GUIDELINES: CODE WHITE RESPONSE

A Component of Prevention and Management of Aggressive Behaviour in Healthcare

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INTRODUCTION

“Code White” refers to a trained team response to a disturbance that is a behavioural emergency involving clients in healthcare settings.

The following information is intended to be used as guidelines for the Code White Team Response to violent, aggressive behaviour. “Violence” as defined in the WCB Regulation 4.27 is “…the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury”. In healthcare, violence in the workplace programs address the safety of both workers and clients who may be at risk of injury from an aggressive individual.

The term “violence” in healthcare, is often interchangeable with the term “aggression” and includes but is not limited to verbal or physical threats, verbal abuse, swearing, use of a weapon, assault and/or battery. Aggressive or hostile behaviour may be directed towards staff, other people, objects or self. For the purpose of these Guidelines the term “aggression” or “aggressive behaviour” is used.

One of the goals in the management of aggressive behaviours within the healthcare setting is to address this behaviour in a respectful, caring, safe manner. The focus of the Code White Team Response is to de-escalate a threatening situation before an individual(s) is injured or property is damaged.

For the purpose of these guidelines a Code White Team Rresponse is restricted to situations involving clients only. Situations involving other individuals require different response strategies

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which may involve security personnel or the police. In some facilities, calls for assistance may differ significantly between a call for security and a call for a Code White team. Specific facilities will have protocols for addressing situations that involve persons other than clients. It is not the intent of this document to address these specific situations.

It is recognized that aggressive behaviours and their management strategies occur across a continuum and that prevention/early intervention strategies can reduce the likelihood that such behaviours will escalate to the point where a Code White Team physical response becomes a necessity. The Code White Team Response is part of a continuum of care which is based on a "staged intervention model"

The Code White Team Response is only one component of a Violence in the Workplace [or Prevention and Management of Aggressive Behaviour (PMAB)] Program. Other components include risk assessments, policies and procedures, accident/incident investigation and follow-up, education and training, data collection and statistical analysis and program evaluation.

(For the purpose of this document, the term "client" is used to include patient and resident and the term "he" is used to include all individuals)

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GLOSSARY

The following terms are defined for the purpose of this document:

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

CRITICAL INCIDENT STRESS: Any situation faced by employees which causes them to experience unusually strong emotional reactions and which has the potential to interfere with their ability to function, either at the scene or later.

ENVIRONMENTAL RESTRAINT: Refers to limiting the territory in which the client can live; often used to isolate unsociable behaviours (e.g. seclusion or containment rooms). One to one supervision can be used to limit the movements of a client.

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.

LIMITS OF PURSUIT: Limits set by the employer as to how far outside of the facility staff are authorized to respond to an aggressive individual before it becomes a police response (e.g. off hospital grounds).

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GLOSSARY cont.

MECHANICAL RESTRAINT: A device that restricts freedom of movement by either positioning the client in a chair or bed so they cannot get up or by setting up barriers to limit ability to move; in a Code White situation the application of 4-point restraints. An emergency application of a restraint can occur when there is imminent risk of danger to self or others which cannot be managed in an alternate fashion. A restraint used for emergency reasons is reviewed by the physician within one hour.

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.

PLANNED INTERVENTION: A call for assistance when there is the **potential** for aggressive behaviour and/or client is behaving in an inappropriate or threatening manner but has not escalated to physically acting out; used when staff anticipate trouble with a client around medication administration or required activity (e.g. for a procedure such as taking blood).

SECLUSION: The involuntary placement of an individual in a locked room. Seclusion should only occur in a dedicated room that meets provincial standards and must not be confused with isolating an individual in a "quiet room" in order to decrease stimulation and to provide a safe, secure environment. A "quiet room" becomes a secluded room when the door is locked.

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DEFINITION

A Code White response is intended for a situation in which a client is behaving in a potentially dangerous manner towards himself or others and indicates a potential for escalating or is escalating beyond the abilities of the present staff to control the situation. The "Code White" team response as described and recommended in these Guidelines, is a non-violent crisis intervention strategy that does not employ pain compliance (i.e.using pressure points), impact techniques (i.e. using strikes), restricted techniques (i.e. using chokeholds) or using batons. The Code White team regains control of the situation by either using verbal techniques to defuse the situation or if necessary physical techniques that employ the least restrictive measures possible for the shortest period of time. Controls which may be used in a Code White situation include physical restraints (hands on), mechanical restraints (e.g. four point restraints) and seclusion. "One to one" or constant supervision can be a follow-up to a Code White situation.

PURPOSE

1. To regain control of an emergency situation in which a client's escalating behaviours are beyond the unit/staff's abilities to control.
2. To provide the aggressive client with the best and safest care until he regains control of his behaviour.
3. To prevent injury to the aggressive client, other patients, staff and others.
4. To prevent property damage.

