

**CORPORATE POLICY & PROCEDURE  
CODE WHITE –  
PSYCHIATRIC/BEHAVIOURAL EMERGENCY  
ROHCG  
CORP IX-i – 110**

<b>CODE WHITE – PSYCHIATRIC/BEHAVIOURAL EMERGENCY</b>	
<b>SECTION: IX-i EMERGENCY PREPAREDNESS &amp; MANAGEMENT – Clinical Codes</b>	
<b>Issued By:</b>	Psychiatrist-in-Chief
<b>Approved by:</b>	Medical Advisory Committee
<b>Key Words:</b>	Code White, Psychiatric Emergency, psychiatric/behavioural emergency, behavioural emergency, Non-violent Crisis Intervention
<b>NO: 110</b>	
<b>APPROVAL DATES :</b>	
<b>Date Initially Issued:</b> 11/12/2008	
<b>Date Reviewed:</b> 03/06/2011, 13/11/2012	
<b>Date Revised:</b> 03/06/2011,13/11/2012, 28/03/2013, 19/09/2013, 18/12/2014, 19/03/2015, 19/12/2017, 21/11/2019	
<b>Date Implemented:</b> 15/01/2010, 20/12/2012, 15/05/2014, 19/03/2015, 20/02/2020	
<b>Cross Reference(s)</b>	
CORP X-i 130 Welcoming Visitors to The Royal, CORP IV-ii 160 Staff Incident Reporting, CORP IV-i 110 Prevention & Management of Violence in the Workplace, CORP X-iv 110 Transfer/Transport , CORP VII-iii 100 Patient Incident Reporting & Response, CORP IX-i 111 Personal Alarm/Safety Devices, CORP X-ii 200 Emergency Use of Restraints, CORP IV-i 270 Staff Orientation, CORP IV-i 260 Working Safely in The Community, CORP IX-ii 120 Code Silver, CORP X-iv 101levels Of Activity, Authorized Leave Of Absence & Unauthorized Leave	

**1. PURPOSE:**

To provide direction to staff of the Royal Ottawa Health Care Group (ROHCG) regarding the expected response and the management of any individual's psychiatric/behavioural emergency situation. (*Code White*).

**2. POLICY STATEMENT**

All ROHCG staff are expected to assist in the management of any individual who experiences a psychiatric/behavioural emergency, within the scope of their role, training and experience. The ROHCG is committed to ensuring patient, staff and visitor safety by training staff in interventions to assist with the management of psychiatric/behavioral emergencies.

**3. SCOPE:**

This policy applies to the ROHCG excluding the Secure Treatment Unit (STU). In the event of a psychiatric/behavioural emergency in the STU staff are to follow Solicitor General

This material has been prepared solely for use at the Royal Ottawa Health Care Group (ROHCG). ROHCG accepts no responsibility for use of this material by any person or organization not associated with ROHCG. NO part of this document may be reproduced in any form for publication without permission of ROHCG. A printed copy of this document may not reflect the current electronic version on the ROHCG OREO, which contains the official, authoritative version of policies.

**CORPORATE POLICY & PROCEDURE  
CODE WHITE –  
PSYCHIATRIC/BEHAVIOURAL EMERGENCY  
ROHCG  
CORP IX-i – 110**

(SolGen) operating procedures. In the event of a psychiatric/behavioural emergency at a satellite site of the ROHCG, staff are to call 911 for assistance.

**4. GUIDING PRINCIPLES:**

Staff must remain vigilant for indicators of escalation such as anxiety, agitation or distress in individuals, and must be prepared to intervene appropriately, within their scope of knowledge, to minimize risk of escalating behavior.

**5. DEFINITIONS:**

**Psychiatric/Behavioural emergency:** an event in which an individual is escalating to or is behaving in an aggressive manner with the potential for escalation that is dangerous or beyond the capacity of staff to manage. This can include verbal/physical threats, verbal abuse, agitation, swearing, use of a weapon or physical assault.

**Code Team Lead (CTL):** a RN who is responsible for the coordination and delegation of duties and processes involved in a *Code* event. **Note:** in outpatient clinics - allied health staff can assume the role of CTL in absence of an RN.

**Client Staff Incident Feedback System (CSIF):** web-based tool that supports centralized reporting, management and communication of patient and staff incidents

**Personal Safety Device:** A device provided to staff to activate and alert others of a real or potential situation involving aggressive and/or violent behavior that could cause harm or injury to staff, patient, or visitor. This device, when activated, triggers an automatic call to switchboard and augments existing procedures for initiating a *Code White* response. *Examples:* Ekahau Tags (CAT), Personal Alarms (PALs) (Secure Treatment Unit), Blue Buttons (Forensic Treatment Unit), Red Phones (ROMHC and Carlingwood), Panic buttons (Carlingwood).

**Lethal Weapon:** a deadly weapon. Any firearm, device, instrument, material, or any other substance that is capable of producing great bodily harm or death from the manner it is used or intended to be used, may be referred to as a lethal weapon.

