Manual:	Emergency Preparedness	Reference No.:	006030.00
Section:	Code White – Violent/Aggressive Behaviour		
Subject:	Violent Situation Protocol		

POLICY:

To ensure a plan is in place to attain immediate assistance in a situation related to violent/aggressive behaviours in staff, resident, family or visitors.

Code White is used every time immediate response is needed to manage violent/aggressive behaviours, or when you can't handle or help is needed and they aren't successful.

REFERENCE:

Accredited Crisis Intervention with the Hostile and Aggressive Individual, 2013.

Strategies to Prevent Code White

- A. Resident Behaviours to Identify or Flag potential for violence
 - Past history of violence
 - Medical conditions i.e. brain injury
 - Lifestyle/personal history
- B. Code White practice for specific resident including an environmental assessment for potential violent situation e.g. what to do if in dining room etc. (see (a) for copy of Environmental Assessment Form)
- C. Dress/grooming: Ensuring that appropriate precautions are in place e.g. hair tied back, no rings, necklaces etc. This is for staff safety.
- A. Completion of the Broset Violence Checklist (BVC checklist) for 24 hours to be done at the beginning of each shift, to measure level of risk for violent behavior. This tool is to be used short term when a resident has a change in behavior or has increased agitation. The tool is to help determine if violent behavior may occur so safeguards can be put in place. The tool to be completed by a Registered Staff member or BSO. (see copy of BVC Assessment (b) form attached with this policy

PROCEDURE:

Call out "CODE WHITE". Unit Staff to respond immediately to area of concern.

The person confronted with the situation should:

- 1. Stay Calm
- 2. Call for help from co-workers Code White. Using the overhead paging system, page "CODE WHITE", Care Area and location (ie. Unit ______, Room 220)
- 3. Take measures to protect your own safety and the safety of those around you (eg have residents leave room, position yourself close to the door) Remove Residents/Visitors and Staff from immediate area, establishing a safe location.

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IF AGGRESSIVE RESIDENT - Return to resident, ensure evironment is safe. Implement interventions noted in the Responsive Behaviour Protocol to manage the situation.<u>Refer to Responsive Behaviour Policy.</u>

- 4. Do not promise anything in response to demands. Acknowledge requests but say you have to check with supervisor. (claim lack of authority)
- 5. Do not obstruct perpetrator's passage in any way.

Second staff member on Scene:

- 1. Isolate dangerous individual if safe to do so.
- 2. Monitor traffic and direct people away from area in incident
- 3. Determine if necessary to call police and if so make the call now. Call 911.
- 4. Delegate a person to meet police and give a briefing of the situation.

Designated First response staff to respond to the Code White announcement (Home specific plan).

Once situation is assessed then:

Appriopriate Interventions for Code White Responders:

A. Distance from Resident/Positioning of First Responder

Leg length plus a step or a lunge away.

Step to the side if resident responds physically (versus backwards as this could end up with staff being cornered). Stand at a 45 degree angle. Palms should be in fron of thighs facing out (to evidence nothing in hands). Avoid hands positioned behind back.

Avoid leaning forward (shows agression).

Avoid leaning back (portrays fear).

If resident is in wheelchair:

Get to their level: not crouched as puts balance off Kneel on one knee Position to the side or Pull up a chair to the side with one leg positioned in front for quick movement if needed. Position hand on lap with palms out.

Other:

For any position consider hands in front of chest in a steeple position (non-threatening but makes you ready to defend yourself if needed).

Make eye contact but avoid staring

Calm tone of voice: Make statements like: "Can I help you right now"

B. General Guidelines for defusing Hostility:

Defuse yourself first

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Be aware of your body language, distant from resident, environment Begin to defuse earaly and be practive Deal with residents feelings first Look at what you can say yes to: e.g. "you can't go outside now but you can 1. 2. 3. (always give 3 other options so they can choose). Be assertive, not manipulative Be effective versus being right

C. WHEN HELP ARRIVES

There should always be a lead negotiator (usually the person who is already there) Only one person talks at a time

Responders

X Resident

 ${f X}$ 1st Responder (facing sideways with back to exit

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X 3rd & 4th Responder –(stand quiety-identify yourself quietly)

Responders to identify to the present responder:

#2nd and 3rd Responder : I am here if you need me (to 1st responder). This communicates to 1st responder but they don't have to turn or loose focus on the resident. They can "tap" 1st responder at any time if the 1st responder is not being effective to let them know they will take their place.

Other Responders : Their main role is crowd control and safety..

Look out for other resident's safety

Look for any available weapons and remove

Meet the police if they have been called to aprise them of the current situation.

Debriefing:

This is a crucial step in the process. It should take place immediately following the incident, prior to staff leaving for their shift. Discussion should take place on: what went right What went wrong

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Recommendations and plans for further interventions for resident

Completion of the Internal Incident Report form should take place.

The Code White Debriefing form should also be completed by the lead and forwarded to the Executive Director.

It is important to provide the responders with support and appreciation.

Offer time away to take a break.

Phone call to responders should take place the next day by Manager.

Decide on further supports necessary e.g. EAP counselling, group debriefing etc.

Notification

If incident occurred outside of regular office hours the On-Call Manager should be notified as soon as possible. The expectation is that they will provide support/assistance with next steps, debriefing etc.

Staff Specific:

- a) If able to diffuse violent behaviors, employee will be sent home immediately pending outcome of investigation. Contact HR for employee consultation.
- b) If unable to diffuse violent behaviours, call 911 for emergency response and follow the direction of police. Notify, DOCS /Executive Director. Employee will not return to work pending the outcome of investigation.

Refer to Health and Safety Manual – Workplace Violence Prevention Policy and Program.

Family/Visitor Specific:

- Attempt to diffuse the situation by responding in calm voice. Request assistance from Director/Manager
 If able to diffuse violent behaviours, report all proceeding to the Supervisor/Manager and if warranted the supervisor/manager will report incident to Police. Management and Staff will cooperate with the Police and continue with the procedures that are appropriate to the situation.
- b) If unable to diffuse violent behaviours, call 911 for emergency response and follow direction of the police. Notify, DOCS /Executive Director.