camh

Centre for Addiction and Mental Health

Title: Code White - Psychiatric Emergency	**Policy No.:** E 10.1 **Pages:** 13
Originator(s): Professional Practice Office	**Initial Issue Date:** February 1, 2002
Owner: Professional Practice Office	**Next Review Date:** June 11, 2016
Key Words: code white, clinical assist, code white caution, security assistance, aggression, behaviour, violence	**Effective Date:** June 11, 2013
Reviewed by: Clinical Care Committee	**Approved by:** Medical Advisory Committee

1.0 Purpose

This policy articulates CAMH's response to psychiatric emergency. Procedures for Code White, Code White Caution, Clinical Assist, and debriefing are included. Guidelines for satellite clinics are appended (Appendix B).

2.0 Persons Affected

This policy applies to all staff, physicians, and affiliates of CAMH (hereafter referred to as staff); it also applies to students and volunteers as appropriate to the situation.

3.0 Policy

3.1 A Code White will be initiated to summon immediate assistance from clinical and security staff in the event of a psychiatric emergency that is characterized by a person's imminent risk of harm to self or others.

3.2 A Clinical Assist will be initiated to request additional staff assistance in an intervention where there is an anticipated psychiatric emergency which represents a potential risk of escalation for injury to self or others.

3.3 A Code White CAUTION will be called to summon immediate and/or external assistance to manage an individual who threatens the safety of him/herself or others with a weapon.

3.4 Code White, Clinical Assist and Code White Caution procedures will utilize least restrictive measures to ensure the best safety and security of all concerned in accordance with PC 2.E.2 Emergency Use of Chemical Restraint, Seclusion, and Mechanical Restraint.

3.4 Requests for assistance will be called regardless of the client/patient's legal status. The incident will prompt a reassessment of status by the treating psychiatrist.

3.5 All staff are required to complete annual online training in Code White.

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3.6 All newly hired security, unregulated care providers/program assistants, and regulated health professionals must attend mandatory education on prevention and management of aggressive behaviour during the CAMH orientation. Ongoing training is provided regularly for clinical staff in order to support competence in preventing and managing aggressive behaviour. Additional training will be provided and may include but is not limited to in-services, grand rounds, computer-based learning, and policy and procedure review.

3.7 CAMH is committed to supporting staff and client/patients following a Code White with debriefing, education on workplace and traumatic stress, access to Psychiatric Patient Advocate Office (PPAO), Client Relations Office, Health, Safety and Wellness Services, Spiritual Care Services, and the Employee Assistance Program (EAP).

4.0 Definitions

Alternatives to Restraint: therapeutic measures employed to manage an escalating clinical situation.

Chemical Restraint: a STAT pharmacological intervention administered without the client/patient's (or substitute decision maker's) consent which is used to manage a client/patient who is aggressive or violent behaviour that presents a serious risk of harm to self or others.

Clinical Assist: a procedure to request additional staff to assist with an intervention where there is uncertainty with regard to how the client/patient will respond and potential for escalation or injury to self or others. The clinical assist may be used for both urgent and non-urgent crises but is distinguished from a Code White because the public address system is not utilized in order to minimize disturbance to other client/patients or to avoid increasing agitation of the client/patient who is the subject of the intervention. Additionally, the clinical assist helps to control the number of staff that respond to the situation.

Code White: the emergency code designed to initiate a cautious and prescribed response to a client/patient, visitor or staff member who is displaying extreme agitation or otherwise represents a threat of aggression or violence or immediate risk of serious bodily harm to themselves or others. Examples of when a Code White may be called include but are not limited to:

a) A client/patient is verbally or physically threatening towards self, staff, client/patients, and/or visitors
b) A client/patient is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting and problem-solving techniques by the staff and the risk to self or others is escalating; and/or

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c) A client/patient may require restraint as a last resort (chemical, mechanical or seclusion) if the client/patient demonstrates aggressive or violent behaviour that presents an immediate risk of serious bodily harm to self or others.

Code White Caution: the emergency code designed to initiate a cautious and prescribed response to a client/patient, visitor or staff member who is threatening his/her own safety or the safety of others with a weapon.

