button pad. Activation of the nurse call system sets into motion a local response by staff in the area.

CareLink

The CareLink system is used throughout the Daffodil Lodge and on the Addictions Medicine Unit. When a unit staff member pushes the CareLink button and automated message is called into switchboard and a Code White will be initiated overhead.

Battery Operated Staff Duress Alarms (Personal Safety Device {PSD})

Battery operated Staff Duress alarms is available for retail purchase should any department wish to utilize them as a Staff Duress alarm. Should a department wish to deploy such devices, they must contact Emergency Preparedness to ensure a staff response and response expectations are implemented.

Downtime Procedure for Staff Duress Alarm System Malfunction

Any malfunction to Staff Duress alarm systems and/or devices must be reported immediately. Personal Safety Devices (PSD) will be issued to staff when Staff Duress alarm systems or devices are inoperable or malfunctioning.

RECOVERY AND DOCUMENTATION

Roles and Responsibilities

Once the situation involving the individual who has demonstrated disruptive or violent behaviour has been managed, the Incident Commander may cancel the emergency code. The Incident Commander is required to contact Switchboard by dialing 5555 and providing instructions to issue the cancellation overhead page along with the location. Upon receiving this notification, Switchboard staff will issue the overhead page stating "Cancel Code White" x 3.

A - Code White Incident Commander Obligations - Recovery

1. When the Individual is under control and responders are safe, initiate 'cancel Code White' building overhead page (5555).
2. Ensure appropriate plan of care following incident. When individual is a patient ensure the following activities are undertaken with the patient/client and the health care team.
 - a. Re-establish therapeutic relationship with patient/client to prevent future occurrences of aggression/violence.
 - b. Establish meeting with patient/client and staff when everyone back in control of emotions (tension reduction).
 - c. Document plan for patient/client (on patient/client file) and share with team members.
3. Complete process debriefing (Hot Wash) with Debriefing Tool (see Appendix C):
 - i. **Safety** - Ensure health and well-being of individuals; Code White responders and patients, staff and visitors who witnessed the event following the incident.
 - ii. **Discuss plan of care** - going forward with Most Responsible Physician if the individual is a patient.
 - iii. **Root Cause Analysis** – identify what initiated the incident, looking at triggers, causative factors etc. that lead up to the behaviour
 - iv. **Response** – Review what went well in the response vs what could have been improved upon
 - v. **Incident Command** – ensure command and associated roles were clearly identifiable and plan was clearly understood and communicated to responders
 - vi. Is **further debriefing** required (i.e. support briefing required).
4. Ensure environment remains safe prior to dispersal of responders. Ensure means of egress and fire safety equipment are clear of obstructions should the incident have taken place in a corridor or public space.
5. Ensure communication methodology established to convey Acting Out Behaviour (AOB status) and violence (V status) prevention techniques to any Staff member/visitor entering room (e.g., door signage) as per the corporate policies.

6. If a trigger has been identified for the incident, assess what measures may be undertaken to avoid future potential incidents. Review plan of care with health care team if the individual is a patient. Ensure documentation of incident is completed: Incident Reporting system, Employee or Report Supervisor of Occupational Hazard/Incident/Accident via [MyHSN > MyEmployee Services](#) if member(s) of a response team have been injured (physical, mental), patient/client's file as appropriate, HSN Incident Command Log, HSN Incident Activity Log.
7. Ensure appropriate notifications have been completed and updates provided as required (e.g. Managers and/or Directors, Senior Administration, Quality & Patient Safety).
8. If needed contact supervisor/manager to arrange a support debriefing (Cold Wash)/critical incident stress debriefing session. [See Appendix D - Critical Incident Stress Debriefing Guide](#)

B - Code White Responder Obligations - Recovery

1. Assist Code White Incident Commander in fulfilling any health care related needs for the individual. Participate in discussions relating to future plan of care if the individual is a patient as appropriate
2. Assist with completion of required documentation of incident
3. Participate in incident debriefing
4. Participate in patient debriefing with aggressor as appropriate

Documentation

The following documentation must be completed following the violent episode whether the incident involves a patient/client, staff member or a member of the public. Responsibility for completion is identified by role however all team members must contribute to the required documentation and subsequent follow up activity to identify potential preventive strategies and/or improved team response.

HSN Incident Report (electronic) as Code White (CRMS Reporting)	Incident Commander Care Provider for Patient/Client
Employee Report of Occupational Hazard Incident Accident (if applicable) <u>in MyHSN > MyEmployee Services</u>	Injured Employee
Supervisor Report of Occupational Hazard Incident Accident in <u>MyHSN > MyEmployee Services > My Team Incident</u>	Manager/Supervisor
Debriefing Tool – Appendix C	Incident Commander

CONSULTATIONS AND APPROVALS

Committee/Stakeholder Consultation	Date
Emergency Planning Committee	January 2021
Satellite Sites	January 2021
Joint Health and Safety Committees / H&S Representatives (where relevant)	January 2021
	Date
Alison Robinson Manager, Emergency Preparedness and Security Services 	September 2022
Pat Tessier Director, Facilities Management 	October 2022

Appendix A

OFF SITE LOCATION ALL STAFF RESPONSE INFORMATION

All Staff Response Poster




CODE WHITE CENTRE FOR LIFE WHO RESPONDS?



Code White: A violent or behavioural situation requiring the assistance/support of staff in the area in order to de-escalate the situation.

A minimum of **5 responders** are required to manage a Code White.

Location of the Code White	 Who MUST Respond 
EVERY CODE WHITE	<ul style="list-style-type: none"> All available Staff, Clinical Staff, Clinical Manager or designate, Clinical Leader, and Charge Nurse in the affected area
All Locations	<ul style="list-style-type: none"> All available Staff

REMEMBER:

- ✓ Listen for Code White situations
- ✓ Respond if it's in your area
- ✓ Send all available Staff to assist in all other locations

The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.

When meeting with clients or others who display escalating behaviors,

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

Centre for Life

Emergency Response – Response Action Sheet

When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware**, Don't try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE**

