Code White: Violence/Aggression St. Paul's Hospital Emergency Department

Site Applicability:

St. Paul's Hospital – Emergency Department

Scope:

It is within the scope of all staff to call a Code White. This includes but is not limited to: clinical support clerks, nursing staff, patient care aides, porter ward aides, registration clerks, physicians, safety support workers, and social workers.

Response Procedures:

What is a Code White?

Code White is a call for assistance to obtain a team response to an emergency situation in which a patient or visitor is behaving in a potentially dangerous manner towards themselves, staff and/or others, and the situation is beyond the capacity of the staff present to manage and control safely. These behaviours can include signs of emotional crisis through to behavioural emergency (see Appendix A: Behaviours). This includes verbal and physical aggression.

A Code White is a **clinically led** event, which requires the direction of clinical staff as outlined below in Code White Roles & Responsibilities. The goal of a Code White response is de-escalation; however, other interventions may be required depending on the behaviours being displayed. When recognizing escalating behaviours, calling for assistance early is ideal as this may increase the chances of success in de-escalating the situation and preventing harm to the individual, staff, and others.

How to call a Code White

- Use Personal Protective Devices (PPDs) or Code White buttons
- Call Switchboard at 7111, notify operator of Code White and location- including specific care space
    - E.g. "Code White, Emergency Department, Triage Hallway"
- Verbally call for help by shouting "Help" and/or "Code White [location]"
- In the event that discreet communication is needed, staff can call Security urgently at 5800
    - This will obtain a Security response equal to calling a Code White; however, by eliminating the overhead notification that a Code White is occurring, it will also limit emergency department staff awareness of the incident. E.g. in the event that you don't want an individual to hear the overhead notification of a Code White.

Contacting Police

- Contact Police immediately by calling 911 in the event that:
  - The incident is beyond the capacity of staff and Security to manage
  - A weapon is involved. This includes weapons of opportunity (e.g. furniture, medical equipment)
    - This includes any reports and/or observation of a firearm
  - It is a Code Silver: Active Attacker event.
    - A Code Silver: Active Attacker event is one in which one or more individuals is actively engaged in seriously harming, killing, or attempting to kill others with a weapon(s) & an enhanced police response is required
    - Refer to Code Silver: Active Attacker
- When calling 911 dispatch, include the following information:
  - Description of the escalated individual, including the behaviours being exhibited
    - E.g. individual is chasing staff; individual has barricaded self in room; individual is unable to be physically controlled by Security
  - Location of the escalated individual (including current, last known, and/or direction headed in if they are moving)
  - Type of weapon(s) involved, if required
  - Any comments or demands/threats made by individual(s)
  - Information on victims (in the event of an Active Attacker Threat)
  - Any more information you feel may be relevant
  - Example: "*I am calling from St. Paul's Hospital Emergency Department. We require immediate Police assistance. There is an individual threatening staff with a knife."*
- Note: Avoid using hospital specific terminology
  - E.g. Avoid words such as Code White, Code Silver, WOW.

During a Code White;

- The goal of a Code White is to de-escalate through a team response.

When a Code White is called:

- The CNL and staff within the care area will respond to the call for assistance or overhead notification. Additionally, Security will respond to Code White calls per their respective procedures.
- When responding to a Code White:
  - All staff must perform a **Point-of-Care Risk Assessment** [PCRA] (see Appendix B: Point of Care Risk Assessment) immediately upon responding to a Code White. This will provide direction for the level of interventions required.

- Staff will use PCRA to identify if it is safe to engage. If it is not safe to engage, staff will immediately contact Police by calling 911 for assistance.
- Note: In the event that a weapon is involved, no staff member, including Security, will attempt to disarm the individual.