Mechanical Restraint: the use of an appliance that restricts free movement and is attached to, adjacent to or worn by the client/patient where a client/patient's aggressive or violent behaviour presents an immediate risk of serious bodily harm to self or others. At CAMH, the only approved mechanical restraint is the Pinel® De-restraining System.

Post-Incident Review: a review and discussion of precipitating factors, and the process of the Code White including client/patients' perspectives and team response, lessons learned and follow-up activities to prevent future Code White and to optimize the effectiveness of alternative measures.

Seclusion: the confinement of a client/patient in a locked room designated as a seclusion room to restrict movement from one location to another (also referred to as environmental restraint).

Weapon: any object that could cause harm used in a threatening manner towards another person or oneself.

5.0 Responsibilities

5.1 All clinical staff (including physicians) and security

- be familiar with specific accountability related to Code White and Code White Caution, depending on site, location, time and respond accordingly (refer to Appendix A: Response by Time and Location)
- ensure that any loose clothing such as neckties or scarves, jewelry or long hair that may present a hazard in the response of a code white/code white caution is suitably confined or removed
- complete annual review of policy and mandatory code white e-learning
- participate in Code White/Code White Caution according to roles identified during code (NB: depending on the circumstances, these roles may not be appropriate for a Code White Caution. If necessary, staff should wait for response of police):

5.1.1 Intervention Leader

- the Intervention Leader may be the first person on the scene or the client/patient's primary caregiver. If the first person on the scene is not

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a clinician, then once a clinician arrives, the first person on the scene hands over the role of Intervention Leader to the clinician
- assess the immediate situation and intervene
- state what role they are assuming to other team members
- be the only staff to communicate directly with the client/patient
- disengage if cued by the back-up or the Code Manager
- participate by supporting the client/patient through the restraining process, if required as a last resort
- document in the health record
- document on the electronic incident report (SCORE)
- facilitate the client/patient debriefing

5.1.2 Code Manager
- inform the Intervention Leader, the Back-up and other team members he/she is the Code Manager
- delegate another staff to back up the Intervention Leader (as required)
- coordinate and directs the overall response throughout the incident
- assess the situation and develop a plan of intervention with the assistance and input of the Intervention Leader and responding staff
- brief all staff and Security upon arrival and delegate duties, including but not limited to:
    - clearing the area of potentially dangerous objects
    - ensuring other client/patients, visitors, and family members are sensitively re-directed from the immediate area
    - re-directing excessive staff back to their work areas
    - retrieving and assisting with mechanical/chemical restraints (if necessary)
    - retrieving personal protective equipment for staff as necessary (e.g. gloves if touching a client/patient, face shield if client/patient is spitting)
    - documenting the incident in SCORE in collaboration with or instead of the Intervention Leader
    - instructing Admitting and Locating to announce “Code White all clear” once situation is under control
    - facilitate Immediate Post Event Debriefing with staff and client/patients, as needed and in the absence of the unit Manager or After Hours Manager

5.1.3 Back-up to the Intervention Leader
- replace the Intervention Leader if:
    - the Intervention Leader becomes the direct target of aggression

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- the Intervention Leader becomes provoked by the client/patient and is no longer effective in being able to defuse or de-escalate the client/patient
- the Intervention Leader requests to be replaced
- the Back-up becomes aware of new information that requires a change in the intervention leadership.

5.2 Admitting and Locating

- announce "Code White" with the specific location over the public address system, repeating the announcement three times.
- announce "Code White All Clear" when sufficient staff members have arrived to manage the situation.
- announce, "Code White Cancelled" in the case of a false alarm.
- when there are two Code Whites in the space of a few minutes, in the case of the second Code White, announce "Code White 2" with the specific location
- Refrain from announcing Code White Caution over public address system
- Connect staff to 911 as needed

5.3 Manager of the Unit/Service

- ensure that all levels of staff receive relevant education and training related to the prevention and management of aggressive behaviour (PMAB)
- ensure that staff have necessary resources to successfully complete a Code White safely (e.g. personal alarms)
- ensure that debriefings and post-incident reviews take place in a timely fashion following a Code White, Clinical Assist or Code White Caution
- ensure staff are connected with resources to cope with incidents as needed (e.g. EAP)
- investigate and provide follow-up in the SCORE system within 72 business hours and address changes that are needed to prevent reoccurrence.