C = Stay CALM, confident and self-controlled

O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them

U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles

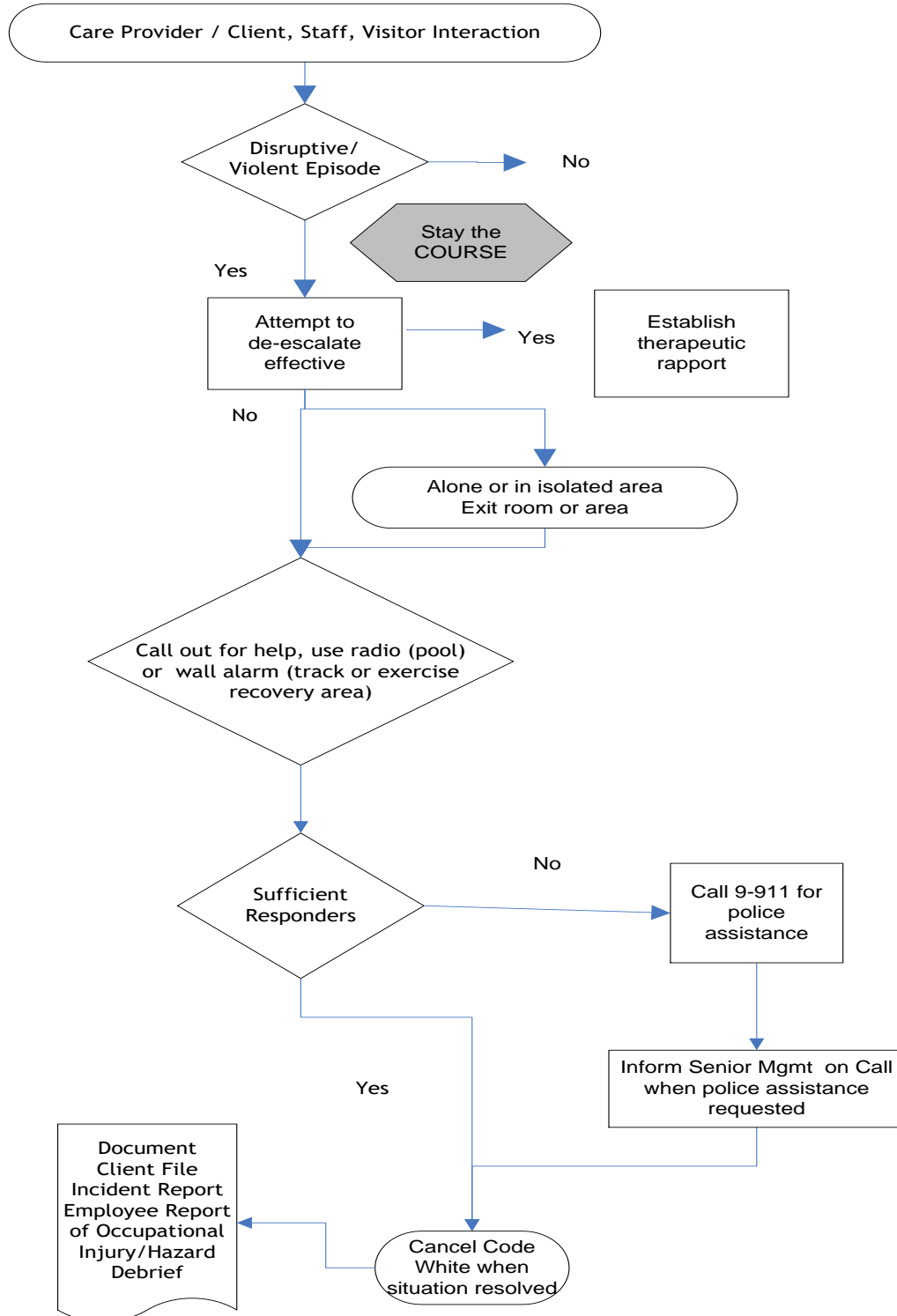
R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards keep doors open, lights on and hallways clear

S = STAY at least a leg-length away from the aggressive individual; Respect personal space

E = Ensure safe EXIT from the area/room; don't let the aggressive individual get between you and an exit from the room

1. If escalating behaviour and attempt to de-escalate are unsuccessful:
 - Initiate a localized response by calling for help
 - If in YMCA Pool Area use radio
 - If in Exercise Recovery Area or the Track area utilize wall alarm which will signal in Centre for Life and in YMCA
2. If alone in an isolated area, leave the area immediately and call for assistance.
3. Staff and the manager/designate in the affected location, will go to the Code White location immediately.
4. If unable to safely resolve the situation access a telephone or direct line (located at CLC reception area), call for assistance of Police (911).

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

All Staff Response Centre for Life – Algorithm

All Staff Response Poster – Cedar Street Site



CODE WHITE at CEDAR St. WHO RESPONDS?



Code White: A violent or behavioural situation requiring the assistance/support of staff from nearby departments in order to de-escalate the situation.

Cedar Street

A minimum of **5 responders** are required to manage a Code White.

Location of the Code White	 Departments That MUST Respond  (at least 1 person from each Department)
EVERY CODE WHITE	<ul style="list-style-type: none"> All available Staff, Clinical Staff, Clinical Manager or designate, Clinical Leader, and Charge Nurse in the affected department
Any Level	<ul style="list-style-type: none"> Level 1 , Level 2, Level 3, Level 4 Level 5, Level 6, Level 7, Level 8

REMEMBER:

- ✓ Listen for the Code White location
- ✓ Send at least 1 person to respond to all other locations

The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.

When meeting with clients or others who display escalating behaviors

When meeting with clients or others who display escalating behaviors,

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

Cedar Street Emergency Response – Response Action Sheet

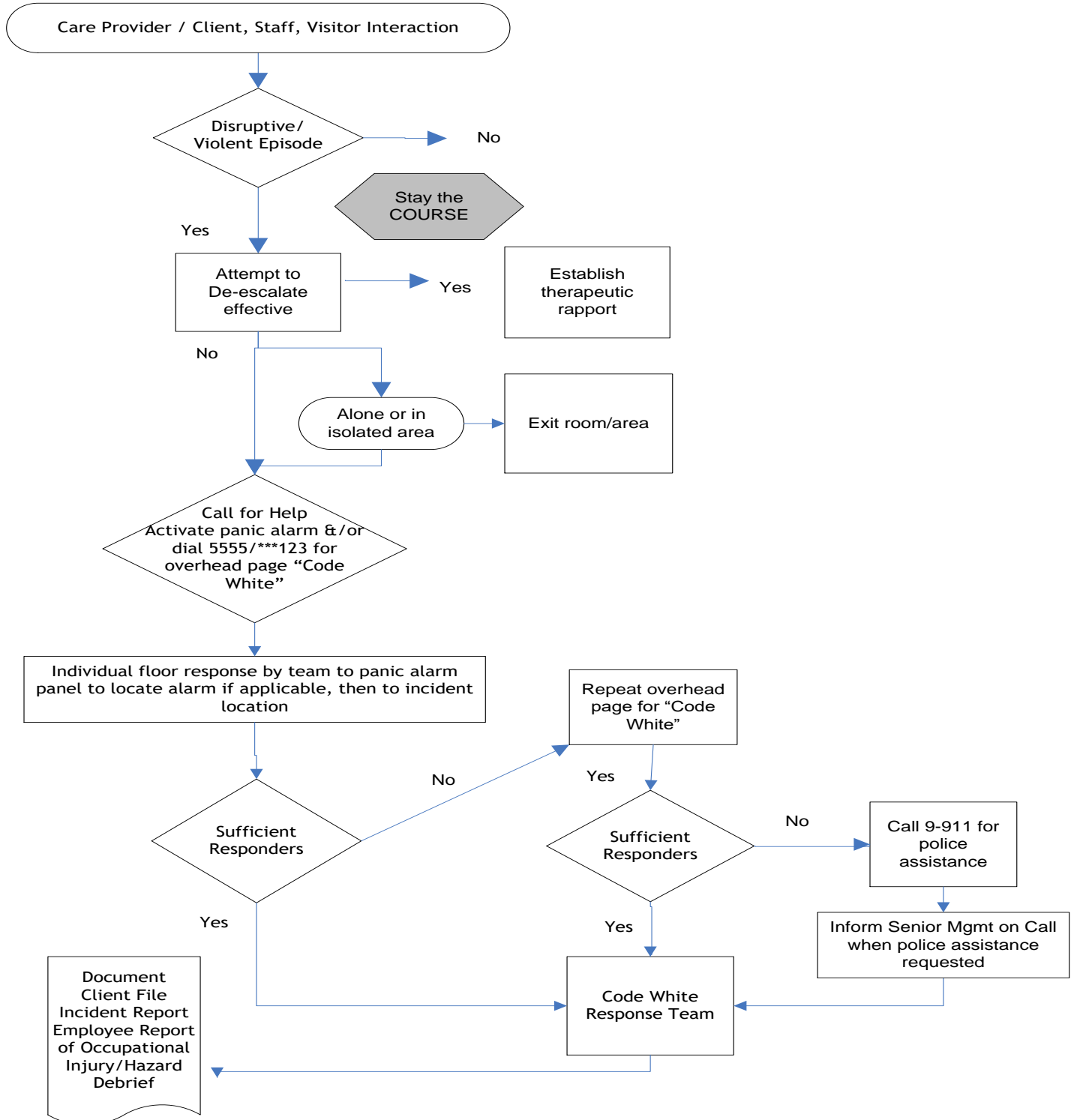
When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware, don't** try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards, keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; don't let the aggressive individual get between you and an exit from the room

1. If attempts to de-escalate the person are unsuccessful, initiate a localized response by activating a desk or Staff Duress alarm system if available, call for help, call or someone call HSN Switchboard by dialing **5555** to initiate a building wide overhead page..
2. Identify to the Switchboard operator **“Code White, Cedar Street, the location or department, room number or room name (if known)” x 3**. Speak calmly and clearly so that you are well understood.
3. If alone in an isolated area, leave the area immediately to initiate the building wide overhead page from a safe location.
4. Switchboard staff will activate the overhead paging system and announce: **“Code White, Cedar Street, the location or department, room ____ and room name” x 3**.
5. Staff and the manager/designate in the affected location, will go to the Code White location immediately.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

A minimum of 5 responders is required to effectively manage a Code White situation. If the number of responders is less than 5, a staff member should be assigned to dial 5555 again to repeat the Code White overhead page.

