Policy

Code White refers to an emergency response for a violent person.

University Health Network (UHN) is committed to a safe workplace for staff, physicians, volunteers, students and contractors. This policy describes guidelines for implementing a Code White response to a situation in which any individual within hospital boundaries is behaving in a potentially dangerous manner towards themselves or others and indicates a potential for escalating or is escalating beyond the abilities of the present staff to manage the situation. The Code White response procedures promote a coordinated response between staff at the scene (First Responders) and the Code White Response Team.

An algorithm to outline the response procedures for a Code White is available in Appendix A.

Guidelines

Examples of When to Call a Code White

- The person is verbally and/or physically threatening towards themselves, staff, patients/clients, and/or visitors and;
- The person is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting and problem-solving techniques by the staff and/or;
- The person may require restraint (chemical and/or physical) and is anticipated to be resistive to the restraining procedure and/or;
- Urgent assistance is required.

When to Call 911

- Whenever there is a real or perceived threat that lives are in danger.
- When the initial staff or the Code White team determines the situation is beyond their abilities.
- Whenever a firearm or hostage is involved.
• When the aggressive behaviour occurs outside the limits of pursuit established by the organization (e.g. off-site).

• When the aggressor is not a client and threatens staff and client safety and other means of intervention are not available.

**Onsite & Off-Site Locations**

Code White procedures cover onsite areas only which include:

- Princess Margaret Cancer Centre
- Toronto General Hospital
- Toronto Western Hospital
- Toronto Rehabilitation Institute:
  a. University Centre
  b. E.W. Bickle Centre
  c. Lyndhurst & Rumsey Centres

Staff at off-site locations are advised to call 911 to report aggressive or potentially aggressive behavior and the security of the building. A list of offsite areas can be found in **Appendix H**.

**Who Can Initiate Code White**

A Code White can be initiated by any staff member by calling 5555 for the on-site locations.

**Off-site areas** will call 9-911 and notify their local building security.

**Training & Implementation**

This policy and related material is available to staff, physicians, researchers and volunteers on the Corporate Intranet in the **Emergency Preparedness** website.

Managers will review the Emergency Code procedures with their staff on an annual basis.

All new Staff will receive an overview of the Emergency Codes in the New Staff Orientation Session.

UHN staff are recommended to take elearning courses:

- **Emergency Codes** eLearning course annually to refresh their knowledge on the emergency codes procedure.
• Violent Behaviour in the Workplace eLearning module which provides training on identification tools to assess suspicious behaviours, level of risk for violence, verbal de-escalation and response techniques.

Training Requirements for Code White Response Team

Staff involved in the incident response team will receive crisis intervention training by Occupational Health & Safety as outlined in Violence & Domestic Violence in the Workplace policy 6.30.004.

Definitions

Aggression: Term often interchanged with “violence”; generally the term used in Healthcare as it identifies behavior that has intent to harm.

Behaviour safety alert (BSA): An electronic alert in the Electronic Patient Record, with a link to the electronic whiteboard, which indicates that the patient or associated visitor poses a risk of violent behaviour. The BSA also includes contributing factors and a management plan.

Contributing factors: Individual characteristics or personality traits, specific medical conditions, treatment or environmental circumstances that may be the underlying factor for violent behaviour.

Critical incident: Any unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury in this category specifically includes loss of life, limb or function.

Escalation: Beginning of acting out behavior; may include losing rational thought; challenging authority; looking for your buttons – verbal escalation, e.g. screaming, swearing.

First responder: The first staff member on the scene of the actual or potential violent behavior.

Incident commander: Staff member in charge of directing and coordinating all activities related to the Code White response and who will clear the Code once it is resolved.

Least restraint: Intervention used with aggressive/violent client which is the least restrictive possible yet still allows the Code White team to regain control of the situation.

Non-violent crisis intervention (NVCI): A standard method of addressing violent or potentially violent behaviors that involves verbal and non-verbal de-escalation techniques. NVCI does not employ pain compliance (i.e. using pressure points), impact techniques (i.e. using strikes), restricted techniques (i.e. using chokeholds) or using batons.
Physical restraint: In a Code White situation the actual non-violent physical restraining of the client, either to assist in the administration of medication or in moving the client to a secluded area.

