

## CODE WHITE: Violence or Threat of Violence, Assistance Needed

Sherwood Park Manor is committed to promoting and providing a safe and respectful environment for residents, employees, visitors and volunteers. All staff are expected to conduct themselves in a manner which fully respects the rights of others. All reasonable steps will be taken to reduce or eliminate threats to the personal safety of our residents, employees, visitors and volunteers caused by the overt action of residents, employees, visitors or volunteers. Any threat or act of violence against a resident, employee, visitor or volunteer is not acceptable.

A **Code White** response is intended for a situation in which a resident / visitor is behaving in a potentially dangerous manner toward residents, staff, volunteers, visitors or self and indicates that there is a potential for the behavior to escalate or is demonstrating behaviour that will likely escalate beyond the abilities of the staff to control the situation.

A **Code White** response is a non-violent crisis intervention strategy. Responders regain control of the situation by using verbal techniques to defuse the situation or, if necessary, physical techniques that employ the least restrictive measures possible for the shortest period of time.

### POLICY:

Sherwood Park Manor shall establish a specific plan which clearly outlines how to respond to a situation when a resident or visitor is exhibiting violent behavior. In any situation whereby an individual's behaviour escalates through verbal threats / abuse or has the potential to escalate into a violent situation, a Code White can be called. Any Sherwood Park Manor

employee can call a 'Code White'. Once a Code White is called, staff shall respond to assist with diffusing the situation.

### PURPOSE:

Page | 2 The purpose of a Code White is to provide the aggressive resident with the best and safest care until he/she regains control of his/her behavior, prevent injury to self or others and property damage.

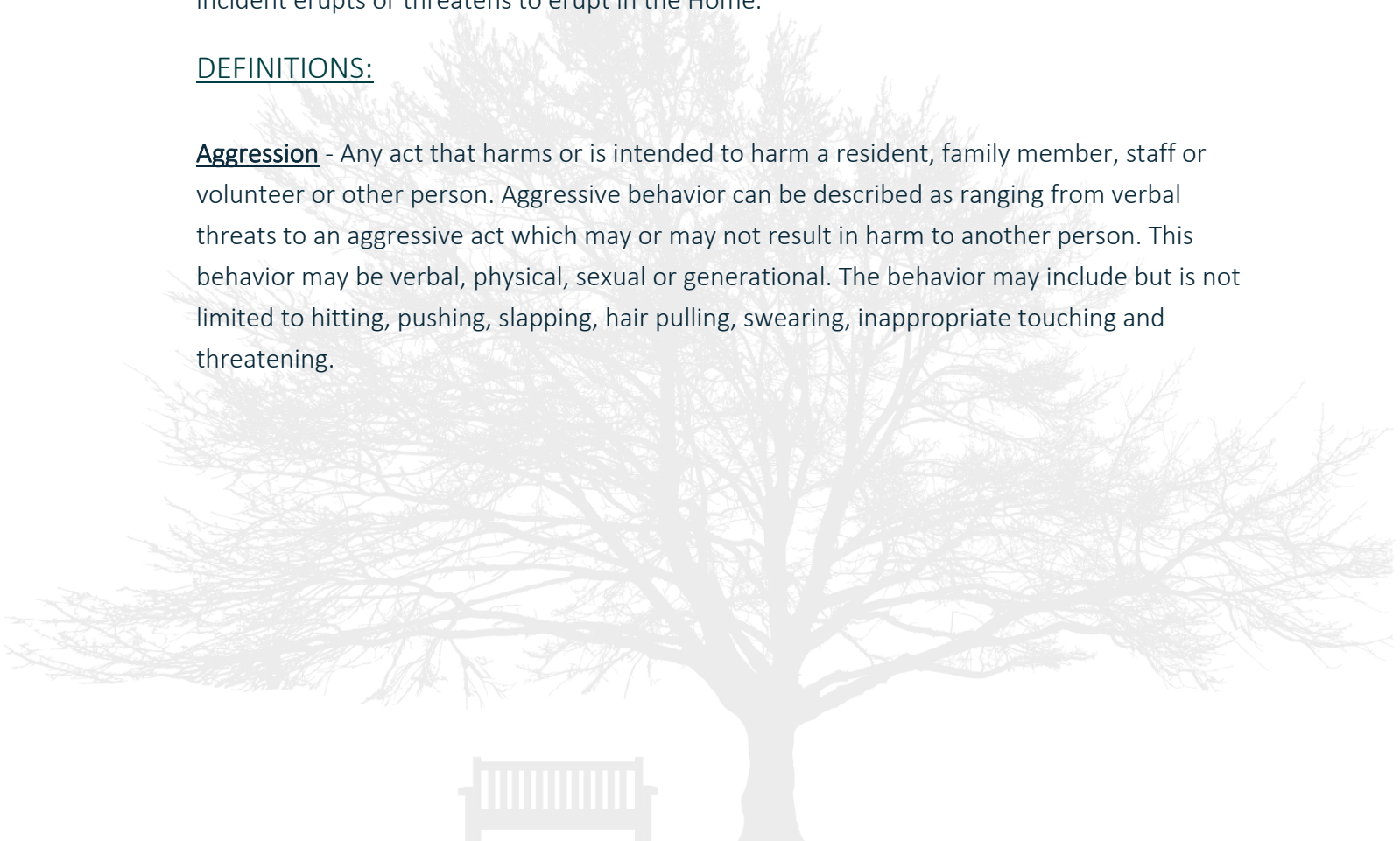
In addition the Code White shall provide a mechanism for assistance during a violent or threatening situation which includes, but is not limited to the following:

- providing immediate assistance to defuse potentially violent situations involving residents and / or visitors;
- regaining control of a potentially harmful situation;
- providing for the safety for all residents and all staff;
- providing the best possible care to the resident demonstrating violent behavior;
- preventing injury to the resident demonstrating the violent behaviour, other residents and staff;
- preventing injury to the visitor demonstrating violent behavior, other residents and staff.

It is the responsibility of each manager / volunteer coordinator to ensure that staff and volunteers know the code word and understand the procedure to be used if a violent incident erupts or threatens to erupt in the Home.

### DEFINITIONS:

**Aggression** - Any act that harms or is intended to harm a resident, family member, staff or volunteer or other person. Aggressive behavior can be described as ranging from verbal threats to an aggressive act which may or may not result in harm to another person. This behavior may be verbal, physical, sexual or generational. The behavior may include but is not limited to hitting, pushing, slapping, hair pulling, swearing, inappropriate touching and threatening.



**Code White:** A coordinated emergency response to deal with violence and / or a threat of violence in the workplace from a resident, client, co-worker, visitor or stranger that is not resolved through the provision of usual care and communication strategies.

Page | 3 **Code White Response:** This is a response which is intended to support the staff involved in dealing with an immediate situation which escalates beyond their ability to manage and to defuse the situation and prevent harm.

**Conditional Threat:** A comment made that stated if one does not do as told, there will be circumstances.

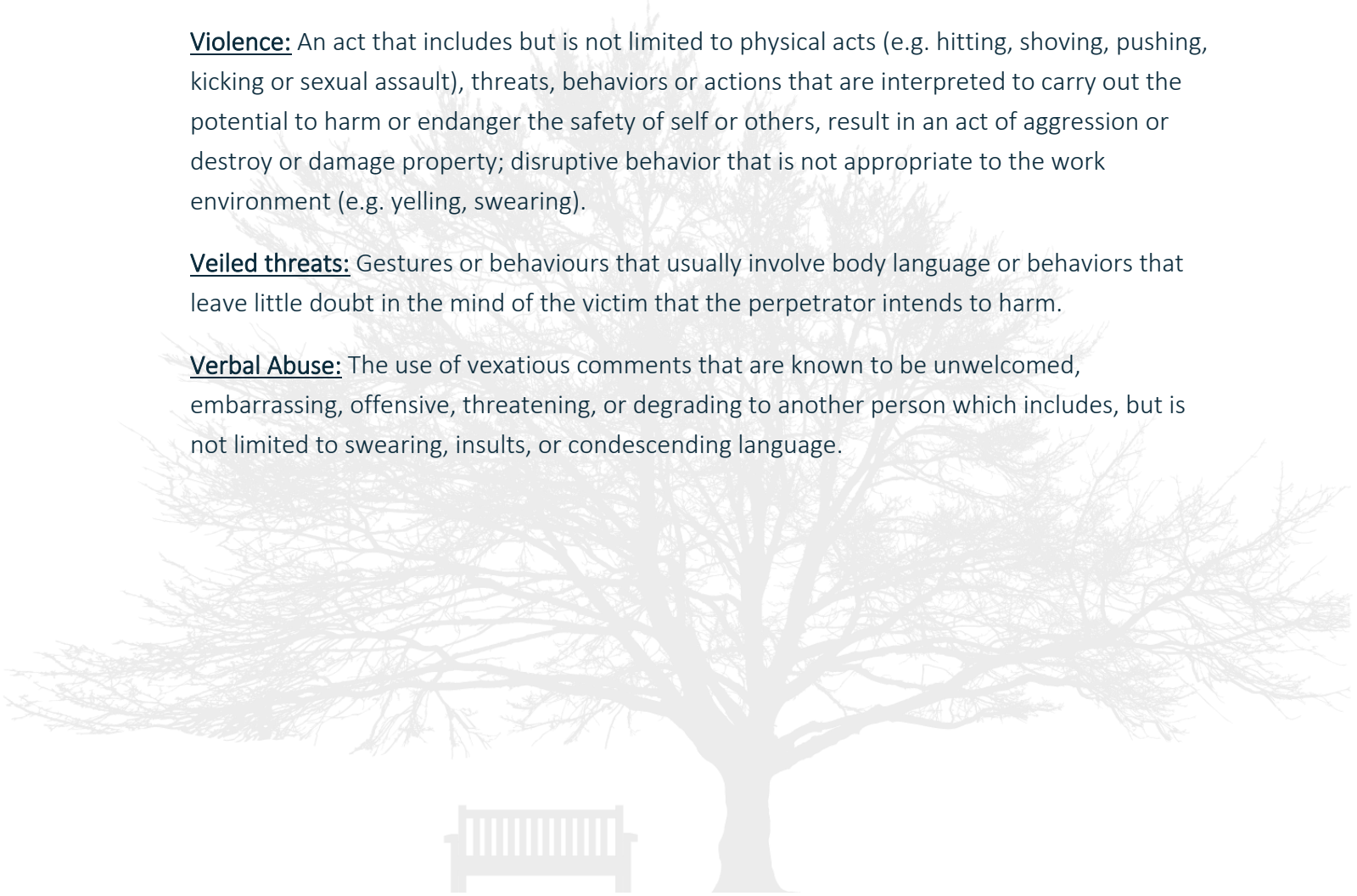
**Excessive Behavior:** Behaviors that cannot be defused through the usual care and communication strategies and that are assessed to be leading to escalating discontent, anger or violence from a resident, with a high risk of harm to himself / herself or others. Excessive behavior may include but not be limited to agitation, restlessness, threatened aggression, destruction of property, self-abuse, use of a weapon, assault or abuse.

