CODE WHITE

(“OUT OF CONTROL” Situation)
A **CODE WHITE** may be used by any staff member at St. Joseph’s Health Centre (“the Centre”) to bring **immediate assistance to employees** who are confronted with an “out of control” situation.

A CODE WHITE is indicated in any situation where an **individual** (resident, staff or visitor) is **behaving in a way that creates a potential or actual threat** to:

- his or her own safety;
- the safety of others; and/or
- hospital property.

The behaviour could include any verbal threats (with or without a weapon or other instrument of harm), physical intimidation and/or the application of force (including punching, slapping, striking out with an object, pinching, etc.)

The **primary goal** in a CODE WHITE procedure is to **achieve a safe resolution to an “out of control” situation that is – or may escalate to become – violent.**
CODE WHITE PROCEDURE

The First Person on the Scene will act as the Intervention Leader throughout the procedure OR until this responsibility is transferred to another more appropriate person.

The Response Team will be made up of:

- the Security Guard (when on duty);
- available Social Workers and/or Religious and Spiritual Care staff;
- the Nurse Practitioner (if available);
- any available Nursing Managers; and,
- designated Nursing Staff (as noted below).

Day Shifts (Monday-Friday, 0700-1500 hours):

- One Staff Member from Level 2 in LTC (Blocks 600 & 700)(Cherrywood & Linden Court);
- One Staff Member from Level 3 in LTC (Blocks 600, 700, 800 & 900)(Oakridge Falls, Cedarbrook, Magnolia Court & Mapleview);
- One Registered Staff Member from Level 1 CCC (Blocks 800 & 900)(Apple Blossom & Rosewood);
- One Registered Staff Member from Level 2 CCC (Blocks 800 & 900)(Sunny Oaks & Whispering Pines);

Evening, Night, Weekend & Holiday Shifts:

- The Registered Nurse (RN) in LTC;
- One Registered Nurse (RN) from Level 1 CCC (Blocks 800 & 900)(Apple Blossom & Rosewood);
- One Staff Member from Level 2 CCC (Blocks 800 & 900)(Sunny Oaks ).

Please Note: Regardless of the day or shift when a CODE WHITE is called, it is assumed that any staff member who is able to respond to a CODE WHITE will do so – particularly those trained in Non-Violent Intervention Techniques.
Role and Responsibilities of the Intervention Leader:

In an actual or potentially “out of control” situation, the Intervention Leader will:

1. **Call for help.** Even if you do not need immediate assistance, make your co-workers aware that you may require help.

2. **Assess the situation. If further assistance is needed, direct someone to announce a “CODE WHITE” as follows:**

   If the incident has occurred on or near a resident neighbourhood, the individual should proceed to the red Emergency Telephone (found in a recessed box on the wall beside each Medication Room as you exit from any pair of neighbourhoods), **pick up the receiver to activate the emergency overhead paging system and CLEARLY announce “CODE WHITE – [LOCATION]” THREE TIMES.**

   If the situation has occurred anywhere else within the facility, direct the individual to call “0” and **ask the Switchboard Operator to use their own Emergency Telephone to announce “CODE WHITE – [LOCATION]” THREE TIMES.**

   When the Switchboard area is not staffed, **calls will be forwarded to the Security Guard on duty** and security personnel will access the closest Emergency Telephone to announce **“CODE WHITE – [LOCATION]” THREE TIMES.**

3. **Direct someone on the Response Team to remove everyone else in the area to a safer place** (to reduce the potential for injury to others) and **to clear the area around the emergency situation** (an “audience” may unintentionally escalate agitation or “out of control” behaviour).

4. **If possible, remove any objects that could be used as an instrument of harm from the immediate area** such as glass vases, canes, sharp objects, etc.

5. **Remain at a safe distance.**

   If the “out of control” person becomes more aggressive, s/he is likely to take one step forward in any attempt to grab or hit you. For this reason, you may wish to position yourself at least 1 or 2 steps away from the potentially aggressive individual in order to avoid being injured or restrained.
6. **Use the techniques** listed below to guide your efforts to diffuse and/or de-escalate the situation:

- Appendix 1: Strategies for Dealing with “Out of Control” Situations;

It is important to remember that the “out of control” person is just that - out of control. Feelings such as confusion, frustration, fear, grief or anger are interfering with the individual’s ability to cope with the current situation. As a result, s/he is unable to behave in a reasonable and safe manner. As the care provider, **you must control your own behaviour** in order to manage or de-escalate the situation and achieve a safe and appropriate resolution.

**Focus on the person’s behaviour** and the **events that triggered it**. It is not productive to judge or demean the individual.

Assume that if the person **could** control their behaviour, they **would** do so.

**Role and Responsibilities of the Response Team:**

Upon arrival at the CODE WHITE location, the **Response Team** will:

1. **Congregate in close proximity** to the Intervention Leader but beyond the “out of control” individual’s field of vision.

2. **Be ready to assist if required.**

   **Please Note:** Any member of the Response Team who is assigned a specific task must report back to the Intervention Leader once the task is completed.

