



## HOMES AND SENIORS SERVICES

**POLICY & PROCEDURE NUMBER:** 3.15.01

**DEPARTMENT:** *Admin. H&S-Emergency Preparedness*

**SUBJECT:** *Code  
White-Aggressive Person*

**APPROVAL DATE:** Mar. 2016    **REVISION DATE:** Oct. 2019; Mar. 2022; July 2022; Oct. 2022

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### **PURPOSE:**

Early recognition and intervention in potentially violent situations are key to crisis prevention. Prevention incorporates philosophies related to identifying the triggers associated with responsive behaviours.

**This policy is not limited to residents; it may be used for any aggressive or violent persons.**

### **PROCEDURE:**

Staff is encouraged to call a “**CODE WHITE**” when they feel threatened and de-escalation techniques are ineffective. Proactively calling a “**CODE WHITE**” to ensure the safety of staff and residents will not be subject to repercussions.

#### **Proactive Measures to Prevent a Code White:**

- The clinical team will utilize preventative planning through behaviour profiling to understand how the resident interacts, communicates; and expresses protective or defensive behaviours in response to specific triggers.
- All clinical staff must remain vigilant for early indicators of a person in crisis: anxiety, agitation or defensiveness and intervene safely and effectively in order to avert the crisis and minimize risk of assaultive behaviour.
- Staff’s responses to the behaviours of a person in crisis that incorporate the Gentle Persuasive Techniques from the Gentle Persuasive Approach (GPA) training sessions will provide the basis for consistent and effective intervention strategies.
- Refer to nursing policy “Responsive Behaviours” for additional interventions and strategies.

#### **Gentle Persuasive Approaches (GPA) to Dementia Care:**

- Ensure only 1 person is communicating with the person experiencing responsive behaviour
- Stay calm, confident and self-controlled
- Keep communications simple, short and clear
- Avoid arguments and power struggles



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- 
- Assign others to relocate residents and others in order to isolate the resident experiencing responsive behaviour
  - Attempt to remove possible triggers i.e. bright lights, loud noise (TV, radio), an audience
  - Stay at least a leg-length away from the defensive/protective person
  - Don't let the person get between you and an exit from the room
  - Don't try to handle the situation alone; request assistance from team members in the immediate vicinity
  - Utilize Behaviour Supports Ontario (BSO) team suggestions for residents exhibiting Responsive Behaviours
  - Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression, respond with unconditional positive regard
  - If attempts to defuse the person are unsuccessful and sufficient staff are not at hand initiate a "Code White" response by:
    - having someone announce
    - Utilize staff duress device where available

### **Authority to Call a Code White - A Code White may be called by:**

Any staff member who is involved in a violent incident or is in the immediate area and who determines extra personnel and/or resources are required immediately.

### **Activation of Code White:**

The staff member who pages a "CODE WHITE" shall provide the location (Resident Home Area or area where the incident is taking place).

The staff member announcing the Code White will announce "CODE WHITE AND THE RESIDENT HOME AREA" three (3) times in succession over the public address system.

### **Communication during a Code White:**

Two-way radios and portable phones are to be used for communication during a Code White based on the policies in place.

### **Code White Response - All Staff**



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Specific responsibilities may be assigned to appropriate staff to ensure interdepartmental coordination during an emergency to facilitate direction and control of response and recovery actions.

The assigned roles that may be established during a Code White include:

- The CW Lead – has the primary role to direct the team during the Code White and to communicate with the person in crisis
- CW Manager – supports the CW Lead
- Attending Physician – assessment and treatment
- Onsite Clinical staff – follow direction from the CW Lead
- Non-clinical staff responders – assist with isolating the area (closing door, redirecting visitors and Residents from the incident area, etc.)

### **Procedure if You Are Aware of a Violent/Behavioural Situation Where There is an Urgent Need for Extra Personnel and/or Resources:**

The staff member who makes the assessment that the Code White is to be called will either page, announce or direct staff to page and announce **according to the Activation of a Code White guidelines.**

### **WEAPONS INVOLVED OR SUSPECTED:**

N.B. Please see Administration Policy – 3.15.12 Code Silver – Person with a Weapon

If a weapon is involved or suspected, **Police will be notified immediately**, and identify the weapon if possible. If requested to call the police, call 911 and state the following:

**“YOUR NAME – HOME LOCATION (911 ADDRESS) – REPORTING A VIOLENT EPISODE”**

and briefly explain the situation including any information regarding weapons involved.

Staff will initiate such procedures to assist the person in crisis to regain self control by implementing **PERSONAL SAFETY TECHNIQUES** to provide safety for the staff and individual.

