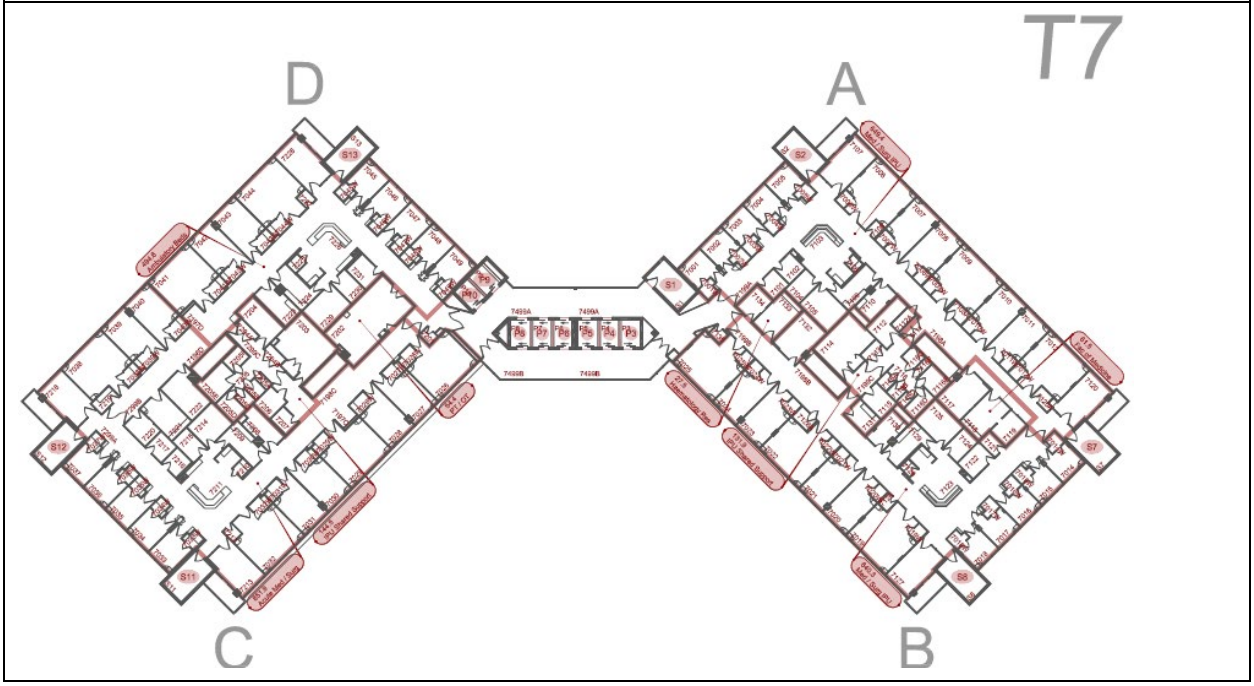
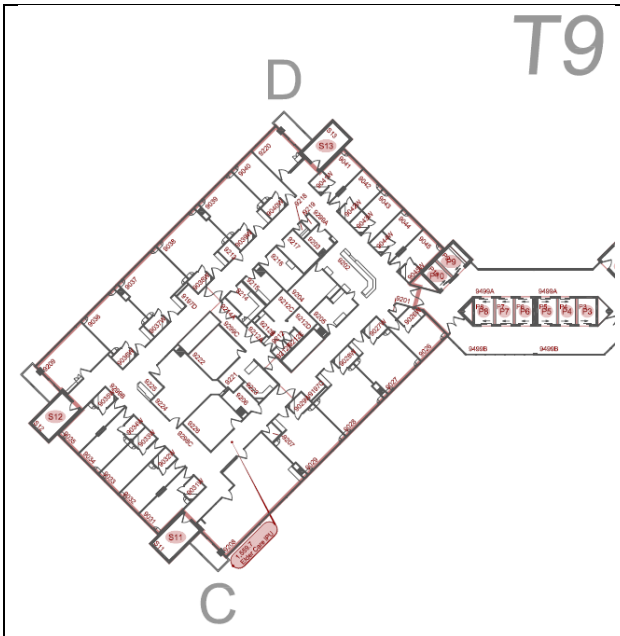
Code White: Violence/Aggression Medicine Units 7ABCD, 9D

Site Applicability:
St. Paul's Hospital, Providence building, Tower 7 and 9 Medicine units.





Scope:

This process outlines the steps to initiate a Code White at St. Paul's Hospital, Providence building, 7ABCD, 9D

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

- 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 [7A/7B/7C/7D] on the 7th floor or [9CD] on the 9th Floor of the Providence Building, and the specific room number if known.

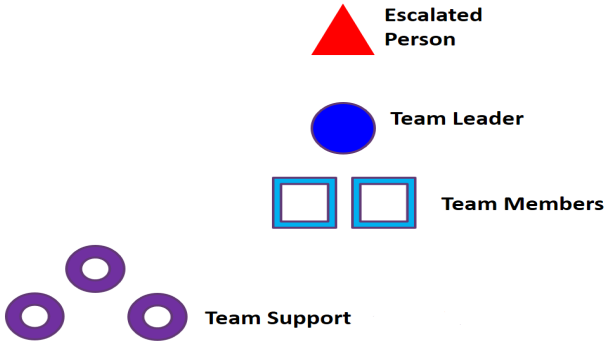
How to call police

- Call 911 (Dial 9 first for a line out if calling from a SPH landline)" when there is a weapon involved or if the team/Security feel like they cannot manage the situation. Please refer to Code Silver: Active Attacker protocol if there is an Active Attacker situation, where the intent of the perpetrator is to cause as many casualties as possible.
    - 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.

What to expect during a Code White

Identify the Code White location. Available staff must respond and determine where the Code White is taking place.