**Responsive Behavior:** Behavior from a resident in response to an action by another that he/she does not understand due to his/her dementia. For example, if a staff' member suddenly grabs a residents hand and pulls him down the hall without explanation, the resident may resist in response to the staff members inappropriate action.

**Violence:** An act that includes but is not limited to physical acts (e.g. hitting, shoving, pushing, kicking or sexual assault), threats, behaviors or actions that are interpreted to carry out the potential to harm or endanger the safety of self or others, result in an act of aggression or destroy or damage property; disruptive behavior that is not appropriate to the work environment (e.g. yelling, swearing).

**Veiled threats:** Gestures or behaviours that usually involve body language or behaviors that leave little doubt in the mind of the victim that the perpetrator intends to harm.

**Verbal Abuse:** The use of vexatious comments that are known to be unwelcomed, embarrassing, offensive, threatening, or degrading to another person which includes, but is not limited to swearing, insults, or condescending language.



### Crisis Development Behaviours:

There are a series of recognizable behaviours that may escalate to a physically acting out episode. These include, but are not limited to:

Page | 4

- Anxiety with recognizable changes or increases in behaviour
- Challenging or manipulative behaviour
- Non-compliance, slight loss of rationalization
- Verbal release such emotional outburst, loss of rationalization, venting, screaming, swearing, high energy outbursts
- Intimidation by verbal / non-verbal threatening
- Loses control of his/her behaviour which often involves physical acting out episodes.

## PROCEDURE:

### CODE WHITE SITUATION

The code word for violence in the workplace is: **“CODE WHITE”**.

Any staff member in a situation in which there is a real or perceived risk of harm to themselves or others can declare a **CODE WHITE**. This is an indication that urgent help is required in the location announced.