- The staff who have called a Code White will communicate with team members:
  - Who the individual is (if known)
  - The behaviours of concern
  - Relevant medical/violence history
  - Any additional safety concerns, including infection control precautions or known injuries (e.g. bed bugs; known left arm fracture)
- The responders will identify a Clinical Team Leader who will communicate directly with the escalated individual.
- In collaboration, the responders will identify the plan and objective of interventions:
  - Plan:
    - Will the individual be staying or discharged? What is their triage/admission status?
    - What are the team roles? When do team members need to exit or request more assistance? (e.g. contacting Police when weapons are identified/Security cannot manage incident)
  - Objective:
    - This may include: -de-escalating the individual; -administering medications; -applying restraints; -escorting to Trauma or Quiet Room; -escorting out of the emergency department
- When deciding on the plan during a Code White, all staff (including physicians) may refer to the **Emergency Department: Addressing Violent Behaviour and Early Discharge/Removal** guideline to support decision making

Code White Roles and Responsibilities

Clinical Team Leader:

- This can be a Nurse, CNL, or PAN. This should be a staff member who is familiar with the individual and/or is experienced with de-escalation
- Their responsibilities include:
  - Directing the intervention and determining the clinical outcome
    - This includes providing direction to Security, team members and team supports regarding the interventions.
    - If the escalated individual is a patient, determination of the plan of care will most often require collaboration with the Most Responsible Provider (MRP). This includes if discharge related to the behaviour is required.

- Monitoring the individual during all phases of the Code White response, including before, during, and after interventions as appropriate
- Communicating with the escalated individual
- Cueing Team Members and Security
- Staying with the escalated individual throughout all Security interventions, including: remaining present throughout the application of restraints or escort out of the emergency department

- Note: Clinical Team Leaders can switch roles with a Team Member.

Team Members (Clinical Team Members):

- 2 staff are needed to be Team Members during a Code White. They can be nursing staff, CNLs, PANs, or Social Workers
- Their responsibilities include:
  - Providing support to the Clinical Team Leader by standing in the "V-formation"
  - Following the Team Leader's direction
  - Constantly re-assessing using PCRA tool, including: assessing the situation, the escalated person, the Code White Team, and the environment

Team Supports:

- This is a maximum of 4 staff. They can be any staff member.
  - Note: this is the only role a Safety Support Worker may have in a Code White.
- Their responsibilities include:
  - Briefing any additional responding staff/Security on the situation
  - Removing other individuals and potential hazards
  - Providing traffic control to care area
  - Ongoing re-assessment using PCRA
  - Calling Police as outlined above and directing Police towards the incident as needed
  - Nursing staff as team supports may also be responsible for:
    - Preparing medication
    - Notifying the MRP and clarifying plan of care for patient

Physician:

- Physicians may provide Team Support during a Code White.
- Their responsibilities include:
  - Assessing patient's medical/mental status to determine need for medical treatment, including admission, at this time.
    - Physicians to consider if the medical concern and acuity prevent the patient from being able to be discharged
  - Providing orders for medications

- Assessing if any of the following are appropriate:
  - Certification under the *BC Mental Health Act*, or,
  - Provision of urgent or emergency health care under Section 12 of the *Health Care (Consent) and Care Facility (Admission) Act*
- Collaborating with Code White team regarding the goal of interventions
- Establishing a plan of care for further safety concerns (e.g. identifying if/which behaviours warrant discharge)

- Note: In the event that Clinical Team Leaders are not receiving adequate or timely support from the MRP, they will collaborate with the emergency department physician to establish a safe place of care.
  - For admitted patients, please follow this communication pathway:
    - 1st call: Admitting Service MRP
    - 2nd call: Original referring Emergency Physician if in the department or Physician who received handover (if known)
    - 3rd call: the latest Emergency Physician covering Acute care

Security:

- Security will respond to clinical direction in a Code White and must have Clinical Staff present throughout the duration of a Code White, including throughout restraint application or discharge from the department.
- Security will NOT attempt to disarm individuals in the event that a weapon is present

Documentation following a Code White

Once the situation is safely controlled, the Primary nurse is required to document the event. This includes:

- Documenting the incident in an ED Nursing Narrative Note – free text format, titled: Violence or Code White. The note should include:
  - Description of the behaviours that led to Code White being activated.
  - Interventions initiated & their effectiveness. Including: de-escalation attempts; initiation of physical and/or chemical restraints; if Police assistance was required
    - Note: administered medications must be documented according to established unit practice
  - Ongoing plan of care. This includes: required safety measures for future interventions/care; behavioural limitations set (e.g. individual will be discharged if further verbal/physical aggression)
  - In the event that Police involvement was required, include the VA number
- Completing a Violence Risk Screen and ensuring a Process Alert is in place
- Completing a PSLS with details of the event

