VIOLENT OUTBURSTS EMERGENCY PLAN – CODE WHITE POLICY AND PROCEDURES

Purpose

The policy provides requirements for staff to respond and manage a violent or behavioural situation (in the Home or on its grounds) to protect the safety and security of residents, staff members, volunteers and visitors in the Homes.

Exception: See Code Silver for procedures when a person with a weapon is inside the Home

DEFINITIONS

Code White

A term used to alert staff of a violent outburst that represents a threat of aggression or violence to the person or others and that requires their immediate response. Examples of threatening behaviour include verbal abuse and harassment.

Note: Code White escalates to a Code Silver immediately upon seeing an individual has a weapon and/or is holding hostages

Emergency

An urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the Home that requires immediate action to ensure the safety of persons in the home

Person

Any person attending the Home who is displaying a violent outburst (this includes residents, visitors (including caregivers), other staff members, students and volunteers)

Staff

Means a person who works at the Home either:

(a) As an employee of the Region/Home. This includes unionized staff, including but not limited to CUPE 905 Long-Term Care Bargaining Unit Staff (excluding Seniors Community Program

Staff), and Non-Union staff working in the Homes. This also includes any redeployed Regional staff

(b) Has a contract or agreement with Region/Home. This includes but not limited to the Medical Director, Registered Dietician, Pharmacy Service Provider, Physiotherapist, etc.

(c) At the Home due to a contract or agreement between the Region/Home and an employment agency or other third party. This includes agency staff (including those who may not provide direct care to residents)

Note: Education and Training exemptions apply for those in (b) and (c) who provide occasional maintenance and repair services to the Home and will not provide direct care to residents. These staff will receive information about emergency plans before commencing their services

Violent Outbursts

Examples include but are not limited to:

- Being violent (e.g., verbally or physically disturbing, hostile, threatening)
- Behaving in violent ways that are harmful to self, others or damaging to property

Displaying violent behaviours that are escalating towards physical violence or that are unmanageable for those who work at the Home

Policy

The key requirements of this policy are:

1. A Violent Outburst Plan (Code White) must be activated by any staff member, student or volunteer for any person displaying violent behaviours or having a violent outburst

   Note: Do not delay in calling for help or wait for the situation to escalate and do not approach the person alone.

2. All staff have a duty to support and respond to a Code White

   Note: The number of staff attending the Code White should be limited to the minimum number of staff required to safely respond/de-escalate the situation.

3. Equipment and Supplies: The Homes will ensure staff have access to resources, supplies, personal protective equipment, and equipment to adequately respond to a Code White
4. Communications: The Homes will be equipped with an effective public address system for announcing Code White to those in the Home
5. Reporting: The Home must report:
   - A critical incident that presents an emergency to the Ministry of Long-Term Care immediately

- Occupational illness to the Ministry of Labour, Immigration, Training and Skills Development, the joint health and safety committee and CUPE Long-Term Care Bargaining Unit staff (if applicable) within four days of notification

6. Education and Training: All staff, students and volunteers will be provided with education and training on the *Violent Outbursts Emergency Plan (Code White*) at orientation and annually thereafter

   - All staff will receive training on Gentle Persuasive Approaches to support working with residents with behaviours and dementia

   Note: For Code White testing and exercise requirements, see the *Long-Term Care Emergency Preparedness and Response Training and Exercise Plan*

Procedures

This section contains procedures for the following:

A. Activating and responding to a Code White
B. During a Code White
C. Requesting the assistance of a Behavioural Support Registered Nurse (BSRN) or Social Worker
D. Requesting police assistance
E. Ending a Code White
F. Post Code White Procedures and Documentation

A. Activating and responding to a CODE WHITE

1. When to activate a CODE WHITE

Any staff member, student or volunteer who witnesses a person having a violent outburst must:

- Immediately request help or assistance,
- Announce the following statement **three times** using the public address system:

  "Code White (Home Area, room number). All registered nursing staff on (Home Area) please report," and

- Notify the Charge Nurse immediately

The person who is dealing with a violent visitor (caregiver, visitor) will:

- Remain calm and focused. Be aware of potential escape routes

- Acknowledge the person's situation and apologize if they have had a negative experience at the Home
- Ask them to speak to you in a respectful and courteous manner
- Let the individual know that you are listening. Do not argue with the person. Restate what the person is saying. Try to speak slowly using simple and precise words
- Create a distance of two arm's length between yourself and the person
- Advise them that if they continue their violent outburst, they will be asked to leave the Home by the Administrator (or designate). See procedures for visitor non-compliance in the Visitor Policy and Procedures
- If you feel you are no longer able to continue the conversation, end the discussion in a respectful manner and leave

The person who is dealing with a violent resident will:

