

Code White Policy Template for Hospital and Long-Term Care Settings

Purpose of this Tool

The purpose of this tool is to provide hospital and long-term care workplaces with an Emergency Response to Workplace Violence (i.e., Code White) Policy template. The policy should be put in place immediately where one doesn't exist or combined with a policy that's already in place.

Who Uses this Tool

Any workplace party involved in their workplace's Emergency Response to Workplace Violence (Code White) policy development, implementation, and evaluation.

How to Use this Tool

Customize the template as required to meet your organizational needs. The policy must be developed in consultation with the Joint Health and Safety Committee or Health and Safety Representative. Revisions and customization to this template should be done with careful consideration. Significant changes or removal of important sections may negatively impact worker safety.

Emergency Response to Workplace Violence (Code White) Policy for Hospital and Long-Term Care Settings

MANUAL: Health and Safety	SUBJECT: Emergency Response to a Violent Person	POLICY NUMBER:
EFFECTIVE DATE:	REVISED DATE:	NEXT REVIEW DATE:
POLICY REVIEWERS:		
APPROVED BY:		
SENIOR LEADERSHIP SIGNATURE (e.g., CEO or Executive Director):	JHSC/HSR SIGNATURE:	

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Policy Title

Emergency Response to Workplace Violence (Code White) Policy

Policy Purpose

The purpose of this policy is to outline expectations and procedures to (1) respond to a violent care recipient, visitor, or worker on facility property; (2) de-escalate a person's violent behaviours and gain control of the situation; (3) prevent or reduce harm or injury to workers, others, and the violent person whenever possible; (4) prevent damage to property; and (5) provide post-incident support to workers.

Policy Statement

_____ [Organization name] is committed to a safe and healthy workplace for all workers including students, volunteers, care recipients, and others.

_____ [Organization name] understands its obligation to have a workplace violence prevention program, policies, measures, procedures, and training in accordance with the *Occupational Health and Safety Act (OHSA)* and the *Health Care Residential Facilities Regulation 67/93*. One of the components of a workplace violence prevention program is to have a means to summon immediate assistance when violence occurs or is likely to occur. This policy outlines the means for summoning immediate assistance and the measures, procedures, and planned response to a situation where a care recipient, family member, visitor, or worker is behaving in a potentially dangerous manner towards themselves or others beyond the abilities of present workers to control the situation.

_____ [Organization name] will ensure that components of the Code White Policy meet all requirements under the OHSA and its applicable regulations.

Policy Scope

All workers including students, volunteers, contractors, and agents of _____ [Organization name] are required to comply with this policy and its related procedures.

Policy Principles

The _____ [Organization name] Code White policy and procedures are founded on the following principles:

1. Take prudent action in the face of potentially serious hazards without having to wait for complete scientific proof that a course of action is necessary (i.e., the precautionary principle).
2. Safety is prioritized in the following order: self and other workers, care recipient/visitor, environment.
3. Safe intervention requires organizational-wide and coordinated systems, structures, and resources.
4. Workers are appropriately trained in **violence management techniques** and the Code White policy before directly responding to violence emergencies.
5. Violent behaviour management and de-escalation techniques are implemented in a respectful, caring, and safe manner.
6. Workers' judgement to initiate a Code White is respected and supported.
7. Least restrictive measures are used, if possible, to ensure safety and security of all.
8. Workers do not intervene in any situation that may pose a risk beyond their resources to intervene safely.
9. Violent incidents, Code White responses, measures, and procedures are promptly, thoroughly, and unbiasedly reported, documented, reviewed, and investigated to prevent recurrences.
10. Workers have access to timely, comprehensive support and assistance whenever needed, including follow-up and referral.

Note: *There are some populations, such as pediatrics, that may require population specific interventions.*

Roles and Responsibilities

Code White Leader

- Oversees Code White response
- Organizes, directs, determines plan of action
- Gets verbal report from first Responder (if Leader is not first person on scene)
- Briefs Responders upon arrival
- Assigns roles and responsibilities to Responders
- Directs Responders to remove watches, pens, ties, stethoscopes, lanyards, name tags, glasses, etc., if possible
- Identifies room exit strategies
- Ensures personal protective equipment is available on scene (e.g., Kevlar gloves, spit shields)
- Ensures Responders are ready before action taken (e.g., seclusion room is available, medication is prepared, restraints are available and have not expired)
- Ensures restraints applied safely and in accordance with training and organizational policy
- Requests attendance of most responsible physician or nurse practitioner to obtain orders as required
- Requests and communicates with police if required
- Conducts debrief with Responders and witnesses immediately after Code White
- Documents incident per organizational policy
- Participates in an organizational investigation
- Follows-up with violent person's direct care provider (if a care recipient) to assess effectiveness of behaviour care plan
- Ensures direct care provider updates flags in medical record
- Encourages Responders and exposed workers to seek physical and psychosocial support or treatment as needed
- Delegates their role to another Responder on a temporary or permanent basis if needed

Code White De-escalation Leader

- Uses de-escalation techniques to try to de-escalate situation
- Gives direction, explanation, and support to violent person
- Only person who speaks to violent person
- Does not apply or administer restraints
- Determines if or when restraints are needed and communicates this decision to the Code White Leader
- Monitors violent person's airway and breathing status (particularly important during physical restraining)
- Remains with violent person at all times until the Code White is complete
- If necessary, assumes the role of Back-up Responder
- 'Tags' out of role if they become direct subject of violent behaviours

Code White Back-Up Responder

- Follows instructions of Code White Leader
- Supports De-escalation Leader by forming a triangle position
- Removes De-escalation Leader from direct contact with violent person

Other Code White Responder

- Functions in any Code White Responder role
- Follows instructions of Code White Leader
- Controls crowd and restricts access to area

