Code White: Violence/Aggression 8A Urban Health

Site Applicability:
St. Paul's Hospital – 8A Urban Health
Scope:
This process outlines the steps to initiate a Code White at St. Paul's Hospital, Providence building, 8A.
Response Procedures:

What is a Code White?

Code White is a call for help when:

- You witness an action or behaviour that could put you and/or others in imminent danger of physical harm or the person may harm him/her/themselves.
- You don't feel that you can safely de-escalate the situation.

How to call a Code White

- Call emergency line at 7111 from a landline. Inform the operator that there is a "Code White 8A" or;
- Press one of the four stationary Code White buttons on the walls located throughout the unit or;
- Press the centre button of a Personal Protective Device (PPD) – located in the nursing station for use on shift. The PPD is silent when activated, but will trigger an overhead announcement.

When and how to call police

- Call 911 (Dial 9 first for a line out if calling from a SPH landline) when a weapon is used in a threatening manor or if the team/Security feel like they cannot manage the situation.
    - Give details regarding the situation and convey the urgency for a timely response

- o *Do not use the term Code White and* avoid jargon and acronyms *when calling the Police*;
- o Provide the dispatcher your address and location within the hospital.
- o When security team arrives, let them know that the police have been called.
- o Contact the CSC to inform them of the police situation.
- o Avoid providing any unnecessary medical information to police. Refer to [Information Privacy and Confidentiality](#) and [Release of Information and Belongings to Law Enforcement](#) policies

How to Prepare for Code White Response

- Identify the Code White location. Available staff must respond and determine where the Code White is taking place.
- Congregate near the Code White location/situation and if possible, beyond the escalated individual's field of vision.
- Staff who called a Code White should communicate with the team to provide information prior to engaging with the escalated person (who the patient is, what caused the situation, precautions, etc.).
- Code White Responders will choose a clinical team lead (e.g. Primary Nurse, CML, SW, CNL) to communicate with the distressed person (consider language, relationship, de-escalation skills.) **Preferred only the team lead communicates with the escalated person.**
- Decide on the goal (e.g., to get escalated person away from another patient, administer medication etc.).
- Always check that it is safe before approaching a distressed person. If the situation becomes unsafe, leave and wait for Security to arrive. Security can help decide whether or not 911 should be called. **Staff are not to use physical interventions or put their own safety at risk.**

Code White Roles and Responsibilities

Code White Team Leader (Clinical team member)

The Code White Team Leader should be someone that is familiar with the escalated person and/or has experience with de-escalation.

The Team Leader is responsible for:

- Communicating with the escalated person

- Cueing Team Members and Security

- Directing Security and interventions as needed

- The Team Leader can switch with a Code White Responder if necessary

Code White Responders

Ideally two additional staff are needed to be Code White Responders.

Responders are responsible for:

- Demonstrating a physical "show of presence" and ensuring the Team Leader feels adequately supported

- Following the Team Leader's cues and/or directions

- Constantly performing a Point of Care Risk Assessment to ensure safety of all team members and patients involved

- Briefing responding staff/Security upon arrival

- Preparing/retrieving medication, restraints, and other necessary items

- Removing other patients/visitors and/or potential hazards

- Controlling traffic through the area

- Notifying physician and clarifying plan for patient (e.g. existing care plans/Behaviour Support Plans (BSP)already in place, possible discharge)

- Calling Police if a weapon is involved and/or the situation requires a higher level of intervention

- Being prepared to assuming Team Leader role if necessary

- **Minimum of one Team Member must remain with the Team Leader at all times (Team Leaders should never be left alone)**

Security

- Security will support staff and act on clinical direction provided by Team Lead during a Code White.

- A clinical staff member must remain with the escalated patient and Security throughout the entire duration of a Code White. If a patient is being discharged during a Code White, please let security know that this patient is discharged and no longer a patient.

- Security can assist with de-escalation, escorts, and restraints.

- Security will only physically intervene if they determine it is safe to do so. Security

may call or direct staff to call Police if the situation is unsafe and/or requires a higher level of intervention.

- Security will remain active and on the unit, until clinical team deems it safe for them to leave.

Physician

Physicians provide team support during a Code White response. Physician responsibilities include:

- Providing orders for medication/restraints/certification.
- Assessing the patient urgently to determine level of capability (e.g. assess for certification, acute medical changes).
- Collaborating with the Team Leader/Responders/Security on the goal of the intervention (e.g. restraints, chemical sedation, discharge).
- Connecting with CNL/Charge Nurse to determine best plan of care (e.g. address barriers to discharge, consider outpatient treatment, initiate or follow through on existing BSP).
- Escalating decision making to MRP overnight if physician on-site is unable to safely determine disposition plan or certification needs.