Provide de-escalation with a 3 to 6 person response team.



- 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.) **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 call 911, if necessary. 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.**
- Team support (other than the team members) can remove others/potential hazards, control traffic through the area, direct security/police to the area, bring necessary items (physical/chemical restraints). They should position themselves beyond the escalated individual's field of vision if possible.

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:

- Directing the intervention and determining the clinical outcome
- Communicating with the escalated person
- Cueing Team Members and Security
- Determining:
  - If assistance, Security and/or Police is required
  - When to disengage
- Directing Security and staying with the escalated person
- The Team Leader can switch with a Team Member if necessary

Team Member (Clinical team members)

2 staff are needed to be Team Members during a Code White.

Team Members are responsible for:

- Standing in V-formation with the Team Leader to demonstrate "a show of presence"
- Following the Team Leader's cues
- Constantly assessing the Self, the Code White Team, the Task, the Environment, and the escalated Person (Point of Care Risk Assessment)
- 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)**

Team Support

Team Support are responsible for:

- Briefing responding staff/Security on the situation (who the patient is, what caused the situation, etc.).
- Removing others/potential hazards
- Controlling traffic through the area
- Preparing/retrieving medication, restraints, and other necessary items
- Notifying physician/clarifying plan for patient
- Calling Police if a weapon is involved and/or the situation requires a higher level of intervention
- Directing Security/Police to the escalated situation.

Security

- Security will support staff and act on clinical direction during a Code White.
- Clinical staff 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, restraints and seclusion.
- 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.

Physician

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

- Providing orders for medication/restraints/certification
- Providing clinical direction and guidance, including patient disposition
- Collaborating with the Team Leader/Team Members/Security on the goal of the intervention
- Discussion and plan for discharge needs to be initiated as soon as possible
- Supporting Team Leader/allowing Team Leader to direct the Code White Response
- During weekday day shifts, a CNL or CML will call the Senior Resident or Attending to alert them of the Code White
- If a Code White happens overnight and physician support is required, nurse to page the Clinical Associate (CA) with the room number of the patient

Code White Communication

Clear verbal cues are key to ensuring a safer and more effective response. You can use clear communication to be transparent and honest with the patient and ensure everyone, especially Security, knows what is going to happen i.e. "I really need your help with sitting down and lowering your voice. Security will need to be involved if the situation continues to escalate."

Documentation Following a Code White

The Primary Nurse or Code White team lead must document a narrative note describing what happened in patient's chart and complete violence risk screen and process alert. If they are not able to complete these tasks, the CML/CNL/Charge Nurse can complete the Violence Risk Screen and process alert.

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 Weekend CNL, CSC's or Mentors as necessary.

Immediately post-incident

CNL/PCM

- 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)
- Check-in with staff involved in the incident (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)
- If critical incident debrief needed, approval required from OH&S Tam Akey or Conor MacPhee
- Notify Director if a staff member is harmed, a patient is harmed, or at the CNL/PCM's discretion

CML/CNL

- Initiate/update patient care plan, violence risk alert (if not already put in by bedside), violence risk care plan
- File a PSLS Report (or support bedside staff to complete)
- Ensure Violence Risk Signage is visible outside patient room
- Notify Physician if not already contacted
- Consider need for security sitter

Bedside Staff

- Notify leader (PCM/CNL/Charge Nurse) immediately
- Seek First Aid/Medical Care if needed
- Document narrative note describing the event immediately following the incident. Ensure the narrative note is titled appropriately to catch people's attention (e.g. 'Behaviour – Violent Incident', 'Code White Summary')
- **Update the Violence Risk Alert Screen PowerForm immediately after incident** (found in AdHoc > Assessments)
- For staff safety incidents, report to the Provincial Workplace Health Contact Centre
- (1-866-922-9464)

- For Patient safety incidents, file a PSLS Report (https://provincial.bcpsls.ca/lp/start.php?HA=PHC)

Within 24 to 48 hours of incident

PCM

- Notify Occupational Health and Safety 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 WorkSafeBC when there is a fatality, serious injury or incident)
    - WorkSafeBC – 1-888-621-7233
- Initiate preliminary investigations if PWHCC and/or PSLSs were filed
    - 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

- If patient/risk remains, share pertinent information with staff in morning check-ins

Within 7 days of incident

PCM

- Schedule and hold a Debrief

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 Medicine Quality Care Working Group meeting to address deficiencies

Abbreviations:

CML Care Management Lead
CNL Clinical Nurse Leader
SW Social Worker
CSC Clinical Site Coordinator
PCM Patient Care Manager
PIC Performance Improvement Consultant

Quick Reference - Contacts

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

Appendices

Appendix A: Behavioural Health Concerns

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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/Visual hallucinations - Slamming items down - Paranoia	- Directed swearing - Directed racial slurs - Spitting - Threats of self-harm - Self harm (can be a coping mechanism) - Responding to command hallucinations - Throwing objects generally - Intimidating staff or other patients	- Expressing suicidal ideation with a plan - Potentially fatal self-harm - Threat of physical harm - Visible weapon (anything that can inflict harm) - Kick, punch, grab at staff or clients - Attempted strangulation - Throwing object at staff or other patients/visitors - Fights/arguments with co-patients - Posturing, physical intimidation - Uttering threats to act or harm staff or clients - Damaging property

APPROVALS		
Program Director	*Sandy Barr*	*March 2 2023*
Patient Care Managers	*Hannah Tighe/Mei Lai*	*March 2 2023*
DEVELOPERS/OWNER		
Developer Team	*Patient Care Manager* *Violence Prevention* *Addictions Medicine* *Clinical Nurse Leader* *Nurse Educators*	

REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
OO	*Initial Release*		*March 2, 2023*