### **Procedure if You Hear a Code White Announced Overhead**



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- 
- All assigned Registered Staff that can safely leave his/her area will respond to a Code White
  - Non-clinical staff in the vicinity of the Code White will cease regular duties and are expected to give assistance as required (i.e. open doors, keep corridors clear, etc.)
  - Those who respond to a Code White should report to and take direction from the CW Lead and staff who are most familiar with the person
  - When responding, avoid surging into the area in large numbers as this may escalate the situation (i.e. move quickly to the location but walk)
  - All responding staff are to take direction for the CW Lead and stay quietly on the peripheral until help is requested.
  - All non-responding staff are to ensure access doors to the resident home areas are shut, and remain alert and ready to respond should the threat move to their area

### **Role of the CW Lead:**

**In most instances the CW Lead is the first Code White Response Team member on the scene; any team member with the confidence and competence in handling crisis situations; and/or the team member who has the best rapport with the acting out individual.**

- Assess the situation and plan the intervention to defuse the immediate crisis incident
- Ensure someone has announced the Code White and location
- Direct or assist in implementing procedures so as to deescalate and defuse the critical or potentially critical incident
- Communicate any known resident de-escalation preferences or potential escalating triggers
- Communicate all known medical, emotional/psychological, physical, or psychiatric risk factors of the resident in crisis
- Implement such “Emergency Restraint Procedures” as necessary to temporarily maintain the acting out person as safely as possible
- Disengage from the incident if the intervention is ineffective or if cued by the Code Manager
- In consultation with the Code Manager, determine that the staff and acting out person are safe and the Code White can be declared all clear
- Ensure the operator is advised to announce “Code White – All Clear”
- Initiate care the resident by ensuring the following actions are taken:



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- Clinical assessment of the physical and mental status of the person involved in the incident
  - Report the incident to the physician, MRC, Behaviour Supports Ontario (BSO) internal team via referral

### **Role of the Code White Manager:**

- Assess the situation and receive direction and input from the CW Lead to assist with the intervention
- In consultation with the CW Lead, brief all staff upon arrival and delegate duties:
  - Retrieve and assist with mechanical/chemical restraints (if needed)
  - Clear the area of potentially dangerous objects
  - In a professional manner, ensure other residents are re-directed from the immediate area
- In consultation with the CW Lead, determine the number of staff needed and redirect others back to their work areas once enough have arrived to provide an appropriate response
- Prompt CW Lead to disengage from the incident if they are no longer effective in being able to defuse or de-escalate the person and delegate another responder to the role
- In consultation with the CW Lead, determine that the staff and acting out person are safe and the Code White can be declared all clear
- Ensure appropriate follow up (clinical assessment and interventions) in place for the resident
- Facilitate a formal post-incident debriefing with staff (and residents if applicable)
- Review legislative requirements for reporting of incident as per Long-Term Care Homes Act, 2007 and Ontario Regulations 79/10, (CW Manager)
- Watch for signs of critical incident stress and encourage staff to contact their manager and/or employee assistance plan as required (LEAC)

### **Role of the Physician**

Upon receiving the code white notification, the attending physician will:

- Respond according to the level of risk – criticality/severity of the situation
- Be aware of the occurrence or provide direction for care visa phone
- If emergency restraint is initiated provide direction to continue/discontinue emergency restraint procedures
- Provide follow up care for the resident(s) involved



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➤ **UPON NOTIFICATION THAT THE CODE WHITE HAS CONCLUDED**

- The CW Lead will Announce 3 times on the overhead paging system:

**“Code White All Clear”**

- Ensure the person in crisis is appropriately assessed and interventions in place (if person remains in the home)
- Initiate observation (DOS), documentation and reports as appropriate to the situation
- Document the incident in Point Click Care (Risk Management) and contact the MRC/RCC if after hours
- Ensure those involved in the incident may take some “time out” to regain personal composure before returning to work, if necessary
- Participate in a formal incident debriefing session following the incident

Watch for signs of critical incident stress and encourage one another to contact his/her manager for assistance as needed. Additional assistance may be made available on site or through individual counselling through the County’s Employee Assistance Provider - LEAC.

**When to call a “Code White”?**

- At any time when staff, residents and visitors feel verbally and physically threatened and in fear of one’s own safety or the safety of others.
- Do not wait for a physical altercation to occur before calling a “Code White”.

**Who can call a “Code White”?**

- Any staff member who directly experiences or witnesses the verbal, physical or potentially threatening behaviour toward self or others.