- See Responsive Behaviour Program policies and procedures for more guidance

The person who is dealing with another staff member, student or volunteer will:

- See *Workplace Harassment and Discrimination Policy*

2. Assuming command of a Code White

The Charge Nurse (or delegate) will:

- Go to the location of the Code White and assume command of the emergency. Decide if police assistance is required, see Procedure D for more information
- Assess situation and get a verbal report from the person who activated the Code White (if you are not first person on scene)
- Limit the number of staff attending the Code White to those required to safely respond to the situation. This may mean asking people to leave

  Note: Minimum of three staff members are required to respond in order to take command of the situation, de-escalate and record activities
- Contain or isolate the violent person where the violent outburst occurs to reduce the risk of injury to others and the person, if it is safe to do so
- Either be or delegate a staff member to be the De-Escalation Leader:
  - Remove any items on your person that could be used as a weapon (your watch, pens, tie, stethoscope, lanyard, name tag, glasses, etc.)

- Stay calm and use Gentle Persuasive Approach (GPA) validation and physical redirection de-escalation techniques (such as focusing on them, listening to the issue, asking them to explain their feelings)
- Do not get close to the violent person. Ensure there is at least 1 meter (2 arms length) between you and the violent person and position yourself at a right angle

Note: If the charge nurse becomes the de-escalation leader, designate another staff member to be in command of the emergency

- Delegate other staff members to:
  - Scan the area, remove objects that can be used as weapons and identify exit strategies
  - Remove residents and others from the area. If this is not possible, close doors to the resident rooms. This may mean implementing shelter-in-place strategies. See *External Disaster Emergency Plan – Code Orange (Policies and Procedures)*
  - Ensure care is provided to those impacted by the violent outburst (e.g., first aid for any injuries)

    Note: If the violent person is injured, care should only be provided when the person is no longer a threat to the safety of staff, residents or others at the Home
  - If dealing with a violent resident, notify the most responsible Physician. See Responsive Behaviour Program policies and procedures
  - Record activities related to incident in the Homes' electronic record system (progress notes). This should also include monitoring the violent person's airway and breathing status. If the violent person has a medical emergency, see *Medical Emergency Plan – CODE BLUE (Policy and Procedures)*
- Upon notification of incident/injury of employees, request the employee's supervisor follow the employee incident / injury process. See *Incident and Concern Reporting*
- Upon notification of incident/injury of students, volunteers, agency staff and contracted service providers, notify the supervisor of that individual about the need to complete the *Non-Regional Incident Reporting Form*

Notes on non-compliance with this emergency plan

For staff, students and volunteers: Disciplinary action up and including termination of employment or placement. See *Workplace Harassment and Discrimination Policy.*

For visitors (including caregivers): Temporarily prohibited from being onsite at the Home. See *Visitor Policy and Procedures.*

York Region Police will investigate and consider criminal charges in cases where criminality is suspected.

B. During A CODE WHITE

The De-Escalation Leader will:

- Continue to use GPA to try to de-escalate the situation
- Give direction, explanation, and support to violent person
- 'Tag out' of role if you become direct subject of violent outburst **or** once the BSRN/Social Worker or Police arrive on scene, if required
- For a violent non-resident, advise the person that if they continue their violent outburst, police will be notified, and they will be asked to leave the Home
- For a violent resident, see Responsive Behaviour Program policies and procedures for more guidance
- Recommend escalation, if required

All staff will:

- Support and participate in the Code White response, as required

The Charge Nurse (or designate) will:

- Oversee the Code White intervention being used by the de-escalation leader and determine any escalation measures such as:
    - Requesting the assistance of a BSRN or Social Worker, or
    - Requesting police assistance

  Note: The police should always be called if the violent behavior continues to escalate regardless of whether a BSRN or Social Worker is supporting the Code White response
- In the event the situation escalates, notify the Administrator (during business hours) or the Manager on call (after hours)

The Administrator (or designate during business hours) or the Manager-on-Call (after hours) will:

- Consult with the Director of Seniors Services on whether to activate the Incident Management System (IMS). See *Long-Term Care Emergency Plan*

C. Requesting the assistance of a Behavioural Support Registered Nurse (BSRN) or Social Worker

The Charge Nurse (or designate) will:

- Request the assistance of a BSRN or Social Worker anytime the behaviour of the violent person continues (without escalation)

  Note: If a BSRN or Social Worker is not available, request police assistance

- Delegate another staff member to announce the following statement **three times** using the public address system:

  "Code White (Home Area, room number). BSRN or Social Worker please report"

The BSRN or Social Worker will:

- Support and participate in the CODE WHITE response, as required
- Become the de-escalation leader, if required
- For a violent non-resident, advise the person that if they continue their violent outburst, the police will be called to escort them from the Home (if they are not willing to leave on their own)
- For a violent resident, see Responsive Behaviour Program policies and procedures for more guidance