3. **When the situation is resolved,** use the Emergency Telephone (and/or dial Switchboard/Security) to announce “**CODE WHITE – ALL CLEAR**” three times.

If the situation cannot be controlled and/or it appears that there is imminent or immediate danger to anyone, the Intervention Leader will direct someone on the **Response Team** to:

- **call the Police** by dialing “9 – 911”; 
- **meet police officers** at the appropriate entrance to direct them to the scene of the emergency; and,
- **contact and inform the Administrator “On Call”.**
Several important tasks must be completed at the conclusion of a CODE WHITE.

1. **If the situation involves an “out of control” resident**, the Intervention Leader (or designate) will **notify and inform** the following individuals as soon as possible:
   - the attending physician; and,
   - the resident’s family (Next-of-Kin or Personal Power of Attorney).

2. **The Intervention Leader will complete an Unusual Occurrence Form** (in LTC, a Ministry of Health Unusual Occurrence Form must be used) with the assistance of those individuals who witnessed the events.

   The report – which should include recommendations and plans related to the incident - will be forwarded to the respective Manager for review and signature.

   The Manager is then responsible for forwarding the signed form to the Occupational Health Nurse.

3. With respect to injuries incurred during the CODE WHITE:
   - any employee that sustained an injury (emotional or physical) during a CODE WHITE will complete an Employee Incident Report and forward it to the Manager of Occupational Health immediately;
   - if the CODE WHITE involved a physical injury, a copy of the related Workplace Safety and Insurance Board (WSIB) Report and Unusual Occurrence Form will be forwarded to the respective Manager; and,
   - if a resident or visitor sustained injuries, nursing staff will ensure that the appropriate medical assessment and treatment is provided and that an Unusual Occurrence Form is completed.

4. The primary goal in a CODE WHITE procedure is to achieve a safe resolution to an “out of control” situation; however, even when a drill or an actual incident has a successful outcome, debriefing is important for:
   - the ongoing skill development of the response team;
   - the refinement of policies and procedures related to the prevention and management of “out of control” situations; and,
   - the mental health of all of the participants.
Therefore, at the conclusion of a CODE WHITE:

- the Intervention Leader will ensure that someone trained in “Debriefing Techniques” (Social Worker, Spiritual & Religious Care Staff, Nurse Practitioner, Nurse Manager or Registered Nurse) conducts an Informal Stress Debriefing Session (lasting approximately 15-20 minutes) during the shift in which the CODE WHITE occurred; and,

- a Formal Critical Incident Debriefing Session will be held within 24-72 hours, if necessary.

5. In addition, the respective Manager will review the incident and:

   a. work with the resident (if the incident involved a resident), family and staff to:

      - determine what upset the resident or triggered the aggressive reaction;

      - decide whether or not other resources and/or expert assistance is required to deal with the situation in an effective and timely manner;

      - develop a plan of care that will:
        - reinforce the individual’s responsibility for her/his own behaviour (if that is appropriate);
        - sets limit for that behaviour (if that is appropriate);  
        - identify factors that may predict, prevent or trigger “out of control” behaviour in future;
        - provide more productive or acceptable ways for the resident to express feelings of anger, frustration, etc.; and,
        - include strategies intended to reduce or modify the resident’s behaviour in response to triggering events.

      - re-assess the resident, considering the following risk factors that can be associated with aggressive behaviour:
        - a history of aggressive or violent behaviour, including threats, verbal abuse or domestic violence;
        - medical conditions that may include dementia, delirium, head trauma, brain injury, hypoglycemia or certain psychiatric or emotional disorders;
        - active drug or alcohol addiction (with periods of withdrawal);
        - being over-tired or over-stimulated;
        - inability to communicate (and subsequent frustration); and,
        - symptoms of anxiety, confusion, disorientation or fear.
• **consider** the following **environmental factors** that may trigger aggressive behaviour:
  - inflexible rules and policies, particularly re: the timing or method of care provided (i.e. an actual or perceived lack of choice and control);
  - the use of physical or chemical restraints;
  - inadequate staffing;
  - inappropriate placement (appropriate placement may not be available);
  - lack of structure and predictability in routine;
  - high levels of noise (banging doors, loud voices, overhead announcements);
  - lack of personal space and/or lack of respect for privacy;
  - being expected to perform difficult tasks without help;
  - being expected to perform tasks that are meaningless or juvenile.

b. **analyze the CODE WHITE situation** to determine:

  • **what interventions were effective;** and,
  • **how the staff’s response could be improved.**

c. **ensure that the conclusions from the above analysis** are:

  • integrated into future staff education about CODE WHITE; and,
  • considered in any future policy or procedure development related to “out of control” situations.
APPENDIX 1

**Strategies for Dealing with an “Out of Control” Situation**
(or Non-Violent Crisis Intervention Techniques)

There are many strategies for preventing or diffusing an “out of control” situation; however, staff must use their professional judgement to evaluate whether or not a particular approach is appropriate in a given situation. For example, a strategy that might be helpful with an alert but physically-challenged resident might not be appropriate for a cognitively-impaired but physically-able resident.

