

MAPLE VILLA LONG TERM CARE CENTRE

DEPARTMENT: ADMINISTRATION DATE OF ORIGINAL ISSUE: MAY 2018

ISSUED & APPROVED BY: ADMINISTRATOR REVIEWED/REVISED: MAY 2023

SIGNATURE: *Dustin Gibson*

TO: ALL STAFF AND VOLUNTEER

SUBJECT: VIOLENT INTERACTION – CODE WHITE

PURPOSE

To effectively manage a situation when any person, resident or other, presents a threat to the safety of others.

POLICY

Code White shall be paged by the on-duty R.N. or designate to activate the plan, when there is imminent risk to safety and/or life:

“Attention All Staff, Code White; announce location.”

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Code White is used to signal a need that assistance is required due to another person behaving in a potentially dangerous manner towards themselves or others. It is not an expectation for any staff member to place themselves at personal risk. There can be a potential that this behavior may escalate causing further risk and harm to others.

The staff responding to a Code White will so in a non-violent manner; least restraint approaches will only be implemented after all other options have been tried. Should staff feel that the situation is beyond their ability to intervene effectively or the behaviour involved a person other than a resident, 911 will be called by the on-duty R.N. or designate.

Annually, all staff will be trained in responding to a Code White. Training programs that are to be used are either Gentle Persuasion or Non-violent Crisis Intervention.

PROCEDURES

1. Upon discovery of a situation where a person is demonstrating behavior that could potentially harm others, the staff member will GET HELP and notify the on-duty R.N. immediately.

The R.N. in charge shall:

- ✓ Immediately remove all persons out of the danger zone into a safe area
- ✓ Immediately report the threatening or active acts of violence or situation to policing authorities to determine actions
- ✓ If possible, lock down the area where the danger present if a safe distance is maintained
- ✓ If the offender is interior / exterior of the building / property lock down points of entry / exit / windows to prevent access
- ✓ Monitor presence of the offender from a safe distance without antagonizing the situation
- ✓ Obtain descriptive information as available; name, relationship, dress, physical statue, etc.
- ✓ Obtain any information on the offender from sources as available to provide to authorities

LOCK DOWN PROCESS

- Lock down process may be applicable in a code white or on the event of other emergencies, such as an animal threat
- LOCK DOWN THE BUILDING FROM THE INTERIOR/EXTERIOR; depending on source of danger by LOCKING all main doors to prevent entrances / departures
- As appropriate; post warning; example: "DANGER DO NOT ENTER/EXIT DANGER ON PROPERTY" for all residents, guests and staff

- If a resident is the aggressive offender: Registered Staff can use the following to de-escalate the situation:
 - ✓ Establish and maintain eye contact
 - ✓ Talk in a slow gently reassuring voice; try to keep the residents talking
 - ✓ Offer the resident tea or coffee or offer a snack
 - ✓ Do not patronize the resident or talk in a degrading manner
 - ✓ Ask simple questions of the resident
 - ✓ Offer them a seat or the option of going back to bed
 - ✓ Offer to call a relative and let them talk with the Other Registered Staff . responding to the situation should review physician orders for physical or chemical restraint orders.

- If the resident does not settle and continues to pose a risk, contact the physician regarding hospital transfer, under the Mental Health Act. If the resident is violent call 911 for transport to the hospital for assessment.

Note: The original of the Form 1 and Form 42 form must accompany the resident to the hospital; a copy is kept for the resident chart. The physician must visually assess the resident and complete the Form 1 and Form 42.

2. Once the situation is de-escalated consider assigning one-on-one staffing to the resident for the remainder of the shift or the next shift (Contact the DOC or designate for approval).
3. Following the conclusion of the situation all staff should meet to debrief on how the situation was handled, what worked well, what didn't work, how staff felt in the situation, what care changes will be made, what about use of medications, and what would be

done differently in the future. This debriefing session should be documented, attached to the Incident Report form, and forwarded to the Joint Occupational Health and Safety Committee for review. Refer any person involved to Social Support Services, who are experiencing distress due to the incident.

4. Documentation to include:

- Process Notes – should clearly document the occurrence from the beginning to the end. Clearly identify the trigger if known; state what worked and what didn't work; what made the situation better, what made it worse; what actions did staff take; who was called and when; were restraints used or not; if what was response, etc.
- Care Plan – should clearly identify risk for behavioural outbursts. Include what triggers the behaviour, time of day risk is highest, what are the effective interventions, etc.
- CIS Report – if there were any injuries towards another resident, MOLTC Unusual Occurrence Report Form is to be completed.
- Resident Incident Report – Complete in PCC Risk Management
- Employee Incident Report – Complete if there were any negative effects on the staff.

- The plan is deactivated by paging:

“Code White – All Clear.”

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