Department: Emergency Preparedness	Section: CODES	Subject: Code White - Violent/Behavioral Situation
Policy:	Original Date: 2004-01-01	Supersedes: 2016-05-31
Last Reviewed: 2026-02-27	Next Review Date: 2027-02-27	Approver: Angie Brunetti (Emergency Preparedness Committee)

POLICY STATEMENT

Code White is the term used to declare a violent or behavioural situation, and to initiate a formalized response to workplace violence. The Code White policy is a risk management strategy used to ensure Espanola Regional Hospital and Health Centre (ERHHC) employees are able to react appropriately in a violent or behavioural situation, in order to ensure the safety and protection of staff, patients, residents and visitors. The plan is reviewed, tested and evaluated annually by the Emergency Preparedness Committee (EPC).

The purpose of Code White is to alert others of a real or perceived threat of violence including aggressive or responsive behaviours, and should be initiated in order to:

- Prevent or reduce harm or injury/illness to the aggressive person or others
- De-escalate a person's violent behaviours and gain control of the situation.
- Prevent damage to property.

A Code White situation has the potential to escalate quickly and may result in a Code Silver (Threatening Weapon), or Code Purple (Hostage Taking). Staff should take every necessary precaution and be aware of an egress route should they need to exit the area suddenly. The safety of staff is a priority; staff will always be supported in the decision to activate Code White in a violence-related emergency. Staff will refer to **Appendix A** Code White Decision Tree when determining the need for Code White.

CODE WHITE GUIDING PRINCIPLES

- Safety is prioritized in the following order: staff, patients/visitors, and the environment.
- Staff judgment to initiate a Code White is respected and supported.
- Staff must not intervene beyond their ability to do so safely; maintaining distance and avoiding isolation with a violent or potentially violent individual is required.
- De-escalation and behaviour management are conducted respectfully and safely using appropriate verbal and non-verbal communication, as well as approved techniques e.g., Gentle Persuasive approach (GPA), Non-Violent Crisis Intervention (NVCI), Trauma-Informed De-escalation Education for Safety and Self-Protection (TIDES)
- The least restrictive measures necessary are used to maintain safety.
- All violent incidents are promptly reported, documented, reviewed, and investigated with staff, and timely post-incident support and follow-up occurs

AUTHORITY TO DECLARE

Any staff member who experiences a real or perceived threat of violence may initiate Code White by dialing ext. 7777 Incident Command (IC), and/or depressing the panic alarm. In some areas of the health campus, 911 is contacted prior to contacting IC.

DEFINITIONS

Chemical Restraint: Medications used to modify or restrict behaviour.

Code White Standby: This messaging will be announced by the Incident Commander (IC) upon notification of Code White at the Family Health Team. No code team response is required.

Code White Response Team: An organized team of staff that will respond to a Code White situation within the hospital and Nursing Home.

De-escalation: Interventions and techniques to reduce or eliminate violence during a period of escalation.

Escalation: Violent behaviour that is increasing in intensity and/or magnitude.

Incident Command Centre: The central command and control location/group responsible for carrying out the principles of emergency preparedness and emergency management functions at a strategic level in an emergency, and ensuring the continuity of vital operations

Incident Commander (IC): The person in charge of announcing and cancelling the Code White. This person will depend on the time of day and may change as the situation progresses. The ED Ward Clerk may initiate the process during daytime hours, until relieved by the ED Nurse, or the most responsible person (e.g. Senior Manager).

Incident Investigation: A collection, review, and analysis of incident details and contributing factors by the employer in collaboration with workers to determine root causes and develop and implement control measures and procedures to mitigate risk and prevent recurrence.

Physical Restraint: A device that restricts or controls movement or behaviour. They may be attached to a person's body or create physical barriers.

ROLES AND RESPONSIBILITIES

Employees

- Review the emergency plan annually and when changes are made, ensuring understanding of the roles and processes.
- Participating in mock exercises, debriefs and educational programs as required
- Complete Workplace Violence Reports and/or Employee Incident Reports in Surge Learning as needed

Managers

- Review the emergency plan upon new staff orientation, annually and when changes are made, ensuring understanding of the roles and processes.
- Participate in mock exercises and attend educational programs as required
- Ensure all employees review and can respond competently in an emergency situation
- Ensure employees attend scheduled education programs or training opportunities
- Complete Code Response reports as needed (during Workplace Violence debriefing)

Emergency Preparedness Committee (EPC)

- Coordinate and conduct mock drills as required
- Review of all Code Response reports for process improvement opportunities
- Review and update the policy annually

Joint Health and Safety Committee (JHSC)
- Review the policy and provide recommendations
- Review of Workplace Violence and Employee Incident Reports and statistical data
- Make recommendations to the employer to eliminate and control the risk of violence to workers.
- Monitor and ensure recommendations for prevention strategies are followed up.
- May be involved in Code White incident review