Severe incident: Any occurrence where there is serious harm to staff/patient/visitor. Serious harm in this category would include temporary loss of function with medical intervention required.

Threat (verbal or written): A communicated intent to inflict physical or other harm on any person or property.

Code incident report form: Form used to report a code incident or request debriefing of a code incident.

Acronyms

AOC Administrator-on-Call  
BC E.W. Bickle Centre  
EMB Emergency Management Branch, MOLTC  
EMS Emergency Medical Services  
LC Lyndhurst Centre  
MOHLTC Ministry of Health and Long Term Care  
NAC Nursing Administration Coordinator  
PM Princess Margaret Cancer Centre  
RC Rumsey Centre (Neuro and Cardiac)  
TC LHIN Toronto Central Local Health Integration Network  
TFS Toronto Fire Services  
TGH Toronto General Hospital  
TR Toronto Rehabilitation Institute  
TWH Toronto Western Hospital  
UC University Centre  
UHN University Health Network
Response Procedures – Non-Clinical Areas

Notes:

- If the aggressive individual is found outside a clinical area it is likely that the person is not familiar with the individual.

- Code White may be initiated by any staff, student, physician, volunteer or contractor involved in the situation or to come upon the scene.

- The violent person can be a patient, staff, student, physician, volunteer or contractor.

Staff, Student, Physician, Volunteer or Contractor Responder

Start of Code

Upon discovery of an individual who is out of control, using threatening language or at risk to do harm to themselves or others, which gives staff reasonable cause to believe that he or she is at risk of injury:

1. Ensure own and co-worker safety; if necessary leave the immediate area until sufficient resources are available to restrain or remove an aggressive individual.

2. Dial 5555 and request Code White; specify location and if any weapons are involved.

3. Relocate others in the immediate area.

4. Brief the Code White Response Team upon arrival at the scene if safe to do so.

Response Procedures – Clinical Areas

Any Clinical Staff

Start of Code

Note: The initial response in a clinical area describes procedures for initiating Code White if the aggressive individual is found inside a clinical area. In this situation, it is likely that the aggressive person is a patient/visitor and the first responder is a clinician/team member familiar with that patient/visitor.

Membership may consist of:

- nurse assigned to patient
- manager/delegate of area
• first clinician on scene
• any clinician or therapist working with patient
• any clinician or therapist from patient’s unit

The first responder will:

1. Verbally communicate directly with person and try to de-escalate behaviour while being conscious to protect personal safety to avoid injury if behaviour escalates to a physical level.

2. Alert other staff that assistance is needed.


4. If there is a weapon involved, advise 5555 operator to call 911 for police assistance.

5. Ensure the safety of other patients, visitors and staff not involved by asking them to immediately leave scene.

6. Remain on scene and meet Code White Response Team Incident Commander who will identify themselves upon arrival.

**During Code**

When the Code White Response Team or support arrives, the first responder will do or delegate the following:

1. Brief the Code White Response Team on the situation prior to any interventions using Situation, Background, Assessment, Recommendation (SBAR) Crisis Communication Method. (See Appendix E.)

2. Provide a brief, pertinent history (if known) with emphasis on any condition posing special risk to the patient or the Code White Response Team.

3. Alert the Code White Response Team if a Behaviour Safety Alert (BSA) is present including contributing factors to inform the action plan.

4. Formulate a **coordinated plan of action** in consultation with Code White Response Team, unit team members, and Toronto Police Services (if involved). Action Plan may consider:
   
   • who should interact with the patient to de-escalate
   • who should interact with the patient to restrain if necessary
   • who should provide code leadership to manage other procedures
5. Continue to assist in response if deemed necessary or appropriate within coordinated plan of action.

**Manager/Supervisor/Delegates/Code Captain of Affected Area(s)**

**During Code**

1. Assist staff in managing situation and if possible, remove all individuals at risk from the immediate area.
2. Notify physician in charge or delegate if person is a patient.
3. Notify Administrator on Call (AOC) and clinical director if there are any injuries or property damage.

**End of Code**

1. Participate in immediate debriefing at scene.
2. Ensure patient is reassessed for ongoing medication and treatment post incident.
3. If individual is either a patient or visitor, document in appropriate chart and in EPR Behaviour Safety Alert.
4. Participate in formal debriefing.