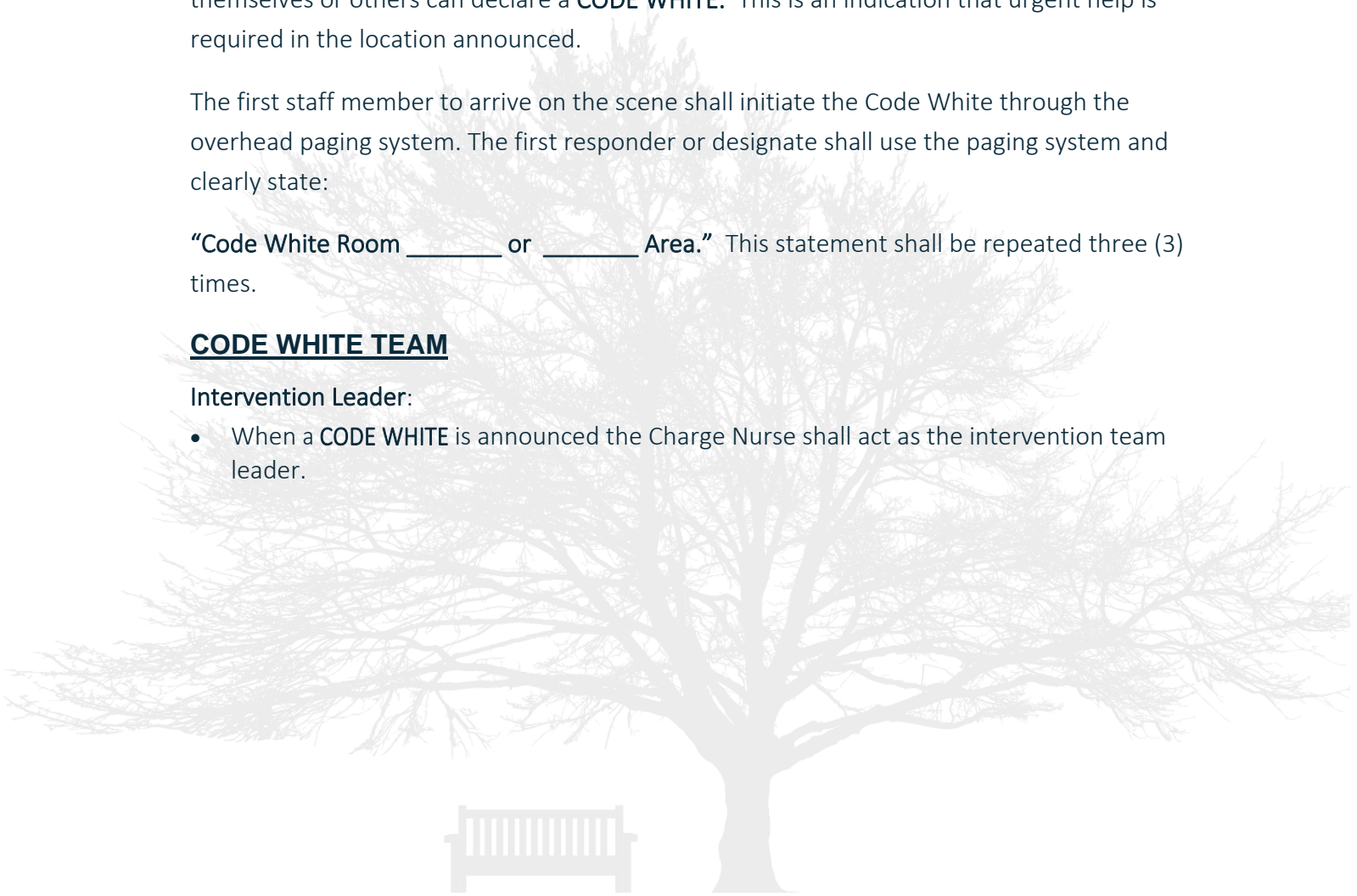
The first staff member to arrive on the scene shall initiate the Code White through the overhead paging system. The first responder or designate shall use the paging system and clearly state:

**“Code White Room \_\_\_\_\_ or \_\_\_\_\_ Area.”** This statement shall be repeated three (3) times.

### **CODE WHITE TEAM**

**Intervention Leader:**

- When a **CODE WHITE** is announced the Charge Nurse shall act as the intervention team leader.



- The job of the Intervention Leader can be delegated if it is felt that someone else has better rapport with the individual. This team member is aware of the situation and displays good verbal and physical intervention techniques. There can only be one Intervention Leader.
- The intervention leader will assign staff, reporting to the location, to tasks as required such as: security, crowd control, secluding the violent person, evacuating the area, calming and providing first aid to any victims or directing EMS.

#### **Code White Team members:**

- The Director of Care or Assistant Director of Care shall report to the location when in the building.
- The RPN (Team Leader) on the affected wing shall respond to the code white
- Other staff as indicated on the tour sheet are to report to the code location and await further instructions from the Charge Nurse.
- Staff who have been directed to the scene shall remain until the crisis is resolved or until directed to the leave by the Intervention Leader.

### **ROLES AND RESPONSIBILITIES**

#### **1. STAFF INITIATING THE CALL**

Staff involved in the situation or first staff member to come upon the scene:

- Identify that a situation exists requiring immediate assistance
- Ensure own and co-worker safety (e.g. need to leave immediate area until help arrives).
- Remove any residents in immediate danger.
- Follow the procedure outlined for summoning assistance
- Provide information to the code white leader about the situation, action taken and action required.

