



## **CODE WHITE**

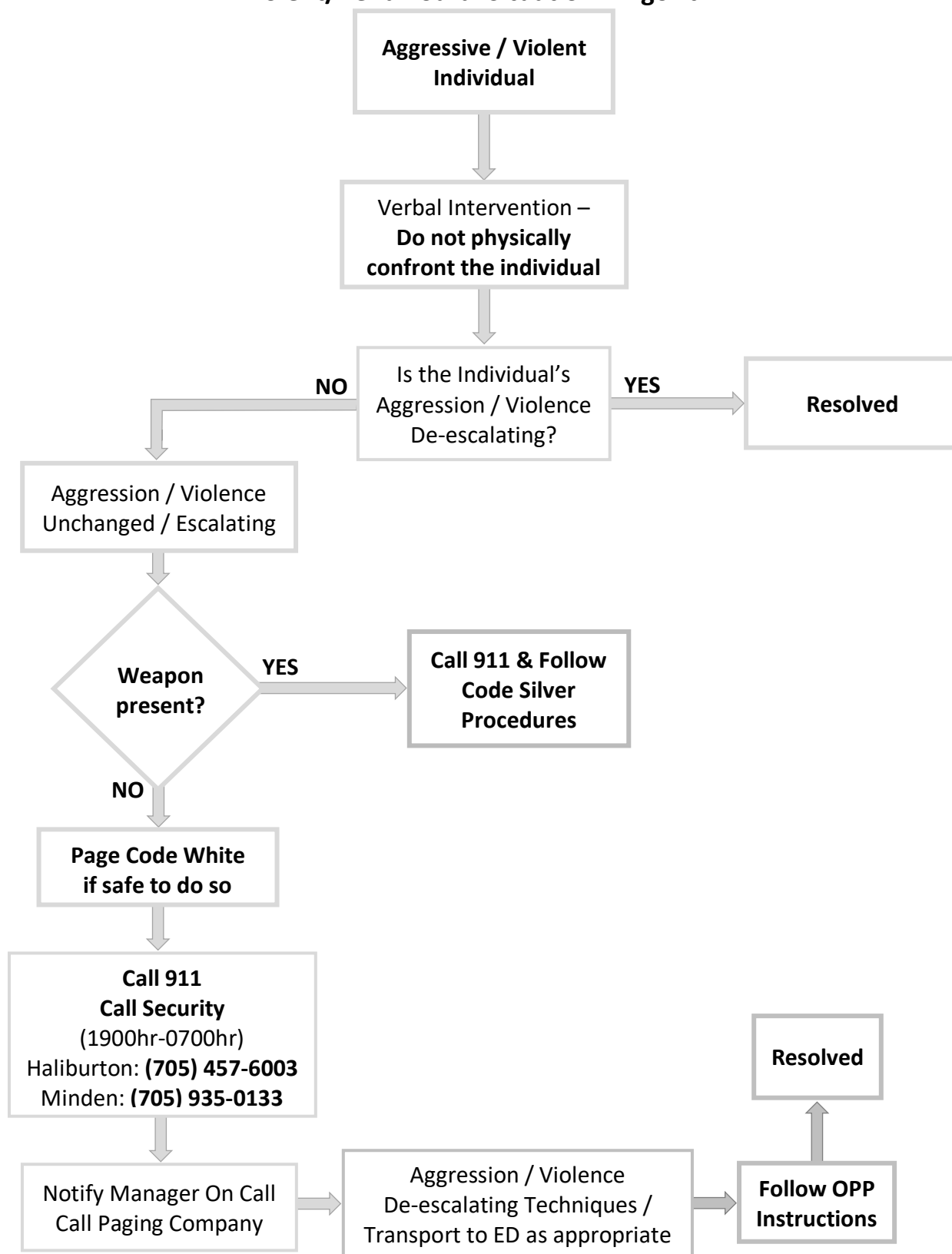
### **VIOLENT / BEHAVIOURAL SITUATION**

<b>Effective Date:</b>	<b>January 31, 2017</b>	
<b>Revision Date:</b>	<b>July 8, 2022</b>	
<b>Review Date:</b>	<b>Annually</b>	
<b>Reviewed By:</b>	<b>Joint Health &amp; Safety Committee</b>	<b>June 16, 2022</b>
	<b>Executive Leadership Team</b>	<b>June 28, 2022</b>
<b>Approved By:</b>	<b>President &amp; CEO</b> <b>Director of Facilities &amp; Projects</b>	

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Emergency Preparedness & Response Manual

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### Violent/Behavioural Situation - Algorithm