- Retrieves and prepares resources and equipment including restraints and personal protective equipment
- Secures violent person until instructed by Code White Leader to release the person
- Holds limbs while other Responders apply physical restraints per organizational policy
- Applies physical restraints per organizational policy
- Escorts violent person to environmental restraints (i.e., seclusion room)
- Administers chemical restraints as ordered by physician or nurse practitioner
- Reports to Code White Leader any injuries to self, co-workers, or person
- Participates in debrief, investigation, and worker supports
- Seeks physical and psychosocial support as needed
- 'Tags' out of role if they become direct subject of violent behaviours

Security Guard

- Attends all Code White calls
- Functions in any Code White Responder role if trained
- Follows instructions of Code White Leader
- Supports, protects, assists as requested or required
- Takes control of the situation in the event of imminent danger or harm
- Physically restrains or applies physical restraints
- Provides support as required post-incident e.g., one-on-one monitoring
- Participates in a debrief, investigation, and worker supports
- Requests and communicates with switchboard/operator and 911/police if required
- Determines best course of action for violent visitors e.g., escorting off the property, detaining for police

Physician or Nurse Practitioner

- Attends Code White calls
- Takes into consideration the safety of all workers at risk when prescribing treatment
- Follows instructions of Code White Leader
- Assesses violent person's mental health status, including need for certification under Mental Health Act
- Treats injuries
- Applies physical restraints as needed
- Orders medications if standing orders do not exist
- Provides follow-up care to violent person if a care recipient
- Participates in debrief, investigation, and worker supports

Switchboard/Operator or Front Desk Worker (in Long-Term Care)

- Announces Code White over organization-wide communication system or per organizational policy
- Announces Code White response completion over organization-wide communication system or per organizational policy
- Summons security, Code White Responders, 911/police as necessary

Worker in Incident Area

- Responds to scene and follows instructions of Code White Leader
- Initiates Code White if not called already
- Follows instructions of Code White Leader
- Provides crowd control, including removing other care recipients and bystanders
- Restricts access to the area
- Removes dangerous objects from area

- Retrieves and/or prepares equipment (e.g., physical restraints)
- Retrieves and/or prepares medications (clinicians only)
- Applies flag per organizational flagging policy (if direct care provider unable to)
- Participates in debrief, investigation, and worker supports
- Seeks physical and psychosocial support as needed
- Returns to unit/department to care for and support other care recipients and family or returns to their duties (if not assigned a role)
- Supports care recipients or continues duties while Code White in progress until post-Code White debrief is complete (if not assigned a role)
- Documents triggers, observed behaviours, care strategies, and safety measures to protect workers in behaviour care plan (if direct care provider unable to)

Direct Care Provider (primary care nurse or personal support worker)

- Functions as De-escalation Leader or Back-up Responder roles if trained
- Follows instructions of Code White Leader
- Remains on scene until dismissed by Code White Leader
- Conducts follow-up assessment of violent person (if a care recipient) as soon as possible after Code White
- Communicates information about assessment, triggers, observed behaviours, care strategies, and safety measures in place for workers to charge nurse, director of nursing, nurse manager, or other workers
- Calls Code White Leader, responsible physician, nurse practitioner or charge nurse with any concerns or questions about care recipient's behaviour or behaviour care plan

Charge Nurse/Director of Nursing/Nurse Manager

- Functions in any Responder role if trained
- Consults care recipient's most responsible provider about changes to behaviour care plan
- Reviews behaviour care plan with workers
- Communicates risk and flagging information to all workers who may encounter care recipient
- Ensures all relevant methods (e.g., electronic medical records, hardcopy chart, white boards, wristbands, etc.) communicate the risk

Supervisor (including Manager, Charge Nurse, Director of Nursing, Nurse Manager)

- Takes every precaution reasonable in the circumstances to protect workers
- Informs workers of any potential or actual risk of violence of which they are aware
- Develops, implements, monitors, evaluates Code White policy, measures, and procedures
- Understands Code White policy, measures, procedures, relevant legislation, and documents
- Provides workers with written instructions on Code White measures and procedures
- Shares information with worker, including personal information, related to the risk of violence from a person with a history of violent behaviour whom workers may encounter
- Conducts regular risk assessments and makes recommendations to the employer
- Provides workers with a personal safety response device with capabilities to summon immediate assistance
- Ensures personal safety response devices are always functional
- Uses/wears personal safety response device
- Ensures Code White resources and equipment are always available and functional
- Ensures documentation and flags of care recipient's risk of violence included in medical record chart, white boards, care recipient rooms, wristbands, etc.
- Trains workers how to respond safely and competently to potentially violent situations and Code White calls

- Trains workers about the right to refuse unsafe work while being mindful of their professional college standards, if applicable
- Informs workers of the steps to prevent a recurrence including triggers, behaviours, care strategies, and safety measures for workers
- Participates and/or leads post-Code White debriefs and investigations
- Informs workers who report violent incidents of investigation outcome
- Provides physical and psychosocial support to workers and facilitates access to support whenever needed
- Encourages workers to get support if needed
- Follows-up with workers to support their psychological health
- Supports workers who wish to report a violent person to the police

Joint Health and Safety Committee/Health and Safety Representative

- Be consulted by the employer on the Code White policy, measures, procedures and training
- Reviews annually (at minimum) Code White policy, measures, and procedures
- Monitors policy implementation in between reviews
- Reviews incident reports and statistical data
- Makes recommendations to employer to eliminate and control risk of violence to workers
- Monitors and ensures recommendations for prevention strategies are followed-up
- Conducts workplace inspection and considers Code White data when conducting inspections
- Participates in investigations on Code White incidents

Other Departments (e.g., Occupational Health and Safety, Human Resources, Education, Risk Management, Clinical or Professional Practice, Patient Relations, Security Department)

- Develops, implements, evaluates, and sustains policy, measures, procedures, and training
- Ensures safety measures and procedures are implemented according to timelines and by responsible person(s)
- Investigates incidents and provides recommendations to prevent recurrence
- Provides physical and psychosocial supports to affected workers including work accommodations
- Implements system for risk identification and communication
- Evaluates policy, measures, and procedures for effectiveness

