University Health Network Policy & Procedure Manual Emergency Preparedness: Code White (Violent Person)

Policy

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

University Health Network (UHN) is committed to a safe workplace for staff. 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 <u>escalating</u>, 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 <u>Code White Response Team</u>.

There are two types of response to a Code White:

- Code White: A response by a team of UHN staff trained to manage violent situations.
- <u>Code White Caution</u>: A precautionary notification to alert the Code White Response Team that there is a <u>weapon</u> (i.e. any weapon that is not a firearm) and to warn all other staff to not go to the scene. Police may be notified to assist if required.

Note: Staff can escalate a Code White to a Code White Caution by contacting Switchboard at 5555 (or 416-340-5555 if using a mobile device).

Note: If a person is brandishing or claiming to possess a firearm, or is actively shooting, initiate a <u>Code Silver (Active Shooter)</u> by calling 9-911 from an internal phone (or 911 from a mobile device). Once police have been notified, call 5555 and request a Code Silver – Active Shooter and state the location (i.e. building, floor, room).

Note: If there is a hostage taking, initiate a <u>Code Purple (Hostage)</u> by calling 9-911 from an internal phone (or 911 from a mobile device). Once police have been notified, call 5555 and request a Code Purple – Hostage and state the location (i.e. building, floor, room).

For the purpose of this policy, "**staff**" includes employees, physicians, researchers, learners, volunteers, students, and contractors.

This policy includes response procedures for:

- any staff in non-clinical areas
- any clinical staff in clinical areas
- first responder
- manager/supervisor/delegates/code captain of affected area(s)
- Switchboard
- incident commander

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- Security
- responsible physician

Note: For an outline of the response procedures, refer to the <u>Code White Algorithm</u>.

Guidelines

When to Call a Code White

- The person is verbally and/or physically <u>threatening</u> 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 <u>restraint</u> (chemical and/or <u>physical</u>) and is anticipated to be resistive to the restraining procedure; **and/or**,
- Urgent assistance is required.

Note: For <u>aggressive</u> behaviour and/or acts of violence or threat in non-clinical areas, staff should call 5555 from an internal phone (416-340-5555 if using a mobile device), request a Code White, and give the exact location (site, building, floor, room) to ensure Security and clinical support is rapidly deployed to the location.

When to Call a Code White Caution

• The incident involves any <u>weapon</u> that is **not** a firearm.

When to Call 911

- Whenever there is a real or perceived threat that lives are in danger.
- When the initial staff or the <u>Code White Response Team</u> determines the situation is beyond their abilities.
- When an individual is brandishing or claiming to possess a weapon (non-firearm), a firearm, or is actively shooting a firearm.
- When an individual is taken hostage.
- 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.

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Who Can Initiate Code White or Code White Caution

Any staff may initiate a Code White or Code White Caution by calling 5555 (416-340-5555 from a mobile device).

Note: UHN staff who are off-site or at satellite locations should call 911, follow building procedures, if applicable, and notify and escalate through departmental program manager. (See Appendix: Off-site Locations.)

Training & Implementation

This policy and related material are available to staff on the **Emergency Preparedness website**.

Managers must 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.

Note: It is recommended that all staff complete the UHN Emergency Codes eLearning course annually to refresh their knowledge on emergency codes procedures.

All staff working at UHN are required to complete the legally mandated **Safety Culture at UHN: Workplace Violence, Domestic Violence and Harassment in the Workplace** eLearning training module, which provides training on roles and responsibilities, definitions, measures, procedures for the provision of information, control of risks, and summoning of immediate assistance in relation to violence, domestic violence, and harassment.

Training Requirements for Code White Response Team

Staff involved in the <u>Code White Response Team</u> will receive crisis intervention training supported by UHN Safety Services, as outlined in <u>Violence & Domestic Violence in the Workplace</u> policy 6.30.004.

The following course is offered to provide further education for staff on the topic of workplace violence:

• **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 and moderate-risk departments. Staff will be required to take certification training and refresher training.