## Code White

### Policy – Violent/Behavioural Situation

At Haliburton Highlands Health Services (HHHS), we are charged with the care and the safety of our community's most vulnerable residents. We also have an obligation to protect the safety of our own Staff, Patients, Residents, Clients, and Visitors to the site at all times. The purpose of Code White is to provide **guidelines** for hospital personnel to follow during an event involving a violent person or person with behavior issues. This plan provides for an organized and effective response within HHHS sites. Providing for the safety of Patients, Residents, Clients, Visitors, Staff, and other occupants of the sites is the primary goal of Code White. During Code White, the following basic principles will apply:

Not all of those exhibiting violent behaviour are Patients, Residents, or Clients, or have a history of mental illness. Individuals in the Code White classification may satisfy one or more of the following descriptions:

1. Suspicious persons in unauthorized areas
2. Patients, Residents, or Clients with a known history of aggressive behaviour
3. Patients, Residents, or Clients exhibiting aggressive behaviour for the first time
4. Angry relatives, non-custodial parents, family members, or friends
5. Estranged spouses, partners of Patients, Residents, or Clients
6. Disgruntled Employees or ex-Employees

Individuals exhibiting such behaviours are the responsibility of the Ontario Provincial Police (OPP), and our Staff will only intervene in order to prevent further injury to Patients, Residents, Clients, Staff, and other Visitors.

The degree to which our Staff will respond will be determined by whether or not the individual is armed and whether they are holding a Hostage.

For any individual holding a Hostage(s), event will escalate to a **Code Purple**. If it is determined that the individual has a weapon of any sort, the event will immediately escalate to a **Code Silver** and the Lockdown procedure must be activated.

Staff will always attempt to reason with such individuals as a first strategy, prior to confrontation.

Staff will always permit the egress of such individuals, as an alternative to confrontation. Lines of escape will never be blocked and such individuals can be dealt with by the OPP at a later time.

Staff is never expected to confront or attempt to disarm any individual who is carrying a weapon of any type.

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Staff will not intervene until such time as there is sufficient Staff present to perform the intervention with a reasonable degree of safety.

All such interventions by Staff will be pre-planned, organized, and orchestrated in order to keep them as efficient and safe as possible.

Staff will use only as much force as is reasonable in order to prevent injury to themselves or others and to prevent the individual from further injuring themselves.

A Code White is **NEVER** a reasonable excuse for an assault.

Once the OPP have arrived at the incident, they will assume full control of the incident and will determine how much force to use and when.

## Definitions

**Aggression** – Generally, the term often used in healthcare to identify behaviour that has intent to harm. Interchangeable with “violence”.

**Escalation** – The beginning of significant behaviour; may include verbal behaviour (e.g., swearing, threatening, screaming), losing rational thought, provoking others, challenging authority

**Restraint** – May be physical or chemical, the actual non-violent restraining of the individual exhibiting aggressive/threatening behaviour, either to prevent harm to Patients, Residents, Clients, Visitors, Or Staff, or to safely transport the individual exhibiting aggressive/threatening behaviour away from others to a secluded area (e.g., Emergency Department, Resident’s private room, or off HHHS property with OPP).

**Threat (verbal or written)** – A communicated intent to inflict harm, physical or otherwise, on any person or property.

**Weapon (non-firearm)** – Any object that could cause harm, physical or otherwise, when used in a threatening manner towards another person, one’s self, or property.

## Management Responsibilities

- Implementation of Code White and a review of Code White procedures annually
- All HHHS Managers to be aware of any applicable Restraining Orders or similar Issues
- Assist Staff, if possible, in managing the situation and the removal of all Patients, Residents, Clients, Visitors, and Staff at risk from immediate area
- Perform an immediate event debrief within 48-hours of the event conclusion, and a formal debrief with all Staff involved within 10-days of event conclusion
- Prepare a report summarizing the event to the HHHS Management Committee and Joint Health & Safety Committee within 30-days, updating Code White policies & procedures as needed

## Employee Responsibilities

- All Staff are to always maintain awareness of their situation. Always have an egress route identified.
- All Staff are to ensure they are aware of the closest phone location
- All Staff are to not attend to Patients, Residents, or Clients with known behavioural problems alone, if possible
- Security to be made aware of any Restraining Orders or similar issues
- All Staff are required to participate in training, drills, and debriefs that support Code White
- All Staff must obey the instructions of the Acting Incident Manager and the OPP or EMS upon arrival

