Code White: Violence/Aggressive Behaviour Mount Saint Joseph Hospital

Site Applicability:
Mount Saint Joseph Hospital (MSJ)

Scope:
Within the scope of all staff members at MSJ

Need to Know
A Code White is a call for help when a staff member witnesses a person experiencing an emotional crisis or behavioural emergency when you or others could be in danger of physical harm or when the situation cannot be safely managed on your own. **Designated Code White Responders at MSJ** • 1S, 3BC, 4E and 4W designate one Code White Responder per shift. • Designated Code white Responder role can be assigned to an RN, RPN or LPN • The Designated Code White Responders immediately respond to the Code White location anywhere within MSJ when announced, including 2 ECU

Procedures:
How to call a code white • Verbally shout for "Help" and/or • Verbally call for help by stating "Code White + Location" to alert other staff members; and/or • Call switchboard at 7111 from a landline. Inform the operator that there is a code white at MSJ Units and specific room number is known. **How to Call Police** • Call 911 (Dial 9 first for a line out if calling from a MSJ landline)" when there is a weapon involved or if the team/Security feel like they cannot manage the situation.

- Give details regarding the situation, the escalated individual and any other information requested (i.e. a patient is chasing and threatening to hurt staff; staff are fearful for their safety; it is beyond the ability of staff to manage this individual).
- Do not use the term Code White and avoid jargon and acronyms when calling the Police
- Provide the dispatcher your address and location.
- When security team arrives, let them know that the police have been called.
- **Contact the Clinical Site Coordinator to inform them of the police situation**

Roles and Responsibilities

Code White Team Leader

The Code White Team Leader should be someone that is familiar with the escalated person and/or has experience with de-escalation. This would likely be the Most Responsible Nurse, the Clinical Nurse Leader/ Charge Nurse or the Clinical Site Coordinator.

The Code White Team Leader does not necessarily need to be a Designated Code White Responder.

The Code White Team Leader is responsible for:

Escalated Person

Team Leader

Team Members

- Being the only person communicating with the escalated person
- Cueing Code White Team Members
- Directing Security
- Determining:
  - If assistance, Security and/or Police is required
  - The intervention goal and plan
  - Communicating the objective with the Code White Team Members
  - When and how to disengage
- Switching roles within the Code White Team; to a Code White Team Member, if necessary
- Applying/ adjusting/ removing mechanical restraints if necessary
- Completing and/or delegating post-incident tasks
- Releasing Code White Responders post incident to go back to their units.

Code White Team Member

Two staff are needed as Code White Team Members during a Code White Team Response. Code White Team Members can be any unit staff or the Designated Code White Responders.

A minimum of one Code White Team Member must remain with the Code White Team Leader at all times. **The Code White Team Leader should never be left alone.**

Code White Team Members are responsible for:

- Standing in a V-formation with the Code White Team Leader to demonstrate 'a more robust presence'
- Following the Code White Team Leader's cues
- Applying/ adjusting/ removing mechanical restraints as per Code White Team Leader's cues
- Constantly assessing Self, Task, Code White Team, Environment, and the escalated Person
- Determining the need and calling for assistance, Security and/or the police
- Assuming Code White Team Leader role if necessary

Code White Team Support

A maximum of four staff can be Code White Team Support during a Code White Team Response. Code White Team Support can be any unit staff or Designated Code White Responders, and their responsibilities include:

- Briefing responding staff, Security and/or the police about the ongoing situation
- Directing Security/ the police to the escalated person.
- Monitoring the **s**ituation, the Code White Team, the **t**ask, the **e**nvironment, and the escalated **p**erson and offering assistance if necessary
- Notifying physician/ clarifying the plan for the person-in-care
- Preparing medication/ restraints
- Removing others/ potential hazards away from the scene
- Controlling traffic in and around the area
- Calling the police if a weapon is involved and/or if the situation requires a higher level of intervention
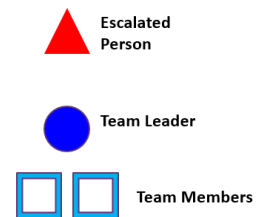
Security

Code White is a clinically led response, therefore **the Code White Team should provide clear direction to Security**. During a Code White Team Response, Security can:

- Physically restrain the escalated Person-in-Care for clinical staff to give medication safely
- Assist with applying/ adjusting/ removing mechanical restraints – the restraints are provided and applied by the nursing staff
- Escorting the escalated individual out of the building or to a safer location where the patient/client can be re-assessed.