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PRINC IPLES

Principles underlying Code White Team Response as described and recommended in these Guidelines, include:

- All staff receive core training and education in non-violent crisis intervention and de-escalation techniques, Code White team members receive additional risk specific training.
- Physical intervention is non-violent in dealing with physical aggression.
- Code White team physical intervention is used as a last resort to safely control a physically acting out client until he regains control of his behaviour.
- The verbally aggressive client is managed through verbal defusing techniques.
- The client involved is always treated with utmost respect and professionalism.
- Intervention respects the rights of staff and others to a safe work environment.
- Safety priority occurs in the following order at all times: self and other staff safety, client/visitor safety and then environment.
- The team does not intervene in any situation that may pose a risk beyond their resources to intervene safely.
- Untrained individuals are not to participate directly as Code White team members but may function in a supportive role.
- Code White team members must receive initial training and regular refresher training.
- Once Code White team intervention has been decided upon by the Team Leader, it should be organized and undertaken swiftly.
- If medications are used these are ready, if possible, for administration before the team intervenes.
- Intramuscular (IM) medications should be given with a safety device such as a self-sheathing or retractable needle.
- Debriefing (informal) is to be conducted by the Code White Team Leader immediately following all Code White team responses.

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PRINCIPLES cont.

- Additional follow-up and referral to existing support systems is made available to staff.
- Documentation is an important part of Code White protocols,
- Learning based upon recommendations following a Code White response is incorporated into policy review, staff training opportunities, etc.

THE CODE WHITE TEAM

- The need for adoption of a Code White team approach is determined by the organization's workplace violence risk assessment.
- Membership is determined by facility/agency with management and union/staff input and appropriate to the needs of the organization and available resources.
- Team availability (should be available 24 hours/day unless otherwise determined).
- The responding team consists of a minimum of 3 trained members depending upon situation.
- Team members are required to have specific competencies (see Education and Training).
- Education and training of team consists of initial education and skill development and regular reviews on an annual basis.
- Team members are required to maintain current training.
- The employer is responsible to ensure team members are adequately trained at all times.

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CODE WHITE TEAM INTERVENTION

A Code White team intervention is used in any situation in which there is a real or perceived risk of physical harm to a client or staff member or to property. Assistance should be sought sooner rather than later. Staff calling for help should not be challenged about their call for assistance as the decision to call for assistance is a subjective one.

Assistance should be sought when:

- staff perceive themselves or others to be in danger of physical harm from an aggressive client.
- a client is acting out in a manner that is dangerous to self, others or the environment.
- there is an imminent risk of acting out.
- the situation is rapidly escalating out of control.

A "CODE WHITE" CALL BECOMES A "911" CALL OR AN EMERGENCY CALL TO POLICE

- whenever there is a real or perceived threat that lives are in danger.
- when the initial staff or the Code White team determines the situation is beyond their abilities.
- whenever an "edged" weapon or firearm is involved.
- when the aggressive behaviour occurs outside the limits of pursuit established by the organization (e.g. off the hospital grounds).
- 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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A "CODE WHITE" CALL BECOMES A "9-1-1" CALL OR AN EMERGENCY CALL TO POLICE cont.

Please note: police will require certain information when a request for their assistance is made. Staff making the call should not tell the police it is a "Code White" as this does not adequately describe the situation to the police. Staff should be prepared to answer questions such as:

- What is the nature of the incident?(e.g. person out of control, person with a knife, etc)
- Where exactly is the incident occurring?
- What exactly is the person doing?
- Does the person have a weapon? Describe what it is? What is the person doing with the weapon?
- Has anyone been injured?
- How many people besides the person are in the room?
- Can they safely leave?
- Describe the person (name if known, race, sex, age, height, weight, color/style of hair).
- If the person leaves, what is the direction of travel? How long ago did the person leave?
- Who is the witness/contact person and where is he/she? (police will want to talk to someone as soon as possible when they arrive)

It is suggested that if staff are unable to stay on the line and answer questions, to leave the phone off the hook (e.g. if staff need to return to situation to assist, etc.)

When police arrive on the scene, they assume control of the situation directing staff and others as necessary.

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ROLES AND RESPONSIBILITIES

A. GENERAL

The following identifies the roles and responsibilities in the organization's Prevention and Management of Aggressive Behaviour Program (PMAB Program). An effective program can only be achieved through the collaboration and co-operation of all staff and management working together.

1. Senior Management:
   - support and promote commitment to the PMAB Program
   - assign resources to the PMAB Program including sufficient resources to the Code White Team Response and to the training and orientation of all staff
   - assign specific leadership responsibilities for the development, implementation and maintenance of the PMAB Program including the Code White Team Response
   - ensure appropriate policies and procedures are established to eliminate or minimize aggressive behaviours

2. Managers/Supervisors:
   - assure the implementation, monitoring and evaluation of the organization's PMAB Program policies and procedures
   - ensure risk assessments are completed to identify real or potential hazards contributing to aggressive behaviours against staff and clients
   - ensure effective response, reporting, follow-up and monitoring procedures are in place to address incidents of aggressive behaviour as per organization's standard of practice
   - ensure all aggressive incidents are investigated and corrective action identified and taken to prevent recurrence

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ROLES AND RESPONSIBILITIES cont.