Post Incident Follow-Up

Immediately post incident:

The CNL will:

- Ensure immediate risk to staff, patients and others is addressed
- In the event that the Code White represents a Critical Event, the CNL will follow the Critical Events in the ED SOP and initiate the appropriate interventions. This may include:
    - Communicating the event with the ED Leadership team via email using the Critical Incident Email Template. Dependent on the degree of harm, further escalation of communication may be required, including directly calling the PCM.
    - Assessing staff emotional well-being & providing immediately available emotional supports. The available resources are outlined in the **Critical Event Staff Resource List** (see Appendix C: Critical Event Staff Resource List)
    - Offering individual check-ins to all affected staff as appropriate
    - Providing staff resource list
    - Identifying the need for a formal debrief
- Encourage staff to report the event to the Provincial Workplace Health Contact Centre at **1-866-922-9464** for all incidents of physical and/or psychological harm

Frontline Staff will:

- Notify leader of Code White immediately. This may be the CNL, CNE, or PCM.
- Seek First Aid/Medical care if required
- Document the event in an ED Nursing Narrative Note as outlined above
- Update the Violence Risk Alert Screen and ensure a process alert is in place
- Report the event to the Provincial Workplace Health Contact Centre at 1-866-922-9464 for all incidents of physical and/or psychological harm
- Complete a PSLS under the category of Unsafe Behaviour if the event involves a patient or Visitor Safety Event if the event involves a non-patient
- Contact the ED Leadership team for additional support as needed.

If an incident is identified as a critical event, additional post incident follow up may include the following:

Within 24-48 hours of incident

CNE:

- Reviewing and updating patient care plan as needed
- Initiating preliminary investigations if PWHCC and/or PSLSs were filed

PCM:

- Connecting with CNL/CNE to determine need for formal debrief
- Facilitating the organization of a formal debrief
- Check-ins with staff involved in the incident
- Supporting the initiation of preliminary investigations if PWHCC and/or PSLSs were filed
- Notify OH&S team of the incident & involve in any further follow up if required
- Notify WSBC if event lead to serious harm of staff member(s)

Within 7 days of incident

PCM

- Schedule & hold a Debrief

Within 30 days of incident

PCM/CNL/CNE

- Complete final investigation components as required

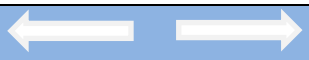
Appendices

Appendix A: Behaviours

Appendix B: Point of Care Risk Assessment & Mitigation Strategies

Appendix C: Critical Events Staff Resource List

Appendix A: Behaviours



Emotional Crisis – no one is getting physically hurt	Continuum – potential for escalation or de-escalation	Behavioural Emergency – Imminent risk of harm to person
• Yelling • Glaring • Perseverating • Crying • Pacing • Exaggerated movements • Withdrawing/mumbling • Talking to self • Auditory hallucinations • Slamming items down	• Directed swearing • Directed racial slurs • Spitting • Threats of self harm • Self harm • Responding to command hallucinations • Throwing objects generally • Intimidating staff or patients	• Expressing suicidal ideation with a plan • Potentially fatal self harm • Threat of physical harm • Visible weapon (anything that can inflict harm) – displaying and/or using • Kick, punch, grab at staff or patients • Attempted strangulation • Throwing objects at staff or patients • Spitting on or at staff or patients • Throwing bodily fluids on or at staff or patients • Fights/arguments with co-patients • Posturing, physical intimidation • Uttering threats to act or harm staff or patients • Damaging property

Appendix B: Point of Care Risk Assessment and Mitigation Strategies

Point of Care Risk Assessment (PCRA) & Mitigation Strategies

Point of Care Risk Assessment is an informal process to assess risk related to:

- the person you are interacting with
- the environment you are working in
- the task you are completing
- yourself

While completing a task, if new risks are identified, and cannot be decreased through mitigation strategies, staff may:

- stop the task
- seek additional support from team members & Security
- consider escalation of resources (e.g. Leadership, Police)

Person

- What is the patient's level of escalation or compliance?
- What is the patient's violence/trauma/weapon's history?
  - -Review chart for: Violence Risk Alerts, Violence Care Plans, & Familiar Faces Shared Care Plans.
- Are there any identified stressors for the person at present? (e.g. hunger, pain)
  - -Treat stressors
- What is the person's physical ability?
- What behaviours are they exhibiting? (see Appendix A: Behaviours)
- Has another interdisciplinary team member identified any risk factors?