Nevertheless, a few strategies for dealing with escalating or “out of control” behaviour are outlined below:

1. **Protect your personal safety** by keeping at a safe distance from the “out of control” individual.

   Be prepared to move away to avoid any physically abusive behaviour.

2. **Position yourself so that an escape route is always available** (i.e. try to avoid placing yourself so that the resident is between you and the door);

3. **Allow a “comfortable” space between you and the “out of control” person.**
   Standing too close may seem confrontational or aggressive, thereby triggering a hostile or defensive reaction.

4. **Maintain your composure.** (If you convey feelings of frustration or anger, it could escalate the situation).

   Speak calmly but confidently, using a moderate volume and a considerate tone of voice.

   Avoid judgmental or dismissive comments such as “Why are you making such a big deal out of this?” or “Be quiet – you’re upsetting everyone!”

5. **Be patient. Do not interrupt.**

   Allow the resident some time to express her/his anger, frustration or concern.
6. **Engage in ACTIVE listening.**

   In other words, speak or act in a way that conveys that you ARE listening. For example:

   - Maintain eye contact - if that is socially and culturally appropriate. (Be aware that there are some situations where direct eye contact may seem disrespectful, overly assertive or simply inappropriate given the respective genders, ages or cultural backgrounds of the care provider and the "out of control" individual.)

   - Use verbal cues ("I see" or "Tell me more") as well as non-verbal cues (nodding your head, making eye contact) to indicate that you are paying attention and acknowledging what is being said to you.

   - Maintain an “open” posture and body language (e.g. hands relaxed and arms at your side rather than fists clenched and arms raised or folded across your chest) to display a respectful and non-confrontational attitude.

   - Avoid distracting movements such as doodling, pen tapping, or shuffling papers.

7. **Acknowledge the resident’s feelings** ("I can see that you are very frustrated") and **try to identify the cause and/or a way to resolve the issue** ("Tell me what would help").

8. **Talk to the resident about his or her inappropriate behaviour** ("It is hard to understand you when you are yelling at me") and **explain that you would like the behaviour to change** ("Tell me again why you are upset, but please speak slower and quietly").

   Focus on the BEHAVIOUR – NOT THE CLIENT.

   Avoid language or a tone of voice that could be interpreted as critical, judgmental, patronizing or argumentative.

9. **If you sense that you are in imminent danger of being harmed, attempt to remove yourself** from the situation and seek additional help.

Please Note: The strategies listed above were adapted from information outlined in: *Abuse of Nurses: A Guide to Prevention and Management*, College of Nurses of Ontario, 1999
APPENDIX 2

Strategies for Dealing with a Hostage-Taker

There is never any ONE way to deal with a situation that is as potentially dangerous as a hostage-taking incident; however, some basic principles or suggested approaches that could help to achieve a successful resolution to such a situation are outlined below:

If you are a hostage:

1. **Make every effort to do whatever the hostage-taker asks.** Avoid confrontation or arguments.

2. **Be especially courteous during the first four or five minutes.** This is a critical time.

3. **Speak only when spoken to.** Never “wisecrack” or appear to minimize the seriousness of the situation.

4. **Try not to show emotions openly.** Act relaxed. Hostage-takers like to play on emotional weaknesses.

5. **Sit down if you get a chance** to do so as it conveys a non-aggressive attitude.

6. **Don’t make suggestions about how to proceed.** If your suggestions have a negative outcome, it may appear as though you planned it that way.

7. **Don’t turn your back on a hostage-taker unless ordered to do so.** It is critical to be able to observe anything that s/he is doing.

8. **Try to maintain eye contact without staring.** People are less likely to harm someone who is looking at them.

9. **If there is a chance to escape, think carefully before you make an attempt.** Don’t try to break free unless you are very certain that you will be able to get completely out of harm’s way. Do not try to run if your escape attempt could endanger anyone else.
10. **Try to be patient.** It may take some time for others to implement a plan to get you out of the situation.

**If you are assisting with the response to a hostage-taking incident:**

1. **Have as much of the following information available when the police arrive:**
   
   a) number of hostage-takers;
   
   b) number and type of hostages (i.e. residents/visitor/staff; age; gender; etc.);
   
   c) any other available information re: the hostages or hostage-takers;
   
   d) number and type of weapons;
   
   e) any specific threats or demands;
   
   f) precise location of area controlled by the hostage-taker;
   
   g) floor plan of the area; and,
   
   h) information re: telephones in the area (location and telephone numbers).

2. Although negotiations with hostage-takers are best handled by specially-trained police, **staff may have no choice but to enter into negotiations with hostage-takers until police arrive. In that case**, it is suggested that staff:
   
   a) try to have negotiations conducted by personnel with limited authority so that they can prolong or delay the negotiations by saying things like “I'll have to ask” or “I'll get somebody to clarify that”;
   
   b) meet demands with “I'll do my best”. Never say “No” as that may end any further negotiating; and,
   
   c) make every effort to regain control of the situation by peaceful means (such as discussion).

3. Never hesitate to contact any staff member who may be familiar with and/or have some influence over the persons involved in the hostage-taking incident.