**6. PROCEDURE:**

**6.1 Code Initiation:** Any staff member who encounters an individual who is presenting as being at risk of harm to self or others, determines that they cannot safely manage the situation may initiate a code white.

**6.1.1 Assess the situation:** Staff should approach the individual, if safe to do so, in a calm, confident, and objective manner. If it is not safe to approach the individual or the situation continues to escalate despite efforts by staff to verbally de-escalate the situation, staff shall summon assistance.

**6.1.2 Summon internal assistance:**

- Use the emergency call mechanism in place:
  - Dial 333 stating '*Code White*', room and the exact location. *Note:* all red phones in the corridors of ROMHC will automatically dial 333 when the receiver is lifted.
  - *BMHC-FTU:* In addition to the method above staff can press the blue emergency call button located on walls throughout the FTU. .
  - *Community Sites:* In the event of a psychiatric/behavioural emergency staff are to call 911 for assistance and/or internal security as applicable.

**CORPORATE POLICY & PROCEDURE  
CODE WHITE –  
PSYCHIATRIC/BEHAVIOURAL EMERGENCY  
ROHCG  
CORP IX-i – 110**

- Deploy the personal alarm safety device (PASD). This is considered a **secondary** code alert device. A follow-up call should be made, if possible, to Switchboard by dialing 333 in order to:

- Confirm PASD deployment and location.
- Provide additional information as needed.

**Switchboard will:**

- Announce *Code White* immediately on the public address system, including the location. Repeat the announcement three (3) times in a slow, clear voice with the first two announcements in English and third announcement in French.

**6.1.3 Summon external (police) assistance** at the direction of the Code Team Leader (CTL) by dialing 333 when:

- If an object is being used in a threatening manner and poses a significant risk to staff.
- If the individual possesses a lethal weapon, in which case a *Code Silver* must be initiated. (*CORP IX-ii – 120 Code Silver: Active Threat/Active Shooter*)
- The situation continues to escalate beyond the responding staff's capacity to safely manage.
- The individual is not a registered ROHCG patient or is unable to identify themselves.

**6.2 Code Response:**

At least one staff member from each inpatient area will be assigned to respond when a *Code White* is called. Each program shall determine the code response assignment, including the program CTL, for every shift. The expected code responders are:

- Orderlies.
- Personal Care Attendants (PCA)
- Child and Youth Councilors (CYC)
- Developmental Support Workers (DSW)
- Nursing (RNs and RPNs).
- Allied Health (as identified by the individual programs).
- Manager- Patient Care Services (PCS) of the Unit or After Hours Manager of Patient Care Services (AHMPCS).
- Security Guard.
- Physician from the program where the Code White occurs, if physically present.
- Should a physician be required in the off hours, contact the physician on call.

**6.3 ROLES & RESPONSIBILITIES:**

The first regulated health care provider on the scene of the *Code White* shall assume the role as the CTL until a Registered Nurse assumes the role of CTL. **Note:** in outpatient clinics - *ONLY*, allied health staff can assume the role of CTL. **Note:** ROP-Long Term Care – the CTL will be the Nurse familiar with the *Long Term Care Act* and associated legislation.

**6.3.1 Code Team Leader (CTL) is expected to:**

- Maintain the role of CTL until and if/when appropriate to hand off to another Registered Nurse.
- Conduct a risk assessment of the immediate environment.

**CORPORATE POLICY & PROCEDURE**  
**CODE WHITE –**  
**PSYCHIATRIC/BEHAVIOURAL EMERGENCY**  
**ROHCG**  
**CORP IX-i – 110**

- Provide direction to all responding staff. Functions that must be completed during a code white:
    - Staff member to calmly interact directly with individual.
    - Staff member to manage crowd control in the immediate area, reduce noise levels, keep the scene clear of potentially harmful objects/equipment, while the *Code White* is in effect.
    - Staff member to (a) call switchboard who will call 911 for police response (should the CTL determine that it is necessary), and (b) speak with police and provide direction as per the CTL.
    - Staff member to call switchboard to announce an “all clear” in the event *Code White* response is not required due to misfiring of a PASD.
  - Once the individual has been determined to be an ROHCG registered patient assign the functions listed below and initiate treatment as indicated:
    - RN to contact the attending physician/delegate to provide the clinical status of the patient and obtain medication orders and direction as appropriate.
    - RN to prepare emergency medications.
    - Staff members to prepare the room and help to apply restraints, as required (*CORP X-ii 200 Emergency Use of Restraints*).
    - Staff member to retrieve and distribute personal protective equipment (i.e. Gloves, Masks, Gowns) as required.
  - Collaborate with the Director/Manager-PCS/delegate and the attending physician/delegate in determining if the individual requires transfer to an acute care facility or the Crisis Unit (ROMHC).
  - Ensure the appropriate staff member(s) completes documentation in the patient’s chart and reports the event in the Client Staff Incident & Feedback (CSIF) system as appropriate.
    - Participate in the debriefing with the involved staff
- 6.3.2 The Registered Nurse (primary or assigned to the patient) is expected to:**
- Attend the *Code White*.
  - Assess their patient and interact directly with them –as per the direction of the CTL.
  - Collaborate with the CTL to determine the need for emergency restraint interventions (e.g. physical, chemical, mechanical or environmental).
  - Assist with the implementation of the interventions.
- 6.3.3 Registered Nurse(s)/Registered Practical Nurse(s) is expected to:**
- Assume the role of CTL if required (*Registered Nurse Only*)
  - Prepare and administer medications (within scope of practice), as required.
  - Participate with application of mechanical, physical or environmental restraints, as required.
  - Complete documentation as necessary.
  - Participate in the debriefing, as required.
- 6.3.4 Physician(s) is expected to:**
- Work in collaboration and conjunction with the CTL.
  - Take the lead in interacting with the individual where appropriate or required, if physically present.