- monitor safe work practices and ensure non-compliance with these safe work practices is addressed
- ensure staff receive initial and on-going training and education in prevention and management of aggressive behaviours appropriate to their workplace including their role in the Code White response
- provide support to all individuals directly affected by aggression and ensure that appropriate follow-up including Critical Incident Stress Management is available

3. Staff:
   - actively participate in the workplace violence risk assessment process by providing input and feedback
   - learn and use techniques to avoid aggressive situations or potentially aggressive acts including their roles and responsibilities in a Code White situation
   - apply organization's policies and procedures relating to workplace aggression
   - report and document all incidents of aggression

4. Joint Occupational Health and Safety Committee (OHS Representative, if no OHS committee)
   - monitor the violence in the workplace program by reviewing statistical information (risk assessment results, training records, incident reports, investigation reports, etc)
   - review incidents of violence and make recommendations for prevention strategies, if necessary
   - ensure recommendations for prevention strategies are followed-up
   - when appropriate and necessary, participate in investigations of incidents involving violence in the workplace
   - participate in program review

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ROLES AND RESPONSIBILITIES cont.

5. OHS Department/Security/Human Resources/Education/Risk Management, etc. (where applicable):
   - develop, implement and monitor aggression prevention/management policies and procedure
   - perform risk assessments through analysis of patient and staff incidents, site and staff surveys
   - develop and implement educational programs in consultation with the Joint Occupational Health and Safety Committee
   - conduct accident/incident investigations in relation to aggression, providing recommendations for corrective action
   - provide the Joint Occupational Health and Safety Committee with information regarding the PMAB Program
   - evaluate annually the effectiveness of the PMAB Program in consultation with the Joint Occupational Health and Safety Committee and make recommendations to senior management

B. CODE WHITE SITUATION

In a Code White situation the roles and responsibilities of all staff involved are as follows:

1. Staff Initiating the Call
   Staff involved in situation or first staff member to come upon the scene:
   - Identify that a situation exists requiring immediate assistance.
   - Ensure own and co-worker safety (e.g. need to leave area until sufficient resources are available to restrain or remove an aggressive individual).
   - Follow procedure outlined by the organization for summoning assistance.

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ROLES AND RESPONSIBILITIES cont.

- Direct other staff as necessary to reduce stimulation in the area (removing all clients, visitors from area, reducing noise levels by turning off radios/tvs, vacuum cleaners, etc.).
- Have client's record or chart available if possible.
- Provide information to the Code White Team Leader about the situation, action taken and action required.
- In the event medication is to be administered ensure medication orders have been received, medication has been prepared and is ready.
- In the event the client is to be placed in seclusion, ensure the room is ready to receive the individual.
- Prepare restraints if necessary.
- In the event that additional help is required (e.g. Police) ensure that the call has been placed and that help is on the way.
- Assist Team as directed by Team Leader.

2. The Code White Team:
Roles and responsibilities assigned to each team member will vary depending on the team size, skills of each member, the needs of the client and the location of the crisis.

TEAM LEADER (Team Leader selected as per organization's protocols for designation of Team Leader)*:*

- Assesses the situation.
- Calls for additional resources if required (e.g. Police).
- Acts as the spokesperson for the team and the ONLY PERSON TALKING unless a spokesperson is delegated by Team Leader.

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ROLES AND RESPONSIBILITIES cont.

- Obtains information about the situation from the staff and what is expected of the team:
  - i. reason for Code White call
  - ii. details of current situation
  - iii. name of acting out client
  - iv. history of past incidents if appropriate and interventions that have worked in past
  - v. any pertinent medical information
  - vi. mental status
  - vii. intervention needed (e.g. medication, removal to seclusion, etc)
  - vii. location of client
  - ix. additional information that may be pertinent (could include pertinent medical/nursing orders, committal status)
- Develops intervention plan to ensure enough resources are available to safely carry out plan.
- Identifies team members (confirms all have been trained).
- Informs and directs team members about the plan of action, including approach to be used, type of intervention and how each member will exit from room.
- Ensures safety of team by having all team members remove items such as watches, glasses if not safety glasses, pens, ties, pagers, scissors, stethoscopes or name tags, etc.
- Ensures personal protection equipment (PPE) such as gloves are available for team use.
- Assigns team members to specific tasks/positions.
- Ensures all members including staff are ready before taking action (medication is ready, room is prepared, etc).

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ROLES AND RESPONSIBILITIES cont.