Employer

- Takes every precaution reasonable in the circumstances to protect workers
- Oversees, develops, implements, evaluates, and sustains Code White policy, measures, procedures, and training
- Ensures supervisor competency in Code White and relevant legislations, policies, safety measures, procedures, investigation, and corrective action
- Collects, understands, and evaluates statistical data for policy, measures, procedures, and quality improvement
- Provides all workers with as much training needed to respond safely and competently to Code White
- Consults stakeholders (e.g., JHSC/HSR, risk management, care recipient relations, etc.) during appropriate processes and points of time (e.g., annual review, risk management, incident investigation)
- Ensures policy, procedures, and risk assessments are reviewed at least annually or as often as necessary
- Identifies policy and program gaps to make necessary changes to protect workers
- Builds infrastructure to support Code White policy, measures, and procedure implementation and sustainability (e.g., personal safety response system, seamless reporting system, risk of communication/flagging system for in- and out-patient units)

- Designates resources for infrastructure to implement and sustain Code White policy (important components of Code White program include a personal safety response system, a risk communication/flagging system, comprehensive training including refreshers, mock drills, and Code White policy evaluation)
- Reviews and investigates all Code Whites including root cause analysis
- Implements control measures and procedures to prevent recurrence
- Informs workers of steps to prevent a recurrence including triggers, behaviours, care strategies, measures, and procedures put in place to protect their safety
- Informs workers who report violent incidents of the investigation outcome such as actions to be taken, timelines for implementation, and most responsible person(s)
- Supports psychosocial needs of exposed workers
- Supports workers who wish to report a violent care recipient to the police
- Trains workers about the right to refuse unsafe work while being mindful of their professional college standards, if applicable

Procedures

This section provides examples of Code White procedures. Customize this section based on your organizational operations and to support an effective response to Code White calls.

Guidelines for Maintaining Safety for All	<ul style="list-style-type: none"> a. Any worker can initiate a Code White. b. Do not delay in calling for help. c. Scan area and remove objects that can be used as weapons. d. Remove other care recipients and visitors from the area. e. Approach the violent person only if there is enough help. Do not approach the person alone. f. Contain or isolate the violent person where the behaviour occurs to reduce the risk of injury to others and the person. g. Do not attempt to move or sedate a struggling person without adequate personnel. Clinical discretion should be used to determine when to move the violent person and when sedation is required.
Who Responds to a Code White	<p><i>The Employer decides which workers are trained to respond to a Code White. If security guards are employed, they should always respond to Code White emergencies given their primary occupational role to protect the safety of others and property. Clinical, allied health, and support workers acting in the capacity of security guards should also be trained to the same level as security guards (Canadian General Standards Board for security plus physical skills) if the Employer requires them to respond to Code White emergencies.</i></p>
When to Call Code White	<ul style="list-style-type: none"> • A worker perceives themselves or others to be in danger from a person's behaviours that are violent (e.g., verbally or physically disturbing, hostile, threatening) AND/OR • A person is behaving in violent ways that are harmful to self, others or damaging to property AND/OR • A person displays violent behaviours that are escalating towards physical violence AND/OR • A person displays violent behaviours that are unmanageable for present workers and/or resources.
When to Call Code White Assist	<ul style="list-style-type: none"> • A person is verbally agitated or hostile, a worker calls a Code White Assist to request assistance from security • The situation is escalating or perceived to be escalating
When to Call 911	<ul style="list-style-type: none"> • There is a real or perceived threat that lives are in danger • A weapon or hostage is involved • A violent person is beyond Code White responders' abilities to control

<p>Activate a Code White</p>	<p>Code White is called by using one of the following mechanisms:</p> <p>a. Dial _____ <i>[Organization's phone number]</i> for direct access to Switchboard. Give the following information:</p> <ol style="list-style-type: none"> i. Violent care recipient/visitor/worker ii. Exact location (unit, floor, details on area) <p>Switchboard calls a Code White overhead.</p> <p>b. Personal Safety Response Device Activate distress feature to summon immediate assistance when violence occurs or is likely to occur from the linked workplace party(s) (e.g., security department). The device should enable two-way communication between the person summoning immediate assistance and emergency personnel with capability to inform the worker that help has been notified and is on the way.</p> <p>c. Activate (Silent) Alarm Alarm buttons (which may or may not be silent) are located in various departments/ areas. They are used when it is difficult to access a phone. The (silent) alarm is linked to Switchboard/Operator who will initiate a Code White overhead.</p>
<p>During Code White Response Procedures</p>	<p><i>Populate this section with the Roles and Responsibilities from this document. Customize as required. See example below.</i></p> <p>CODE WHITE LEADER</p> <ul style="list-style-type: none"> • Oversees Code White intervention • Organizes, directs, determines plan of action • Gets verbal report from first responder (if Leader is not first person on scene) • Briefs Responders upon arrival • Assigns roles and responsibilities to Responders • Directs Responders to remove watches, pens, ties, stethoscopes, lanyards, name tags, glasses, etc. if possible • Identifies room exit strategies • Ensures personal protective equipment is available on scene (e.g., Kevlar gloves, spit shields) • Ensures Responders are ready before action taken (e.g., seclusion room is available, medication is prepared, restraints are available and have not expired) • Ensures restraints applied safely and in accordance with training and organizational policy • Requests attendance of most responsible physician or nurse practitioner to obtain orders as required • Requests and communicates with police if required
<p>After Code White Response Procedures</p>	<p><i>Populate this section with the Roles and Responsibilities from this document. Customize as required. See example below.</i></p> <p>CODE WHITE LEADER</p> <ul style="list-style-type: none"> • Conducts debrief with Responders and witnesses immediately after Code White • Participates in an organizational investigation • Follows-up with care recipient's direct care provider to assess effectiveness of behaviour care plan • Ensures direct care provider updates flag alert in medical record • Encourages Responders and exposed workers to seek physical and psychosocial support or treatment as needed (e.g., physician, nurse practitioner, peers, on-site psychological services, JHSC, union) • Documents incident per organizational policy • Can delegate their role to another Responder on a temporary or permanent basis

Equipment

List all equipment needed during Code White and the location in the facility where they are located. See example below.