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Definitions & Acronyms

Definitions

Administrator-on-call (AOC): The AOC is the first point of contact for emergency codes that require senior executive authorization to expedite escalation and response (during regular and after-hours). During regular hours, the site AOC will escalate to the vice-president (VP), Clinical (or delegate). If the VP, Clinical/delegate is not available, the AOC will assume the incident commander position. During after-hours, weekends, and statutory holidays the AOC has delegated authority by a UHN VP, Clinical for the operation of their site and off-site locations.

Administrator-on-site (AOS): Only at Toronto General, Toronto Western, and Princess Margaret Cancer Centre. The AOS has delegated authority by a UHN VP, Clinical for the operation of their site and off-site locations during after-hours, weekends, and statutory holidays.

Aggression: Term often interchanged with "violence"; generally, the term used in healthcare as it identifies behaviour that has intent to harm.

Behaviour Safety Alert (BSA): An electronic alert in the electronic patient record (EPR), 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.

Code captain: A Toronto Rehab (TR) role who assumes command and control of the incident and incident response, and acts as the point of contact with the Command Centre (if established).

Code Incident Report Form: An electronic form used to report a code incident or request debriefing of a code incident. (Refer to the <u>Safety Event Portal</u>.)

Code White: An emergency response for a violent person.

Code White Caution: A cautious and prescribed response to a violent person who is threatening their own safety, the safety of others, or the destruction of property with a weapon (any weapon, non-firearm).

Code White Response Team: A team of trained personnel who respond to a Code White situation and de-escalate the situation of aggressive behaviour. (Refer to <u>Appendix: Code White Response Team Members</u>.)

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.

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Debrief: The examination of how the incident response measured against the procedure, why the event happened (causes), and the identification of improvements or changes that will help to mitigate the incidence or improve the response procedures.

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

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

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.

Manager-on-call (MOC): TR staff member who has delegated authority by a UHN VP, Clinical for the operation of all TR sites during after-hours, weekends, and statutory holidays. The MOC is the point of contact for any concerns requiring manager direction, including <u>critical incidents</u> and emergency codes, and will notify the AOC as needed and assume the <u>incident commander</u> position.

Non-violent Crisis Intervention (NVCI): A standard method of addressing violent, or potentially violent behaviours that involves verbal and non-verbal de-escalation techniques. NVCI does not employ pain compliance (e.g. using pressure points), impact techniques (e.g. using strikes), restricted techniques (e.g. 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 includes 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.

Weapon (non-firearm): Any object that is not a firearm that could cause harm when used in a threatening manner towards another person, one's self, or property.

Acronyms

AOC	Administrator-on-call
AOS	Administrator-on-site
ВС	E.W. Bickle Centre
EMC	Emergency Management Committee, UHN

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HSEMB	Health System Emergency Management Branch, MOHLTC
LC	Lyndhurst Centre
MOHLTC	Ministry of Health and Long Term Care
PM	Princess Margaret Cancer Centre
RC	Rumsey Centre (Neuro and Cardiac)
TC LHIN	Toronto Central Local Health Integration Network
TG	Toronto General Hospital
TPS	Toronto Police Service
TR	Toronto Rehabilitation Institute
TW	Toronto Western Hospital
UC	University Centre
UHN	University Health Network

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Response Procedures: Non-Clinical Areas

Notes:

- If a Code White is called and the situation changes to where there is a weapon (non-firearm) involved, any staff at the incident site/delegate to call 5555 and request a Code White Caution to warn staff, patients, and visitors not to go to location.
- The violent person can be a patient, staff, or visitor.
- If a firearm is involved (i.e. a person is brandishing or claiming to possess a firearm or is actively shooting), initiate a Code Silver (Active Shooter) by calling 9-911 from an internal phone (or 911 from a mobile device). Once police have been notified, call 5555, request a Code Silver (Active Shooter) and state location (building, floor, room). Refer to Code Silver (Active Shooter).

