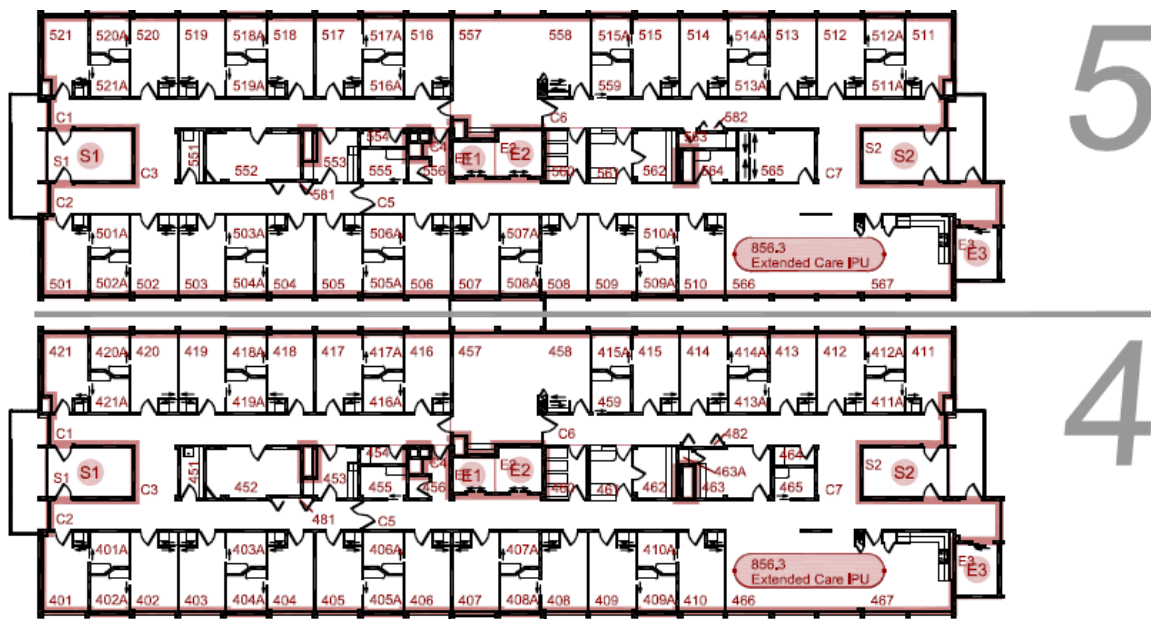




Code White: Violence/Aggression Parkview Tertiary Mental Health

Site Applicability:

Parkview Tertiary Mental Health Older Adult Intensive Treatment Unit at Youville Residence, 4th and 5th Floor.



Scope:

This process outlines the steps for staff to initiate a Code White response at Parkview Tertiary Mental Health Older Adult Intensive Treatment Unit at Youville Residence, 4th and 5th Floor.

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”; or press PPD (Personal Panic Device)
- Call 9-911 when there is a weapon involved or if the team feel like they cannot manage the situation.
 - Give details regarding the situation, the escalated individual and any other information requested (e.g. 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 which entrance staff will meet Police

What to expect during a Code White

Provide de-escalation with a 2 or 3 person response team.

- Staff who called a Code White should communicate with the arriving responders to provide information (who the patient is, what caused the situation, etc.).
- All staff on the same floor respond to the call for help
- One staff from the other floor (4F↔5F) respond to the call from the other floor
- The staff designated to respond to the Code White on the other floor is indicated on the “Daily Shared Care” (patient assignment) sheet as “Alarm Responder”.
- Code White Responders will choose a clinical team lead to communicate with the distressed person (consider language, relationship, de-escalation skills.) **Only the team lead communicates with the patient.**
- Decide on the goal (e.g., to get patient away from another patient, or administer medication etc.).
- Always check that it is safe to approach a distressed person before approaching. If situation becomes unsafe, leave and call 911, if necessary. **Staff are not to use physical interventions or put their own safety at risk.**
- Support staff (other than the team members) can remove others/potential hazards, control traffic through the area, and direct security/police to the area, if necessary.
- Code White responders must carry a pager. All Staff must also carry a pager.

There are a total of 4 spare PPDS, 2 on each floor for casual staff to use. All regular staff have an assigned PPD.

Code White Roles and Responsibilities

Code White Team Leader

The Code White Team Leader can be a Nurse, CNL (Clinical Nurse Leader) or TCA (Total Care Aide/Worker) (e.g. for incidents occurring in the Waiting Room).