## Appendices / Links

**Appendix 1** – Checklist Procedure – Violent/Aggressive Behaviour/Threats to Staff Safety

**Appendix 2** – Checklist Procedure – Recovery & Post-Incident Debriefing

**Appendix 3** – Panic Button Locations & Details

**Appendix 4** – Emergency Evacuation Kit Contents

**Special Note A** – Standard Physical Description

## Appendix 1 – Violent, Aggressive Behaviour, or Threats to Staff Safety – Checklist Procedure

DATE \_\_\_\_\_ TIME \_\_\_\_\_  
LOCATION \_\_\_\_\_ COMPLETED BY \_\_\_\_\_

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

### The Acting Incident Manager Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. <b>Do not physically confront the individual by yourself.</b> The most Senior Officer in department will assume the role of Acting Incident Manager during Code White and is responsible for coordinating the response and delegating tasks to Staff at the site until relieved by the Acting Incident Manager (CEO, or designate).
TIME	INIT	2. Remain a safe distance away from the individual. In the absence of a weapon, allow designated Staff to flow through the area to monitor the situation. Remove other Patients, Residents, and Clients as able and appropriate.
TIME	INIT	3. Use Fire Panel PA System to announce <b>“Code White” followed by Fire Zone number and area description</b> , three times (3x), if it is safe to do so. (Paging Instructions are located at the Fire Panel located at the Haliburton ER Entrance, Hyland Crest Main Entrance, or behind the Nurse’s Station on each floor of the Long-Term Care Homes, as well as within the Emergency Response Manual).
TIME	INIT	4. If the individual is not immediately subdued or restrained, ask Staff to <b>Call 911 or press a panic button if accessible</b> and follow the direction of the OPP upon their arrival. If after-hours, notify Security (Haliburton: <b>705-457-6003</b> , Minden: <b>705-935-0133</b> ), call 911, and contact the paging company at <b>1-866-856-3253</b> to notify the Manager On Call. <b>Note:</b> Security hours are from 1900-0700  a. Note: If the individual displays <b>a weapon of any kind, call 911</b> (or press a panic button if accessible and safe to do so) immediately and follow <b>Code Silver procedures</b>

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TIME	INIT	ACTIONS
TIME	INIT	5. Using a calm voice attempt to engage the individual in conversation. Attempt to determine: <ul style="list-style-type: none"> <li>• Who are they?</li> <li>• Why are they angry?</li> <li>• What Unit are they from?</li> <li>• If not a Patient, are they visiting someone? What brought them in today?</li> <li>• Are they armed?</li> </ul>
TIME	INIT	6. Observe the individual, looking for clues about what might be wrong: <ul style="list-style-type: none"> <li>• Any sign of weapons? If yes, activate Code Silver and Lockdown procedures.</li> <li>• What are they holding?</li> <li>• Any evidence of alcohol/drug use?</li> <li>• Slurred speech, abnormal gait, drowsiness, confusion?</li> </ul>
TIME	INIT	7. If the individual responds aggressively, withdraw a little and re-assess situation: <ul style="list-style-type: none"> <li>• Keep your tone of voice neutral but concerned.</li> <li>• Avoid comments or responses which might be seen as judgmental.</li> <li>• Attempt to dissuade the individual from leaving.</li> <li>• Never make any promises that you cannot keep.</li> <li>• Never 'play into' such an individual's fantasies, if they have them.</li> </ul>
TIME	INIT	8. Available Staff will respond to the incident location within the main hospital buildings and parking area. Security to respond 1900-0700.
TIME	INIT	9. Record the names of all Staff members from each unit who respond.
TIME	INIT	10. Brief all Staff members and assign roles, as required.
TIME	INIT	11. Decide on a strategy to neutralize and restrain the individual: <ul style="list-style-type: none"> <li>• Physical restraint using Staff</li> <li>• Physical restraint by OPP</li> <li>• Chemical restraint</li> </ul>
TIME	INIT	12. Physician consultation required for use of chemical or physical restraint within main hospital buildings – offsite community locations await OPP/EMS response for further support/transportation.
TIME	INIT	13. If chemical restraint is an option, summon the Physician on duty from the Emergency Department.
TIME	INIT	14. Plan and execute the restraint of the individual SAFELY.



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TIME	INIT	ACTIONS
TIME	INIT	15. If initial plan does not work, withdraw and select another strategy.
TIME	INIT	16. Ensure that the individual is safe and cannot harm anyone else.
TIME	INIT	17. If the individual manages to take a Hostage, escalate to <b>Code Purple – Hostage Taking</b> .