**CORPORATE POLICY & PROCEDURE**  
**CODE WHITE –**  
**PSYCHIATRIC/BEHAVIOURAL EMERGENCY**  
**ROHCG**  
**CORP IX-i – 110**

- Provide orders for care including medications and therapeutic engagement level as required.
- Complete necessary documentation (e.g. *Mental Health Act* forms, admission orders), as appropriate.
- Provide all necessary transfer orders.
- Contact the receiving unit/hospital and provide a verbal report if the individual is to be transferred.
- Participate, support and/or facilitate the *Code White* debriefing as necessary.

**6.3.6 Orderlies/Developmental Service Workers/Child & Youth Councilors are expected to:**

- Carry out tasks assigned by the CTL.
- Participate in the debriefing as required.

**6.3.7 Allied Health Providers are expected to:**

- Carry out tasks assigned by the CTL.
- Participate in the debriefing, as required.

**6.3.8 The Security Guard is expected to:**

- Respond to *Code White* and complete site-specific duties.
- Assist with crowd control.
- Facilitate access to the “code” area for both staff and external responders.
- Assist with the management of the non-registered ROHCG individual, as per the direction of the CTL.
- Make any necessary calls (via portable radio) as directed by CTL. **Note:** When notified of a *Code White* situation in the gym involving patients from the Ottawa Integrated Forensic Programs (IFP), the security guard will direct responders to the west gym door then lock the corridor doors before unlocking the west gym door (in order to prevent elopement).

**6.3.9 The Director/Manager-PCS/Delegate is expected to:**

- Support the CTL in managing the *Code White*
- Collaborate with the CTL and physician in determining if the individual requires transfer to an acute care facility.
- Address any additional staffing needs, including redeployment of responders, if indicated.
- Refer any injured staff for First Aid follow-up to OHSS during working hours or transfer to emergency at nearest hospital, as required.
- Ensure CSIF is completed.
- Arrange for coverage if involved staff member(s) are unable to work in the immediate following the *Code White*.
- Facilitate debriefing with the individual for whom the *Code White* was initiated and their care team (either together or as separate events), as soon as practicable and appropriate after the code to identify causative factors and mitigating strategies to avoid future incidents.
- Complete the *Code White Debrief Report (Appendix 4)*, in collaboration with the CTL and involved code response staff, as soon as reasonably possible. Submit the completed *Report* to the Safety & Emergency Management Systems Officer within 48

**CORPORATE POLICY & PROCEDURE  
CODE WHITE –  
PSYCHIATRIC/BEHAVIOURAL EMERGENCY  
ROHCG  
CORP IX-i – 110**

hours of the code. *NOTE:* If *Report* is completed by the delegate (AHMPCS), a copy of the completed report is to be sent to the Manager-PCS.

**6.4 Outpatient requiring Urgent Admission to ROHCG:**

**ROMHC:** In the event, the *Code White* results in the person requiring an urgent admission, as determined by the physician, the CTL shall assign one staff member to contact Central Intake to arrange and notify the Crisis Unit of the potential admission. **After Hours:** the AHMPCS will arrange and notify the Crisis Unit, of the potential admission. If there is no vacant bed, the CTL shall direct code responders to remain with the individual until transport to an Emergency Room can be arranged. If the *Code White* involves a youth, and there are no beds available on the Inpatient Youth unit, the CTL in collaboration with the Director/Manager-PCS/Delegate and physician shall arrange the transfer of the youth to CHEO.

**BMHC: Outpatient /Public Area and After Hours:** If an emergency admission is indicated as the result of a *Code White*, the CTL will assign a staff to arrange for transport to BGH Emergency.

**LTC:** If an emergency admission is required as a result of a *Code White* the CTL will assign a staff to arrange for transport to TOH Emergency Department

**7. RELATED PRACTICES AND / OR LEGISLATIONS:**

*Mental Health Act (2001).*

*Health Care Consent Act, 1996*

**8. REFERENCES**

Crisis Prevention Institute, Inc.

North Bay Regional Health Centre, *Code White Policy*

**9. APPENDICES:**

<http://oreo.rohcg.on.ca/emergency-planning/Resources-FormsTools.cfm>

**Appendix 1 – Flow Chart for Response for ROP**

**Appendix 2 – Flow Chart for Response for ROMHC**

**Appendix 3 – Flow Chart for Response for FTU**

**Appendix 4 –Code White Debrief Report**