6.0 Procedures

6.1 Assignment of the Code Manager

6.1.1 At the beginning of each shift/day on an inpatient unit, all available members of the interprofessional team will identify who is best placed to take on the role of Code Manager. It is recommended that an experienced clinician be assigned this role). This person will also respond to Code Whites, Clinical Assists or Code White Caution called in assigned areas as outlined in Appendix A: Response by Time and Location.

6.1.2 Staff in non-clinical areas may also identify who will act as the Code Manager or respond to Code White, Clinical Assist or Code White Caution in assigned areas if this is practical.

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6.2 Initiation of Code White

6.2.1 Any staff can call a Code White by dialing x 5555. Where available, staff may press fixed or mobile personal alarms or turn the GA key in nearby panels to activate Code White.

6.2.2 If calling 5555, state site, type of code and exact location to Admitting and Locating.

6.2.3 Admitting and Locating will announce the Code White and radio security.

6.3 Initiation of Clinical Assist

6.3.1 Depending on the needs, staff may request assistance from colleagues on another unit or from Security. At the CS and QS sites, the Security Office may be called directly. At the RS site, call x 5555 to radio security for assistance.

6.3.2 The Unit/Program staff person will negotiate the time frame for responding, identify the location, and describe the nature of the assistance required.

6.3.3 If the client/patient continues to escalate during the Clinical Assist procedure, a Code White may be initiated to summon additional staff.

6.4 Initiation of Code White Caution

6.4.1 Call a Code White Caution by dialing x 5555 to connect to Admitting and Locating.

6.4.2 Inform the Admitting and Locating Representative that this is a Code White CAUTION. Specify that the individual has a weapon and the location of the incident.

6.4.3 Instruct the Admitting and Locating Representative to contact Security and specify other necessary personnel (i.e. staff outlined in Appendix A: Response by Location and Time) by telephone, personal pager, or two-way radio.

6.4.4 Admitting and Locating will contact Security and other personnel by telephone, pager or two-way radio. It will NOT be announced over the public address system.

6.4.5 If the situation is not manageable, ask Admitting and Locating to call 911 and stay on the line to relay information to Emergency Services – see 6.6 d.

6.4.6 At CAMH's satellite locations, dial x 5555 to automatically connect to the police.

6.5 Management of the Code White or Clinical Assist

6.5.1 Identify the Intervention Leader and Code Manager.

6.5.2 The Intervention Leader will initiate communication with the client/patient.

6.5.3 Code Manager will identify themselves to responding team and initiate coordination of Code White activities.

6.5.4 The Code Manager will delegate or provide direct support as a Back-up to the Intervention Leader. If not assigned by the Code Manager, the Back-up

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must make him/herself known to the Intervention Leader and Code Manager to avoid confusion.

6.5.5 The Code Manager determines the number of staff needed, requests medication, mechanical restraint devices, or personal protective equipment be brought to the scene, and assigns specific duties to other staff.

6.5.6 All additional staff and Security will take direction from the Code Manager and assist as needed.

6.5.7 In situations of reduced staffing (e.g. evening/nights), the Code Manager may be required to provide both the functions of managing the code, and of Back-up to the Intervention Leader.

6.5.8 The Code Manager decides when the code is over and signals the "all clear" or "code cancelled" announcements.

6.6 Management of a Code White Caution

6.6.1 Upon discovering a person with a weapon, remove yourself and others from immediate danger if possible.

6.6.2 If possible, and safe to do so, contain the armed person within locked doors, or direct other client/patients to a locked area inaccessible to the armed person.

6.6.3 All staff responding to the Code White CAUTION should approach with extreme caution. If staff are able to manage the Code White Caution, they may do so according to 6.5 Management of Code White or Clinical Assist. However, if the situation can not safely be managed by staff, staff should summon the police and await their direction.