Relational Security can:

- Help support de-escalation of the person-in-care when arriving on scene
- Provide support and assistance to other patients in crisis or distress

A clinical staff must remain with the escalated Person-in-Care and Security throughout the entire duration of Code White response, even after the discharge of the individual off site has been decided.

Security will physically intervene, only if and when they have determined it is safe for them to do so. Security may call or direct staff to call the Police if they determine the situation requires a higher level of intervention.

Physician

Physicians provide Team Support during a Code White response. Physician responsibilities include:

- Supporting Code White Team Leader and their decisions during the Code White Response
- Providing orders for interventions, including but not limited to, medications and mechanical restraints
- Completing appropriate certification forms under the Mental Health Act
- Collaborating with the Code White Team Leader, Code White Team Members and Security on the goal of the intervention
- Discussing and planning for discharge needs to be initiated as soon as possible.

Documentation following a Code White

The Primary Nurse or Code White team lead must complete violence risk screen and process alert and document a narrative note describing what happened in patient's chart titled "Code White".

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

- Documenting in the Nursing Narrative Notes- Free Text format, titled: Code White
- Interventions initiated & their effectiveness. Including de-escalation attempts; initiation of mechanical and/or chemical restraints
- Ongoing plan of care
- Completing a Violence Risk Screen and ensuring Process Alert is in place
- Completing a PSLS with details of the event

If the escalated individual is not a person-in-care but a family member or visitor, the documentation would be completed on the chart of the related person-in-care. If the escalated individual is not related to any persons-in-care, the affected staff should report to their clinical leader, who will follow up with the security.

Before Designated Code White Responders Arrive

Staff	Actions	Details
First staff on scene	1. Identify need to call for help	Conduct Point of Care Risk Assessment - Self, Task, Environment and Person
	2. Call for help (Yell "Help", dial 7111 and/or call 911)	o Notify switchboard: which unit and location i.e. "Code White, High Acuity Unit, 3rd floor" o Call 911 if there is a weapon involved and/or if the situation cannot be managed safely by staff and Security
	3. Ensure own safety first	Remove self from immediate danger
	4. Provide information to the responders	Include: o Violence history o Medical condition o Isolation precautions o Preceding events to the escalation o Description of current situation
First three staff on scene	5. Form initial Code White Team	Decide on one Code White Team Leader and two Code White Team Members
	6. Plan before engaging with the escalated person	o Code White Team Leader decides the goal of the Code White Team response. o Ensure everyone is aware of their own and other's roles.
	7. Attempt de-escalation	Strategies include but not limited to: o Meeting the person's needs, o Verbal de-escalation strategies, o Providing time and space
	8. Disengage if needed	If unsafe, disengage and leave the escalated person immediately, and remain in vicinity to provide information to Code White Responders/ Security/ the Police.

Additional staff on the unit may assume the role of Code White Team Support or make sure the other Persons-in-Care in the unit are safe, provided ongoing care and Most Responsible Physician is notified.

When Designated Code White Responders Arrive

Staff	Actions	Details
Code White Team Support	9. Provide information to the responders	Include: o History and condition of the escalated person o Isolation precautions o Current situation o Goal of the Code White Team
Initial Code White Team & Designated Code White Responders	10. Collaborate to decide if the Code White Team Leader and/or Code White Team Member needs to be switched	Ongoing Point of Care Risk Assessment to ensure safety during transition
(New) Code White Team	11. Reassess & continue or modify the goal of Code White Team response	o Code White Team Leader decides the goal of the Code White Team response. o Ensure everyone is aware of their own role as well as everyone else's role and responsibility.
	12. Attempt de-escalation	Strategies may include but are not limited to: o Meeting the person's needs, o Verbal de-escalation strategies, o Providing time and space
	13. Disengage if needed	If unsafe, disengage and leave the escalated person immediately, and remain in vicinity to provide information to further support i.e. Security/ the Police.