Equipment needed to safely manage a Code White situation include:

- Physical, chemical, or environmental restraints (e.g., stretcher with restraints ready when needed, padded seclusion room)
- Code White ‘kits’ are easily accessible, replenished as needed, checked for expiry dates, and may include:
 - Physical or chemical restraints
 - Standing orders for chemical restraints in case a psychiatrist is not available
 - Personal protective equipment (face masks and shields, protective gloves, gowns, arm guards in different sizes as needed)
 - Towels
 - Self-soothing items like music
 - Hair ties
 - Code White Team Leader vest

Documentation

Indicate person(s) responsible for completing the Immediate Debrief Form (Appendix F on page 64) and who receives the documentation. Refer to the [PSHSA Incident Reporting and Investigation toolkit](#) for additional information on how to approach an organizational investigation of a violent incident and Code White response.

Communication

This policy will be communicated to all workers upon hire and made available for further reference in the health and safety manual. _____ [Organization] will ensure timely notice of changes to the existing policy as they arise.

Training

_____ [Organization], in consultation with the JHSC/HSR, will develop, establish, and provide violence emergency proficiency-based training to all workers. New employees will receive this training at orientation. Workers will receive refresher training when changes (new or revisions) to the Code White policy, measures, or procedures are put in place. Ongoing refresher training will be provided on a regular basis. Supervisors are required to participate in training appropriate to their assigned duties. _____ [Organization] will keep training records which will include names of workers trained, training received, topics covered, and training dates.

Evaluation

A review of this policy, related procedures, and data collected will be completed in consultation with the JHSC/HSR at least annually or more often if deemed necessary by the JHSC/HSR or through a reassessment of risk. The review will evaluate policy content, application, and performance outcomes. Senior management will consider recommendations when setting subsequent goals and objectives, coordinating training, and allocating program resources. See Appendix D on page 41 for a list of possible metrics.

Related Documents

Customize this section to include the applicable organizational documents such as policies, procedures, forms, legislations, and references. Example documents are:

- Emergency use of restraints and maintenance of restraints
- Criteria for environmental restraints (i.e., seclusion)
- Medication administration
- Presence of weapons
- Staffing protocols
- Post-incident response policies and procedures including safety plans

- Documentation requirements and responsibilities
- Investigation recommendations for control measures and procedures
- Protocols for alcohol withdrawal, chemical substance intoxication, dementia, prisoners, psychiatric clients (including observation levels), suicidal/self-harming clients
- Transfer protocols with EMS, corrections, and police
- Triage and admission of violent care recipients to the Emergency Department
- Emergency Codes e.g., Code Purple, Code Silver, Lockdown
- Formal care recipient or visitor complaint process
- Employer assistance for workers when filing criminal charges
- Risk identification/tracking and risk communication/flagging system
- Limits of pursuit

Definitions

Aggression: hostile or violent behaviour or attitudes.

Behaviour Care Plan: a written plan that details the care to be provided to prevent or control violent behaviours. It is developed by a clinical healthcare worker or team in collaboration with the care recipient and/or substitute decision-maker when possible.

Breakaway: strategies to remove oneself safely from various holds, grabs, and pulls while at the same time not physically compromising the aggressor.

Care Recipient: a general term used for a patient, resident, or client who receives care from a healthcare provider.

Chemical Restraint: medications used to modify or restrict behaviour.

Code White: a coordinated and trained emergency response to a care recipient, visitor, worker, physician, contractor, or student displaying violent behaviours that may cause harm or injury to others, themselves, and/or is damaging to property.

Code Purple: a coordinated and trained emergency response to a hostage situation involving a care recipient, worker, or visitor where enhanced police response is required.

Code Silver: a coordinated and trained emergency response to care recipient, visitor, or worker in possession of a weapon where enhanced police response is required.

Competent Supervisor: a supervisor, as appointed by an employer, who:

- is qualified because of knowledge, training, and experience to organize the work and its performance,
- is familiar with the Occupational Health and Safety Act and the regulations that apply to the work, and
- has knowledge of any potential or actual danger to health or safety in the workplace. ([OHSA section 25](#))

De-escalation: interventions and techniques to reduce or eliminate violence during a period of escalation. Interventions can include the following:

- Engaging persons who are displaying violent behaviours by establishing a bond with them and maintaining a rapport and connection.
- Decision-making about the optimal time to intervene based on knowledge of the violent person, the meaning and danger of the violent behaviour, and the resources available in the setting.
- Assessing safety of the area and the situation.
- Using verbal and non-verbal skills (e.g., using a calm and gentle tone of voice, body language, posture, eye contact and active listening) to de-escalate the person.

Emergency: a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.

Emergency Restraint Use: use of restraints without consent in the event of a serious threat of harm to the person or others and only after all alternative interventions are unsuccessful.

Environmental Restraint: limiting a person's surroundings to restrict or control movement (i.e., seclusion).

Escalation: violent behaviour that is increasing in intensity and/or magnitude.

Family: individuals who are related biologically, emotionally, or legally to and/or have close bonds (friendships, commitments, shared households and child-rearing responsibilities, and romantic attachments) with the care recipient. A care recipient's family may include all those whom the care recipient identifies as significant in their life. The care recipient determines the importance and level of involvement of any of these individuals in their care based on their capacity.

Flag: a visual and/or electronic alert used to:

- Inform workers of a risk of violent behaviours
- Signal additional and individualized care needs and preventive measures

Flagging: see definition of Risk Communication System.

Harm: an impairment of structure or function of the body and/or any deleterious effect arising there from. Harm includes disease, injury, suffering, disability and/or death.

Health and Safety Culture: the collective individual and group values, attitudes, beliefs, perceptions, and behaviour that determine the organization's commitment to health and safety. These values, ideas, and beliefs affect the mental and physical wellbeing of all workers.