Environment

- Is the care space clear of hazards, weapons or other patients?
  - -Remove items that may be used as weapons (e.g. food trays, non-weighted chairs, vital sign machines)
- How is the visibility in the care space?
  - -Turn on lights, keep doors open
- Where is the exit?
  - -Ensure clear path to exit
  - -Identify additional exit points

Task

- Is the task likely to escalate the patient based on the Person Assessment of the PCRA?
  - -Engage Security early if any identified risks
- If Security is present, have they been briefed? Do staff & Security know their roles?
  - -Develop Safety Plan with involved team members (e.g. if the patient escalates, what interventions are appropriate for this individual)

Yourself

- Are you feeling settled?
  - -If you are unsettled, consider a delegate staff member
- Are you being triggered by the patient/situation?
- Is there anything you are wearing that could put you at risk?
  - -Remove items such as: lanyards, ID badges, pens, stethoscopes, trauma shears.
- Are you within striking/grabbing distance of the patient?
  - -Maintain physical distance from patient

Appendix C: Critical Events Staff Resource List

Critical Event Staff Resource List

- **Homewood Health – Employee and Family Assistance Program (EFAP)**
  - **1-800-663-1142** or **www.homeweb.ca**
  - *The 24-hour crisis line is accessible through this number*
  - Provides confidential services including; counseling, a 24-hour crisis line, and additional resources that can be found on their website.

- **Critical Incident Stress Management (CISM)**

  A critical incident is an event that causes a powerful emotional reaction. Examples of critical incidents in health care include: the death or suffering of a patient, resident, or colleague; witnessing or responding to an incident where someone was hurt; sustaining a physical injury, or being verbally or physically threatened or assaulted. Critical Incident Stress Management (CISM) can help those impacted by critical stress by offering opportunities for healthcare employees to talk about difficult events in a confidential, safe, and supportive process. That may include individual or group intervention, providing personal coping strategies, advice to family and friends, and assistance to the managers and supervisors involved in the situation.
  - How to access CISM support: **WorkSafeBC – 1-888-922-3700**
- **The Crisis Line Association of BC (CLABC)** is the provincial association representing member crisis lines from across British Columbia. The following crisis line services are available:
  - **9-1-1** if you are in an emergency.
  - **1-800-SUICIDE (1-800-784-2433)** if you are considering suicide or are concerned about someone who may be.
  - **310Mental Health Support at 310-6789** (no area code needed) for emotional support, information and resources specific to mental health.
  - **Alcohol & Drug Information and Referral Service** at 1-800-663-1441 or 604-660-9382 to find resources and support.

Reporting Services

- **Workplace Health Call Centre:**
  - **1-866-922-9464**
  - Report all violent incidents and near misses, including when you are threatened or traumatized, to the Workplace Health Call Centre as soon as possible. You may not need to take time off or require medical treatment immediately after an incident but reporting the incident right away can support a future WorkSafeBC claim if needed.

Groups/Persons Consulted:

CNLs, Emergency Department SPH

Nurse Educator, Emergency Department SPH
PCM, Emergency Department SPH

Physician Head, Emergency Department SPH

Violence Prevention SPH

APPROVALS		
Program Director	*ED Director*	*June 8, 2023*
Patient Care Manager	*ED Manager*	*May 30, 2023*
DEVELOPERS/OWNER		
Developer Team	Nurse Educator, Emergency Department SPH CNLs, Emergency Department SPH	

REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
OO	*Initial Release*	*Professional Practice*	*June 13, 2023*