**Switchboard**

**Start of Code**

1. Upon notification of a Code White record the following:
   - name of caller, department, extension
   - location of Code White (building, floor, room)
2. Ask the caller if there is a weapon involved and to describe it. Record the response.
3. Ask if there is a hostage taken and to describe the situation. Record the response.
   - If there is a firearm or threat of a firearm or a hostage, proceed to Code Purple procedure.
   - If there is a weapon that is not firearm or threat of a firearm, but an object that the person is using to threaten and/or cause bodily harm to self or others, warn security via radio or phone.
4. Repeat information to confirm accuracy.
5. Communicate a Code White overhead announcement (template found in Appendix C).

### During Code

1. Perform regular switchboard and locating duties.
2. If instructed to do so by Incident Commander, contact 911.

### End of Code

1. Communicate an All Clear- Code White overhead announcement, concluding the code as per the Incident Commander (template found in Appendix C).
2. Attend Site Command Centre debriefing session.

### Incident Commander

#### During Code

1. Once contacted through direct or overhead page, respond to the scene of the incident.
2. The clinical member of the Code White Response Team clearly states their name and identifies themselves as the Code White Incident Commander to the first responder.
3. Receive SBAR briefing information from the first responder or delegate about the out-of-control/ aggressive individual.
4. Consult with the first responder or delegate and agree upon an action plan for initiating prescribed nonviolent crisis interventions, including:
   - Determining who will perform and who will assist in interventions.
   - Determining who will lead remainder of activities involved in managing code (indirect leader).
   - Determining any need for additional staff with specialized skills as required, e.g. social worker, chaplain, interpreter.
5. Response Team and/or first responder begin prescribed interventions upon the cue of the Code White Incident Commander in consultation with the clinician(s) from the patient’s unit.
6. Apply formally trained techniques, such as non-violent crisis intervention techniques, to reduce the tension of agitated person and if person is physically acting out, use physical interventions.
7. If the individual is assessed to require physical restraints, apply, monitor and reassess in accordance with Patient Restraints Minimization policy 3.30.007.

8. Ensure the safety of other patients, visitors and staff not involved by asking them to immediately leave scene.

9. Notify attending physician or delegate to come to the scene immediately if not present already.

10. Contact Switchboard to notify additional staff with specialized skills.

11. Support and reassure other patients and visitors.

12. Obtain needed equipment, (i.e. restraints) and medication via physician.

13. Request that new staff, patients and visitors coming onto the unit abide by the decisions of the Code White Incident Commander that are deemed important to control the situation.

14. Assist with de-escalation of non-Code White patients that may be reacting to Code White patient.

15. Remove dangerous objects from area; monitoring for signs of distress; ensuring safety of acting out individual.

16. Collaborate with Toronto Police Services if they have been called.

17. Contact the AOC if there is a critical incident or if police are called.

End of Code

1. In consultation with Toronto Police if involved, initiate an “All Clear – Code White” overhead announcement.

2. If individual is either a patient or visitor, document in appropriate chart and document in EPR Behaviour Safety Alert.

3. Hold debrief session and follow Recovery Procedures.

Security

During Code

1. Upon notification of a Code White, all available security officers will immediately respond to the location of the situation.

2. If situation is outside a clinical area and there is no clinical lead at scene, assume role of Incident Commander.
3. **TGH/TWH/PM Security:** Obtain Code White backpack and proceed to location.

4. Do not take control of the situation unless an act of violence is taking place; first responsibility is to protect all people present, but must act immediately to prevent injury or death.

   **Note:** If security feels that a staff member is at imminent risk of injury, security will step in and restrain the person in absence of direction from the Incident Commander.

5. Contain area and prevent access to area.

6. Security staff will take direction from the Incident Commander.

7. If violent person is a patient, attend briefing at scene between first responder and Incident Commander to assist with plan of action.

8. Assist with non-violent crisis intervention and/or restraints application.

9. Protect all people present at the incident to prevent injury or death.

10. Call police if person has weapon or attempts to defuse/control the situation are unsuccessful and additional external resources are needed.