6.6.4 If connected to the police via Admitting and Locating, describe the circumstances of the incident to the Police Operator. This information may include:

- Caller's name, position, location and phone number
- Any injuries
- Name, date of birth/age of individual with weapon
- Brief outline of incident and any relevant history
- Location of individual and whether she/he is barricaded or has hostages
- Physical description of individual
- Weapon(s) involved
- What kinds of intervention has been tried (e.g. de-escalation, medication given)

6.6.5 In the event that the situation escalates to a hostage taking, refer to E 8.1 Code Purple – Hostage Taking or E 8.2 Code Purple – Hostage Taking Offsite Programs.

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6.7 Documentation

6.7.1 If the person with a weapon is a client/patient, the event will be fully documented in the progress notes of the client/patient's health record. Documentation will include:

a. A description of the client/patient's behaviour prior to the event (if known)
b. A description of the interventions implemented and the client/patient's response to those interventions (e.g. medication, de-escalation techniques, alternatives interventions, restraint as a last resort)
c. Outcome of the event

6.7.2 If a restraint is used as a last resort to manage the client/patient's behaviour, documentation will be completed according to PC 2.E.2 Emergency Use of Chemical Restraint, Seclusion, and Mechanical Restraint (e.g. 12-Hour Emergency Use Of Chemical Restraint, Seclusion & Mechanical Restraint Record)

6.7.3 The client/patient's care plan will be updated as needed to reflect alternative intervention strategies. (See Alternatives to Restraint and Seclusion for suggestions).

6.7.4 The Code White, Clinical Assist or Code White Caution will also be documented in the SCORE system.

6.8 Debriefing

6.8.1 Immediate Post-Event Debriefing for Staff

a. ensure the emotional, psychological and physical well being of staff, client/patients, and witnesses to the event
b. provide a supportive and educational process where staff and client/patients are assisted with their reactions to the event
c. offer additional support/resources to staff, such as, Health, Safety, and Wellness Services, Employee Assistance Program (EAP) and Spiritual Care Services
d. ensure Immediate Post-Event Debriefing for Staff is a separate process from the Code White Weekly Review and are not forums for critique or analysis
e. ensure debriefings are conducted as soon as possible after the event

6.8.2 Debriefing of the Client/Patient

- debriefing will involve a discussion to identify triggers and antecedent behaviour that may have resulted in the Code White, Clinical Assist or Code White Caution
- identify alternatives, de-escalation strategies and use these to update the client/patient's care plan

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- offer additional resources to client/patients such as support from members of the client/patient's interprofessional team, the Client Relations Coordinator, Spiritual Care Services, and the Psychiatric Patients Advocate Office

c. Code White Weekly Review
The interprofessional team will participate in a Code White Weekly Review, discussing the following:
- review precipitating factors to Code White, Clinical Assist or Code White Caution event(s)
- appreciate the client/patient's perspective when reviewing and revising the care plan as it relates to the management of violent behaviour and explore alternative strategies
- identify issues that relate to policies, practices, education needs, staffing, and environmental barriers, and where possible make recommendations to improve or address issues or prevent reoccurrence
- identify follow-up activities, and accountabilities to help prevent future events.

d. Recommended steps in debriefing are summarized in Appendix B: PC 2.E.2 Emergency Use of Chemical Restraint, Seclusion, and Mechanical Restraint

7.0 References

Centre for Addiction and Mental Health, Staff Development, Program Development Department. (2009). *The Prevention and Management of Aggressive Behaviour (PMAB).*

8.0 Links/Related Documents

6.1 Appendices
Appendix A: Response by Location and Time
Appendix B: Guidelines for Satellite Clinics Managing Code White

6.2 Policies and Procedures
AHR 3.5.4 Employee Assistance Plan
AHR 3.11.11 Personal Protective Equipment
AHR 3.13.26 Workplace Violence Prevention Program
AHR 3.14.15 Incident Reporting
PC 2.E.2 Emergency Use of Chemical Restraint, Seclusion, and Mechanical Restraint