- Communicates with acting out individual.
- Eirects intervention plan to completion (may administer, if appropriate, or delegate medication administration).
- Ensures defusing/debriefing takes place as soon as possible following the incident and that staff know about and are able to access all available support if necessary (including CISM).
- If an injury occurs to a team member ensures member seeks proper first aid.
- Ensures appropriate documentation is completed as per organization's protocols.

TEAM MEMBERS:

Team responds in a co-ordinated manner under the direction of the Team Leader and

- follows instructions of Team Leader.
- understands intervention plan.
- remembers that the Team Leader is the only person speaking at the time of interaction with the client.
- carrries out tasks assigned by Team Leader and any other additional tasks as needed such as:
    - i. crowd control
    - ii. clearing area of hazardous objects
    - iii. supporting other team members
    - iv. preparing restraints
- informs Team Leader if unable to perform assigned task (e.g. if recently injured and unable to take a restraining position).
- removes personal items which could be damaged or cause injury.

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- listens for "cue to action" and move in on signal or if escalation occurs.
- immobilizes limbs as directed.
- secures client until instructed by Team Leader to release him.
- assists in escorting client or with restraining or applying restraints such as four point restraints.
- reports any injuries sustained during procedure.
- assists with documentation as necessary.
- participates in debriefing.

3. Other Staff
   - Nurse in Charge: following an incident involving a client, the nurse in charge/ supervisor:
     - if necessary and appropriate, ensures that the client's physician is consulted to determine whether any changes in medication, medical treatment and/or other precautionary measures are necessary to eliminate or minimize the risk to staff and modifies the care plan.
     - reviews client's care plan with staff to ensure appropriate changes to care are made to address "triggers" that may precipitate the aggressive behaviours.
     - when care is being transferred, advises receiving facility/agency or community treatment partner of any changes in behaviour management relating to this or other incidents.

   - Other staff such as Occupational Health and Safety Staff, Education staff will have roles and responsibilities regarding Code White response and need to have these identified as applicable to the organization. (These could include roles in the follow-up of Code White incidents such as ensuring follow-up occurs in a timely manner in accordance with the organization's risk management protocols and that education programs are evaluated).

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EDUCATION AND TRAINING

The employer has to be committed to providing the necessary education and training if implementing a Code White response. The overall goal of Code White team training is to prepare specific staff to safely use non-violent intervention strategies to defuse an aggressive situation in which there is the potential or actual danger of harm.

The employer must ensure that education and training is appropriate to the needs of the organization and that the program's instructors/educators receive adequate and appropriate education and training. Both instructors/educators and team members require regular refresher training to maintain their skills.

A. REQUIRED SKILLS, KNOWLEDGE AND ABILITIES FOR CODE WHITE TEAM MEMBERS:

Ability to function as an effective team member includes:

- rapid and accurate assessment skills of team's capacity to respond to the situation
- appropriate and effective decision making skills
- competence to perform Code White techniques
- accountability and responsibility
- ability to respond and effectively participate in Code White calls
- ability to function professionally in a stressful situation
- verbal de-escalation skills
- recognition of personal limitations, if present within a specific situation

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EDUCATION AND TRAINING cont.

B. TEAM TRAINING:

Code White team members require initial education and training as well as annual refreshers. Regular refresher training sessions are necessary to maintain knowledge and skill levels. The frequency and length of these refresher programs are determined by the organization and its experience with violent and aggressive behaviours requiring Code White intervention as well as the resources available.

For education and training to be effective it is recommended that both the initial training and the annual refreshers be a minimum of eight hours each. Methods of delivery may vary, for example, this training may be provided in two four hour sessions. Additional education and training may be identified by the organization based upon its experience of Code White situations.

Core components of a Code White Team training include:

- WCB Regulation re: Violence in the Workplace
- definition of a Code White situation
- Code White Team philosophy (professionalism and respect versus power and control)
- legal and ethical issues
- Code White Team composition
- Code White Team member roles and responsibilities
- staff member roles and responsibilities in a Code White situation
- Code White Team intervention procedures (does not include pain compliance, impact or the use of compliance tools)
- personal safety techniques
- "staged" intervention model

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EDUCATION AND TRAINING cont.

- debriefing
- Critical Incident Stress Management (CISM)
- documentation
- relevant policies and procedures
- resources supporting Code White Team approach
- prevention and management techniques for aggression
- crisis communication techniques
- management of specific behavioural emergencies common to agency/facility (e.g. cognitively impaired; children; psychogeriatrics, etc.)
- use of restraints and transport techniques
- authority for use of force
- Mental Health Act

C. GENERAL STAFF EDUCATION AND TRAINING:

In addition to core education and training on the prevention and management of aggressive behaviour, general staff training includes:

- procedure for accessing Code White team
- preparation for Code White response:
  - preparing the staff
  - preparing the environment
  - preparing for the intervention (medication, seclusion, etc)
- methods to assist Code White Team
- recognition of need for Critical Incident Stress Management following a Code White response

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EDUCATION AND TRAINING cont.