Any Staff in Non-Clinical Areas

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 they are 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 the aggressive individual.
- 2. Call 5555 (or 416-340-5555 if using a mobile device).
 - If no weapon is involved, request a Code White and specify location (building, floor, room).
 - If a weapon (non-firearm) is involved, request a Code White Caution and specify location (building, floor, room).

Note: If the Code White Caution is at a Toronto Rehab (TR) site, call 5555 (or 416-340-5555 if using a mobile device), then 911.

- a. Assess the situation and determine if a call to 911 is required.
- b. Advise the <u>Code White Response Team</u>, upon arrival, if 911 was called, if safe to do so.
- c. **Do not** attempt to engage or confront the person with the weapon (non-firearm).

Note: This includes verbal and physical attempts to de-escalate the situation.

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- d. **Do not** attempt to remove wounded persons from the scene.
- e. If possible, assist others to:
 - i. leave the area and redirect those trying to enter
 - ii. evacuate, if able and safe to proceed
- 3. Brief the Code White Response Team upon arrival at the scene if safe to do so.

Response Procedures: Clinical Areas

Notes:

- If a Code White is called and the situation changes to where there is a weapon (non-firearm) involved, any staff at the incident site/delegate to call 5555 and request a Code White Caution to warn staff, patients, and visitors not to go to location.
- If a firearm is involved (i.e. a person is brandishing or claiming to possess a firearm or is actively shooting), initiate a Code Silver (Active Shooter) by calling 9-911 from an internal phone (or 911 from a mobile device). Once police have been notified, call 5555, request a Code Silver (Active Shooter) and state location (building, floor, room). Refer to Code Silver (Active Shooter).

Any Clinical Staff in Clinical Areas

Start of Code

Note: The initial response in a clinical area describes procedures for initiating Code White if the <u>aggressive</u> 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. Team members 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 the person and try to de-escalate the behaviour while being conscious to protect personal safety and to avoid injury if the behaviour <u>escalates</u> to a physical level.
- 2. Alert other staff that assistance is needed.

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- 3. Call 5555 (or 416-340-5555 if using a mobile device).
 - If no weapon is involved, request a Code White, state your name, and specify location (building, floor, room).
 - If a weapon (non-firearm is involved, request a Code White Caution, describe the weapon, and specify location (building, floor, room).

Note: If the Code White Caution is at a Toronto Rehab (TR) site, call 5555 (or 416-340-5555 if using a mobile device), then 911.

- a. Assess the situation and determine if a call to 911 is required.
- b. **Do not** attempt to engage or confront the person with weapon.

Note: This includes verbal and physical attempts to de-escalate the situation.

- c. **Do not** attempt to remove wounded persons from the scene.
- d. Advise the <u>Code White Response Team</u>, upon arrival, if 911 was called, if safe to do so.
- e. If possible and safe to do so, assist others to:
 - i. leave the area and redirect those trying to enter
 - ii. shelter patients in their rooms with the doors shut

Note: Staff to preferably be placed in each patient room to ensure they do not exit until the Code White Caution is clear.

- iii. evacuate, if able and safe to proceed
- 4. Ensure the safety of other patients, visitors, and staff not involved by asking them to immediately leave the scene.
- 5. If safe to do so, remain on scene to meet with the Code White Response Team/<u>incident</u> commander, who will identify themselves upon arrival.

During Code

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

- Brief the Code White Response Team on the situation prior to any interventions using Situation, Background, Assessment, Recommendation (SBAR) Crisis Communication Method. (Refer to <u>Appendix: Situation, Background, Assessment, Recommendation</u> (SBAR) Crisis Communication Method.)
- 2. Provide a brief, pertinent history (if known) with emphasis on any condition posing special risk to the patient or Code White Response Team.
- 3. Alert the Code White Response Team if a <u>Behaviour Safety Alert (BSA)</u> is present, including contributing factors, to inform the action plan.