All Staff Response Cedar Street – Algorithm

Staff Panic Alarm Systems (Cedar St. Locations Only)

Staff Panic Alarm Systems have been installed at the Cedar Street Location.

Note:

All staff, students and volunteers working at the Cedar St. must review the Staff Panic Alarm System – Cedar Street policy.

A Staff Panic Alarm System provides staff with the ability to immediately summon assistance for an episode of disruptive or violent behaviour by another individual. Staff have access to either stationary panic buttons attached to desks or personal panic alarm pendants that when pressed, will sound an alert chime tone. An indicator panel for locating the source of the alarm is located in the reception area on each of levels 1 through 8. The alert chime will sound on the level from which the panic alarm device was activated to garner assistance from nearby staff and all alerts will sound in reception on level 1. A panic alarm originating from level 1 will also sound on level 5.

As a precaution, if the alarm is not silenced within one minute on the level where it has originated, the level 1 reception staff will dial 5555 for Main Site Switchboard to issue an overhead page or dial *97 00 for Code White to ensure adequate staff response to the area.

The Staff Panic Alarm System is tested regularly on each level as directed by the Clinical Manager to ensure all alarms are operational and functioning properly. System failures are to be reported immediately to the Coordinator, System and Operational Support who will liaise with the security company and ensure repair and follow-up occurs.

Downtime Procedure for Staff Panic Alarm System Malfunction

In the event of an unanticipated system failure (i.e. power outage) or duress alarm malfunction (i.e. alarm depressed but no chime), staff is directed to notify HSN Switchboard to initiate an overhead page to alert all staff.

If at any time a staff member becomes aware that the panic alarm system is not functioning, the Clinical Manager/designate will instruct HSN Switchboard to alert all staff by issuing an overhead page x 3 as follows, *"Your attention please. The Panic Alarm System is on paging over-ride"*. The overhead announcement will be followed by an all-staff email from Cedar St. Reception to inform staff returning to the building of the system malfunction, the anticipated downtime and the contingency plan for staff safety (e.g. use of overhead paging for situations requiring staff assistance). The Clinical Manager/designate will instruct HSN Switchboard to advise staff that the staff panic alarm system is fully operational once repaired via overhead page. Cedar St. Reception will issue a follow up email.

All Staff Response Poster Children's Treatment Centre



CODE WHITE at CTC WHO RESPONDS?



Code White: A violent or behavioural situation requiring the assistance/support of staff in the area in order to escalate situation.

Children's Treatment Centre

A Minimum of **5 responders** are required to manage a Code White.

Location of the Code White	Departments that MUST Respond (at least 1 person from each Department)
EVERY CODE WHITE	<ul style="list-style-type: none"> All Available Staff, Clinical Staff, Clinical Manager or designate will attend the announced Code Location. The most competent staff member will assume Incident Command.

REMEMBER:

- ✓ Listen for the personal alarm activation or Code White location
- ✓ Respond to the location

The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.

When meeting with individuals who display escalating behaviors

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

Children's Treatment Centre Emergency Response – Response Action Sheet

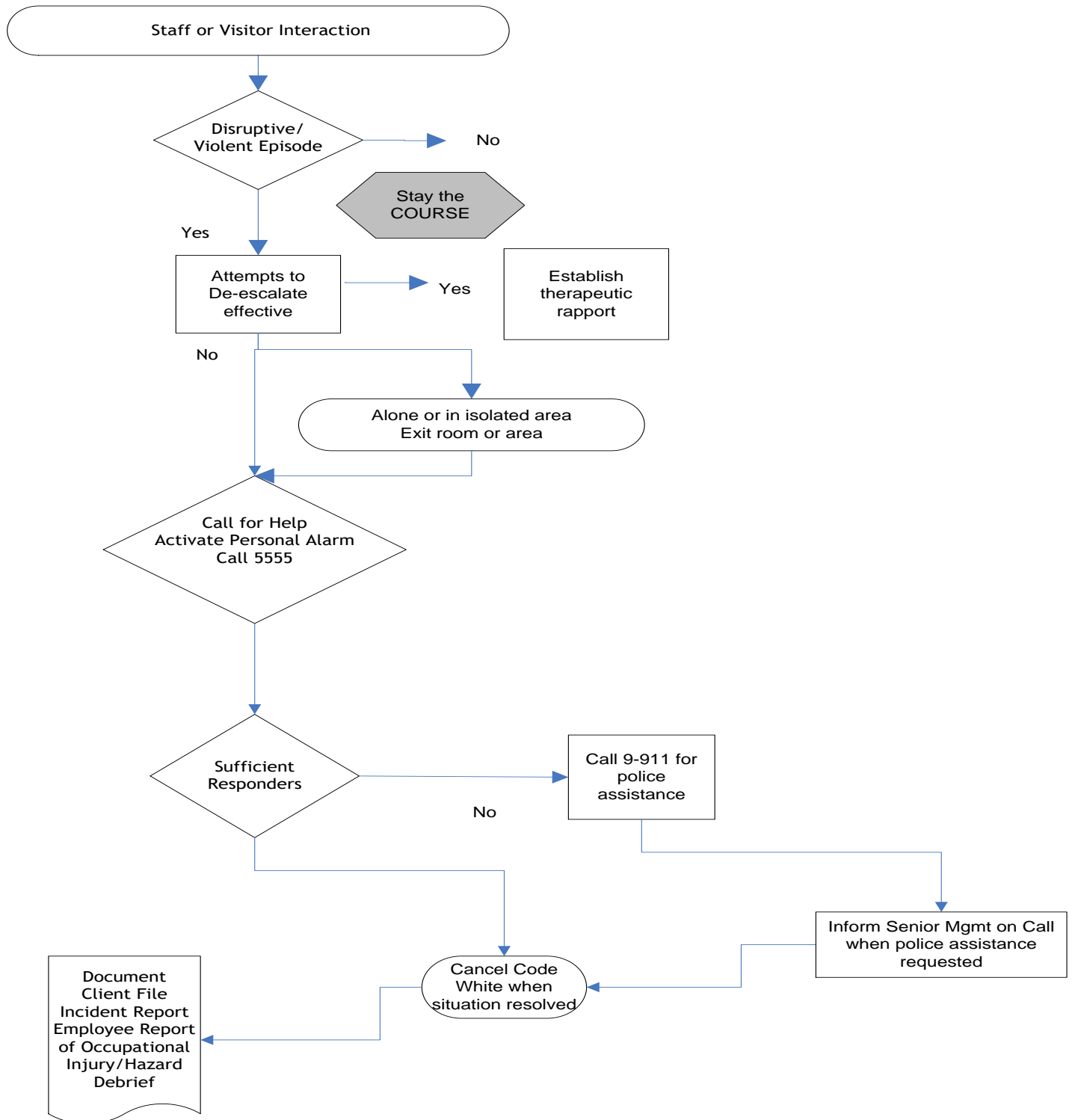
When meeting with staff, visitors or others who display escalating behaviour, **staff should be situationally aware**, don't try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; respect personal space
- E = Ensure safe EXIT from the area/room; don't let the aggressive individual get between you and an exit from the room