After the Code White Incident

Staff	Actions	Details
Code White Team Support	14. Notify clinical leadership if not already done	Notify Clinical Site Coordinator, Patient Care Manager or on-call equivalent; especially o If the police are involved, o If the escalated person may come back, and/or o If staff were injured or impacted by the incident.

Staff	Actions	Details
Most Responsible Nurse	15. Ensure the violence risk is documented	o Immediately post-incident – initiate/update Violence Risk Alert (if applicable); o Document the incident in Narrative notes – Titled "Code White Incident "; o Create/ update Violence Risk Care Plan or a delegate
Clinical leader	16. Complete Post-Incident Wellness Check (Appendix A) with all staff involved	Clinical Nurse Leader, Clinical Site Coordinator, Patient Care Manager or on-call equivalent
Any staff with injury/ near-miss	17. Report to manager, if not already done 18. Complete First Aid Report with security	Report to Provincial Workplace Health Contact Centre for staff injury/ near-miss (**1-866-922-9464**)

Related Documents

- B-00-11-10190 – Code White Emergency Response
- B-00-11-10196 – Violence Prevention in the Workplace
- B-00-11-10178 – Violence Risk Alert
- B-00-13-10059 – Least Restraint: Care of the Patient at Risk for or Requiring Restraint (Acute and Sub Acute Care)
- B-00-16-10054 – Supporting Behavioural Health in Medicine: Care Plans, Treatment Plans and Behaviour Contracts
- B-00-11-10197 – Right to Refuse Unsafe Work

Appendices

Appendix A: Code White – Post-incident Wellness Check

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This brief process is to be completed by the clinical leader (Clinical Nurse Leader, Clinical Site Coordinator, Patient Care Manager or on-call equivalent) or designate immediately following the incident.

Ensure that you carry out the following principles when listening to others:

- Be calm – when approaching the team, make sure that you're in check and are settled.
- Be open – when asking if you can help, be open to listening to the team's experiences.
- Make no assumptions – this involves clarifying to check your understanding as well as supporting and empowering others by providing accurate information, acknowledging their feelings, and encouraging healthy coping strategies and decision making.

How to develop a psychologically safe environment:

- Encourage staff to speak up – certain staff on the team might be more vocal than others. Discourage one staff member from dominating the conversation.
- Acknowledge those who take a risk – show your appreciation for members of the team that offer ideas, own up to mistakes, or ask a challenging question.
- Be cognizant of a toxic environment – negative comments like "That won't work" or "That's a stupid suggestion" need to be addressed, especially when they are directed at another team member who has just offered an opinion or idea. Intervention may be necessary if this behaviour occurs.

Code White Post-Incident Wellness Check Steps	Code White Feedback/ Notes:
1. Find a quiet place to check in with the team immediately after the incident, away from the eyes and ears of persons-in-care.	
2. Ask the team: Does anyone need First Aid? (extension 4777)	
3. Ask the team: How are you feeling? (watch for stress reactions; such as averted gaze, crying, rapid breathing, angry outbursts, withdrawn behaviour, focusing on self-blaming or blaming others, etc.); Impacted staff may need managerial support (post wellness check)	
4. Ask the team: Do you need anything? Are you ready to return to work?	
5. Before dismissing the team, remind the team members that they have access to Employee and Family Assistance Program (EFAP) if they require further support (1-800-663-1142).	

APPROVALS		
Program Director, Emergency, St Paul's & Mount Saint Joseph		
Site Leader, Mount Saint Joseph		*January 8 2024*
Regional Director, Emergency, VCH/PHC		
DEVELOPERS/OWNER		
Development Team)	*Violence Prevention Team*	
	MSJ JOHSC	
	Integrated Protection Services	
	Facilities Maintenance and Operations	*2023*
	MSJ Site Council	
	MSJ Clinical Site Lead	
	MSJ Patient Care Managers	
REVISION HISTORY		

Revision#	Description of Changes	Prepared by	Effective Date
OO	*Initial Release*	*Professional Practice*	*January 9, 2024*