- follow-up procedures (changes to protocols, physical environment, etc to prevent further incidents)
- documentation

DOCUMENTATION

A. CODE WHITE RESPONSE DOCUMENTATION:

Documentation is required for all Code White Team responses and is determined by the organization/agency or Health Authority. Documentation should include:

- demographics (e.g. date, time, location of incident; client involved, etc.)
- description of incident
- precipitating factors (or triggers) if known
- behaviours witnessed (compliant; passive resistance; active resistance; assaultive, etc)
- type of intervention (e.g. stand by; verbal de-escalation; escort; physical restraint; mechanical restraint; environmental restraint, etc)
- medications administered
- names of team members
- staff injuries (if any occurred, staff need to document these on the appropriate workplace injury report form)
- names of other responders (e.g. police, security, etc)
- debriefing session
- recommendations
- signature of Team Leader or designate

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DOCUMENTATION cont.

A policy/procedure should be written that states who is responsible for completing the Code White response documentation, who receives this documentation and who is responsible for ensuring follow-up.

B. HEALTH RECORD/CLIENT'S CHART:

In addition to the above, documentation for the Health Record or client's chart includes:

- who was involved; who was the recipient of the aggressive/violent behaviour
- what behaviour was seen (shouting, pushing, crying, etc.)
- when the event occurred; include the first indication of escalation and any actual act of violence
- where the event occurred
- why the incident occurred; what event(s) may have set off the incident
- how was control regained; what interventions were used
- what the outcome was; did anyone get hurt
- how did the client respond

FOLLOW-UP

A. INFORMAL DEBRIEFING:

This is a debriefing with the team and staff involved in the incident immediately following the incident. It provides the opportunity to complete Code White Team Response documentation and for each team member to make comments, voice concerns/issues regarding Code White response and to be advised regarding reporting injuries and seeking additional assistance if needed. This is a time to discuss what went right, what didn't and to make recommendations on how to improve the Code White response.

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B. EMOTIONAL DEBRIEFING:

Emotional debriefing (a component of Critical Incident Stress Management) refers to a specific model of group debriefing provided to staff impacted by crisis event. There are a number of models of emotional debriefing of which Dr. Jeffrey Mitchells's CISM is the best known in Canada and the USA.

Follow-up is required if a staff member suffers an injury in a Code White intervention or if any staff member becomes distressed over the incident.

Follow-up includes:

- Provision for critical incident stress management (CISM) including access to telephone numbers
- Provision of support (e.g. OHN, OHS staff, union steward, family member, other staff, etc.)
- If necessary, referral to Employee Assistance Program

C. ORGANIZATIONAL FOLLOW-UP:

This is an operational review conducted by the organization into the incident to determine causes; proper follow-up measures to identify risk control measures to prevent any future occurrences.

Follow-up at the organizational level includes:

- at the time of the incident, options for affected staff to finish shift or leave and return when fit to do so
- contact with affected staff who remain off following an incident
- provisions for assistance and support if staff pursuing charges

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FOLLOW-UP cont.

- accurate, complete documentation
- thorough investigation
- appropriate recommendations for remedial action
- review at appropriate levels of administration to ensure prevention strategies are implemented
- annual reviews of the organization's Violence in the Workplace Program and the Code White response

The organization ensures follow-up of the incident by assigning responsibility for this follow-up to a designated person(s)/department(s) such as OHS, Risk Management, Education/Training, Security, Administration, Senior Management, Joint OHS Committee, etc.

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POLICIES AND PROCEDURES

An effective Code White response is supported by relevant policies/procedures. These include but are not limited to:

- protocols governing a "least restraint" approach (the least amount of restraint is applied for the shortest period of time)
- use of restraints (mechanical restraints such as four point restraints)
- care of client in restraints
- criteria for use of seclusion (environmental restraint)
- triaging of aggressive client (psychiatric/behavioural emergencies) in the Emergency Department
- administration of medication in a Code White response
- presence of weapons
- need for and availability of additional support (e.g. Police)
- education and training of team members and staff (core education and risk specific training, including Code White response)
- management of an injury during a Code White call
- Critical Incident Stress Management
- required documentation and responsibilities for same
- investigation and follow-up of all incidents
- alcohol withdrawal
- chemical substance intoxication
- dementia/delirium protocols
- protocols regarding care of client in seclusion room
- prisoners as clients
- observation levels for psychiatric clients

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POLICIES AND PROCEDURES cont.