#### **2. CODE WHITE INTERVENTION LEAD**

- Assess the situation:
  - Reason for the code white call
  - Details of current situation



- Delegate a team member to call for additional resources as required (e.g. Police, ambulance, physician, on call manager)
- Inform and direct team members about the plan of action
- Assign team members to specific tasks/positions
- Communicate with the acting out individual
- Act as the spokesperson for the team
- Ensure debriefing takes place as soon as possible following the incident
- If an injury occurs to a team member ensure the member seeks proper first aid
- Ensure appropriate documentation is completed

### 3. TEAM MEMBERS

- Team responds in a co-ordinated manner under the direction of the team lead. Team members will be assigned to such tasks as
  - Reduce stimulation in the area by;
    - reducing noise levels; turning off radios/TVs, vacuum cleaners etc.
    - Removing all residents, visitors from the area
  - Security – ensuring residents, visitors, extra staff do not enter area unless directed.
  - Secluding the violent person
  - Calming and providing first aid to any victims
  - Directing EMS
  - Registered staff to bring emergency medicine box with appropriate supplies to the area when directed by the team lead.
  - Participate in debriefing

**DO NOT** put yourself in direct physical harm by trying to gain physical control of a violent resident but provide the best possible care, re-assurance and seclusion until he/she gains control of his/her behavior.

#### **A “Code White” becomes a 9-1-1 call to police when:**

- the aggressor is not a resident and threatens staff or resident safety
- there is a real or perceived threat that lives are in imminent danger
- the initial staff or the **CODE WHITE** responders determine that the situation is beyond their abilities
- a weapon or firearm is involved
- the disruptive behavior occurs outside the limits of pursuit established by the organization, e.g. off the grounds



The Charge Nurse will delegate someone to call **9-1-1** for police assistance.

Staff will defer to the Leeds Detachment of the Ontario Provincial Police upon their arrival.

### POST EVENT:

A debriefing session with all staff involved in the incident will occur immediately following the incident. During regular business hours the Director of Care or Assistant Director of Care will lead the debriefing session. During off hours, the Nurse in Charge will lead the debriefing session. All staff involved will be able to make comments, voice concerns/issues regarding the code white response. This is a time to discuss what went right, what didn't and to make recommendations on how to improve the Code White response.

Use attached Code White Debriefing Form and complete the Post Agitation/Aggression Incident Form when a resident was the aggressor.

In very difficult situations, Employee Assistance Program service will be contacted.

Follow all of the usual expected practices related to documentation and report writing, including the submission of an *"Critical Incident / Unusual Occurrence Report"* and an immediate update to the Administrator / designate.

### Charge Nurse

Following an incident involving a resident, the nurse in charge or delegate;

- if necessary and appropriate, ensure the resident's physician is consulted to determine whether any changes in medication, medical treatment and/or other precautionary measures are necessary to eliminate or minimize the risk to staff and others
- review the care plan with staff to ensure appropriate changes to care plan are made to address "triggers" that may precipitate the aggressive behaviours
- document the incident in the resident's chart. Documentation should include:
  - Who was involved; who was the recipient of the aggressive/violent behaviour
  - What behaviour was seen (shouting, pushing etc.)



- When the event occurred; include the first indication of escalation and any actual act of violence
- Why the incident occurred; what event(s) may have set off the resident
- Where the event occurred
- How was control gained; what interventions were used
- What the outcome was; did anyone get hurt
- How did the resident respond

### Management Team

- Conduct a review into the incident to determine cause, ensure proper follow-up measures have been taken and to identify risk control measures to prevent any future occurrences
- At the time of the incident provide options to affected staff to finish shift or take time away from incident and return when fit to do so.
- Ensure any injured staff receive medical attention.
- Provide staff further support through the Employee Assistance Program
- Complete thorough investigation
- Follow up with recommendations for remedial action
- Ensure appropriate prevention strategies are implemented
- Ensure annual review of SPMs Violence in the Workplace Program and Code White response.

### Health and Safety Committee

- Follow up with code white incidents such as ensuring follow-up occurs in a timely manner

### ADDITIONAL GUIDELINES FOR DEALING WITH INTRUDERS / UNWELCOME

#### GUESTS:

- Familiarize yourself with family members and regular visitors so that you can distinguish strangers from regular visitors.
- Note the appearance of people who are not familiar to you, in case something does happen. If a stranger enters the building, be alert, firm and confident in your approach. Remain calm; adopt a non-threatening approach (e.g. "May I help



you?” with the underlying question "What are you doing here?"). If possible signal a second person that there is an intruder.