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

Manager/Supervisor/Delegate/Code Captain of Affected Area(s)

During Code

- 1. Assist staff in managing situation and, if possible, remove all patients, visitors, and staff at risk from the immediate area.
- 2. Notify the physician-in-charge (or delegate) if the person is a patient.
- 3. Notify the <u>administrator-on-call (AOC)</u> and clinical director if there are any injuries or property damage.
 - If at a Toronto Rehab (TR) site, notify the manager-on-call (MOC)/AOC.

End of Code

- 1. Participate in an immediate <u>debriefing</u> at the scene.
- 2. Ensure the patient is reassessed for ongoing medication and treatment post-incident.
- 3. If the individual is either a patient or visitor, document in the appropriate chart and in EPR BSA.
- 4. Participate in formal debriefing.

Switchboard

Start of Code

- 1. Upon notification of a Code White, record the following:
 - caller information (name of caller and call-back number)
 - location of Code White (building, floor, room)
 - if any weapons are involved and type of weapon, if known
 - if there is a hostage taken and description of the situation, if known

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Note: If there is a firearm or threat of a firearm, proceed to Code Silver (Active Shooter) procedures. (See Code Silver: Active Shooter policy 5.120.001.)

Note: If there is a hostage taking, proceed to Code Purple (Hostage) procedures. (See Code Purple: Hostage policy 5.90.001.)

- 2. Repeat information obtained above to confirm accuracy.
- 3. **If there is no weapon involved**, communicate **Code White** through an overhead announcement. (Refer to Appendix: Overhead Announcement: Code White.)
- 4. **If there is a weapon (any object, non-firearm) involved**, communicate **Code White Caution** through an overhead announcement. (Refer to <u>Appendix: Overhead Announcement: Code White Caution.)</u>
 - At PM/TG/TW: Page the <u>Code White Response Team</u> and include the weapon type in the description.
 - At TR: Call Security to relay weapon type information.

During Code

- 1. Perform regular switchboard duties.
- 2. If instructed to do so by the incident commander, contact 911.

End of Code

- 1. When instructed to by the incident commander:
 - Communicate a Code White ALL CLEAR overhead announcement. (Refer to Appendix: Overhead Announcement Code White – ALL CLEAR.)
 - If a weapon (non-firearm) was involved, communicate a Code White Caution ALL CLEAR overhead announcement. (Refer to <u>Appendix: Overhead Announcement Code</u> White Caution – ALL CLEAR.)
- 2. Participate in an incident debrief if requested by the incident commander.

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Incident Commander

Note: The <u>incident commander</u> varies at each site. (Refer to <u>Appendix: Code White Response Team Members</u>.)

During Code

- 1. Once contacted through direct or overhead page of Code White or Code White Caution, respond to the scene of the incident.
- 2. The clinical member of the <u>Code White Response Team</u> clearly states their name and identifies themselves as the Code White <u>incident commander</u> to the <u>first responder</u>.
- 3. Receive SBAR briefing information from the first responder (or delegate) about the out-of-control/aggressive individual.
- 4. If 911 was not called, determine if police presence is needed.
- 5. Consult with the first responder (or delegate) and agree upon an action plan for initiating prescribed non-violent 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, etc.
- 6. Code White 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.
- 7. Apply formally trained techniques, such as non-violent crisis intervention techniques, to reduce the tension of the agitated person.
 - If person is physically acting out, use physical interventions.
- 8. If the individual is assessed to require <u>physical restraints</u>, apply, monitor, and reassess in accordance with <u>Patient Physical Restraints Minimization</u> policy 3.30.007.
- 9. Ensure the safety of other patients, visitors, and staff not involved by asking them to immediately leave the scene.
- 10. Notify the attending physician (or delegate) to come to the scene immediately, if not present already.
- 11. Contact Switchboard to notify additional staff with specialized skills.
- 12. Support and reassure other patients, visitors, and staff.
- 13. Obtain needed equipment (e.g. restraints) and medication via physician.