- care and management of suicidal clients
- limits of pursuit
- employee escort to vehicles (for any situation in which staff may be at risk for aggressive behaviours such as walking to their cars alone after hours or to a secluded parking area, etc.)
- formal complaint process (including criminal charges)

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APPENDICES

ATTACHED:

A. Sample: Code White Policy

B. Sample: Code White Report Form

C. Sample: Aggressive Incident Report Form

LINKS:

D. *Preventing Violence in Health Care: Five Steps to an Effective Program*
Workers' Compensation Board of British Columbia (2000)
http://www.worksafebc.com/publications/Health_and_Safety_Information/by_topic/assets/pdf/violhealthcare.pdf

E. *WCB Requirements – (scroll to Violence in Workplace)*
Workers' Compensation Board of British Columbia
http://regulation.healthandsafetycentre.org/s/Part4.asp#SectionNumber:4.27

F. *Standards: Hospital-Based Psychiatric Emergency Services – Observation Units*
British Columbia Ministry of Health (March 2000)
http://www.healthservices.gov.bc.ca/mhd/pdf/standards.pdf

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APPENDIX A

(NAME OF ORGANIZATION)
Policy Manual
Section: Occupational Health and Safety

#______: Aggression in the Workplace: General Policy

POLICY: (Name of Organization):

1. does not accept verbal, physical, psychological or sexual aggression against any employee and will reasonably provide the necessary resources to create and maintain a safer workplace and will take reasonable steps to reduce or eliminate the threat to personal safety
2. will ensure admitting practices and procedures are in place to identify potential problems of aggressive behaviours
3. where appropriate, will establish and maintain emergency response resources to provide 24 hours emergency response to situations in which an individual is behaving in a potentially dangerous manner to self or others
4. will make provisions for a secure workplace
5. will develop appropriate policies and procedures to identify potential problems and to address such problems in a quick and efficient manner as they relate to aggression in the workplace
6. will provide assistance and follow-up support, as necessary, for employees involved in an aggressive incident
7. will provide employees with education and training related to the prevention and management of aggressive behaviour

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APPENDIX A cont.

RATIONALE:

1. to communicate a belief that abuse and aggressive behaviours are not to be accepted by staff as "part of their job"
2. to ensure the organization manages aggression in the workplace in accordance with Workers' Compensation Board Regulation and the collective agreements.

DEFINITION:

"WORKPLACE AGGRESSION" is defined as an act of verbal threat or physical violence to which a worker is subjected during the course of employment. The incident or act may be committed by a patient, visitor or employee and may be directed towards staff, other people, objects or self. It may involve, but is not limited to, name calling, swearing, threats, use of a weapon, sexual harassment or assault.

ISSUED &
APPROVED BY: ______________________________ DATE:

SIGNED BY: ______________________________ DATE:

Initial Distribution Date:
Review Date:
Revised Date:

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APPENDIX A cont.

(NAME OF ORGANIZATION)
Policy Manual
Section: Occupational Health and Safety

#________: Aggression in the Workplace: Code White Response

POLICY:

1. Only trained staff can be members of the Code White response team.
2. Code White team members are to receive both initial training and annual reviews. Training sessions should be a minimum of 8 hours
3. All staff are to receive training regarding their role in a Code White situation
4. Code White team members are to respond to all 'Code White" calls when on duty. Team members providing direct client care must ensure the safety of their clients before attending a "Code White" call.
5. Safety of team members and others must be considered when team responds to a "Code White" call. Police assistance is requested when incident is beyond the scope of the Code White Team.
6. Restraints, if needed, are kept ready in Emergency and Psychiatry
7. Code White drugs are kept in Emergency and Psychiatry. Nursing staff of these units are responsible for restocking "Code White" drugs
8. The Code White Team Leader is responsible for ensuring an informal debriefing session is held immediately following the incident for team members and others involved in the incident
9. A "Code White" report is to be completed following all "Code White" calls

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APPENDIX A cont.

(NAME OF ORGANIZATION)
Policy Manual
Section: Occupational Health and Safety

#________: Aggression in the Workplace: Code White Response

10. Follow-up of a Code White incident is the responsibility the manager of the unit in which the incident took place
11. Code White incident reports and follow-up are to be reviewed by the Occupational Health and Safety Committee for further recommendations if necessary

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APPENDIX A cont.

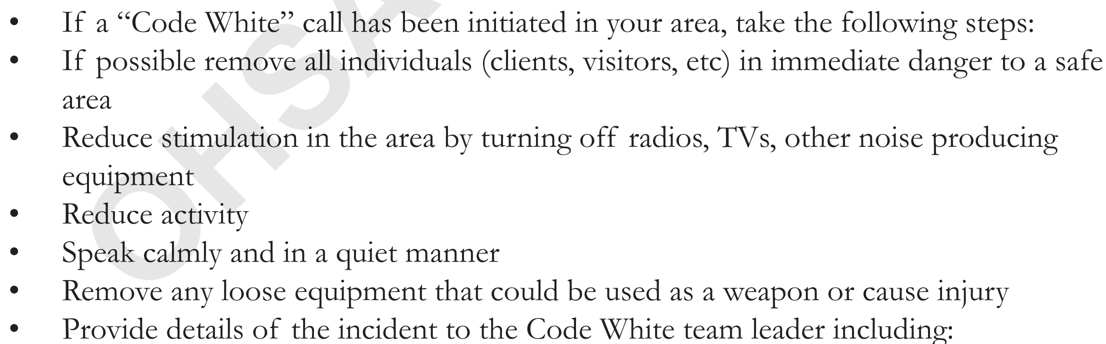
(NAME OF ORGANIZATION)
Policy Manual
Section: Occupational Health and Safety