1. If attempts to de-escalate the individual are unsuccessful:
 - Request assistance from other staff members in the area by calling for help,
 - Request assistance from other staff by activating personal duress alarm to trigger a code white activation and bring responders to your location OR
 - Request a Code White activation by calling HSN switchboard at **5555** to initiate a building wide overhead page.
2. Identify to the switchboard operator **"Code White, Children's Treatment Centre, location or area, room number or room name (if known)" x3**. Speak calmly and clearly so that you are well understood.
3. Switchboard staff will activate the overhead paging system and announce: **"Code White, Children's Treatment Centre, location or area, room number or room name (if known)" x3**
4. If alone or in an isolated area, leave the area immediately (if possible) and call for additional assistance or use your voice to summon assistance to your location and/or initiate the building wide overhead page from a safe location.
5. If insufficient responders and/or the situation continues to pose risk to staff and visitors contact 9-911 and request police assistance.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

All Staff Response Children's Treatment Centre– Algorithm



All Staff Response Poster Centre for Pre-Hospital Care



CODE WHITE

Centre for Pre-Hospital



Code White:

A violent or behavioural situation requiring the assistance/ support of staff in the area in order to de-escalate the situation

SITE	Site Response
Long Lake Road	<ul style="list-style-type: none"> All Available Staff If insufficient responders or situation poses risk to safety call 911 for Police

- The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.
- When meeting with staff, visitors or others who display escalating behaviors,

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

Call 911 for assistance, if needed

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

CENTRE FOR PRE-HOSPITAL CARE

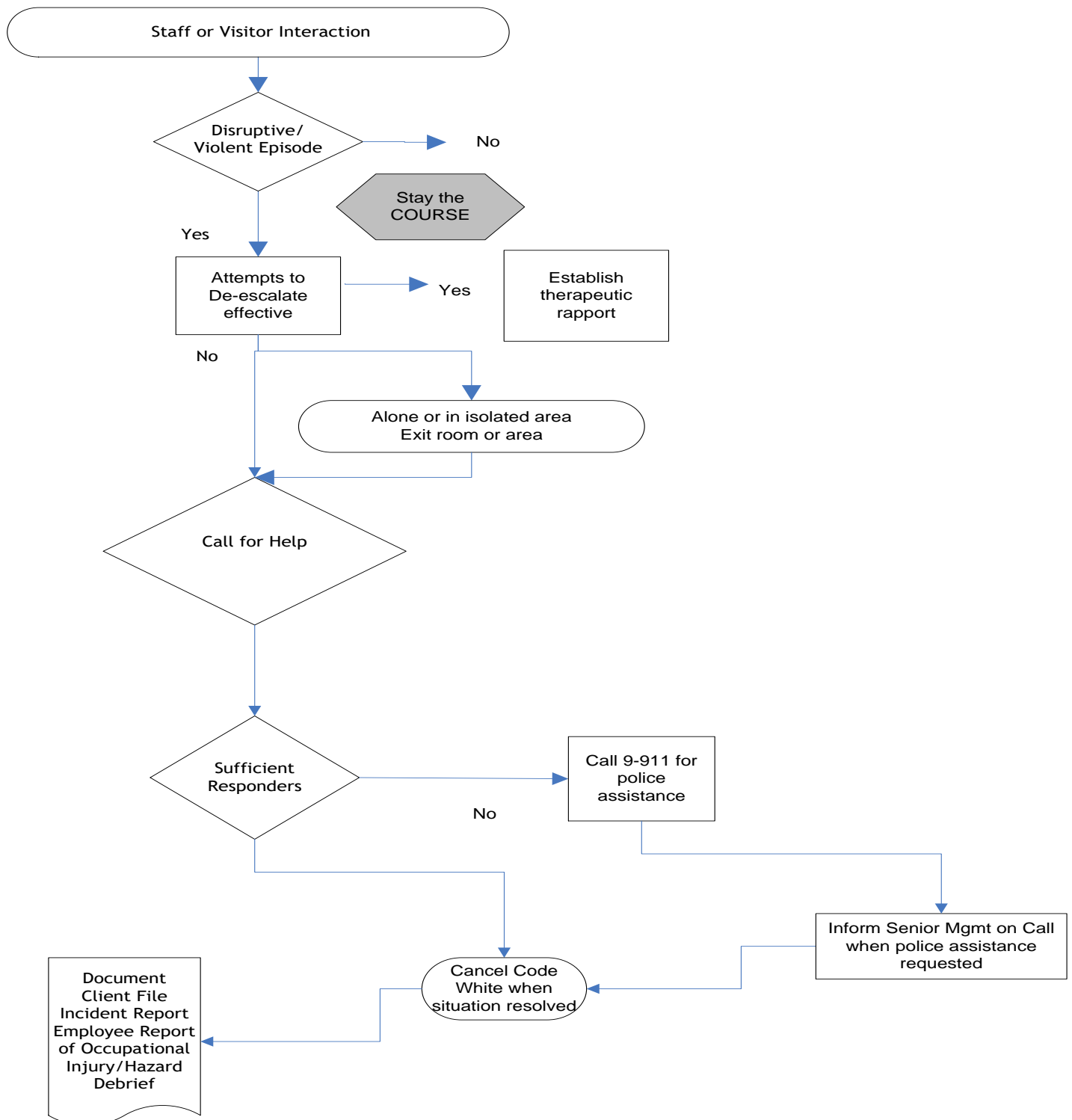
Emergency Response – Response Action Sheet

When meeting with staff, visitors or others who display escalating behaviour, **staff should be situationally aware**, don't try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; don't let the aggressive individual get between you and an exit from the room

1. If attempts to defuse the individual are unsuccessful, request assistance from other staff members in the area.
2. If insufficient responders and/or the situation continues to pose risk to staff and visitors contact 911 and request police assistance.
3. If alone or in an isolated area, leave the area immediately (if possible) and call for additional assistance and/or 911 from a safe location or use your voice to summon assistance to your location.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

All Staff Response Centre for Pre-Hospital Care – Algorithm

All Staff Response Poster – MHAP RURAL SITES



CODE WHITE MHAP RURAL SITES



Code White:

A violent or behavioural situation requiring the assistance/ support of staff in the area in order to de-escalate the situation.

SITE	Special Instructions
Elliot Lake	When police are called, notifying Building Services through Elnos Management (705) 848-0229.
Espanola	A. Clinician Activates the building alarm B. Code White announced overhead (feature 60) C. Clerical Staff Contact 911 if necessary
Manitoulin	When Police are called , notify MHC switchboard
St. Charles	Call 911

The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.