11. Escort police to the location if called.

12. If not a patient, escort individual from premises if needed.

   - If situation warrants, key off an elevator to escort the individual off the premises.

13. Ensure that details of the incident are documented and a security report is completed.

14. Security will remain at the Code White scene until the code is cleared or directed to leave by the Incident Commander.

   **Note:** Security officers will follow [Appropriate Use of Force](#) policy 42.30.006.

**End of Code**

1. TGH/TWH/PM: return and replenish Code White backpack.

2. Participate in incident debrief.
Responsible Physician

During Code

1. Assist in the patient assessment.
2. Order medications as needed.
3. Assess the need for certification under the Mental Health Act.

End of Code

After a Code White has been cleared, the responsible physician will reassess the patient for ongoing medication and treatment. Details leading to any Code White incident involving a patient will be documented in the patient’s chart.

Recovery Procedures

The table below describes incident reporting and debriefing processes.

<table>
<thead>
<tr>
<th>Process</th>
<th>Required Steps</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Immediately following Code White Incident | Ensure Code White Response Team and all staff, visitors and patients seek medical treatment if there are any injuries or if a staff member is distressed over the incident. Incident Commander with Manager/delegate of unit or department to conduct an immediate debrief to review:  
  • What parts of the response were difficult  
  • What went well  
  • Any injury or stress to staff  
   For additional support to help staff cope with the stressful situation, contact the Employee Assistance Program (EAP). The services are available 24 hours a day, 7 days a week. EAP may be reached at 1-877-338-0275.  
   If individual is either patient/visitor ensure that Manager/delegate documents in appropriate chart and in EPR Behaviour Safety Alert. | Incident Commander |

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.
### Critical Resources: Maintenance & Location

The table below describes any non-human resources that must be attended to after the code is closed.

<table>
<thead>
<tr>
<th>Item</th>
<th>Maintenance Responsibility</th>
<th>Location</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Code White Backpack</td>
<td>TGH/TWH/PM Security</td>
<td>TGH, TWH, PM Security</td>
<td>- After an incident has occurred</td>
</tr>
</tbody>
</table>

---

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.
Appendix A: Code Procedure Algorithm

UHN Code White Algorithm

- Person is demonstrating disruptive and/or uncontrollable behavior that is potentially dangerous towards themselves or others
- First Responder
  - Clinical Staff first on scene takes lead
  - Employ de-escalation strategies; re-direct agitated person; give person additional space, where possible remove all at risk individual from the immediate area
  - Staff feel situation is too difficult to manage and is continuing to escalate
  - DIAL 5555
    - Provide switchboard with the following:
      - Request Code White
      - State name and location (e.g. floor, room)
      - Weapon involved? If yes describe
      - Hostages taken? If yes describe
      - Remain on scene to meet and brief the Code White Response Team
      - Continue to support the violent person, safely permitting and meet with code white team
  - Switchboard
    - Page Code White Response Team
    - Notify Police if dangerous weapon (gun or knife) involved
    - If hostage taking or gun involved go to Code Purple Procedure
    - Announce overhead - "Code White, location" - Repeat 3x

- First Responder
  - Clinical Staff on scene
    - Brief Code White Response Team on the situation prior to any intervention
    - Situation, Background, Assessment, Recommendation (SBAR) Crisis Communication Method
    - Alert team of BSA if present
    - Formulate a coordinated plan of action and implement with Code White Response Team
    - Notify attending physician or delegate to come to the scene

- Incident Commander
  - Role:
    - Regular hours:
      - TGH - Psychiatry Nurse
      - TWH - Psychiatry Nurse (if available)
      - TWHPM - First senior clinician to arrive at scene
    - UC - Geriatric Psychiatry and Acquired Brain Injury Clinic/Code Captain
    - BCD/RC - First Clinician/Code Captain to arrive at scene
  - Afterhours:
    - TGHT/Wh/PM - Nursing Administration Coordinator
    - UC/B/C/R/RC - same as above

- Incident Commander
  - See above
  - Identify yourself as the Incident Commander
  - Consult with First Responder
  - Receive Situation, Background, Assessment, Recommendation (SBAR)
  - Devise Action plan - Determine method of intervention (e.g., Non Violent Intervention, Physical Restraints, Chemical Restraints)
  - Determine who will perform and who will assist in intervention with First Responder and Security team