Hospital Setting: healthcare facilities that provide a range of care such as acute care (e.g., emergency or surgical care), specialized treatment (e.g., trauma centres, treatment centres for chronic treatment, birthing centres), and hospice care.

Immediate Debrief: an immediate collection and review of details of a violent incident and Code White intervention.

Incident: an occurrence, condition, or situation arising in the course of work that resulted in, or could have resulted in injuries, illnesses, damage to health or fatalities.

Incident Investigation: a collection, review, and analysis of incident details and contributing factors by the employer in collaboration with workers to determine root causes, and develop and implement control measures and procedures to mitigate risk and prevent recurrence.

Individual Client Risk Assessment: a systematic process used by clinical healthcare workers to evaluate a care recipient's likelihood of violent behaviour.

Injury: with respect to occupation, an occurrence, which is neither expected nor planned, resulting in personal injury and/or property damage due to an exposure or conditions at the workplace.

Least Restraint: a restraint intervention used with a violent care recipient which is the least restrictive possible yet will allow Code White responders to regain control of the situation.

Limits of Pursuit: limits set by the employer as to how far outside of the facility workers are authorized to respond to a violent person before it becomes a police response.

Near Miss: an act of striking out, which misses the target.

Physical Restraint: a device that restricts or controls movement or behaviour. They may be attached to a person's body or create physical barriers.

Precautionary Principle: an approach for "protecting workers in circumstances of scientific uncertainty, reflecting the need to take prudent action in the face of potentially serious hazards without having to await complete scientific proof that a course of action is necessary." ([Ontario Health Care Health and Safety Committee under Section 21 of the Occupational Health and Safety Act](#))

Post-Traumatic Stress Disorder: a trauma and stressor-related disorder that can occur in people who have experienced or witnessed a traumatic event.

Responsive Behaviours: a protective means by which persons with dementia or other conditions may communicate an unmet need (e.g., pain, cold, hunger, constipation, boredom) or is a reaction to their environment (e.g., lighting, noise, invasion of space).

Risk Communication System: a standardized method to communicate safety concerns to workers.

Risk Factor: circumstance or characteristic that may increase the likelihood that violence may occur, particularly if triggers are also present. It predisposes a person or situation to the risk of violence. Examples might include a history of violence or delirium with paranoia.

Root Cause Analysis: a structured investigation that aims to identify the true cause of a problem and the actions necessary to eliminate it.

Self-Defence: self-defence is the use or threat of force in the defence of oneself or a third party to the criminal offence of assault. Refer to [section 34 of the Criminal Code](#) for explanation of the three required elements of self-defence.

Situational Awareness: the perception of the elements in the environment within a volume of time and space, the comprehension of their meaning, and the projection of their status in the near future. It describes a person's awareness and understanding of "what is happening" around them and "what could happen" if hazards and risk are not addressed.

Trauma-Informed Care: a strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.

Trigger: a circumstance or element that may provoke or negatively impact care recipient behaviour by increasing the likelihood of a violent response or reaction. It precipitates violence. Examples might include undertreated pain, loud alarms, care to a sensitive part of the body, requests that can't be accommodated or behaviours of care recipients or visitors in close proximity.

Use of Force: the amount of effort needed to compel compliance by a violent person.

Violent Behaviour: acts of violence such as (but not limited to) choking, punching, hitting, shoving, pushing, biting, spitting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists, and threatening assault.

Violence Management Techniques: the knowledge, skills, and abilities required to safely prevent and manage violence when it occurs or is likely to occur. The techniques include (but are not limited to) de-escalation, self-defence, self-protection, breakaway, detaining and holding, use of force, restraint use, and situational awareness. These techniques are learned through appropriate and repeated training provided by the employer.

Violent Person: a person who displays behaviours that are verbally or physically aggressive, and intentional or unintentional in nature that may or may not harm or injure others.

Visitor: any person who enters the workplace who is not a care recipient, worker, contractor, or student.

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

Worker: an employee of a healthcare organization. They can be a clinical healthcare worker, allied healthcare worker, manager, administrative personnel, physician, student, security guard, or any individual who has a working relationship with the healthcare organization.

Workplace Violence: under the OHS section 1, workplace violence means:

- a. the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- b. an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- c. a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

Emergency Response to Workplace Violence Policy Template for Home and Community Care Settings

Purpose of this Tool

The purpose of this tool is to provide home and community care workplaces with an Emergency Response to Workplace Violence Policy template. The policy should be put in place immediately where one doesn't exist or combined with a policy that's already in place.

Who Uses this Tool

Any workplace party involved in their workplace's emergency response to workplace violence policy development, implementation, and evaluation.

How to Use this Tool

Customize the template as required to meet your organizational needs. The policy must be developed in consultation with the Joint Health and Safety Committee or Health and Safety Representative. Revisions and customization to this template should be done with careful consideration. Significant changes or removal of important sections may negatively impact worker safety.

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Emergency Response to a Violent Person in their Home or Community

Policy Purpose

The purpose of this policy is to outline expectations and procedures to (1) respond to a violent care recipient, family, or visitor in the home or community setting; (2) de-escalate a person's violent behaviours and gain control of the situation; (3) prevent or reduce harm or injury to workers, others, and the violent person whenever possible; and (4) provide post-incident support to workers.

Policy Statement

_____ [Organization name] is committed to a safe and healthy workplace for all workers including students, volunteers, care recipients, and others.

_____ [Organization name] understands its obligation to have a workplace violence prevention program, policies, measures, procedures, and training in accordance with the *Occupational Health and Safety Act (OHSA)* and the *Health Care Residential Facilities Regulation 67/93*. One of the components of a workplace violence prevention program is to have a means to summon immediate assistance when violence occurs or is likely to occur. This policy outlines the means for summoning immediate assistance and the measures, procedures, and planned response to a situation where a care recipient, family member, visitor, or worker is behaving in a potentially dangerous manner towards themselves or others beyond the abilities of present workers to control the situation.