Documentation following a Code White

Documentation post Code White must include all steps below

- The Primary Nurse or Code White Team Lead must document a separate narrative note describing the incident. For ease of incident review, title the note as "Code White".
- Complete Violence Risk Screen (even if Violence Risk process alert active). Screens are located in Cerner under **Ad Hoc > Assessments > Violence Risk Screen**
- Ensure Violence Risk process alert in place.
- If they are not able to complete these tasks, delegate task to CNL/NE/Charge Nurse

Post Incident Checklist

Use this checklist to ensure all necessary actions take place following a significant violent or traumatic incident. Evenings and weekends, immediate actions are completed by the Charge Nurse with support from the CSC's as necessary.

Immediately post-incident

PCM

- Check-in with CNL/NE and be available for additional support
- If critical incident debrief needed, approval required from OH&S
- Notify Director if additional support required

CNL/NE

- Ensure immediate risk to staff and patient safety is addressed (e.g. patient is restrained, moved to a private room or removed from the unit)
- Gather staff for post incident safety huddle/check-in (Consider calling EFAP for an immediate critical incident debrief – 1-800-505-4929)
- Encourage staff to report to the Provincial Workplace Health Contact Centre (1-866-922-9464)
- Initiate/update patient care plan, Violence Risk alert (if not already active), Violence Risk Care Plan
- Ensure Violence Risk signage is visible outside patient room
- Notify MRP and PCM if not already contacted
- Consider need for [security sitter](#)
- [Collaborate with MRP to consider initiating a BSP if appropriate and if immediate discharge is not an option](#)

Nursing and other bedside staff

- Notify leader (PCM/CNL/Charge Nurse) immediately
- Seek First Aid/medical care if needed by calling Security (4777 routine, 5800 urgent)
- For incidents involving staff safety (including psychological harm, and near misses), report to the Provincial Workplace Health Contact Centre (1-866-922-9464)
- For incidents involving patient safety, file a PSLS Report

(https://provincial.bcpsls.ca/lp/start.php?HA=PHC)

- Ensure all documentation of incident is completed as outlined in Documentation section

- Consider calling Red Flag Meeting as needed

Within 24 to 48 hours of incident

PCM

- Check-in with any staff involved in the incident

- If not already reported, encourage staff to report to the Provincial Workplace Health Contact Centre (1-866-922-9464)

- Notify OH&S team of the incident and involve in any follow up

- Notify WSBC if event lead to serious harm of staff member(s) (manager must immediately report incidents to WSBC when there is a fatality, serious injury or incident)

  o WSBC – 1-888-621-7233

- Initiate preliminary investigations if PWHCC and/or PSLSs were filed

  o If affected staff did not contact the PWHCC in a timely manner (or if staff was incapacitated for example), PCM or delegate can initiate a new investigation on staff behalf on WebIIT

CNL/Charge Nurse/NE

- If patient/risk remains, share pertinent information with staff at start of each shift (morning check-ins, safety huddles)

- Review all patient care plans and update as needed

- Collaborate with MRP, Allied health, SW to address barriers to discharge

Within 7 days of incident

PCM

- Connect with CNL/NE to determine need for scheduling a debrief

- If debrief warranted, arrange and lead debrief session (may include OH&S and other support teams)

- If no debrief, consider emailing all staff of incident and follow up actions

Within 30 days of incident

PCM/CNL/PIC

- Final investigation must be complete by the Manager and reviewed by the Violence Prevention Team within 30 days of the incident

- Critical Incident Review at Urban Health and Substance Use Quality Care Working Group meeting to address deficiencies

Abbreviations:

CNL Clinical Nurse Leader

CSC Clinical Site Coordinator

MRP Most Responsible Physician

NE Nurse Educator

OH&S Occupational Health & Safety

PIC Performance Improvement Consultant

PCM Patient Care Manager

PSLS Patient Safety and Learning System

SW Social Worker

WSBC Work Safe B.C.

Quick Reference - Contacts

Quick Reference Contact Numbers	Emergency Code Line
CSC Cell Phone – 604-992-0547	7111 – All emergency codes
Mentor Phone – 604-219-7701	
	Security Numbers
Provincial Workplace Health Call Centre – 1-866-922-9464	**From hospital landline:**
	5800 – Urgent security
	4777 – Non urgent security (stand-by, restraints, first aid, etc.)
EFAP Critical Incident Debrief	
1-800-505-4929	**From Cell Phone/External Line:**
	604-677-3672 – Urgent security
WorkSafeBC Critical Incident Response Line – 1-888-922-3700	604-677-3734 – Non-urgent security
Employee Family Assistance Program – Counsellor Services – 1-866-398-9505	

APPROVALS		
Program Director	*Julie Lajeuness*	*May 25 2023*
Patient Care Manager	*Brynn Grier/Sam Gill*	
DEVELOPERS/OWNER		
Developer Team	*Patient Care Manager* *Violence Prevention* *Addictions Medicine* *Clinical Nurse Leader* *Nurse Educator*	
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