- Incident Commander
  - Re-evaluate situation
  - Request additional support if required (e.g., Police)
  - Contact Administrator on call if needed
  - Contact Patient Relations if needed

- Incident Commander
  - DIAL 5555 - Request Switchboard to announce "Code White, All Clear." 3x
  - Perform an Immediate Debrief with all staff involved in this incident to identify any injuries, concerns or distress and when necessary refer staff to the Employee Assistance Program (EAP) for support
  - Ensure appropriate documentation is completed - see Recovery Procedures
  - A formal debriefing will be conducted for severe and critical code white incidents

- Incident Commander
  - No
  - YES: Incident Resolved?

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.
### Appendix B: Key Contacts

#### Important Key Contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone Number</th>
<th>For Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator on Call</td>
<td>Locating 416-340-3155; Operator 416-597-3422–0</td>
<td>TGH/TWH/PM TR</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>Pager 416 790-6111</td>
<td>All UHN</td>
</tr>
<tr>
<td>Facilities</td>
<td>Locating: 416-340-3155; 416-597-3422–0</td>
<td>TGH/TWH/PM TR</td>
</tr>
<tr>
<td>IPAC</td>
<td>Pager 416 790-4458</td>
<td>All UHN</td>
</tr>
<tr>
<td>Krembil Discovery Tower (KDT) Building</td>
<td>Security (416) 603-5800 ext. 2159 or cell 416 677-8028; Email: <a href="mailto:kdtsecurity@blackandmcdonald.com">kdtsecurity@blackandmcdonald.com</a></td>
<td>TWH</td>
</tr>
<tr>
<td>Laboratory Medicine</td>
<td>Pager 416 714-2390</td>
<td>All UHN</td>
</tr>
<tr>
<td>Manager on Call</td>
<td>Pager 416-582-2257</td>
<td>TR Only</td>
</tr>
<tr>
<td>Medical Engineering – Medical Equipment</td>
<td>416 340-4800 ext 3633; 416 340-4800 ext 8771</td>
<td>All UHN</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>Pager 416 790-8934</td>
<td>All UHN</td>
</tr>
<tr>
<td>Nursing Administration Coordinator</td>
<td>Locating: 416-340-3155</td>
<td>TGH/TWH/PM</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Pager 416 790-6066</td>
<td>All UHN</td>
</tr>
<tr>
<td>Patient Relations</td>
<td>416 790-5118</td>
<td>All UHN</td>
</tr>
<tr>
<td>Pharmacy on call</td>
<td>416-790-7777; 416-718-1251; 416-719-5436</td>
<td>TGH TWH PM</td>
</tr>
<tr>
<td>Public Affairs</td>
<td>Pager 416 790-5318; Or Locating: 416-340-3155</td>
<td>All UHN</td>
</tr>
<tr>
<td>Radiation Safety On-Call</td>
<td>Pager 416 790-9645</td>
<td>All UHN</td>
</tr>
<tr>
<td>Research-On-Call</td>
<td>Primary 416 719-1014; Back-up 416 714-2953</td>
<td>All UHN All UHN</td>
</tr>
<tr>
<td>Security</td>
<td>416 340-4111; 416 497-3422 ext 3070</td>
<td>TGH/TWH/PM TR</td>
</tr>
</tbody>
</table>
Appendix C: Communications

Overhead Announcement: Code White

OVERHEAD ANNOUNCEMENT: CODE WHITE

ANY STAFF MAY REQUEST A CODE WHITE.

Switchboard Operator will announce the following:

Attention all staff, Attention all staff.
Code White, (State Building, Floor, Room)
Code White, (State Building, Floor, Room)
Code White, (State Building, Floor, Room)
OVERHEAD ANNOUNCEMENT: CODE WHITE – ALL CLEAR

INCIDENT COMMANDER OR SECURITY WILL INSTRUCT SWITCHBOARD TO CLEAR THE CODE WHITE

Switchboard Operator will announce the following:

Attention all staff, Attention all staff.
Code White ALL CLEAR
Code White ALL CLEAR
Code White ALL CLEAR
## Appendix D: Code White Response Team Members