#________: Aggression in the Workplace: Code White Response

RATIONALE: To provide guidelines for the safe management of a Code White situation

PROCEDURE:

1. INITIATING THE CALL:
   - Any staff member can initiate a “Code White” call if he/she identifies a situation in which help is needed
   - A call is initiated by____



2. STAFF MEMBER RESPONSIBILITIES:
   - If a “Code White” call has been initiated in your area, take the following steps:
   - If possible remove all individuals (clients, visitors, etc) in immediate danger to a safe area
   - Reduce stimulation in the area by turning off radios, TVs, other noise producing equipment
   - Reduce activity
   - Speak calmly and in a quiet manner
   - Remove any loose equipment that could be used as a weapon or cause injury
   - Provide details of the incident to the Code White team leader including:

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APPENDIX A cont.

(NAME OF ORGANIZATION)
Policy Manual
Section: Occupational Health and Safety

#________: Aggression in the Workplace: Code White Response

    i. Brief history of the incident (including name of client, have client chart available, if possible)
    ii. What action has been taken
    iii. What action is required of the Code White team
- Assist team as directed by the team leader

3. NURSING STAFF RESPONSIBILITIES: In addition to "Staff Responsibilities":
   - Ensure a physician is contacted to obtain orders for:
     i. Medication (oral and intramuscular)
     ii. Restraints if necessary
     iii.. Seclusion if necessary
   - Prepare and give medication
   - Attend to remaining clients in area
   - Nurse in charge: ensure staff involved participate in debriefing with Code White team following incident
   - Ensure proper documentation is completed and forwarded to appropriate individuals

4. CODE WHITE TEAM MEMBER RESPONSIBILITIES:
   - To report to scene of incident as quickly as possible

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APPENDIX A cont.

(NAME OF ORGANIZATION)
Policy Manual
Section: Occupational Health and Safety

#________: Aggression in the Workplace: Code White Response

- To ensure personal safety by removing all personal items which could cause injury (eg. Pens, stethoscopes, name badges, watches, eye glasses, etc)
- To inform Team Leader if unable to assume "hands on" position
- To follow Team Leader's direction
- To participate in debriefing immediately following completion of intervention
- To offer recommendations
- To report any injuries immediately to Team Leader and to First Aid
- To assist with documentation of Code White Response

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APPENDIX B

ORGANIZATION
CODE WHITE REPORT

Facilility/Agency:____________________________ Location of incident:__________________
Date of incident:____________________________ Time of Incident: ____________________
Code White Team Members:
1. Team Leader_______________________________ 2.________________________________
3. ____ 4.__________________________________
5. ____
Others____

CLIENT/INDIVIDUAL INFORMATION:

Name of Individual: ____ Age:
Inpatient ____ Outpatient____ Family ____Visitor ___ Other:__________________________
Mental Status: oriented___ disoriented___ confused ____
Behaviour: physically aggressive____ verbally aggressive____ suicidal___ elopement ___
Self-destructive ___ destroying property____ refusing to leave ___
Unco-operative ____

Weapons: Yes____ No____ Type ______________________________

INTERVENTION:

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APPENDIX B cont.

Talked down ___ returned to room/facility ____ placed in seclusion ___
Escorted from area ___
Medication ____ State what was given:_______________________________________
Restraints ____ Describe:____
Placed on constant attention ____
Required Police assistance ____ Describe_______________________________________

REPORT OF INJURIES:

Was anyone injured? Yes ___ No___ If "YES": Staff ___ Client ____ Other______
Name:_______________________________________ Dept/unit __________________
If Staff, did they report to First Aid? Yes ___ No____
Worker's Report of Injury completed? Yes ___ No___

DEBRIEFING

Debriefing session held immediately following Code White Response? Yes ___ No___
If "NO" please indicate reason why____
____

RECOMMENDATIONS:

SIGNATURE:________________________________ (Team Leader)

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APPENDIX C

Organization's Name AGGRESSIVE INCIDENT REPORT FORM
Violence in the Workplace Program OH&S Report No.

