

# Belmont HOUSE

<b>SUBJECT:</b>	Violent Resident, Tenant, Visitor- Code White		
<b>VOLUME:</b>	Vol. 6 Disaster Planning and Emergency Response – Code White		
<b>REVIEWED BY:</b>	Director of Support Services	<b>ORIGINAL DATE:</b>	August 2004
<b>APPROVED BY:</b>	CEO	<b>REVISED DATE:</b>	June 2022
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## **PREAMBLE:**

Belmont House endeavors to provide a safe environment for residents, families, staff and visitors while providing care that respects the individuality of the resident.

## **POLICY:**

Belmont House is committed to creating and maintaining an environment free from threats of sexual, physical, verbal and psychological abuse, as is reasonable possible. Belmont House will not tolerate workplace violence, abusive or aggressive behavior of any kind and will deal with each and every incident of abuse and aggression that threatens the safety of anyone at Belmont House.

A Code White is activated when, in spite of alternative approaches, the resident/ tenant, employee, physician, volunteer, other caregiver, visitor becomes aggressive, threatening or violent or when behavior escalates putting him/herself at risk for harm as well as others.

The multidisciplinary team will:

- Identify residents/tenants who have the potential for aggressive behavior.
- Implement interventions to promote a safe environment for staff and residents and tenants.
- Ensure that when aggressive behavior is exhibited, it is managed quickly and effectively.
- Ensure staff working with the residents and tenants are aware of their behavior patterns and recommended interventions and recognize this episode as having potential to be uncontrollable.
- Ensure that restraints are used appropriately as per the Minimizing Restraints Policy when a resident or tenant is shown to pose a clear and present danger to him/herself or others.

## **Who Can Call a Code White**

A Code White can be called by any staff who feels threatened or is in danger, or discovers that another resident/tenants, staff or visitor is in danger, because of the actions of another person, or that a violent action is taking place.

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### **Safety First**

The safety of human life must not be jeopardized by the desire to be heroic or to save property. It is better to let a person or persons escape with property than to be injured in an attempt to save a replaceable commodity.

### **Actions to Be Taken By Those Directly Involved**

Persons directly involved should not create a threat to the violent person. They should give the violent person space and speak and behave in a calm, non-threatening manner.

### **Supportive Action by Those not Directly Involved**

Support starts by a person calling the reception staff to announce a Code White, if you are not able to do so yourself. The caller should give the exact location of the situation, indicating if any weapon is involved, and give his/her name to receptionist. Reception staff will announce a Code White to initiate appropriate staff to respond. Police will be called if the situation warrants police involvement.

### **Responsibilities during a Code White**

#### 1 Staff Identifying Code White

- 1.1 Call the Reception Desk and state Code White. Include the wing, floor and room number and if any weapon is involved.
- 1.2 Remove self and others from immediate danger.

#### 2 Reception Staff

- 2.1 Announce Code White three times, stating the wing, unit and room number.
- 2.2 Pause 30 seconds to 1 minute between announcing the Code White.

#### 3 Response Team

- 3.1 The following trained staff will go immediately to the location of the Code White:
  - 3.1.1 Nurse-in-Charge of the unit -- designated as the code leader
  - 3.1.2 All unit staff
  - 3.1.3 Any physicians on site
  - 3.1.4 Environmental Services Staff

#### 4 Other Staff to Respond

- 4.1 Other staff to respond are:
  - 4.1.1 Days: Director of Care/Assistant Director of Care
  - 4.1.2 Evenings: Nurse-in-Charge  
Environmental Service Staff
  - 4.1.3 Nights: Nurse-in-Charge  
Environmental Service Staff

#### 5 Response Steps

- 5.1 The Nurse in Charge will direct the responsible staff to bring the situation immediately under control.
  - 5.1.1 All staff assembled will receive/follow instructions from the Nurse in Charge.

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- 5.1.2 **Only one person should speak with the resident/tenant, staff or visitor**, maintaining eye contact, speaking slowly, softly, calmly and firmly. Maintain conversation, provide reassurance and explain what is happening.
- 5.1.3 Settle the situation quickly. Use minimum interventions. Follow the normal protocols for the prevention and management of aggressive behaviour.
- 5.1.4 If the violence is escalating, the Nurse in Charge or delegate will identify this as an emergency and will **notify Police by calling “911”**
- 5.1.5 For residents and tenants:  
If there is no current order for physical restraints, but the physical safety of the resident/tenant or others is in jeopardy, the team will apply the most suitable and least restraint at the direction of the code leader. The physician will be contacted immediately for an assessment of the resident or tenant and an order for the restraint.
- 5.1.6 The Nurse-in-Charge or the RN on the unit will administer medication, if ordered.
- 5.1.7 The resident/tenant is monitored continuously by unit staff until the Nurse in Charge gives other directions.
- 5.1.8 The Nurse in Charge directs the Receptionist to cancel the Code White when appropriate.
- 5.1.9 The response team remains until dismissed by the Nurse in Charge.

## 6 Follow Up

- 6.1 The Response Team meets briefly after the situation is under control to review the steps taken and their effectiveness.
- 6.2 The Code Team Leader or designate completes the *Code White Response: Quality Monitoring Tool*.
- 6.3 The Code Team Leader completes *Incident Report*.
- 6.4 The Code Team Leader completes Employee Incident Report if required.

## REFERENCES:

Fixing Long Term Care Act 2021

RHA 2010 O.Reg. 166/11, s. 24 (1), (2), (3), (4), (5)

RHA 2010 O. Reg. 166/11, s. 25 (1), (2), (3), (4), (5)

## CROSS-REFERENCE:

Policy Title	Volume
Responsive Behaviours Violence in the Workplace	V2 – Resident Care V5 – Occupational Health and Safety

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Location: \_\_\_\_\_

Arrival Time of Team: \_\_\_\_\_

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

Names of Response Team who Responded to Code White:

Name of Team Member Completing Form:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Code Team Leader**

		Yes	No	Comments
1.	Did the code leader clearly identify herself/himself?			
2.	Was responsibility delegated clearly and concisely to the response team and unit staff?			
3.	Was the Code Leader knowledgeable about Code White policy?			
4.	Was an appropriate plan developed?			
5.	Was there a brief post Code White meeting involving all response team and unit staff? Who responded?			
6.	Did the code team leader review the code?			
7.	Did the code team leader communicate with the unit staff and make further resident management suggestions?			
8.	Did the code team leader ensure that all appropriate forms were completed and forwarded?			
9.	Was Code White marked in the <i>Actions Taken</i> box of the Incident form?			

**Response Team Members**

1.	Were all response team members knowledgeable about Code White policies and procedures?			
2.	Were all response team members skilled in non-violent physical intervention techniques?			
3.	Did response team members follow directions of the team leader?			
4.	Did all response team members fully contribute to the team?			
Was the Code White Response satisfactory?				

Recommendations for improvement:

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Please return completed form to Quality Risk Management Coordinator