**How do I call a “Code White”?**

- Overhead paging system



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- Portable Radio
  - County of Elgin Whistle
  - Vocalise
  - Staff duress/panic button

### **What do I say?**

**“Code White – (Indicate the Resident Home Area)” – 3 Times**

### **Who will respond?**

#### **Code White Response Team**

- **Responders** to a “Code White” call will consist of a team of trained inter-professional staff (e.g. clinical staff, physicians, MRC, RCC, another manager/delegate) who will work together to effectively de-escalate or respond to a person who is aggressive.
- **Responders** from each Resident Home Area will assign a responder on each shift who will immediately proceed to the Code White call location. Non-clinical staff will function in an auxiliary role and will receive direction from the Charge Nurse.
- **A Registered Staff** member in the area where the Code White occurs, who has knowledge of the person and the necessary therapeutic intervention skills (e.g. GPA training).
- **The Code White Lead (CW Lead)** maintains a therapeutic and least restrictive approach to defuse the crisis incident. The level of response by other staff or external support (e.g. police) will be determined by the Resident Home Area Charge Nurse at the time of the incident.

### **The Code White Lead may be:**

- The Registered Nurse in charge of the Resident Home Area/Home (who will respond to all Code White situations in the Resident Home Area/Home)
- The first person on the scene (until Charge Nurse arrives)



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- 
- Any team member with the confidence and competence in handling crisis situations
  - The team member who has the best rapport with the acting out individual

**The Code White Lead’s duties include:**

- Assess the situation
- Plan the intervention
- Direct or cue the other team members
- Communicate with the acting out individual

**Code White Manager:**

The Code White Manager (CW Manager) is a clinician (Manager of Resident Care (MRC), Resident Care Coordinator (RCC) or designate who supports the CW Lead, and assists with coordination of the overall intervention. The CW Manager may determine, as directed by or in consultation with the CW Lead:

- The number of staff needed and redirect others back to their work areas;
- The medication to be brought to the scene,
- Assignment of specific duties to other staff,
- Determine if Police are required, contact police and provide brief details,
- Determine when the Code White is over and when to call the “All Clear” announcement,
- Facilitation of a formal post-incident debriefing, and;
- Ensure proper reporting to the Ministry of Long-Term Care and Ministry of Labour as required.

**Police**

The level of response by police will be determined by the CW Manager or in the absence of the Manager the Charge Nurse at the time of the incident.

**Administrator/Director of Homes and Seniors Services:**

Under all circumstances of Code White, the Administrator/Director of Homes and Seniors Services must be contact including in the case of injury and Police contact. Refer to Admin. Policy #1.22 Communication – Media.

- **CODE WHITE RESPONSE TEAM:** The Code White Response Team consists of:





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➤ **Weekdays**

- 1 Personal Support Worker (PSW) from each Resident Home Area
- Registered Nurse(RN)/Registered Practical Nurse (RPN) in charge of Resident Home Area
- MRC/RCC or Designate
- Ancillary (non-clinical) staff in the area (Housekeeping, Maintenance, etc.)

➤ **Evenings, weekends and holidays**

- PSW from each Resident Home Area
- Registered Nurse in Charge
- Ancillary (non-clinical) staff in the area (Housekeeping, Maintenance, etc.)

➤ **Nights**

- Registered Nurse in Charge
- 1 Registered Practical Nurse
- 1 PSW

### Post Incident Plan for Recovery

Following a Code White, a debrief will be conducted and will include staff, management, and, as applicable, others (students, volunteers, etc.) involved in the incident. Debriefing is an opportunity to build morale, listen to concerns, document lessons learned, and plan for regular operations. Emotional/physical support for those directly involved/witness to the code white will be provided as determined by assessed need(s).

A documented evaluation of the incident, policy and procedure shall be conducted within 30 days of the Code White including what went well, opportunities for improvement, those in attendance, and dates changes implemented.

### Testing and Evaluation

Homes are required to test emergency plans including arrangements made with emergency providers. Code white testing must be conducted a minimum of every three years. Exercises can be developed to test essential elements, interrelated elements, or the entire plan. These can take the form of table-top exercises, drills, functional exercised and field exercises.



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Testing shall include a written record of testing and changes made to improve the plans including the corrective action, and timeframes.

Emergency plans must be evaluated and updated within 30 days of an emergency being declared over and annually should the plan not be activated.

### GLOSSARY:

#### Acting Out Person

A person demonstrating a total loss of control, which results in a physical acting-out episode. This is defined in the Crisis Prevention Institute's Crisis Development Model as the third level of Crisis Development Behaviour. It is preceded by level one; anxiety and level two; defensiveness. The fourth and last stage is tension reduction.