Part A ➔ to be completed by worker involved in/reporting incident
Part B ➔ to be completed by person in-charge at time of incident
Part C ➔ to be completed by Code White Team Leader (if applicable)

PART A – DESCRIPTION OF INCIDENT: (to be completed by worker(s) involved)

1. Date of Incident:__________________ Time:______________________

2. SITE (eg. Facility/agency/community):____________________________
3. LOCATION (at site):____
____ (please be specific)

4 . DESCRIPTION OF INCIDENT:____
____

5. INDIVIDUAL (AGGRESSOR) INFORMATION:

- ☐ Male ☐ Female
- ☐ Patient/resident ☐ Visitor
- ☐ Family Member ☐ Staff Member
- ☐ Other ______________________________________

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APPENDIX C cont.

Name (if known):________________________________

Has individual been involved in any previous incidents of aggression:
☐ YES ☐ NO ☐ Unknown

6. WITNESS INFORMATION:

Name: ______________________________ Position: __________________
Name: ______________________________ Position: __________________
Name: ______________________________ Position: __________________
1st Responder: ________________________ Position: __________________
2nd Responder: _______________________ Position: __________________

7. INCIDENT INFORMATION:

Physical Assault: ☐ hit ☐ bitten ☐ pushed ☐ grabbed ☐ kicked ☐ scratched
Verbal Abuse: ☐ threatened with physical harm ☐ foul language used
☐ other: ____

Was Individual: (check all that apply):

☐ oriented ☐ disoriented ☐ uncooperative
☐ alert ☐ sedated ☐ refusing to leave
☐ alcohol on breath ☐ agitated ☐ threatening to elope
☐ destroying property ☐ confused ☐ suicidal
☐ fearful ☐ self-destructive
☐ refusing medication ☐ interfering with treatment
☐ other: ____

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APPENDIX C cont.

Weapons involved: ☐ NO ☐ YES ➔Describe: ______________________________

Injuries to staff: ☐ NO ☐ YES➔Describe: ______________________________

____

____

________________If injured, report to First Aid and complete Accident/Injury Report.

8. Signature ➔

_________________________ ____________________

Name (of person reporting incident) Date of Form Completion

(Once Part A is completed send form to Person in charge for completion of Part B)

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APPENDIX C cont.

PART B – INTERVENTION/RESOLUTION: (completed by person in-charge at time of incident)

1. Security: ☐ Called ☐ Not Called ☐ Not on Duty ☐ N/A
   If Security on duty but unable to attend, please state why? ____________________
2. Code White Called: ☐ N/A ☐ NO ☐ YES (Part C to be completed by Team Leader)
3. Police called: ☐ NO ☐ YES ➔ Officer's Name: ____________________
4. Immediate intervention/resolution: ____________________
5. For serious incidents:
   - ➔ Employee referred to: ☐ Employee Health ☐ Employee Assistance Program
   - ➔ Appropriate Union Steward notified: ☐ NO ☐ YES ➔ name: ______________
   - ➔ Operational Review needed: ☐ NO ☐ YES

Part C to be completed by Code White Team Leader. If no Code White called, Department Head/Manager of unit where incident took place and/or of worker involved retains copy and sends ORIGINAL to Occupational Health & Safety.

6. Signature ➔

______________________________ ______________

Supervisor/In-charge person name/signature Date

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APPENDIX C cont.

PART C – CODE WHITE RESPONSE (to be completed by Team Leader)

Code initiated by:_______________________ Position:_______________________

Time Code called:_______________________ Time team arrived:_______________

Code announced clearly: ☐ YES ☐ NO

Code called 3 times: ☐ YES ☐ NO

Location was specific: ☐ YES ☐ NO ☐ FALSE ALARM

Team Leader: _______________________ Position: _______________

Team Members: 1) _______________________ Position: _______________

Team Members: 2) _______________________ Position: _______________

Team Members: 3)_______________________ Position: _______________

Team Members: 4) _______________________ Position: _______________

Team Members: 5) _______________________ Position: _______________

Type of Intervention:

☐ Individual talked down

☐ Medication given

☐ Placed in seclusion

☐ 4 point restraints applied

☐ Returned to hospital/ward/room

☐ Put on constant attention

☐ Escorted off facility property

☐ Police assistance required

Defusing: was a team/staff debriefing session held following Code White intervention:

☐ YES ☐ NO, if not, why not: _______________________________________

Recommendations from Code White Team/Staff:

____

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APPENDIX C cont.

Send copy to the Department Head/Manager (of the worker involved) and the ORIGINAL to Occupational Health & Safety

_____________________________ _____________________________

Team Leader Name/Signature Date

Forms\violence\report form 05-99

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ABOUT THIS DOCUMENT

The Occupational Health and Safety Agency for Healthcare (OHSAH), which operated from 1998-2010, was a precursor to SWITCH BC. Conceived through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the health sector, OHSAH was built on the values of bipartite collaboration, evidence-based decision making, and integrated approaches.

This archival research material was created by OHSAH, shared here as archival reference materials, to support ongoing research and development of best practices, and as a thanks to the organization's members who completed the work.

If you have any questions about the materials, please email hello@switchbc.ca or visit www.switchbc.ca