_____ [Organization name] will ensure that components of the Emergency Response to Workplace Violence policy meet all requirements under the OHSA and its applicable regulations.

Policy Scope

All workers including students, volunteers, contractors, and agents of _____ [Organization name] are required to comply with this policy and its related procedures.

Policy Principles

The _____ [Organization's] violence emergency response policy and procedures are founded on the following principles:

1. Take prudent action in the face of potentially serious hazards without having to wait for complete scientific proof that a course of action is necessary (i.e., the precautionary principle).
2. Safety is prioritized in the following order: self and other workers, care recipient/visitor, environment.
3. Safe intervention requires organizational-wide and coordinated systems, structures, and resources.
4. Workers are appropriately trained in **violence management techniques** and the Code White policy before directly responding to violence emergencies.
5. Violent behaviour management and de-escalation techniques are implemented in a respectful, caring, and safe manner.
6. Workers' judgement to initiate a Code White is respected and supported.
7. Least restrictive measures are used, if possible, to ensure safety and security of all.
8. Workers do not intervene in any situation that may pose a risk beyond their resources to intervene safely.
9. Violent incidents, Code White responses, measures, and procedures are promptly, thoroughly, and unbiasedly reported, documented, reviewed, and investigated to prevent recurrences.
10. Workers have access to timely, comprehensive support and assistance whenever needed, including follow-up and referral.

Roles and Responsibilities

Home and Community Care Worker

- Understands employer's violence emergency to workplace violence policy, relevant policies, measures, and procedures

- Competent in violence management techniques
- Conducts and/or ensures risk assessment completed prior to visiting care recipient
- Always carries personal safety response device provided by employer with capabilities to call 911/police or a live monitoring centre
- Tests alarm prior to entering home
- Programs emergency telephone numbers and alerts into cell phone
- Checks in and out before with the office before and after each visit
- Does not enter home or area alone if assessments haven't been completed
- Knows area and safest route out of care location
- Scans geographical area and parking location for hazards before entering home or area
- Does not enter home or area if danger is perceived, imminent, or present
- Identifies exits and potential or actual hazards such as weapons and animals inside home or area
- Leaves home or area immediately if danger is imminent or present
- Once in a safe place (e.g., worker's car), calls 911/police for immediate assistance when danger is perceived or imminent
- Activates personal panic alarm when danger is perceived or imminent
- Stays in a safe place until police arrive
- Be available to police should police have questions
- Calls supervisor to inform them of violent incident
- Participates in a debrief with supervisor soon after incident
- Documents incident in care recipient's medical record
- Participates with supervisor and JHSC/HSR in developing behaviour care plan
- Ensures risk of violence is flagged in medical record or per organizational policy
- Informs supervisor of any physical or psychological injuries
- Seeks treatment for any physical or psychological injuries

Intake/Office Worker

- Conducts risk assessments prior to visit
- Provides worker with risk assessments prior to visit
- Manages workers' arrival and departure procedures
- Requires care recipient sign a contract stating their understanding that care will be terminated if a visiting worker experiences violent behaviours in the care recipient's home

Supervisor

- Takes every precaution reasonable in the circumstances to protect workers
- Informs workers of any potential or actual risk of violence of which they are aware
- Understands emergency response to workplace violence policy, measures, procedures, relevant legislation, and documents
- Provides workers with written instructions on emergency response to workplace violence measures and procedures
- Develops, implements, monitors, evaluates emergency response to workplace violence policy, measures, and procedures
- Develops, implements, monitors, and evaluates worker safety procedures specifically designed for lone workers
- Conducts regular risk assessments and makes recommendations to the employer
- Shares information with worker including personal information, related to the risk of violence from a person with a history of violent behaviour whom workers may encounter

- Provides workers with a personal safety response device with capabilities to summon immediate assistance from 911/police or live monitoring centre, and real-time updates on worker location
- Ensures personal safety response devices are always functional
- Ensures documentation and flags of care recipient's risk of violence included in medical record chart before worker visits care recipient's home
- Trains workers how to respond safely and competently to potentially violent situations
- Encourages workers to trust their intuition
- Requires workers to check in and out before and after each visit
- Instructs workers to not engage with violent care recipients and leave the home or area when danger is perceived, imminent, or present
- Trains workers about the right to refuse unsafe work while being mindful of their professional college standards, if applicable
- Informs workers of the steps to prevent a recurrence including triggers, behaviours, care strategies, and safety measures for workers
- Investigates incidents
- Informs workers who report violent incidents of investigation outcome
- Conducts debrief with worker once the worker is in a safe place
- Provides physical and psychosocial support to workers and facilitates access to support whenever needed
- Encourages workers to get support if needed
- Follows-up with workers to support their psychological health
- Supports workers who wish to report a violent person to the police
- Have a competent supervisor available 24 hours a day, 7 days a week

Joint Health and Safety Committee/Health and Safety Representative

- Be consulted by the employer on the Code White policy, measures, procedures and training
- Reviews annually (at minimum), policy, measures, and procedures
- Monitors policy implementation in between reviews
- Reviews incident reports and statistical data
- Makes recommendations to the employer to eliminate and control the risk of violence to workers
- Monitors and ensures recommendations for prevention strategies are followed-up
- Conducts workplace inspection and considers Code White data when conducting inspections
- Participates in investigations on violent incidents

Employer

- Takes every precaution reasonable in the circumstances to protect workers
- Oversees, develops, implements, evaluates, and sustains emergency response to workplace violence policy, measures, procedures, and training
- Ensures supervisor competency in emergency response to a violent person and relevant legislations, policies, safety measures, procedures, investigation, and corrective action
- Collects, understands, and evaluates statistical data for policy, measures and procedures, and quality improvement
- Provides all workers with training relevant to their work and in response to a violent person to demonstrate and maintain competence for safety
- Consults stakeholders (e.g., JHSC/HSR, risk management, care recipient relations, etc.) during appropriate processes and points of time (e.g., annual review, risk management, incident investigation)