- Ask the person his/her purpose of being in the building. If response is deemed inappropriate, request the person to leave the premises.
- If met with resistance, call (911) to request immediate assistance. Give location of the Manor and state your name.
- If it can be done safely, attempt to diffuse the situation by keeping the intruder calm and stalling until police arrive.
- If the situation escalates and you need urgent assistance, announce CODE WHITE.
- DO NOT open the door to strangers before or after regular daytime hours.

### ADDITIONAL GUIDELINES AND TIPS FOR DEALING WITH A POTENTIALLY VIOLENT PERSON:

#### 1. Tips for verbal communication:

- Focus your attention on the other person to let them know you are interested in what they have to say.
- Remain calm and try to calm the other person. Do not allow the other person's anger to become your anger.
- Remain conscious of how you are delivering your words.
- Speak slowly, quietly and confidently.
- Avoid sounding condescending or impatient.
- Listen carefully. Do not interrupt or offer unsolicited advice or criticism.
- Do not tell the person to relax or calm down
- Remain open-minded, objective and non-judgemental.
- Use silence as a calming tool.
- Acknowledge the person's feelings. Indicate that you can see he or she is upset.

#### 2. Tips for non-verbal behaviour and communication:

- Use calm body language-relax posture with hands unclenched, attentive expression
- Arrange yourself so that your exit is not blocked.
- Position yourself at a 45 degree angle rather than directly in front of the other person
- Give the person enough physical space...this varies depending on the individual, but normally 1-2 metres is considered an adequate distance.



- Do not make sudden movements that can be seen as threatening.