## Appendix 2 – Recovery & Post-Incident Debriefing – Checklist Procedure

DATE \_\_\_\_\_ TIME \_\_\_\_\_  
LOCATION \_\_\_\_\_ COMPLETED BY \_\_\_\_\_

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

### The Acting Incident Manager Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. In collaboration with the OPP, determine when the incident has been resolved and announce “ <b>Code White, All Clear</b> ” three times (3x) on the Fire Panel PA System. See Work Instructions in the Fire Panel Annunciator System at the Fire Panel or within the Emergency Response Manual.
TIME	INIT	2. Ensure that all completed Code Annexes, Event Logs, Job Action Sheets, etc. are collected from all areas of the Facility and secured.
TIME	INIT	3. Review all Code documentation for completeness with the Departmental Manager.
TIME	INIT	4. Affected Patients, Residents, Clients, Visitors, and Staff, particularly those in the immediate vicinity of the incident, may require Critical Incident Stress De-briefing. Arrangements should be made for this service with the support of the CEO and Manager of Human Resources.
TIME	INIT	5. Prepare for an After Action Debriefing involving all Staff involved within 2-days of the event conclusion, or as soon as can be organized.
TIME	INIT	6. In collaboration with the Departmental Manager, hold a Formal Post-Incident Debriefing within 10 business days of the conclusion of the incident with the Management Team.
TIME	INIT	7. All relevant documentation generated by the formal Post-Incident Debriefing, including recommendations and action plans, shall be compiled by the CEO.
TIME	INIT	8. The Incident Manager and Department Manager will prepare a Final Report on the incident, including all key learnings, recommendations, and other corrective actions and action plans, and will furnish this to the Management Team within 30-days of conclusion of the incident.
TIME	INIT	9. The Executive Leadership Team must incorporate the final recommendations into the Emergency Response Plan.

## Appendix 3 – Panic Button Locations & Details

### Call List:

Police Department	(613) 329-1835
Fire Department	(705) 457-2323
ER Department	(705) 457-1721
TAS Paging (Manager On Call)	(866) 856-3253

### Notes:

1. Desk Buttons are hard wired devices to the Security Panel.
2. Wireless Pendants communicate on 433MHz radio frequency proprietary to all Security Devices

Haliburton		
Location	Type	Quantity
Business Reception	Desk Button	1
Foundation Office	Desk Button	1
Telemedicine Office	Desk Button	1
Health Records Office	Desk Button	1
CEO Office	Desk Button	1
Executive Assistance Office	Desk Button	1
Acute Nurse Station	Desk Button	1
ER Triage Desk	Desk Button	1
ER Area	Wireless Pendant	4
Business / LTCH Screening Desk	Wireless Pendant	2
X-Ray	Wireless Pendant	1
Acute Area	Wireless Pendant	2
Minden		
Location	Type	Quantity
ER Triage Desk	Desk Button	1
ER Doctor's Office	Desk Button	1
X-Ray	Desk Button	1
X-Ray	Wireless Pendant	1
CEO Office	Desk Button	1
Foundation Office	Desk Button	1
Business Office	Desk Button	1
ER Area	Wireless Pendant	2
LTC Screening Desk	Wireless Pendant	1
Director's Office (spares)	Wireless Pendant	2

## Appendix 4 – Emergency Evacuation Kit Contents

Emergency Evacuation Kit Contents		Quantity
	Small Flashlights	4
	Headlamp	1
	Identification Vests	4
	Name tags	1 pack
	Masking tape	1
	Flagging tape	1
	Caution tape	1
	Coloured chalk	1 box
	White chalk	1
	Clipboards	2
	Markers/pens	1 bag
	Triage Tags	1 pack
	Emergency Preparedness & Response Manual	1
	First Aid Kit	1
	<b>Search Kit</b>	1
<b>Search Kit Contents</b>	"Searched" Flyers	2 sheets
	Minden or Haliburton Detailed Zone Maps	1 doc
	Whistles	1 pack

## Special Note A

### Standard Physical Description – Circle Applicable

<b>Sex</b>	Male	Female				
<b>Age (estimate)</b>	<15	16-21	22-30	30-40	40-50	60>
<b>Height (estimate)</b>	<5'0	5'1" – 5'5"	5'6" – 5'11"	6'0>		
<b>Build</b>	Slender	Medium	Heavy	Muscular		
<b>Race</b>	White	Asian	Latin	Black	Indigenous	Other Pacific Islander
<b>Hair Colour</b>	Blonde	Red	Brown	Black	Gray	Dyed
<b>Hair Style</b>	Bald/Partly Bald	Short	Medium	Long		
	Well-kept	Unkempt	Curly	Straight		
<b>Eyes</b>	Blue	Gray	Brown	Green	Black	
<b>Glasses?</b>	Yes	No				
<b>Scars, Moles, Birthmarks</b>	Locations / Descriptions					
<b>Teeth</b>	Protruding	Good	Irregular	Decayed	Braces	Missing
<b>Speech</b>	Soft	Loud	Refined	Vulgar	Accent	Lisp
<b>Dress</b>	Neat	Well-dressed	Rough	In uniform		
<b>Tattoos?</b>	Location(s) on body	descriptions of design(s)	predominant colours			
<b>Piercings?</b>	Face	Ears	Nose	Mouth		
<b>Mustache or Beard?</b>	Short Beard	Long Beard	Moustache	Clean Shaven		
<b>Nationality</b>	If known					
<b>Jewellery?</b>	Rings	Bracelets	Necklaces			
<b>Comments:</b>						