#### Chemical Restraint (LTCHA s. 36 (3-4))

Pharmaceuticals given with the specific and sole purpose of inhibiting specific behaviour or movement. Differentiating between the use of a drug as a therapeutic agent or a restraint is difficult. However, when a drug is used to treat clear-cut, psychiatric or medical symptoms, it is not usually considered a restraint.

#### Code White Response

A Code White may be initiated if there is escalating aggression and/or a threat of violence/assault made by a person that is believed to be serious and imminent and the immediate staff and resources are insufficient to de-escalate the person and respond safely and effectively.

#### Control

The degree of influence required maintaining resident safety under extreme circumstances or when there is reason to believe the resident has lost personal control (mentally, physically or in terms of their behaviour) to the extent where intervention is necessary.

#### GPA

Gentle Persuasive Approach to dementia care: responding to a person with responsive behaviours.

#### Incident Debriefing

A group or individual discussion regarding the Code White incident response. It is an opportunity to provide support and education to responding staff and assess the impact and safety of staff and residents following a Code White. This may occur immediately after the incident; or,



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based on the circumstances of the incident, a more in-depth debriefing may also occur in the days following the incident.

### Personal Safety Techniques

Maneuvers taught to all GPA trained staff to protect the staff and the acting out individual from injury when behaviour escalates to the physical level.

### References:

- Fixing Long-Term Care Act, 2021
- ON Reg. 246/22
- Administration Policy 3.15.12 Code Silver – Person with a Weapon



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**CODE WHITE WORKSHEET AND DEBRIEFING FORM**

**Date:** \_\_\_\_\_ **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**CWLead/Charge Nurse:** \_\_\_\_\_

**Code Manager:** \_\_\_\_\_

**Debriefing Attendees: PLEASE PRINT**

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**Expected actions:**

- Page/announce or delegate someone to page/announce the Code White
- Remove unsafe objects from environment to prevent injury.
- Remove personal effects that may cause injury to response team. E.g. pens, scissors, neckties, etc.
- Ensure scene safety by controlling crowd. Remove unnecessary individuals from area.
- Remain at least a leg length away from aggressor.
- Remain calm and utilize Gentle Persuasion Approach techniques.
- If situation escalates beyond the capability of staff, call **911** to notify Police.

**Debriefing Questions:**

Were expected actions completed? If not, which actions were missed?

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What went well during the response to the incident?



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What needs improvement?

Were the Police called? If so, what was the outcome? Name, Badge, Detachment Information

Were any staff injured? Have they received first aid?

Additional comments:

**Reports/Referrals completed:**

PCC Risk Management: \_\_\_\_\_ Critical Incident: \_\_\_\_\_ BSO Team Referral: \_\_\_\_\_  
JHSC Report: \_\_\_\_\_ Administrator/Director of Homes and Seniors Services: \_\_\_\_\_

**Please forward this report to the Manager of Resident Care for review**



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### Code White Debriefing Form

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location of Code: \_\_\_\_\_

Specific Area: \_\_\_\_\_

How many Staff responded: \_\_\_\_\_

Staff Response Time: \_\_\_\_\_

Who was involved in the incident:

Code Attendees:

JHSC Member present for Debrief? Yes: \_\_\_\_ No: \_\_\_\_ If Yes,  
who? \_\_\_\_\_

Where there any injuries resulting to: Staff: \_\_\_\_ Resident: \_\_\_\_ Other: \_\_\_\_  
If yes, describe:

What behavior did you notice leading up to the incident?

Was a risk reduction plan in place prior to this incident: Yes: \_\_\_\_ No: \_\_\_\_  
If yes, what did it involve?

What was the first indication/sign of escalation?



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Was the resident prescribed PRN medication for agitation: Yes: _____ No: _____ If yes, date and time last administered: _____
What circumstances or factors may have contributed to or triggered the incident:
What interventions were used to control the situation? Chemical Restraint: _____ Physical Restraint: _____ Mechanical Restraint: _____ Hands on Used: _____ Other: _____
Any questions about what just happened? (Person's behavior, team response, intervention results.) Include what went well and acknowledge staff efforts in a difficult situation.
What new or revised strategies will be implemented as part of the risk reduction plan? Think about what proactive steps can be taken to prevent behavior escalation.
Any suggestion for improvement/something different you may have wanted to try next time with same or similar situation.
Staff aware of resources (e.g. Occupational Health, Employee & Family Assistance Program) Is onsite Crisis Management recommended: Yes: _____ No: _____, not at this time.
Were Police contacted: Yes: _____ No: _____ Will Police be contacted Yes: _____ No: _____
Supervisor Name and Designation: _____