Incident Commander (ED Ward Clerk/Nurse or delegate)
- Assume responsibility for initiation and cancellation of the Code White response
- Communicate with the Code White Team, and ensure appropriate medical care is provided as needed

Initial Responder/Code White Leader
- Recognizes and initiates Code White
- Ensure complete documentation of the Workplace Violence incident preceding Code initiation
- Will participate in debrief

Code White Response Team (Leader, De-escalation Leader, Backup Responders)
- Responds to the area when a Code White is announced overhead * This team does not respond to situations in the Family Health Team, Queensway Place, Seniors' Apartments, outside of building on hospital property.
- Upon arrival, receive directions from Initial Responder/Code White Leader regarding role designation.
- Participate in debrief as required.

OPP
- Provides necessary assistance within situational parameters

NOTIFICATION PROCEDURE

HOSPITAL AND LONG-TERM CARE
- Press the Staff Assist and/or Code Blue button to activate a local departmental response
- Activate screamer alarm and/or press panic alarm button (hardwired or portable)
- Dial 7777 from any hospital phone and provide Incident Command (IC) specific instructions as to where the Code White is located i.e., the department and specific room/location.

FAMILY HEALTH TEAM
- Dial 911 to activate police response
- Dial 7777 from any internal phone to notify IC of a Code White situation occurring in the clinic.

RESPONSE PROCEDURE

***Note:** The Code White Team will only respond to situations in the Hospital and Long-Term Care Home. Staff that witness an incident outside of these areas (Queensway Place Assisted Living, Senior's Apartments, Family Health Team, outside on hospital property or when working in an off-site location) will call 911 for immediate response. Once 911 has been contacted, staff will dial 7777 to notify IC and determine if overhead announcement is necessary.

STAFF EXPERIENCING CODE WHITE IN HOSPITAL AND LONG-TERM CARE

While every situation will be different in respect to the violent person's behaviour, the following guidelines should be followed (Refer to **Appendix A**)

- Call for assistance rather than attempting to deal with a violent situation alone
  - Press Staff Assist/Code Blue button or activate the screamer alarm for local response
  - Dial 7777 for Code White team response
  - Press Panic alarm to activate police response
  - Call 911 * Note: 911 should be called immediately if lives are in danger e.g. the violent person is in possession of a weapon, if there has been an assault, escalation of violent behaviour in a hostage situation. 911 should be called immediately for situations outside of the hospital and nursing home.
- Remove others from the immediate area of danger
- If not in the immediate area, and not part of the Code White Response Team, staff will continue to listen to announcements and remain on alert

STAFF EXPERIENCCING CODE WHITE IN THE FAMILY HEALTH TEAM

- Call 911 immediately, then notify IC by dialing 7777 from an internal phone
- While awaiting police response, staff will attempt verbal de-escalation from a safe area using calm, respectful communication, acting only within their defined scope of practice, skills, and personal comfort level.
- Remove all other patients from the area of immediate danger, directing them to a locked area or leaving via the closest exit
- Staff will monitor all entrance/exit doors, if safe to do so, so that patients/staff do not enter the area during the event
- Staff will monitor the vestibule from the reception desk and utilize the intercom system to deter patients from entering

INCIDENT COMMANDER

Upon receipt of a 7777 call for a Code White, generate an overhead page by dialing **9—00 for entire campus notification:

Announce "Your attention please, your attention please [Code White_____ (location and room number]"x3

- Call 911 to notify the OPP if assistance is required.
- Upon receipt of a 7777 call for a Code White at the Family Health Team, QWP/NPH or outside on hospital property, generate an overhead page by dialing *9—00 for entire campus notification:
  "Your attention please, your attention please [Code White Standby (location). Remain on alert until all clear"]
- Direct police to the appropriate area
- Once the situation is over, announce:
  "Your attention please, your attention please: [Code White All Clear]"x3.

CODE WHITE TEAM RESPONSE (HOSPITAL AND LONG-TERM CARE)

- When Code White is announced, the Code White team will respond to the location with the Pinel restraint bag, approaching with caution
- The Team Leader/De-escalation Leader may take over the situation or may work with the employee that has rapport with the aggressor.
- **The Code White Response team will not respond to the following areas: Family Health Team, Queensway Place, Seniors' Apartments, outside of building on hospital property.**

Dayshift Team	After Hours Team
Ward Clerk (Incident Commander)	ED RN 1 (Incident Commander)
ED RN 1	ED RN 2 (Code White Leader)
ED RN 2	Acute RN 3
Acute Care RN 3	RPN LTC South
ED Crisis Intervention Worker	Physician
ED RN Navigator (if available)	*All available Code White Response Team staff are required to make **beyond reasonable efforts** to attend. In extenuating circumstances where attendance is not possible, transfer of Incident Command (IC) will occur as directed by the Code White Leader or designate.
Auxiliary RN Clinical Managers as needed (ED/Acute Clinical Manager, PPQ Manager, CNO)	
Physician	

1. CODE WHITE LEADER

- Oversee the Code White intervention until completion by organizing, directing, and determining the plan of action.