<table>
<thead>
<tr>
<th>Site</th>
<th>Code White Team Members Regular Hours</th>
<th>Code White Team Members After Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>TGH</td>
<td>• Psychiatry Nurse (8ES)</td>
<td>• Nursing Administration Coordinator</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td>• Security</td>
</tr>
<tr>
<td></td>
<td>• First senior clinician to arrive at scene (for example Nurse Manager, Patient Care Coordinator, Advanced Practice Nurse Educator)</td>
<td>• Krembil Discovery Tower (KDT) Security (if Code White is in the KDT Building only)</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td></td>
</tr>
<tr>
<td>TWH</td>
<td>• Clinical Nurse Specialist- Medical liaison psychiatry</td>
<td>• Nursing Administration Coordinator</td>
</tr>
<tr>
<td></td>
<td>• First senior clinician to arrive at scene (for example Nurse Manager, Patient Care Coordinator, Advanced Practice Nurse Educator)</td>
<td>• Security</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td>• Krembil Discovery Tower (KDT) Security (if Code White is in the KDT Building only)</td>
</tr>
<tr>
<td></td>
<td>• First senior clinician to arrive at scene (for example Nurse Manager, Patient Care Coordinator, Advanced Practice Nurse Educator)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>• First senior clinician to arrive at scene (for example Nurse Manager, Patient Care Coordinator, Advanced Practice Nurse Educator)</td>
<td>• Nursing Administration Coordinator</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td>• Security</td>
</tr>
<tr>
<td>UC</td>
<td>Patient Care Area</td>
<td>Patient Care Area</td>
</tr>
<tr>
<td></td>
<td>• First clinician/Code Captain to arrive at scene from Geriatric Psychiatry and Acquired Brain Injury units</td>
<td>• First clinician/Code Captain to arrive at scene from Geriatric Psychiatry and Acquired Brain Injury units</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td>• Security</td>
</tr>
<tr>
<td></td>
<td>Non-patient Area</td>
<td>Non-patient Area</td>
</tr>
<tr>
<td></td>
<td>• Security assume Incident Commander role if clinical staff not available</td>
<td>• Security assume Incident Commander role if clinical staff not available</td>
</tr>
<tr>
<td></td>
<td>• Clinical Staff in area assist if available</td>
<td>• Clinical Staff in area assist if available</td>
</tr>
<tr>
<td>BC/LC/RC</td>
<td>Patient Care Area</td>
<td>Patient Care Area</td>
</tr>
<tr>
<td></td>
<td>• First clinician/Code Captain to arrive at scene</td>
<td>• First clinician/Code Captain to arrive at scene</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
<td>• Security</td>
</tr>
<tr>
<td></td>
<td>Non-patient Area</td>
<td>Non-patient Area</td>
</tr>
<tr>
<td></td>
<td>• Security assume Incident Commander role if clinical staff not available</td>
<td>• Security assume Incident Commander role if clinical staff not available</td>
</tr>
<tr>
<td></td>
<td>• Clinical Staff in area assist if available</td>
<td>• Clinical Staff in area assist if available</td>
</tr>
<tr>
<td>OFF SITE</td>
<td>Call 9-911</td>
<td>Call 9-911</td>
</tr>
<tr>
<td></td>
<td><a href="#">see off site locations</a></td>
<td><a href="#">see off site locations</a></td>
</tr>
</tbody>
</table>

---

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.
Appendix E: Situation, Background, Assessment, Recommendation (SBAR) Crisis Communication Method
Appendix F: Related Policies & Other Resources

1. Violence & Domestic Violence in the Workplace policy 6.30.004
2. Patient Restraints Minimization policy 3.30.007
3. UHN Approved Patient Restraints

The following courses are offered to provide further education for all UHN staff on the topic of workplace violence:

- **Violent Behaviour in the Workplace**: eLearning module UHUHOC009W, which provides training on identification tools to assess suspicious behaviours, level of risk for violence, verbal de-escalation and response techniques.

- **Horizontal Violence**: eLearning module NUUHNU038W, which provides information related to staff-on-staff violence.

- **Domestic Violence**: eLearning module UHUHOC011W, which provides information on domestic violence and specifically what to do if it affects the workplace.