When meeting with clients or others who display escalating behaviors

When meeting with clients or others who display escalating behaviors,

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

MHAP Rural Site

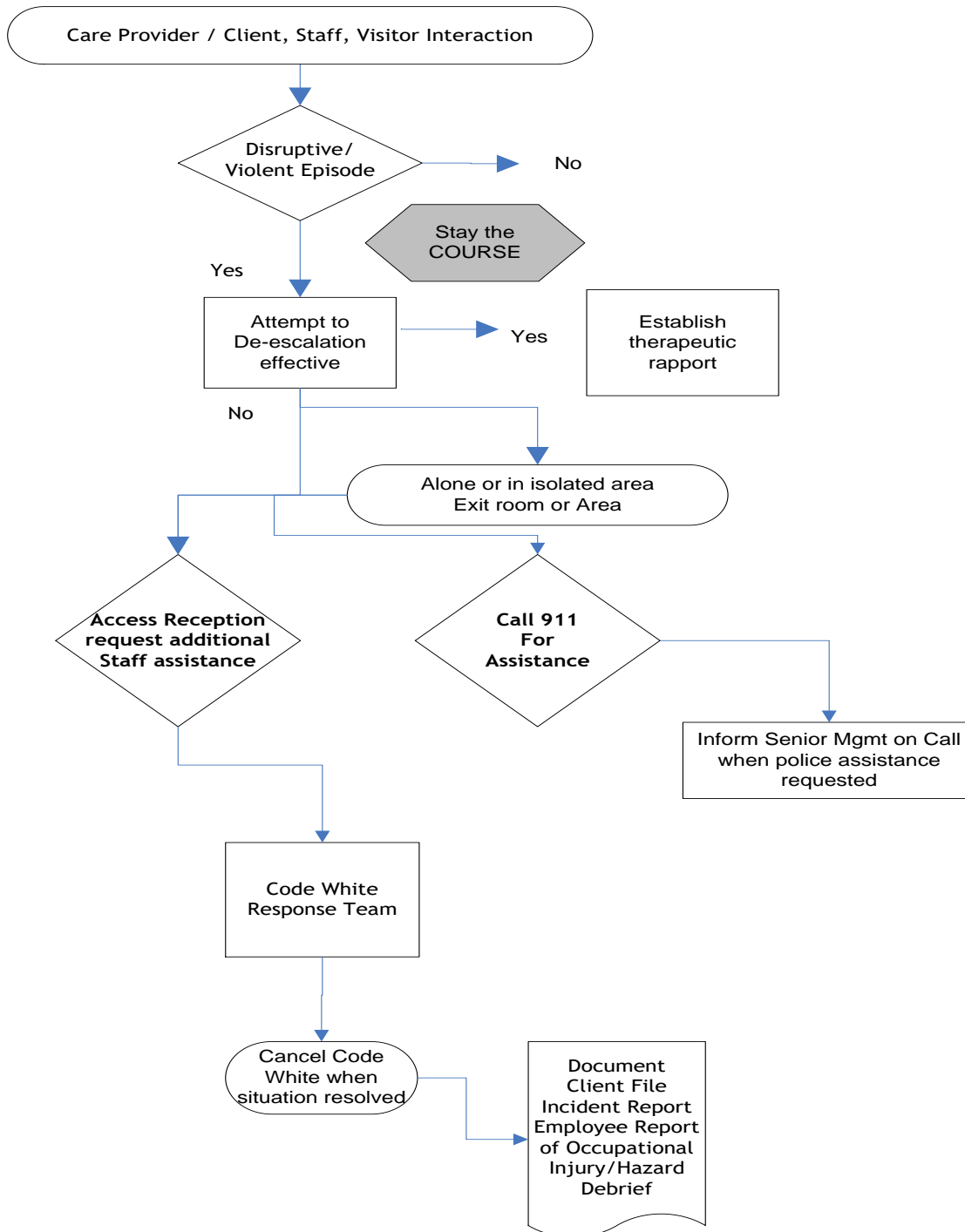
Emergency Response – Response Action Sheet

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- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; don't let the aggressive individual get between you and an exit from the room

1. If attempts to defuse the person are unsuccessful, request assistance from other staff members in the area.
2. If insufficient responders and/or the situation continues to pose risk to staff, clients and visitors access Reception to contact 911 and request police assistance.
3. If alone, off-site or in an isolated area, leave the area & immediately call for additional assistance and/or 911 from a safe location.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

All Staff Response MHAP – Algorithm

MHAP Rural Site Manager/Manager on Call – Response Action Sheet

Mission: Provide support and complete incident follow-up.

Post-Incident

The manager/manager on-call will:

- Investigate the incident for the status and treatment plan for the aggressor/violent person.
- Assess the level of injury (if any) sustained by staff, determine if the *Critical Injury Reporting and Investigation* policy applies; notify the Occupational Health and Safety Service and the Ministry of Labour.
- Determine if responders wish to press charges against the aggressor.
- Determine alternate staffing arrangements if the responder is injured or if client transport to an alternate treatment location is required.
- Determine the impact of property damage (if any) and follow up with the appropriate landlord.
- **Espanola:** Engage the Child and Family Center Lead.
- Assess if debriefing is required.
- Notify the director/senior administrator on-call if:
 - I. Police used physical force
 - II. Critical injury occurred to the responder(s) present
 - III. Significant property damage has been sustained

All Staff Response Poster – North East Specialized Geriatric Centre (NESGC)



CODE WHITE

North East Specialized Geriatric Centre (NESGC)



Special Instructions

Code White:

A violent or behavioural situation requiring the assistance/support of staff in the area in order to de-escalate the situation.

SITE	Special Instructions
Sudbury	<ol style="list-style-type: none"> Activate Staff duress Alarm or call for help If insufficient responders or situations poses risk to safety call 911 for Police assistance
New Liskeard Clinic	<ol style="list-style-type: none"> As there is no known process at the New Liskeard FHT, the Geriatric Assessor (GA) will follow the program specific Home Visit Procedure. The GA will review shared EMR's to flag any risks prior to visits. If insufficient responders or situation poses risk to safety call 911 for Police assistance.
Timmins Clinic	<ol style="list-style-type: none"> Use Telephone page system set off alarm or call for help. If insufficient responders or situation poses risk to safety call 911 for Police assistance.
Home Visit	<ol style="list-style-type: none"> If any safety concerns identified regarding a patient/family member, staff will flag this in the EMR (i.e global message in Accuro). This will ensure Geriatric Assessors and Physicians/NP's will not go to the home alone OR will ensure that the patient comes to the clinic. Geriatric Assessors/Physicians/NP will check Meditech and HPG prior to going into the home of a new patient to ensure no safety concerns are flagged on the chart. Refer to NESGC program specific procedures for home visits
Outreach Team	<ol style="list-style-type: none"> If in a location that has a Code White policy, follow that policy Refer to NESGC program specific procedures for home visits Call 911 and Request Police assistance

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

NESGC

Emergency Response – Response Action Sheet

When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware, Don't** try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards, keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; Don't let the aggressive individual get between you and an exit from the room