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- 14. Request that new patients, visitors, and staff coming onto the unit abide by the decisions of the Code White incident commander that are deemed important to control the situation.
- 15. Assist with de-escalation of non-Code White patients that may be reacting to the Code White patient.
- 16. Remove any dangerous objects from the area, monitoring for signs of distress, ensuring the safety of the acting-out individual.
- 17. Collaborate with Toronto Police Service if they have been called.
- 18. Contact the AOC if there is a critical incident or if police are called.
 - If at a Toronto Rehab (TR) site, notify the MOC/AOC.

End of Code

- 1. In consultation with Toronto Police Service (if involved), call 5555 (or 416-340-5555 if using a mobile device) and direct Switchboard to:
 - Announce a Code White ALL CLEAR overhead announcement. (Refer to <u>Appendix</u>: Overhead Announcement: Code White – ALL CLEAR.)
 - If a weapon (non-firearm) was involved, announce a Code White Caution ALL CLEAR overhead announcement. (Refer to <u>Appendix: Overhead Announcement: Code</u> <u>White Caution – ALL CLEAR.</u>)
- 2. If the individual is either a patient or visitor, ensure documentation in the appropriate chart and EPR BSA.
- 3. Hold and facilitate an incident <u>debrief</u>, according to steps outlined in the Recovery Procedures section.

Security

During Code

- 1. Upon notification of a Code White or Code White Caution, all available security officers will immediately respond to the location of the situation.
- 2. If the situation is outside a clinical area and there is no clinical lead at the scene, assume the role of incident commander.
- 3. **TG/TW/PM Security:** Obtain Code White backpack and proceed to location.

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4. Do not take control of the situation unless an act of violence is taking place; first responsibility is to protect all patients, visitors, and staff, but 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 the absence of direction from the incident commander.

- 5. Contain the area and prevent access to the area.
- 6. Take direction from the incident commander.
- 7. If the violent person is a patient, attend the briefing at the scene between the <u>first</u> responder and incident commander to assist with plan of action.
- 8. Assist with non-violent crisis intervention and/or restraints application.
- 9. Protect all patients, visitors, and staff at the incident to prevent injury or death.
- 10. Call police if the person has a 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 the individual from the premises, if needed.
 - If the 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. Remain at the Code White or Code White Caution scene until the code is cleared or directed to leave by the incident commander.

Note: Security officers must follow Appropriate Use of Force policy 42.30.006.

End of Code

- 1. **TG/TW/PM:** Return and replenish the Code White backpack.
- 2. Attend site command centre debriefing session.

Responsible Physician

During Code

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

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4. Ensure that any patient certified under the Mental Health Act in an outpatient setting be accompanied by Security to the Emergency Department.

End of Code

- 1. After a Code White or Code White Caution has been cleared, reassess the patient for ongoing medication and treatment.
- 2. Document details leading to any Code White or Code White Caution incident involving a patient in the patient's chart.

Recovery Procedures

Incident Reporting & Debrief

The table below describes incident reporting and <u>debriefing</u> processes.

Process	Required Steps	Responsibility
Recovery Process	 Ensure <u>Code White Response Team</u> and all staff, patients and visitors seek medical treatment if there are any injuries or if a staff member is distressed over the incident. Complete applicable <u>Safety Event Report</u> form if any exposures or injury occurred. The <u>incident commander</u>, with manager/delegate of the unit/department, conducts an immediate debrief to 	• Incident commander
	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 a patient/visitor ensure that manager/delegate documents in appropriate chart and in EPR Behaviour Safety Alert. 	Incident commander
Deactivation Process	Dial 5555 and notify Switchboard that the incident has been resolved and to announce all clear overhead.	Incident commander
 Assess the effectiveness of the incident response: Complete online Code Incident Report Form Any workplace incident:		Incident commander
	Safety Event Portal	
Debriefing	If the Code White or Code White Caution incident is <u>critical</u> or <u>severe</u> , a formal debriefing session will be	 Incident commander in consultation with Emergency

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Process	Required Steps	Responsibility		
	held, chaired by the incident commander as soon as possible after the incident. Action items to be assigned to participants at this meeting.	Preparedness.		
	 The incident commander will: Complete an initial <u>Code Incident Debrief Report</u>. Assign action items to participants at the debrief session. Forward draft report to Emergency Preparedness. 	Incident commander Anyone assigned an action item should complete the item and report back to Emergency Preparedness.		
	 The debrief report will be distributed to the participants and the Emergency Management Committee (EMC). 	Emergency Preparedness will distribute report to participants		
	The final report will be distributed to the Joint Health & Safety Committees (JHSC) once approved by committee members after the presentation at EMC.	 and EMC. UHN Safety Services will distribute report to applicable JHSC. Incident commander will be called to present the report at EMC. 		