- **Crisis Intervention**: This in-depth training emphasizes verbal de-escalation techniques and teaches personal safety techniques. This training is mandatory for new and existing staff working in high-risk departments. Staff will be required to take certification training and refresher training on a bi-annual basis.

- **Code of Conduct**: It is recommended that all staff take the eLearning course UHUHNN004W.
Appendix G: Risk Algorithm Assessment

**Background Information**

- Uncooperative
  - Physical Factors: Inconsistencies in sleep deprivation, hunger, pain, impaired mobility
  - Psychological Factors: Fear, personal stress or crisis, grief, denial or depression, communication barriers, history of violence, weapons use or possession, substance abuse, suicidal or homicidal ideation

**Behaviour Assessment**

- Anxiety
  - Noticeable increase or change in behaviour (e.g. pacing, tapping/typing, drumming, change in body language)

**Intervention**

- Supportive
  - Use of interventions appropriate for the patient population
  - Listen, reflect, be empathetic and show understanding
  - Acknowledge change in behaviour of the individual and let them know you are there to help
  - Use non-violent crisis intervention (NVCI) de-escalation techniques (NVDT)
  - Determine cause of behaviour change and address cause if possible
  - Identify and use the patient’s strengths
  - Identify and respect personal space
  - Touch if appropriate

**Post-Intervention**

- Enhancing Coping for the Patient
  - Identify the precipitating factors and patterns leading to the aggressive incident
  - Investigate with the patient and team ways to prevent or minimize re-occurrences

**Documentation and Reporting**

- Notify manager
- Notify patient’s family
- Document in progress notes
- Complete the eForm for any workplace violence incident
  - TGH/TWAM/PM: Incident Reporting & Review eForm
  - Toronto Rehab: Incident Reporting eForm
- Complete staff injury report if required
  - Injury to employee: TGH/TWAM/PM: Employee Injury Report (Form 5004)
  - Toronto Rehab: Employee Injury Reporting eForm
- If individual is either patient or visitor, ensure that Manager/delegate completes appropriate chart and in EPR Behaviour Safety Alert

**Employee Support**

- Participate in debriefing
- Express feelings about incident in debriefing
- Investigate cause and ways to minimize re-occurrence in future
- For additional support to help staff cope with stressful situation contact the Employee Assistance Program (EAP). The services are available 24 hours a day, 7 days a week: EAP may be reached at 1-877-338-0275

---

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Original Date</th>
<th>Section</th>
<th>Revision Dates</th>
<th>Issued By</th>
<th>Review Dates</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.80.001</td>
<td>09/99</td>
<td>Code White—Violent Person</td>
<td>09/08; 11/12; 05/14</td>
<td>Emergency Preparedness</td>
<td>09/16</td>
<td>Senior Vice-president, Human Resources &amp; Organizational Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix H: Off-Site Locations

<table>
<thead>
<tr>
<th>Toronto General Hospital</th>
<th>Toronto Western Hospital</th>
<th>Princess Margaret Cancer Centre</th>
<th>Toronto Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrium on Bay, 20 Dundas St. W.3rd Floor, Suite 331</td>
<td>Woman’s Own Withdrawal Management Centre, 892 Dundas St West</td>
<td>Hydro Place Building, 700 University Avenue</td>
<td>Sunflower Day Care–162 Dunn Avenue</td>
</tr>
<tr>
<td>MaRS - Toronto Medical Discoveries Tower, 101 College St</td>
<td>IMPACT Program, 489 College Street;</td>
<td>PM Lodge, 545 Jarvis Street</td>
<td></td>
</tr>
<tr>
<td>LuCliff, 700 Bay Street</td>
<td>Men’s Withdrawal Management Centre, 16 Ossington Avenue</td>
<td>Canadian Blood Services, 67 College St</td>
<td></td>
</tr>
<tr>
<td>Parkade, 201 Elizabeth Street</td>
<td>Med West Building, 750 Dundas Street</td>
<td>Research Support Services and Transcription Services, 700 University Ave</td>
<td></td>
</tr>
<tr>
<td>Sheppard Centre, 4881 Yonge Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sussex Centre, 90 Burnhamthorpe Road</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plexxus, 1 Dundas St. W</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>