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

The Clinical Team Leader is responsible for:

- Setting the goal of Code White response and clearly communicating the goal to Code White Team members
- Being the only person communicating with the escalated person
- Cueing Team Members for delegating interventions
- Determining:
 - If Police is required
 - When to disengage
- Directing Staff
- The Code White Team Leader can switch with a Code White Team Member if necessary



Escalated
Person



Team Leader



Team Members

Code White Team Member

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

Code White Team Members can be: Nurses, CNLs, and TCA.

Code White Team Members are responsible for:

- Standing in V-formation with the Code White Team Leader to demonstrate “a show of presence”
- Following the Code White Team Leader’s cues
- Constantly assessing the **Situation**, the **Code White Team**, the **Task**, the **Environment**, and the **escalated Person**
- Assuming Code White Team Leader role if necessary
- Code White Team Leader should never be left alone

Code White Team Support

A maximum of 4 staff can be Code White Team Support during a Code White

Code White Team Support can be any staff member and are responsible for:

- Briefing responding Staff on the situation (who the patient is, what caused the situation, etc.).
- Removing others/potential hazards
- Controlling traffic through the area
- Monitoring the Situation, Code White Team, the Task, the Environment and escalated Person and stepping in if necessary
- Preparing medication
- Notifying physician/clarifying plan for patient
- Calling Police if a weapon is involved and/or the situation requires a higher level of intervention.
- Directing Police to the escalated situation.



Escalated
Person



Team Leader



Team Members



Team Support

Note: There are no Security Personnel at Youville Residence.

Post Incident Wellness Check

This brief process is completed by the Nurse, CNL or Manager 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 self-settled.
- Be open – when asking if you can help, be open to listen 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. Don't let one person dominate 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.
- Watch for negative behaviour – negative comments like "That won't work" or "That's a stupid suggestion" need to be dealt with, especially when they are directed at another team member who has just offered an opinion or idea. Intervene on their behalf.



Code White Post-Incident Wellness Check Steps	Code White Feedback/Notes:
<ol style="list-style-type: none"> 1. Find a quiet place to check in with the team immediately after the incident, away from the eyes and ears of patients. 2. Ask the team: Does anyone need First Aid? 3. Ask the team: How are you feeling? (Watch for stress reactions; such as averted gaze, crying, rapid breathing, angry outbursts, withdrawn, focus 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 go back to work? 5. Before dismissing the team, remind the team members that they have access to EFAP if they require further support (1-866-398-9505). 6. Ensure Incident is reported to the Provincial Workplace Health Contact Centre. 1-866-922-9464 7. Ensure the Leader-On-Call is informed If staff have been seriously injured and/or replacement staff needs to be found. 	

Violence Prevention Education

Violence Prevention Education

Staff working in Parkview Tertiary Mental Health Older Adult Intensive Treatment Unit are expected to have completed the following Violence Prevention Education courses:

[Provincial Violence Prevention for Medium and High Risk Departments - 8 Modules - LearningHub \(phsa.ca\)](https://phsa.ca)

[Violence Prevention - PVPC Classroom - Providence Health Care - LearningHub \(phsa.ca\)](https://phsa.ca)

[Violence Prevention – PVPC Refresher – PHC - LearningHub \(phsa.ca\)](https://phsa.ca)*

**Please note that the PVPC Refresher course is taken annually 1 year after completion of the 8 hour PVPC Classroom date.*

Appendix A: Behavioural Health Concerns

Emotional Crisis – No one is Getting Physically Hurt	Continuum – Potential for Escalation or De-escalation	Behavioural Emergency – Imminent Risk of Harm to Person
<ul style="list-style-type: none"> - Yelling - Glaring - Perseverating - Crying - Pacing - Exaggerated movements - Withdrawing/mumbling - Talking to self - Auditory/Visual hallucinations - Slamming items down - Paranoia 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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			
<i>Program Director</i>			<i>November 29, 2023</i>
<i>Patient Care Manager</i>			<i>November 29, 2023</i>
DEVELOPERS/OWNER			
<i>Developer Team</i>	<i>Patient Care Manager</i> <i>Site Supervisor</i> <i>Violence Prevention Advisor</i>		<i>November 29, 2023</i>
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
<i>00</i>	<i>Initial Release</i>	<i>Tereza Paulos</i>	<i>Dec 5, 2023</i>