Critical Resources: Maintenance & Location

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

Item Maintenance Responsibility		Location	Frequency	
Code White Backpack	TG/TW/PM Security	TG, TW, PM Security	After an incident has occurred	

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Appendices

Links to Forms & Documents

Form/Document	Where to Locate
Code White Algorithm	Emergency Preparedness <u>Code</u> White website (Corporate intranet)
Code White Communications: Overhead Announcements • Code White • Code White – ALL CLEAR • Code White Caution • Code White Caution – ALL CLEAR	Appendices to this policy
Related UHN Policies: • Code Silver • Code Purple • Violence & Domestic Violence in the Workplace policy 6.30.004 • Patient Physical Restraints Minimization policy 3.30.007 • Appropriate Use of Force policy 42.30.006 • Reporting of Critical Injuries and Fatalities policy 6.60.002	UHN Corporate intranet
Code Resources/Tools: • SBAR	Appendix to this policy
Other Resources:	
 Registered Nurses of Ontario. Promoting Safety: Alternative Approaches to the Use of Restraints 	• RNAO
Bill 168, Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace).	Legislative Assembly of Ontario
Occupational Health and Safety Act, R.S.O. 1990, Chapter 1, Part III.0.1 Violence and Harassment. Government of Ontario. Toronto, ON.	Government of Ontario
 Personal Health Information Protection Act (PHIPA) 2004, Part V, 52. Government of Ontario. Toronto, ON. 	Government of Ontario
UHN Command Centres (Location and Contact Information)	Emergency Preparedness website (Corporate intranet)
EP Critical Contact List	Corporate and site command centres (hardcopy)

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Off-site Locations

TG	TW	PM	TR	Research	Labs	Digital	FM-PRO	Finance	Altum Health
Sheppard Centre – Dialysis 2 Sheppard St. E.	Garrison Creek (Family Health Practice) 928 St. Clair Ave. W.	Ontario Power Generation 700 University Ave.	CNIB Building 1929 Bayview Ave.	Banting Building – TECHNA 100 College St.	Canadian Blood Services 67 College St.	Atrium on Bay 20 Dundas St. W.	LuCliff Place 700 Bay St.	Ontario Power Generation 700 University Ave.	Ajax 235 Salem Rd.
Sussex Centre – Dialysis 90 Burnhamthorpe Rd. W.	IMPACT Program 489 College St.	PM Lodge 545 Jarvis St.	Hillcrest Reactivation Centre 47 Austin Terrace	MaRS – West Tower (10th floor) 661 University Ave.	MaRS West Tower (8th FL) 661 University Ave. (Date – TBD)	LuCliff Place 700 Bay St.	Parkade 201 Elizabeth St.		Barrie 11 Lakeside Terrace
	Med West 750 Dundas St. W	PM Foundation Ontario Power Generation 700 University Ave.		MaRS/Princess Margaret Cancer Research Tower (PMCRT) 101 College St.			Parkade 53 Leonard St.		Brampton 10545 Bramalea Rd.
	Men's Withdrawal Management Centre 16 Ossington Ave.			Canadian Blood Services 67 College St.			Sunflower Day Care 162 Dunn Ave.		Cambridge 745 Coronation Blvd.
	TW Family Health Team 410 Bathurst St. (Date – TBD)			Ontario Power Generation 700 University Ave.					Hamilton • 516 Centennial Parkway • 688 Queensdale Ave E.
									Mississauga 2 Robert Speck Parkway
									Oakville 519 Dundas St. W.
									Ottawa 1145 Hunt Club Road
									Scarborough 2901 Sheppard Ave E.
									Toronto KDT - 60 Leonard Ave.
									Vaughn 8707 Dufferin St.