- Ensures policy, procedures, and risk assessments are reviewed at least annually or as often as necessary
- Identifies policy and program gaps to make necessary changes to protect workers
- Develops check-in procedures, and co-worker buddy procedures (or per organizational policy)
- Builds infrastructure to support emergency response to workplace violence policy, measures, and procedure implementation and sustainability (e.g., personal safety response system, seamless reporting system, risk communication system for in- and out-patient units)
- Designates resources for:
 - Infrastructure (e.g., personal alarm system linked to security with wireless or GPS type locating, reporting system, data collection, risk communication system)
 - Communication devices and alerts
 - Information, training, and mock drills, including refreshers
 - Evaluating emergency response to workplace violence training program effectiveness
- Reviews and investigates all violent incidents including root cause analysis
- Implements control measures and procedures to prevent recurrence
- Informs workers of steps to prevent recurrence including triggers, behaviours, care strategies, measures, and procedures put in place to protect their safety
- Informs workers who report violent incidents of investigation outcome such as actions to be taken, timelines for implementation, and most responsible person(s)
- Supports psychosocial needs of exposed workers (e.g., access to mental health specialists or programs, peer support, work accommodations)
- Supports workers who wish to report violent care recipient to police
- Trains workers about the right to refuse unsafe work while being mindful of their professional college standards, if applicable

For information and tools on risk assessment in home and community care, refer to [Assessing Violence in the Community: A Handbook for the Workplace and Community Care: A Tool to Reduce Workplace Hazards](#).

Procedures

This section provides examples of violence emergency procedures. Customize this section based on your organizational operations and to support effective responses to violence emergencies.

Guidelines for Maintaining Safety for All	<ul style="list-style-type: none"> a. Conduct risk assessments prior to home visit. b. Do not delay in calling 911/police. c. Do not enter the home/area if feeling unsafe. d. Ensure personal safety response device is in working order and has cell tower service.
Who Responds to a Violence Emergency	911/police are called to respond to all violence emergencies in the home and community care setting.
When to Call 911/Police	<ul style="list-style-type: none"> • A worker perceives themselves or others to be in danger from a person's behaviours that are violent (e.g., verbally or physically disturbing, hostile, threatening) AND/OR • A person is behaving in violent ways that are harmful to self, others or damaging to property AND/OR • A person displays violent behaviours that are escalating towards physical violence AND/OR • A worker is aware of a firearm in the home

Calling for Immediate Assistance When Violence Occurs or is Likely to Occur

Populate this section with the Roles and Responsibilities from this document. Customize as required. See example below.

WORKER

- Activate personal safety response system or device linked to police/911
- If the care recipient is displaying violent behaviours, leave the home or area
- Once in a safe place (e.g., worker’s car), call 911/police
- Remain in a safe place until police arrive
- Remain available to police should they have questions
- Call supervisor to inform them of violent incident

After Violent Incident Procedures

Populate this section with the Roles and Responsibilities from this document. Customize as required. See example below.

WORKER

- Participates in a debrief with supervisor soon after incident
- Documents incident in care recipient’s medical record
- Participates with supervisor and JHSC/HSR in developing behaviour care plan
- Ensures risk of violence is flagged in medical record or per organizational policy
- Informs supervisor of any physical or psychological injuries
- Seeks treatment for any physical or psychological injuries

Equipment

A list of equipment and resources needed during violence emergency procedures are listed here.

Documentation

Indicate person(s) responsible for completing the Immediate Debrief Form (Appendix F on page 64) and who receives the documentation. Refer to the [PSHSA Incident Reporting and Investigation toolkit](#) for additional information how to approach an organizational investigation of a violent incident.

Communication

This policy will be communicated to all workers upon hire and made available for further reference in the health and safety manual. _____ [Organization name] will ensure timely notice of changes to the existing policy as they arise.

Training

_____ [Organization name] in consultation with the JHSC/HSR will develop, establish, and provide violence emergency proficiency-based training for all workers. New employees will receive this training at orientation. Workers will receive refresher training when changes (new or revisions) to the emergency response to workplace violence policy, measures, or procedures are put in place. Ongoing refresher training will be provided on a regular basis. Supervisors are required to participate in training appropriate to their assigned duties. _____ [Organization] will keep training records which will include names of workers trained, training received, topics covered, and training dates.

Evaluation

A review of this policy, related procedures, and data collected will be completed in consultation with the JHSC/HSR at least annually or more often if deemed necessary by the JHSC/HSR or through a reassessment of risk. The review will evaluate program content, application, and performance outcomes. Senior management will consider recommendations when setting subsequent goals and objectives, coordinating training, and allocating program resources. See Appendix D on page 41 for a list of possible metrics.

Related Documents

Customize this section to include the applicable organizational documents, such as policies, procedures, forms, legislations, and references. Example documents are:

- Emergency use of restraints and maintenance of restraints
- Criteria for environmental restraints (i.e., seclusion)
- Medication administration
- Presence of weapons
- Staffing protocols
- Post-incident response policies and procedures including safety plans
- Documentation requirements and responsibilities
- Investigation recommendations for control measures and procedures
- Employer assistance for workers when filing criminal charges
- Risk identification/tracking and risk communication system

Definitions

Aggression: hostile or violent behaviour or attitudes.

Behaviour Care Plan: a written plan that details the care to be provided to prevent or control violent behaviours. It is developed by a clinical healthcare worker or team in collaboration with the care recipient and/or substitute decision-maker when possible.

Breakaway: strategies to remove oneself safely from various holds, grabs, and pulls while at the same time not physically compromising the aggressor.

Care Recipient: a general term used for a patient, resident, or client who receives care from a healthcare provider.

Code White: a coordinated and trained emergency response to a care recipient, visitor, worker, physician, contractor, or student displaying violent behaviours that may cause harm or injury to others, themselves, and/or is damaging to property.