### Tips for Problem Solving

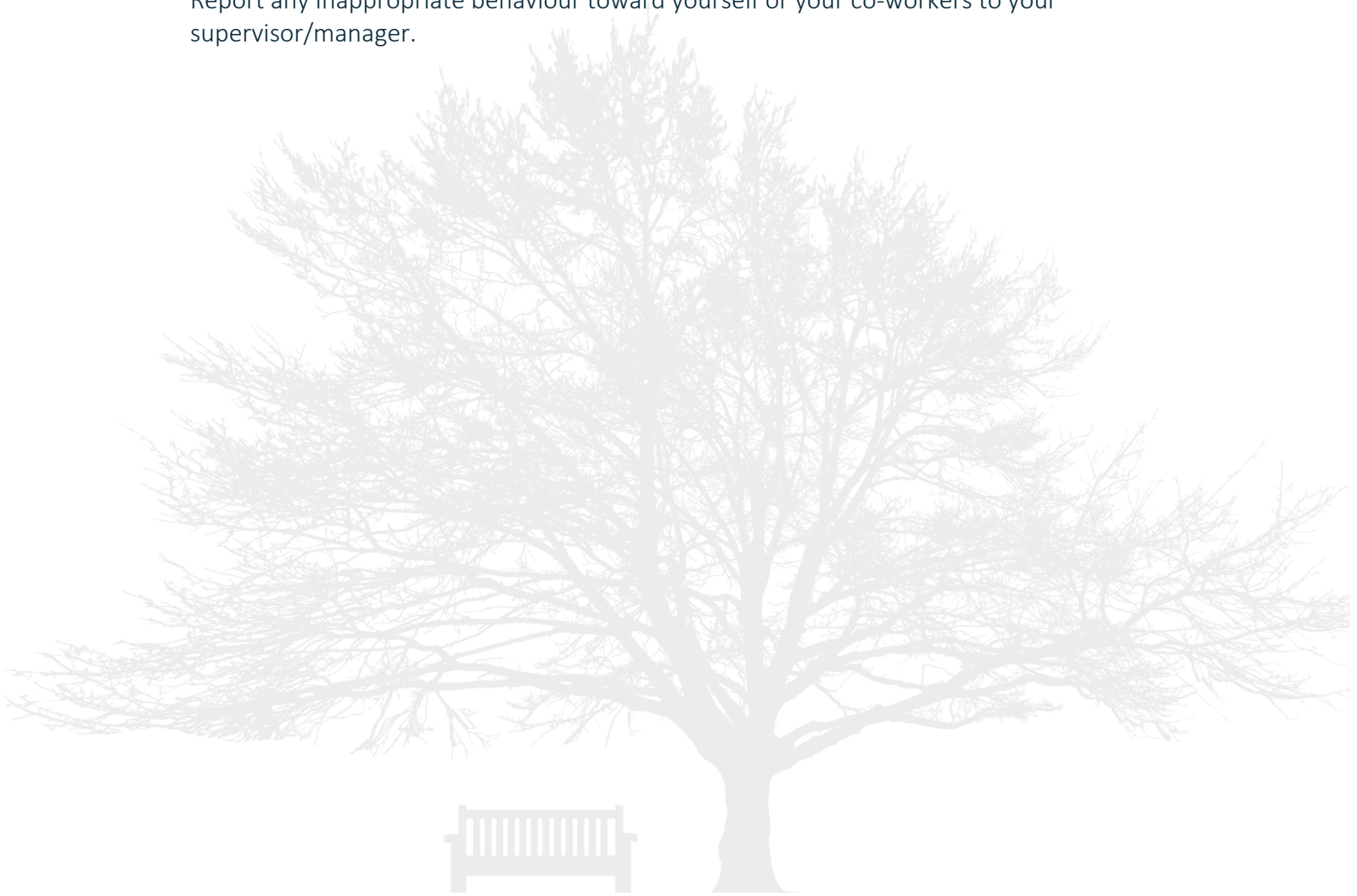
Page | 10

- Accept criticism in a positive way.
- Be honest. DO NOT make false statements or promises you cannot keep.
- If a resident has an issue that you are unable to assist with, direct them to your team leader/charge nurse/management.
- Remain professional and take the person seriously. Be respectful.

### Trusting your Instincts

- Be aware of your surroundings.
- **Do not** engage in conversation that makes you feel uncomfortable. Excuse yourself and walk away.
- Be firm and confident and do not permit any kind of harassment.
- Be alert for signs of anxiety, anger or hostility. Being supportive, de-escalate arguments whenever appropriate.
- If you feel you are being threatened, intimidated or harassed:
  - Tell the person to stop
  - Report the incident to your supervisor/manager

Report any inappropriate behaviour toward yourself or your co-workers to your supervisor/manager.



# CODE WHITE DEBRIEFING REPORT

Date of Incident: \_\_\_\_\_

Page | 11 Time of Incident:: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Code white called: No \_\_\_\_ Yes \_\_\_\_

Code announced clearly: No \_\_\_\_ Yes \_\_\_\_

Code called 3 times: No \_\_\_\_ Yes \_\_\_\_

Location was specific: No \_\_\_\_ Yes \_\_\_\_

Persons Involved:

---

---

---

---

## RESIDENT/INDIVIDUAL INFORMATION:

Name of Individual: \_\_\_\_\_

Resident \_\_\_\_ Family \_\_\_\_ Visitor \_\_\_\_ Staff member \_\_\_\_ Other \_\_\_\_

## INCIDENT INFORMATION

Physical Assault: Hit \_\_\_\_ Bitten \_\_\_\_ Pushed \_\_\_\_ Grabbed \_\_\_\_

Scratched \_\_\_\_ Kicked \_\_\_\_

Other \_\_\_\_\_



Verbal Assault: Threatened with physical harm \_\_\_\_ Foul language used \_\_\_\_

Other \_\_\_\_\_

Weapons involved: No \_\_\_\_ Yes → Describe \_\_\_\_\_

Injuries to staff: No \_\_\_\_ Yes → Describe \_\_\_\_\_

For incidents involving residents please complete the Post Agitation/Aggression Incident Form.

**INCIDENT INTERVENTION/RESOLUTION**

Police called: No \_\_\_\_ Yes \_\_\_\_

Description of Immediate intervention/resolution:

---

---

---

For serious incidents:

Employee referred to Employee Assistance Program No \_\_\_\_ Yes \_\_\_\_

Appropriate union steward notified No \_\_\_\_ Yes \_\_\_\_

Health and Safety Committee informed No \_\_\_\_ Yes \_\_\_\_

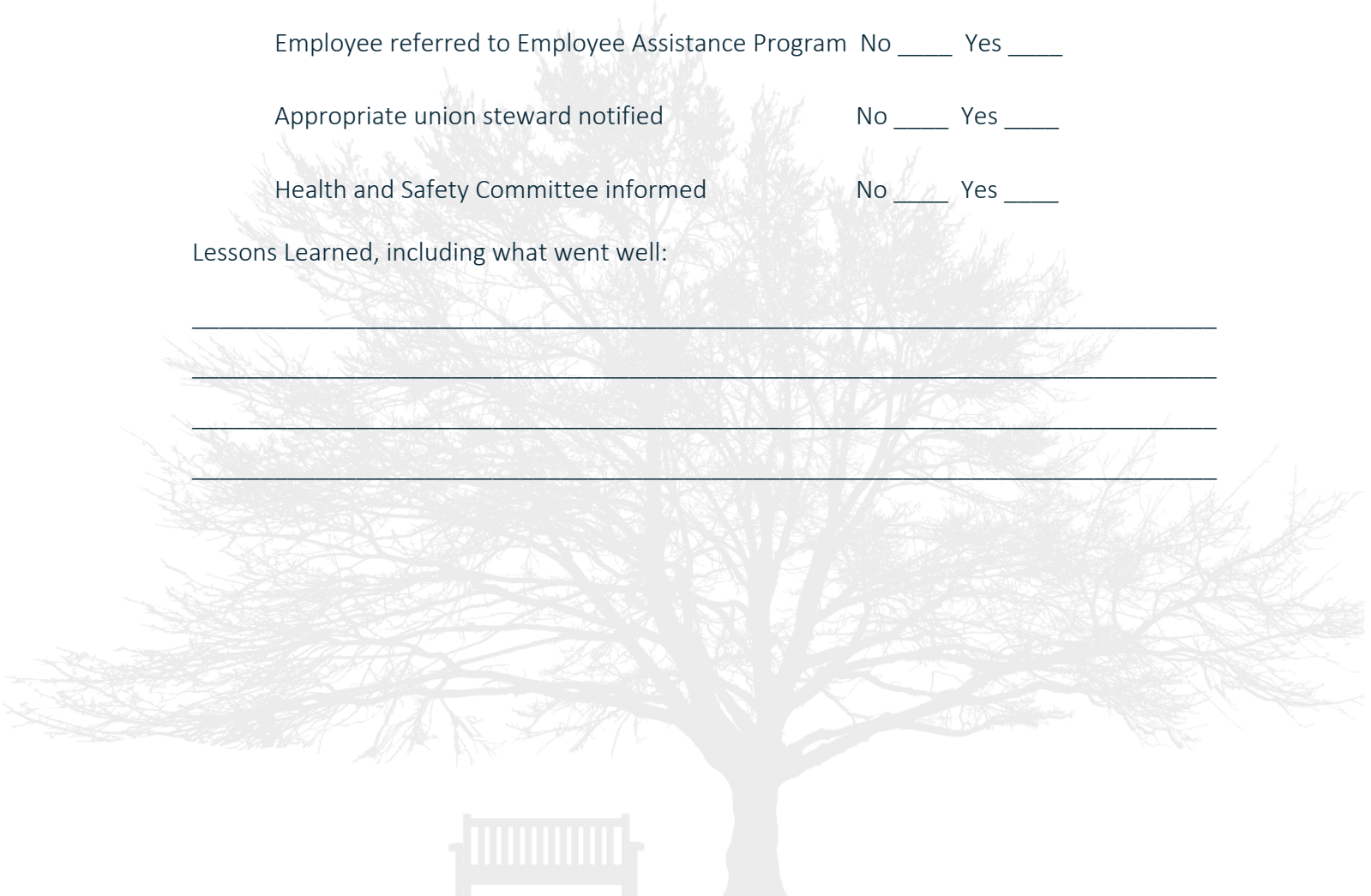
Lessons Learned, including what went well:

---

---

---

---



Recommendations from staff involved in code white. Any suggestions for improvement/something different you may have wanted to try next time with same or similar situation?

Page | 13

---

---

---

---



## Post Aggression/Agitation Debriefing Tool

Following an incident of aggression/agitation, this form is to be completed by the RN during a debriefing with all staff members involved in the incident. The RN will submit the form to the DOC upon completion.

Page | 14

**Date of Incident:**  
**Time of Incident:**

**Resident's name:**  
**Location of Incident:**

**Staff Involved:**  
**Charge RN:**

**Description of the Incident**

---

---

---

---

---

---

---

---

---

---

### What were some of the possible contributing factors/triggers? (Circle all that apply)

Hunger	Noise	Pain	Need for toileting
Thirst	Environment	Sudden Movements	Time of day
Infection	Confusion	Other people's actions	Positioning
Health Status	Fear	Medication change	Restrictive Clothing
Frustration	Communication	Incontinence	Fatigue
Other:			

### What interventions were tried prior to the escalation of the behaviour? (Circle all that apply)

1:1	Repositioning	Music therapy	Call to Family
Toileting	Offer of food/drink	Redirection	Pain management
Change of Staff	Rest	Distraction activities	Psychotropic meds
Doll Therapy	Removal of stimuli	Delayed tasks	Alternative programs
Other:			

### Suggestions which may help or prevent similar behaviours in the future?

---

---

---

---

---

---