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Situation, Background, Assessment, Recommendation (SBAR) Crisis Communication Method

SBAR Verbal Report



S

SITUATION

- Patient name, age
- Diagnosis, reason for admission, code status, allergies

B

BACKGROUND

- Brief history of patient's illness
- Pertinent labs/ tests
- Current therapy
- · Special needs/ precaution



ASSESSMENT

- · Current condition of the patient
- Head-to-toe assessment, report significant findings
- Current vital signs/pain status
- Pending or completed procedures/tests
- Psychosocial needs



RECOMMENDATIONS

- Your suggestions for the following:
 - Goals
 - Consults
 - Monitoring
 - Investigations
 - Test/Treatments
 - Discharge need

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Code White Response Team Members

Site	Code White Team Members Regular Hours	Code White Team Members After-hours	
TG	Psychiatry nurse (8ES) (incident commander) Security	Administrator-on-site (AOS) (incident commander) Security	
TW	Clinical nurse specialist (CNS) - Medical liaison psychiatry (incident commander) First senior clinician to arrive at scene (for example nurse manager, patient care coordinator, advanced practice nurse educator) Security	AOS (incident commander) Security	
TW/KDT	KDT Security	KDT Security	
РМ	First senior clinician to arrive at scene (for example nurse manager, patient care coordinator, advanced practice nurse educator) Security Psychiatry (if available)	AOS (incident commander) Security Psychiatry (if available)	
UC	Patient Care Area First clinician/code captain to arrive at scene from Geriatric Psychiatry and Acquired Brain Injury units Security	Patient Care Area First clinician/code captain to arrive at scene from Geriatric Psychiatry and Acquired Brain Injury units Security	
	Non-patient Area Security assume incident commander role if clinical staff not available Clinical staff in area assist if available	Non-patient Area • Security assume incident commander role if clinical staff not available • Clinical staff in area assist if available	
BC/LC/RC	Patient Care Area • First clinician/code captain to arrive at scene • Security	Patient Care Area • First clinician/code captain to arrive at scene • Security	
	Non-patient Area Security assume incident commander role if clinical staff not available Clinical staff in area assist if available	Non-patient Area Security assume incident commander role if clinical staff not available Clinical staff in area assist if available	
OFF-SITE	Call 911 see Off-site Locations list	Call 911 see Off-site Locations list	

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Overhead Announcement: Code White

SWITCHBOARD OPERATOR TO ANNOUNCE THE FOLLOWING:

Attention all Staff, Attention all Staff, Attention all Staff

Code White (Location (site/building/floor/room))

Code White (Location (site/building/floor/room))

Code White (Location (site/building/floor/room))

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Overhead Announcement: Code White - ALL CLEAR

SWITCHBOARD OPERATOR TO ANNOUNCE THE FOLLOWING:

Attention all Staff, Attention all Staff, Attention all Staff

Code White ALL CLEAR

Code White ALL CLEAR

Code White ALL CLEAR

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Overhead Announcement: Code White Caution

SWITCHBOARD OPERATOR TO ANNOUNCE THE FOLLOWING:

Attention all Staff, Attention all Staff, Attention all Staff

Code White Caution (Location (site/building/floor/room)) – For your safety, do not approach (Location (site/building/floor/room)).

Code White Caution (Location (site/building/floor/room)) – For your safety, do not approach (Location (site/building/floor/room)).

Code White Caution (Location (site/building/floor/room)) – For your safety, do not approach (Location (site/building/floor/room)).

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Overhead Announcement: Code White Caution – ALL CLEAR

SWITCHBOARD OPERATOR TO ANNOUNCE THE FOLLOWING:

Attention all Staff, Attention all Staff, Attention all Staff

Code White Caution ALL CLEAR

Code White Caution ALL CLEAR

Code White Caution ALL CLEAR

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