Code Purple: a coordinated and trained emergency response to a hostage situation involving a care recipient, worker, or visitor where enhanced police response is required.

Code Silver: a coordinated and trained emergency response to care recipient, visitor, or worker in possession of a weapon where enhanced police response is required.

Competent Supervisor: a supervisor, as appointed by an employer, who:

- a. is qualified because of knowledge, training, and experience to organize the work and its performance,
- b. is familiar with the Occupational Health and Safety Act and the regulations that apply to the work, and
- c. has knowledge of any potential or actual danger to health or safety in the workplace. ([OHSA section 25](#))

De-escalation: interventions and techniques to reduce or eliminate violence during a period of escalation. Interventions can include the following:

- a. Engaging persons who are displaying violent behaviours by establishing a bond with them and maintaining a rapport and connection.
- b. Decision-making about the optimal time to intervene based on knowledge of the violent person, the meaning and danger of the violent behaviour, and the resources available in the setting.
- c. Assessing safety of the area and the situation.
- d. Using verbal and non-verbal skills (e.g., using a calm and gentle tone of voice, body language, posture, eye contact and active listening) to de-escalate the person.

Emergency: a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.

Escalation: violent behaviour that is increasing in intensity and/or magnitude.

Family: individuals who are related biologically, emotionally, or legally to and/or have close bonds (friendships, commitments, shared households and child-rearing responsibilities, and romantic attachments) with the care recipient. A care recipient's family may include all those whom the care recipient identifies as significant in their life. The care recipient determines the importance and level of involvement of any of these individuals in their care based on their capacity.

Flag: a visual and/or electronic alert used to:

- Inform workers of a risk of violent behaviours
- Signal additional and individualized care needs and preventive measures

Flagging: see definition of Risk Communication System.

Harm: an impairment of structure or function of the body and/or any deleterious effect arising there from. Harm includes disease, injury, suffering, disability and/or death.

Health and Safety Culture: the collective individual and group values, attitudes, beliefs, perceptions, and behaviour that determine the organization's commitment to health and safety. These values, ideas, and beliefs affect the mental and physical wellbeing of all workers.

Home and Community Care Setting: care provided in home and community settings and includes care in these settings provided by public health.

Immediate Debrief: an immediate collection and review of details of a violent incident and emergency response to workplace violence intervention.

Incident: an occurrence, condition, or situation arising in the course of work that resulted in, or could have resulted in injuries, illnesses, damage to health or fatalities.

Incident Investigation: a collection, review, and analysis of incident details and contributing factors by the employer in collaboration with workers to determine root causes, and develop and implement control measures and procedures to mitigate risk and prevent recurrence.

Individual Client Risk Assessment: a systematic process used by clinical healthcare workers to evaluate a care recipient's likelihood of violent behaviour.

Injury: with respect to occupation, an occurrence, which is neither expected nor planned, resulting in personal injury and/or property damage due to an exposure or conditions at the workplace.

Limits of Pursuit: limits set by the employer as to how far outside of the facility workers are authorized to respond to a violent person before it becomes a police response.

Near Miss: an act of striking out, which misses the target.

Precautionary Principle: an approach for "protecting workers in circumstances of scientific uncertainty, reflecting the need to take prudent action in the face of potentially serious hazards without having to await complete scientific proof that a course of action is necessary." ([Ontario Health Care Health and Safety Committee under Section 21 of the Occupational Health and Safety Act](#))

Post-Traumatic Stress Disorder: a trauma and stressor-related disorder that can occur in people who have experienced or witnessed a traumatic event.

Responsive Behaviours: a protective means by which persons with dementia or other conditions may communicate an unmet need (e.g., pain, cold, hunger, constipation, boredom) or is a reaction to their environment (e.g., lighting, noise, invasion of space).

Risk Communication System: a standardized method to communicate safety concerns to workers.

Risk Factor: circumstance or characteristic that may increase the likelihood that violence may occur, particularly if triggers are also present. It predisposes a person or situation to the risk of violence. Examples might include a history of violence or delirium with paranoia.

Root Cause Analysis: a structured investigation that aims to identify the true cause of a problem and the actions necessary to eliminate it.

Self-Defence: self-defence is the use or threat of force in the defence of oneself or a third party to the criminal offence of assault. Refer to [section 34 of the Criminal Code](#) for explanation of the three required elements of self-defence.

Situational Awareness: the perception of the elements in the environment within a volume of time and space, the comprehension of their meaning, and the projection of their status in the near future. It describes a person's awareness and understanding of "what is happening" around them and "what could happen" if hazards and risk are not addressed.

Trauma-Informed Care: a strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.

Trigger: a circumstance or element that may provoke or negatively impact care recipient behaviour by increasing the likelihood of a violent response or reaction. It precipitates violence. Examples might include undertreated pain, loud alarms, care to a sensitive part of the body, requests that can't be accommodated or behaviours of care recipients or visitors in close proximity.

Use of Force: the amount of effort needed to compel compliance by a violent person.

Violent Behaviour: acts of violence such as (but not limited to) choking, punching, hitting, shoving, pushing, biting, spitting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists, and threatening assault.

Violence Management Techniques: the knowledge, skills, and abilities required to safely prevent and manage violence when it occurs or is likely to occur. The techniques include (but are not limited to) de-escalation, self-defense, self-protection, breakaway, detaining and holding, use of force, restraint use, and situational awareness. These techniques are learned through appropriate and repeated training provided by the employer.

Violent Person: a person who displays behaviours that are verbally or physically aggressive, and intentional or unintentional in nature that may or may not harm or injure others.

Visitor: any person who enters the workplace who is not a care recipient, worker, contractor, or student.

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

Worker: an employee of a healthcare organization. They can be a clinical healthcare worker, allied healthcare worker, manager, administrative personnel, physician, student, security guard, or any individual who has a working relationship with the healthcare organization.

Workplace Violence: under the OHS/A section 1, workplace violence means:

- a. the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- b. an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- c. a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker