

Code White Emergency Response

1. Introduction

Providence Health Care (PHC) is committed to creating and maintaining a safe, respectful environment that contributes to the prevention and management of workplace violence. An important element of the prevention and management of aggression is a “Code White” response to a behavioural emergency. A Code White call initiates a trained team response to assist with managing an aggressive individual’s escalating, potentially dangerous behaviour in the event that the staff present are not able to safely manage and control the situation. This team response allows for the delivery of the safest and most appropriate care to an aggressive individual, while reducing the risk of injury to other patients, staff and others.

1.1. Scope

This document is specific to PHC and recognizes the variance in the response, roles and procedures at the various PHC sites. A “Code White” call for a team response will be used except when the team is normally accessed through other means.

2. Policy

A “Code White” team response is initiated when:

- Staff perceive themselves or others to be in danger of physical harm from an aggressive patient or resident;
- A patient or resident is acting out in a manner that is dangerous to self, others or the environment;
- There is an imminent risk of acting out;
- The situation is rapidly escalating out of control; or
- When the staff resources available are deemed in any way inadequate to contain the urgent behavioural situation.

To initiate a Code White emergency team response:

1. Dial 888
2. Provide your location
3. Designate a staff member to meet the Code White Team and to direct the team to the location of the incident

2.1. Code White Principles

- Assistance should be requested earlier rather than later.
- Code White Team members will recognize, assess and respond to an emergency situation involving behavioural aggression by a patient or resident, recognizing that challenging behaviour(s) may be caused by a patient or resident's medical condition and beyond the patient\resident's ability to control. The patient or resident involved is always treated with the utmost respect and professionalism by all staff and the Code White Team.
- Verbally aggressive patients or residents are managed through verbal defusing techniques.
- Physical intervention used is non-violent and is a last resort to safely control a physically acting out patient\resident until he-she regains control.
- Any use of excessive force during a team emergency response (e.g. pain compliance) is prohibited.
- The Code White Team does not intervene in any situation that may pose a risk beyond their resources to respond safely. Outside resources such as the police should be considered to assist with physical interventions that are above the experience, capability and resources of the Code White Team members.
- Staff members should not be challenged about calling a Code White, as the decision to call for assistance is a subjective one.
- Each time a Code is called, all members of the team must participate in an operational debrief to review the Code White procedures (i.e. what went well, what could be improved).

3. Responsibilities

3.1. Team Leader

The Team Leader is a care provider, generally an RN, who provides direction to the Code White team members and is ultimately responsible for the care of the patient before, during and after an intervention and where requested under medical order to apply chemical, mechanical and/or environmental restraints. The Team Leader monitors the patient/resident's condition during all phases of the response as directed by professional practice standards and hospital policies. The Team Leader works in partnership with the senior security guard (at sites with security) to ensure the safety of all staff, patients and visitors during the emergency response.

Team Leaders:

- Report to Security staff and other team members the events preceding their arrival, relevant patient/resident history, presence of weapons (if determined, or suspected), any infection control concerns and the goals of the response;
- Assess and ensure that all aspects of the emergency response and any use of physical restraint devices (soft restraints, mechanical restraints) to restrain/contain the patient/resident are properly applied based on professional standards of practice;
- Following the emergency intervention assess and monitor all aspects of patient or resident's condition during restraint/confinement;
- Request additional resources if required. In consultation with security staff (if site has security), call 911 or ask designate to call if situation can't be contained.
- Once emergency response is completed, report the incident and outcome to unit staff and Leader or designate and ensure staff know about and are able to access all available support resources;
- As determined, inform and consult with the attending medical physician concerning the patient or resident's behaviour and follow-up medical management; and
- Participate in an operational debrief with other team members following incident to determine what went well and if any procedures should be re-examined.

3.2. Team Members

- Determine the Team Lead, which may vary site to site and at times, response to response;
- Bring patient's health record chart and any prescribed medications and sharps container as appropriate within safe proximity of emergency response;
- Direct other patients and visitors away from the scene;
- Remove any objects that could be used as weapons;
- Assist Team Leader as directed;
- If required, contact and notify patient or resident's attending physician and communicate relevant information from the physician to the Team Leader;
- Ensure the safety of all responders by having the team members don protective barrier garments, remove personal objects that may damage or cause injury to team members, the patient/resident or others;
- Utilize verbal defusing techniques to effect compliance where possible, until such time that physical restraint or containment is required or is indicated or requested by the Team Leader because the patient/resident is deemed to pose a danger to themselves, others or the environment;
- Seek advice from the Team Leader as to desired and appropriate medical restraint type and methodology, if required;
- Brief other Code White team members regarding the intervention plan including the type of service requested by the Team Leader, existing medical and other contraindications,

engagement/disengagement signals and strategies, physical and other assignments, seclusion room entry/exit procedures, signals, process for introduction and removal of sharps and other medical devices into the situation by health care staff, and contingencies regarding failure of the intervention plan at any point during the intervention;

- If requested, contact police if the situation is beyond the control/resources of the Code White Team;
- Participate in an operational debrief with other team members after each intervention to determine what went well and if any procedures should be re-examined; and
- Document the incident using an Employee Incident report form that is forwarded to Workplace Wellness and Safety.

3.3. Paladin Security Guard

- In sites where the Code White team members are security officers, the Senior Security Guard works jointly with the Team Leader to ensure the safety of the area and coordinates an appropriate security team intervention.

3.4. Leaders

- Promote and support Code White team activities;
- Ensure new staff members are aware of Code White procedures in their work area; and
- Ensure Code White Team members receive risk-specific training.

3.5. Workplace Wellness and Safety

- Assist in writing new or revised work procedures specific to Code White procedures to ensure compliance with WorkSafeBC regulatory requirements;
- Ensure training opportunities are available to staff Code White team members as required;
- Evaluate the effectiveness of the Code White response in consultation with the various Joint Occupational Health and Safety Committees. Based on this evaluation make recommendations to management; and
- Provide appropriate assistance for the investigation of Code White incidents.

4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

5. Supporting Documents

This material has been prepared solely for use at Providence Health Care (PHC). PHC accepts no responsibility for use of this material by any person or organization not associated with PHC. A printed copy of this document may not reflect the current electronic version.

5.1. Related Policies

[Right to Refuse Unsafe Work](#)
[Violence Prevention in the Workplace](#)
[Violence Risk Alert](#)
[Working Alone or in Isolation](#)

5.2. Guidelines/Procedures/Forms

PHC Employee Incident Form
Aggressive Behaviour Referral Form
WorkSafeBC Guidelines: Code White Response (April 2002)
Paladin Security Group Ltd. Policy and Procedure, Code White Response

6. Definitions

“Code White” is a team response to an emergency situation in which a patient/resident is behaving in a potentially dangerous manner towards him/herself, staff and others and the situation is beyond the staff present to safely manage and control. When a Code White is called, trained team members respond to the emergency situation by using verbal de-escalation techniques or, if physical intervention is required, the least restrictive measure possible for the shortest amount of time.

“Code White Team Leader” is a clinical staff member, generally an RN, who assumes continuous responsibility for the patient/resident at all times, including assessing and monitoring the patient/resident’s condition before, during and after the emergency response and when mechanical, chemical and/or environmental restraints are applied as directed by professional practice standards and hospital policies.

“Code White Team Members” are staff trained to recognize, assess and attempt to manage a patient/resident’s escalating behaviour. The team members may be staff members and/or security officers.

“Workplace Violence” includes any act in which a person is abused, threatened, intimidated or assaulted in his or her employment and includes any threatening statement or behaviour which gives a worker reasonable cause to believe he or she is at risk of injury.