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9.0 Review/Revision History

Date	Revision No.	Revision Type	Reference Section(s)
February 2002	1.0	New policy	n/a
March 2007	2.0	Minor	Updated responsibilities, response by location and appendices
May 2008	3.0	Minor	Updated appendices to reflect general guidelines for all outpatients rather than specific settings
October 2009	4.0	Minor	Updated in relation to redevelopment and relationship to emergency use of restraint and seclusion
May 2011	5.0	Moderate	Reformat; update to response to code white at RS
June 2012	6.0	Moderate	Updated response by location for new buildings, aligned with CAMH policy and resources
June 2013	7.0	Moderate	Merged policy with E 10.2 Code White Caution, addition of staff responsibility for safe clothing during code response

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Appendix A: Response by Location and Time

Location	Monday – Friday 0830 - 1630	Evenings, nights, (1630-830); Weekends, holidays
Russell Street Site	8am-8pm: • All clinical staff in the RS buildings • Security (one to go immediately to site of the code and one to direct at purple canopy)	No clinical programs after 8pm on weekdays and on weekends. All RS Clinical Staff One RN from each CS inpt unit RS and CS Security CS medical Staff
College Street Site	• All staff members in service area of code • Assigned code white manager from each CS inpatient unit NB: staff may use the “code blue key” in the elevator to expedite transport – keys are available with Security and the ER	• All staff members in service area of code • Assigned code white manager from each CS inpatient unit • After Hours Manager (when on site) • CS Security
Queen Street Site Public Areas All non-ward areas	• All clinical staff members in immediate area at time of code • Assigned code white manager from units 1 and 4 • Available medical staff in units 1 and 4 • Security	• All clinical staff members in immediate area at time of code • Assigned code white manager from units 1 and 4 • Duty doctor • After Hours Manager (when on site) • Security
Queen Street Site Inpatient Units and Alternate Milieu Beds	• All staff members in service area of code • Security Assigned code white manager from each unit within the building and adjacent buildings of the code :	• All staff members in service area of code • Assigned code white manager from each unit within the building and adjacent buildings of the code • Security • Duty doctor

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<table>
<tr><th>Location</th><th colspan="2">Monday – Friday
0830 - 1630</th><th>Evenings, nights, (1630-830);
Weekends, holidays</th></tr>
<tr><td rowspan="12"></td><td colspan="2"></td><td rowspan="11">• After Hours Manager (when on site)</td></tr>
<tr><td>Location</td><td>Adjacent Building</td></tr>
<tr><td>Unit 2</td><td>80 Workman Way, Unit 4</td></tr>
<tr><td>Unit 4</td><td>80 Workman Way, Unit 2</td></tr>
<tr><td>Unit 1</td><td>Unit 3, 100 Stokes Street</td></tr>
<tr><td>Unit 3</td><td>Unit 1,</td></tr>
<tr><td>100 Stokes Street</td><td>80 Workman Way</td></tr>
<tr><td>80 Workman Way</td><td>Unit 2, Unit 4</td></tr>
<tr><td>Tunnel A</td><td>Unit 1, Unit 3</td></tr>
<tr><td>Tunnel B</td><td>80 Workman Way</td></tr>
<tr><td>101 Stokes Street</td><td>Unit 1, Unit 3, 100 Stokes St</td></tr>
<tr><td>WSW</td><td>Unit 1, Unit 3</td></tr>
<tr><td colspan="3">NB: LAMHP Unit 3, special access is coordinated by the staff on the unit where the code is occurring</td></tr>
</table>

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Appendix B: Guidelines for CAMH Satellite Clinics Managing Code White

1. When a disturbance occurs whereby aggression/violence has occurred or is anticipated staff call for help through any of the following methods:
   - Activating fixed or mobile personal alarms if available
   - Call security (if available in facility), receptionist and/or co-workers by intercom/telephone to notify that help is needed
2. All staff respond and attempt to contain the situation and follow standard PMAB principles
3. If the situation is unmanageable, call 911
4. All staff in the clinic respond to the call for help to contain the situation and to consult with the Police when they arrive

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