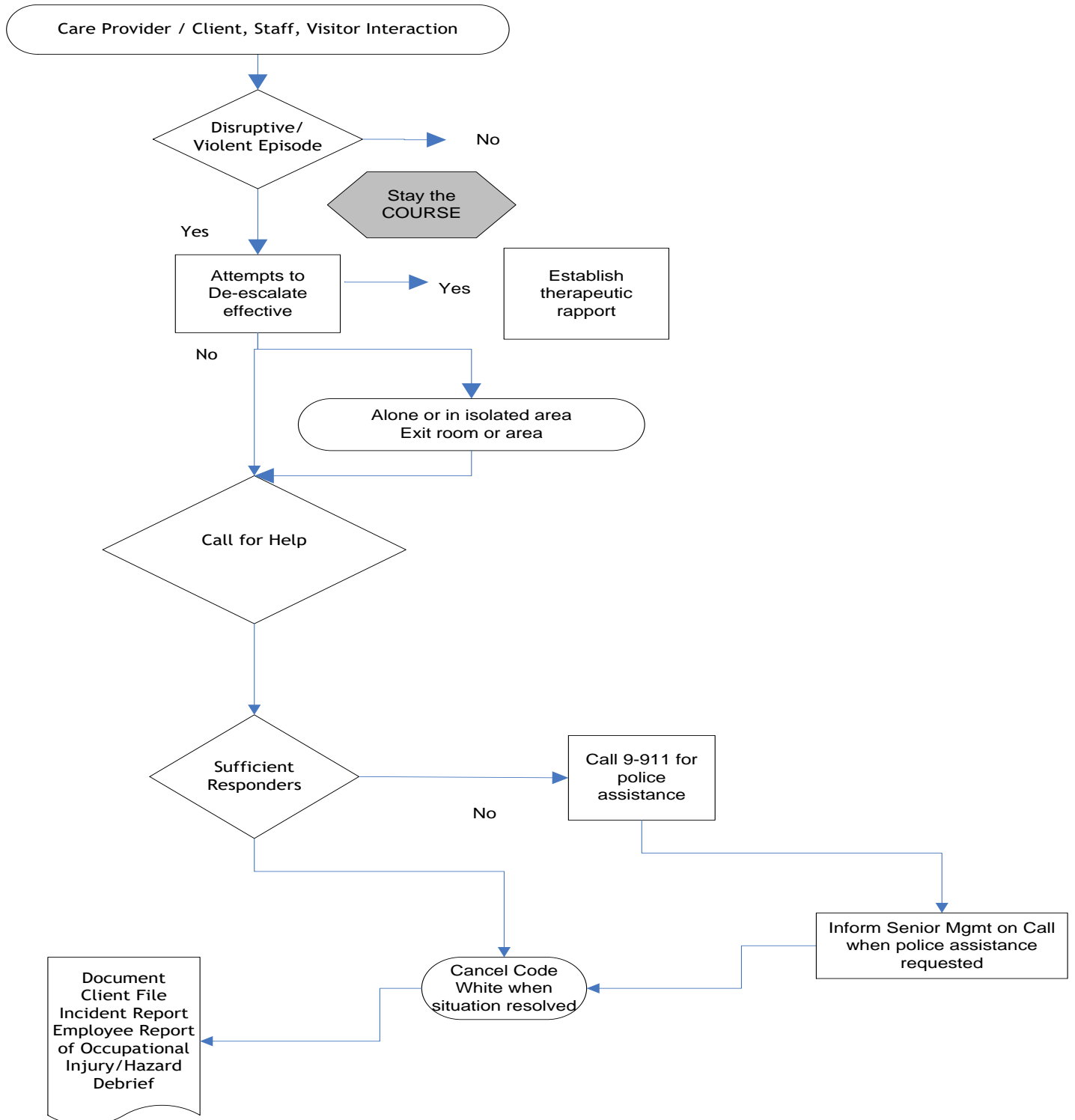
1. If attempts to defuse the person are unsuccessful, initiate a localized response by using personal staff duress alarm.
2. If alone in an isolated area, leave the area immediately and seek assistance from other Staff.
3. Upon hearing staff duress alarm activation or call for help Staff and the manager/designate will go to the Code White location immediately.
4. If insufficient responders and/or the situation continue to pose risk to staff, clients and visitors safety contact 911 and request police assistance.

Please Note:

In situations where one staff is in the clinic alone the front door is secured and locked.

All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

A minimum of 5 responders (ideal) is required to effectively manage a Code White situation. If the number of responders is less than 5, a staff member should be assigned to dial 5555 again to repeat the Code White overhead page.

All Staff Response NESGC – Algorithm

All Staff Response Poster – Pine Street Site



CODE WHITE at PINE ST WHO RESPONDS?



Code White: A violent or behavioural situation requiring the assistance/support of staff from nearby departments in order to de-escalate the situation

Pine Street

Location of the Code White	 Who MUST Respond 
EVERY CODE WHITE	<ul style="list-style-type: none"> All available Staff, Clinical Staff, Clinical Manager or designate, Clinical Leader, and Charge Nurse in the affected area
All Locations	<ul style="list-style-type: none"> All available Staff

The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.

When meeting with clients or others who display escalating behaviors,.

When meeting with clients or others who display escalating behaviors,

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

Pine Street
Emergency Response – Response Action Sheet

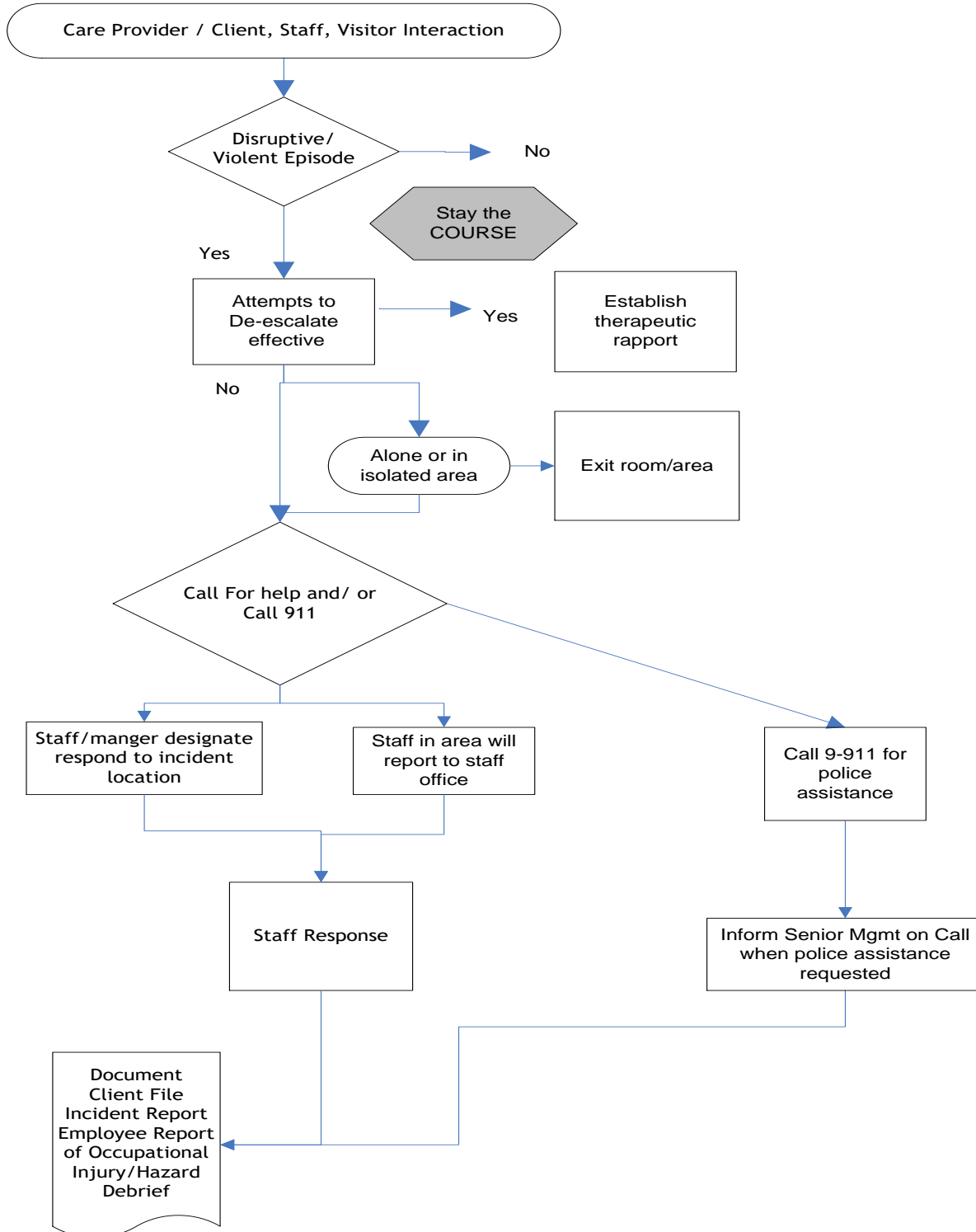
When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware, Don't** try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; Don't let the aggressive individual get between you and an exit from the room

1. If attempts to defuse the person are unsuccessful, call for help or if situation poses risk to staff safety call 911.
2. If alone in an isolated area, leave the area immediately get help from co-workers and/or call 911 for police assistance.
3. Upon hearing call for help, Staff in the affected location (on that level), will immediately report to the staff office. Office staff will notify responders of the location of the incident.
4. All staff and the manager/designate in the affected location will go to the Code White location immediately.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

The ideal number is 5 responders to effectively manage a Code White situation.