The Code White Leader also:

- Receives a verbal report from the first responder (if the Leader is not the first person on the scene).
- Briefs responders upon arrival.
- Assigns roles and responsibilities to responders.
- May interact directly with the aggressor, if appropriate.
- Ensures the safety of others, including PPE availability (if required)
- Identifies room exit strategies.
- Ensure responders are ready before action is taken (for example, seclusion room is available, medication is prepared, restraints are available).
- Ensures restraints are applied safely and as per organizational policy.
- Requests attendance of the most responsible physician to obtain orders as required.
- Communicates with IC regarding the need for police presence.
- Participate in an organizational investigation (Root Cause Analysis).

2. CODE WHITE DE-ESCALATION LEADER*

Uses de-escalation techniques and gives direction, explanation, and support to the violent person to de-escalate the situation. GPA, NVCI and TIDES techniques are to be used in this role.

*The person with most rapport makes themselves available to the Code White Leader until dismissed from the scene. This person may take on the role of De-escalation Leader or Back-Up Responder, as the person most familiar to the aggressor.

3. CODE WHITE BACK-UP RESPONDERS

At least two Code White Back-Up Responders attend each Code White to support the De-escalation Leader by forming a triangle position (**Appendix B**). The Back-Up Responder removes the De-escalation Leader from direct contact with the person if necessary, and the De-escalation Leader assumes the role of Back-up Responder.

4. PHYSICIAN

The physician responding to Code White provides medical oversight and clinical decision-making, including assessment of the patient's condition, determination of contributing medical or psychiatric causes, authorization of emergency interventions, and support of the Code White team in safely resolving the incident.

5. OTHER NON-CODE WHITE RESPONDING STAFF IN THE IMMEDIATE AREA

- Follow instructions of the Code White Leader and keep safe distance
- Control the crowd, restrict access to the area, remove items that can be used as weapons (IV poles, chairs etc.)
- Retrieve and prepare resources and equipment including restraints and personal protective equipment.
- Assist injured persons
- Report to Code White Leader any injuries to self, co-workers, or person.
- Participate in debrief, investigation, and worker supports.
- Seek physical and psychosocial support as needed (i.e., physician, peers, psychological services, JHSC, union)

SCREAMER ALARM ACTIVATION RESPONSE

- The nearest person responds with caution to the screamer alarm to see if the person activating the alarm requires assistance.
- This person will activate emergency response, as needed.

PANIC ALARM SYSTEM ACTIVATION RESPONSE

- Incident Command (IC) will respond by calling the area listed on the Panic Alarm Panel in ED.
- IC will activate emergency response, as needed.
- If IC cannot reach the activated unit/area, an overhead page will occur.
- If there is no response to the overhead page, IC will call OPP to confirm the response.

EDUCATION

- Upon hire, all staff are required to complete an online Emergency Preparedness policy review which is tracked electronically.
- As part of onboarding, all new staff are required to attend an in-person general orientation. During this session, new staff review the elements of the Emergency Preparedness program including general response, code of the month, the Emergency Preparedness information board, structure of mock codes etc.
- During departmental orientation, mentors review department specific expectations during emergency code response.
- Code of the Month: Each month, an email is sent to all staff reviewing the code that will be focused on throughout the month, the attached policy, quick reference document, and information about the upcoming drill.
- Practice drills: Drills are scheduled on a monthly basis in various departments, allowing a variety of staff to participate. Mandated emergency response drills are completed in the Long-Term Care Home, as required.
- The Emergency Preparedness information board is located in the service hallway and is updated on a monthly basis to reflect the code of month.

- GPA and TIDES training and re-training are provided to staff based on programming cadence and department.
- Annual departmental Workplace Violence Risk Assessments

HOT DEBRIEF (IMMEDIATE)

- As soon as code is cleared and before staff departure- ensure that workers are physically and emotionally supported and identify any worker injuries and support needed. Offer Employee Assistance Program (EAP).
- Identify any medical attention and/or treatment needs for the aggressor(s).

COLD DEBRIEF (IDEALLY 24-72H POST INCIDENT)

- Invite all stakeholders/ staff to participate. Including staff statements for review if they cannot attend.
- Discuss and document details, concerns, and recommendations.
- Ensure appropriate actions for the client who demonstrated aggressive or violent behaviour.