D. Requesting police assistance

The Charge Nurse (or designate) will:

For residents

- Request police assistance anytime staff can no longer safely control the situation

For staff, visitors and others

- Request police assistance if safety is compromised and staff feel they can no longer safely control the situation
- Delegate another staff member:
  - To call "8-911" and request police assistance. Provide the operator with as much detail as possible
  - To meet the police at the front of the Home
- Update the Administrator (during business hours) or the Manager on call (after hours) on the situation at the Home

The De-Escalation Leader will:

- Continue to use GPA to try to de-escalate the situation while waiting for police assistance
- Explain that the police have been called and will assume command of the situation when they arrive on-site

E. Ending a Code White

The Charge Nurse (or designate) will:

- Declare the Code White over when situation is de-escalated, and the violent outburst has ceased
- Delegate a staff member to announce the following statement three times over the public address system:

  "Code White. All clear"
- If not already done so, notify the Administrator (during business hours) or the Manager on call (after hours)
- Implement any required recovery plan (such as loss or damage to infrastructure)

  Note: once a Code White has been declared over, normal operations resume. If damage to the Home occurs during a Code White, see *Loss of Essential Services Emergency Plan (Code Grey) (Policy and Procedures)* and the *Long-Term Care Emergency Recovery Plan*

F. Post CODE WHITE PROCEDURES AND DOCUMENTATION

The Charge Nurse (or designate) will:

- Report any incidents involving visitors and other members of the public using the *Bodily Injury Reporting Form*
- Conduct debrief(s) and other actions as required by the *Long-Term Care Emergency Recovery Plan*

  Note: The De-Escalation Leader(s) must be included as part of the debrief
- Update the Administrator (during business hours) or the Manager on call (after hours) on the situation at the Home
- For a violent resident:
  - Contact their SDM, caregiver or family to give them an update of the situation
  - Update the most responsible Physician. See *Responsive Behaviour Program*

policies and procedures for more guidance

The Director of Care (or designate) will:

- Follow the *Mandatory and Critical Incident Reporting Policy and Procedures*
- Notify Joint Health and Safety Committee regarding all incidents involving staff, volunteers, visitors, and contract workers

The Administrator (or designate during business hours) or the Manager-on-Call (after hours) will:

- In consultation with the Director, Seniors Services:
  - Deactivate the Incident Management System (IMS), if activated
  - Notify the Education and Wellbeing Team to ensure staff supports are in place for those who experienced distress. See *Appendix E: Suggested Support Resources in Emergency Recovery Plan (Policy and Procedures)*

A Supervisor of any employee involved in the incident (and who sustains an injury or a near miss) will:

- Follow the employee incident / injury process. All incidents must be reported through the Online e-Incident Report Form on the Homes' incident reporting system

  Note: All incidents (including near misses) must be investigated by employers. See *Incident and Concern Reporting*

A Supervisor of a student**, volunteer, agency staff or contracted service providers,** involved in the incident (and who sustains an injury or a near miss) will:

- Complete the *Non-Regional Incident Reporting Form*

Roles and Responsibilities

All staff, students and volunteers

- When any aggressive person is threatening the safety of themselves or others in the Home, announce a Code White immediately and notify the Charge Nurse

Behavioural Support Registered Nurse (BSRN) or Social Worker

- Support a Code White response including a Code White BSRN or Social Worker Assist, if required

Registered Nursing Staff

- Support a Code White response
- Support violent residents using the responsive behaviour program policies and procedures

Personal Support Workers

- Keep residents calm and support shelter-in-place strategies, if required
- Support violent residents using the responsive behaviour program policies and procedures

Charge Nurse (or designate)

- Assume command of a Code White
- Complete actions as required by the Long-Term Care Emergency Recovery Plan

Director of Care (or designate)

- Initiate Mandatory Critical Incident System, if required

Medical Director

- Advise and provide oversight on matters relating to medical care of the residents. See Medical Director Written Agreement

Emergency Management Specialist

- Provide education and training on Emergency Plans
- Complete After-Action Review (AAR) as required by the *Long-Term Care Emergency Recovery Plan*

Education, Seniors Services

- Maintain staff records of education and training

Wellbeing and Culture Transformation, PSS

- Ensure staff supports are in place for those who experienced distress. See *Appendix E: Suggested Support Resources in Emergency Recovery Plan (Policy and Procedures)*

AUTHORITY

Fixing Long-Term Care Act, 2021; General Regulation 246/22; *Occupational Health and Safety Act;* CARF International Aging Services Standards Manual, as current; and York Region Seniors Services Administration

Alternate formats or communications supports are available upon request.