All Staff Response PINE Street – Algorithm

All Staff Response Poster – NEJAC, Vascular Lab & Diagnostic Imaging



CODE WHITE at NEJAC, Vascular Lab, & Diagnostic Imaging



WHO RESPONDS?

Code White: A violent or behavioural situation requiring the assistance/support of staff in the area in order to escalate situation.

A Minimum of **5 responders** are required to manage a Code White.

Location of the Code White	Departments that MUST Respond (at least 1 person from each Department)
EVERY CODE WHITE	<ul style="list-style-type: none"> All Available Staff If insufficient responders or situation poses risk to safety call 911 for Police Assistance.

- The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.
- When meeting with individuals who display escalating behaviors

Stay the **C.O.U.R.S.E**

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

Call 911 for assistance, if needed

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

REGENT STREET Site

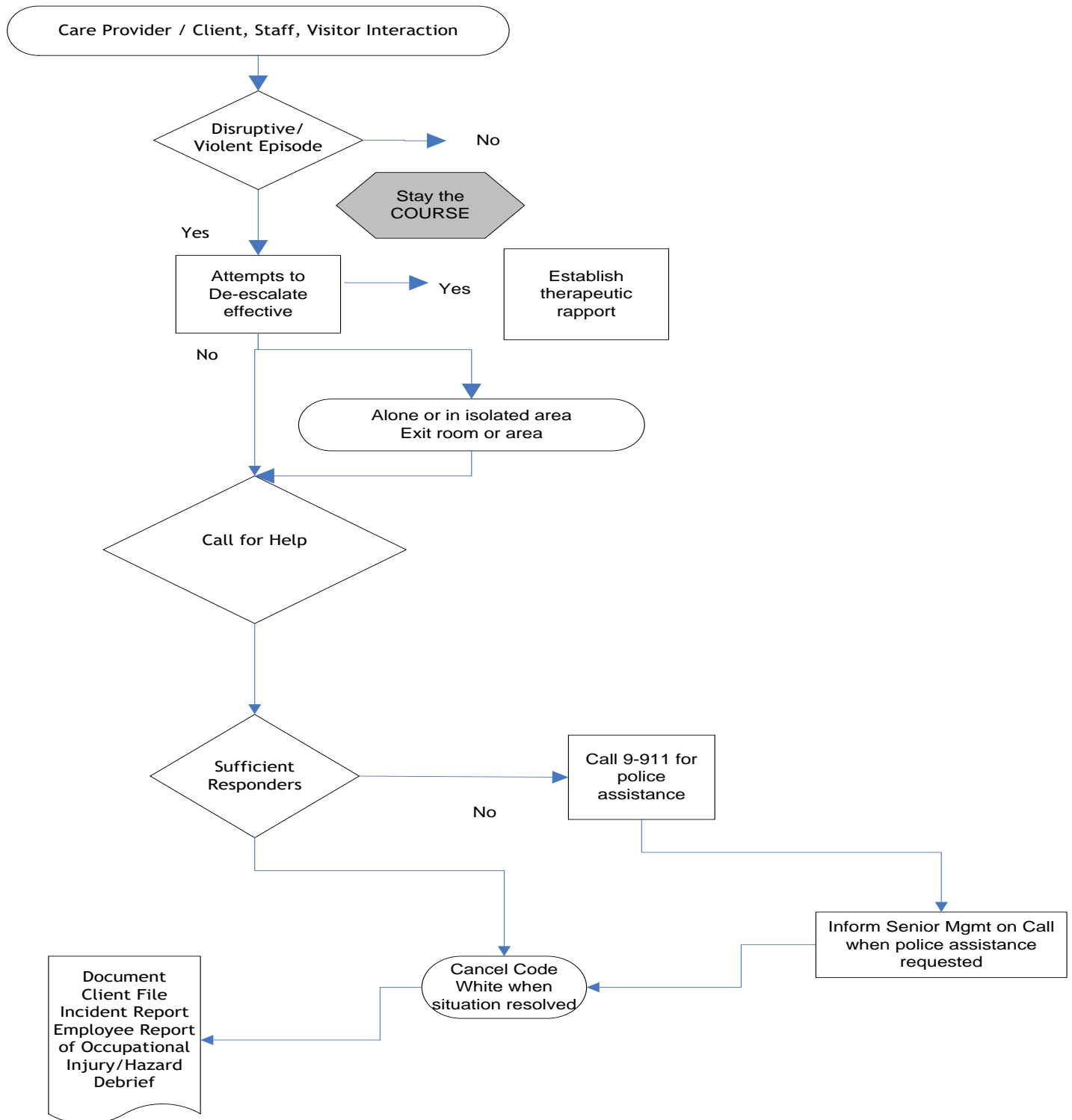
Emergency Response – Response Action Sheet

When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware**, Don't try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards, keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; Don't let the aggressive individual get between you and an exit from the room

1. If attempts to defuse the person are unsuccessful, request assistance from other staff members in the area.
2. If insufficient responders and/or the situation continues to pose risk to staff, clients and visitors contact 911 and request police assistance.
3. If alone, off-site or in an isolated area, leave the area immediately and call for additional assistance and/or 911 from a safe location.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

All Staff Response REGENT– Algorithm

All Staff Response Poster – Walford Road {HSNRI}



CODE WHITE

HSNRI—

WALFORD ROAD

**Code White:**

A violent or behavioural situation requiring the assistance/ support of staff in the area in order to escalate situation.

SITE	Site Response
WALFORD DRIVE	<ul style="list-style-type: none"> • All Available Staff • If insufficient responders or situation poses risk to safety call 911 for Police

The Code White procedure is enacted in response to an episode of violence or disruptive behaviour which threatens the safety of others.

When meeting with individuals who display escalating behaviors

Stay the C.O.U.R.S.E

Stay Calm

One staff member communicate with person

Be Understanding and avoid arguments

Remove all at risk individuals and hazards

Stay at least leg-length away

Ensure there is a safe Exit from the room

Call 911 for assistance, if needed

This is a quick reference sheet only. To view complete Emergency Response Procedures, go to the Emergency Preparedness Intranet

SAFETY IS EVERYONE'S RESPONSIBILITY!