RECOVERY PROCEDURES

A debrief meeting will be organized by the Incident Commander, Emergency Preparedness Lead, Department Manager or most responsible person as soon as reasonably possible. All documentation for the event will be collected by the meeting leader to be reviewed with appropriate personnel.
One Workplace Violence incident report will be submitted in Surge Learning listing all staff involved. Individual Employee Incident reports will be submitted if injury is sustained by staff during the workplace violence event.
During manager follow up/debrief regarding the Workplace Violence report, a Code Response report will be created in Surge Learning.
An action plan to evaluate current processes, update patient/resident care plans, and identify areas for improvement will be created as required.

REFERENCES AND RELATED DOCUMENTS

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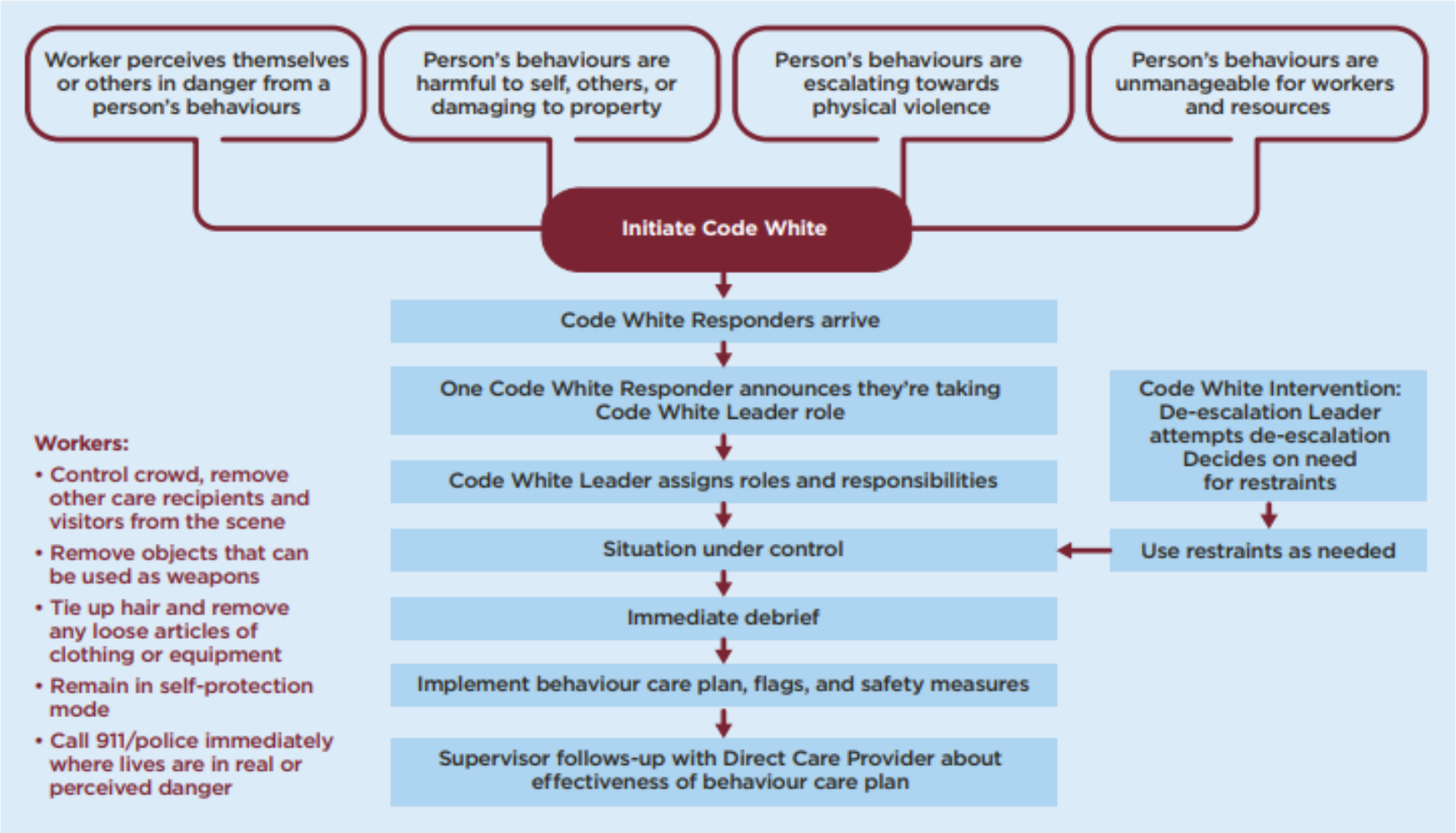
Appendix A. Code White Decision Tree



Appendix B. Triangulation Approach