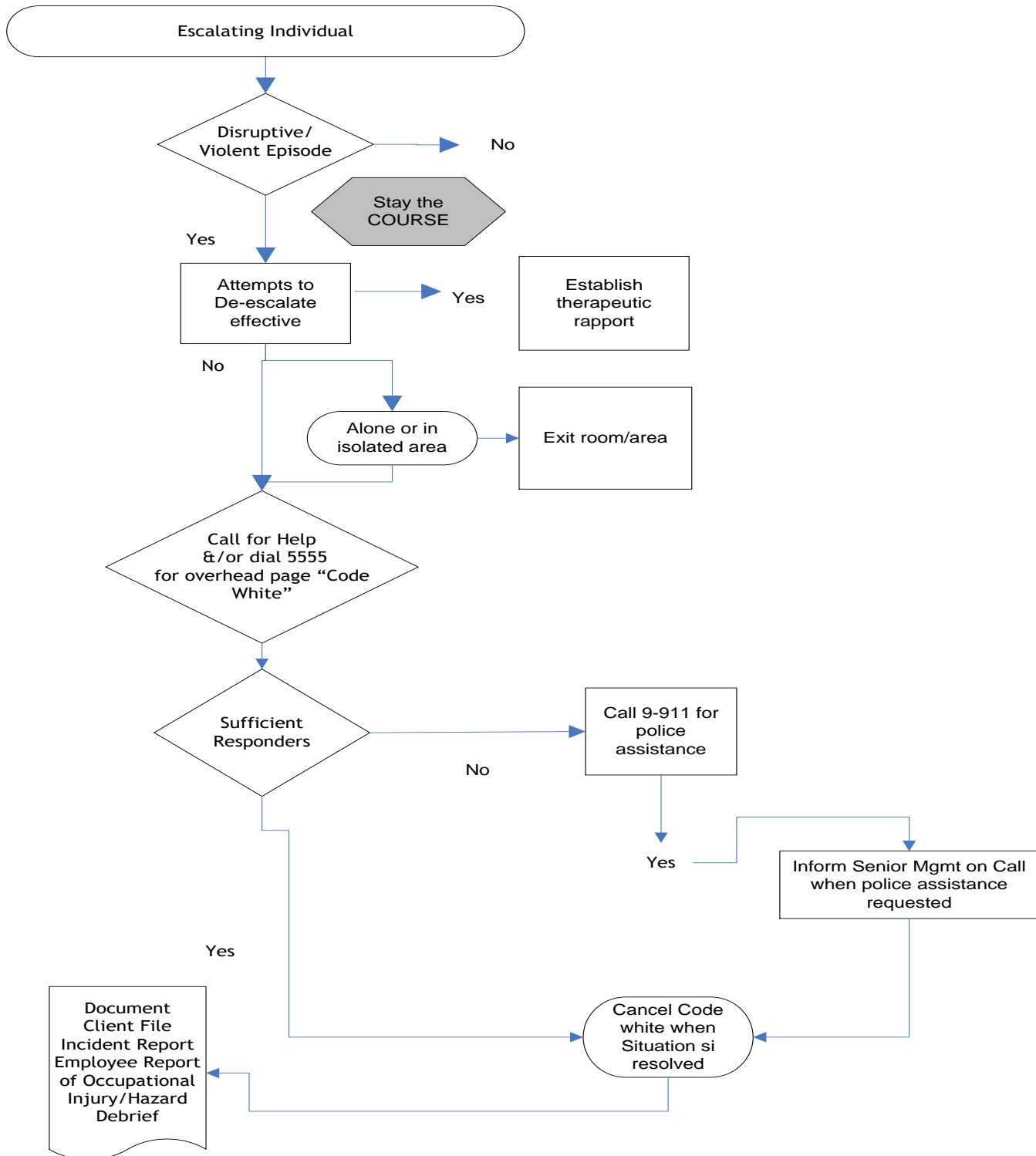
Walford Road {HSNRI} Emergency Response – Response Action Sheet

When meeting with patient/patient/clients or others who display escalating behaviour, **staff should be situationally aware, Don't** try to handle the situation alone; request assistance from team members in the immediate vicinity **and stay the COURSE** when intervening and attempting to de-escalate the individual in crisis:

- C = Stay CALM, confident and self-controlled
- O = Ensure only ONE (1) person at a time is communicating with the person. Keep communications simple, short and clear. Set limits and enforce them
- U = Be UNDERSTANDING & Avoid arguments. Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression or get into power struggles
- R = REMOVE all at risk Individuals; Assign others to relocate patient/clients and others to isolate the aggressive, acting-out person; avoid the audience syndrome
REMOVE hazards keep doors open, lights on and hallways clear
- S = STAY at least a leg-length away from the aggressive individual; Respect personal space
- E = Ensure safe EXIT from the area/room; Don't let the aggressive individual get between you and an exit from the room

1. If attempts to defuse the individual are unsuccessful call for help, call or have someone call HSN Switchboard by dialing **5555** to initiate a building wide overhead page.
2. Identify to the Switchboard operator **“Code White, HSNRI Walford road, floor basement, 1st floor or Second floor), room number or room name (if known)” x 3**. Speak calmly and clearly so that you are well understood.
3. If alone in an isolated area, leave the area immediately to initiate the building wide overhead page from a safe location.
4. Switchboard staff will activate the overhead paging system and announce: **“Code White , HSNRI Walford road, floor basement, 1st floor or Second floor), room number or room name (if known)” x 3**
5. Staff and the manager/designate in the affected location, will go to the Code White location immediately.
6. If attempts to defuse the person are unsuccessful, request assistance from other staff members in the area. If Security on site, request security assistance at scene.
7. If insufficient responders and/or the situation continues to pose risk to the safety of building occupants contact 911 and request police assistance.

Please Note: All staff responding to the Code White must follow the Incident Commander's instructions and lead. They may be requested to standby somewhat away from the scene should their assistance be required at a later time.

All Staff Response WALFORD– Algorithm

Appendix B

NEW Code White Debrief Tool



Sign in:

Roles	Staff Name: (Please Print)	Designation
Incident Commander		
Incident Commander		
Verbal de-escalation lead		
Safety Officer		
Right and left support persons		
Medication Administrator		
Traffic Control		
Access Control Runner		

DefinitionsBehavioural Profile**Anxiety**

A non-directed expenditure of energy (e.g., pacing, wringing hands, withdrawal)

Defensive

Beginning to lose rationality. Belligerent and challenging authority. (e.g., refusal, belligerence, shouting)

Risk Behaviour

Behaviours that may present a risk to self or others (e.g., hitting biting, self-injury)

Tension Reduction

Decrease in physical and emotional energy (e.g., crying, apology)

Coldwash: Post-event meeting that is held after a period of time. Can include an emotional debriefing or Critical Incident Stress Debriefing session to address psychological impacts and issues as a result of the incident.

Debriefing:

- Involves inviting the person(s) to describe what happened and garnering the personal experience: thoughts, senses, feelings; symptom education; creating a coping plan; and follow-up (usually in a week). It's an opportunity to determine the need for further mental health and to assemble a sense of psychological closure about the incident
- must always be carried out as soon as possible but no longer than 24 to 72 hours of the incident
- to prevent long-term psychological damage as the result of critical incident
- formal and structured approach

Appendix C

Critical Incident Stress Debriefing Guide

Introductory Phase: <ul style="list-style-type: none">• Establish ground rules- no blame, no judgment, establish rapport• Provide immediate emotional support• Encourage staff to speak of impact of event on them
Fact Phase: <ul style="list-style-type: none">• Establish facts- ask about what happened/triggering event and their behaviours during the event• Have them re-tell the story to provide an opportunity for emotional release• Ask for a brief overview of events from each person's viewpoint
Thought Phase: <ul style="list-style-type: none">• Ask participants about their most prominent "thoughts" when thinking about the event (discriminate a thought from a feeling)• Ask about what could have been done differently, or what would have helped in the situation• This can often include their ideas for improvement to the environment, education, team response etc.
Reaction Phase: <ul style="list-style-type: none">• Ask participants about their own reactions & feelings to the event• Ask "How are you feeling now"?• Assess for anger, fear, horror, guilt, anxiety, disbelief, shock
Symptom Phase: <ul style="list-style-type: none">• Remind participants about the normalcy of their reactions• Discuss the 4 clusters of stress reactions (emotional, behavioural, physical and cognitive)
Education Phase: <ul style="list-style-type: none">• Advise participants that sometimes stress reactions show up later and can impair work and home function• Promote the use of EAP for residual stress and symptom management• Promote proactive problem solving and encourage individuals to devise coping strategies specific to the situation
Re-Entry Phase: <ul style="list-style-type: none">• Bring debriefing to a close• Summarize what was discussed• Provide reassurance and assess for safe return to duties
Follow-up Phase: <ul style="list-style-type: none">• Make appropriate referrals• Follow up on any system improvements or recommendations staff has provided.