

Bob Rumball Home for the Deaf			
Manual: Emergency	Approved by: Administrator	Category: Code White	EMERG-I-05
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GOAL

Bob Rumball Home for the Deaf (BRHD) will have a safe and healthy workplace for all persons in the Home.

INTRODUCTION ^{i iii}

The Code White plan will be activated^{iv} by any BRHD staff,^v when:

- 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.^{vi}

The purpose of the BRHD Code White plan is to outline expectations and procedures to:

- Summon immediate assistance to respond in the event of a potential or actual occurrence of a security threat, aggression, violence or hostage situation that occurs or is likely to occur, by a person in the Home. That person may be a stranger (a person unknown to staff), visitor, volunteer, co-worker, relative of a worker, or resident, etc. ^{vii}
- De-escalate the aggressive / violent behaviour and gain control of the situation
- Prevent or reduce harm or injury to all involved persons, whenever possible;
- Prevent damage to property; and
- Provide post-incident support to staff and/or resident(s). ^{viii}

DEFINITIONS

- **Aggression:** A forceful action or procedure (as an unprovoked attack) especially when intended to dominate or master. The practice of making attacks. Hostile, injurious, or destructive behaviour or outlook especially when caused by frustration.^{ix}
- **Emergency:** means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.^x
- **Responsive Behaviour:** (Resident) behaviours that often indicate:
 - (a) an unmet need in a person, whether cognitive, physical, emotional, social, environmental or other, or
 - (b) a response [trigger] to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person.^{xi}

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- **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. ^{xii}

Consultation And Updating of The Emergency Plan

The following will be involved in the consultation and updating of the Code White emergency Plan:

- BRHD staff, including the registered nursing staff, and managers
- The Residents' Council (RC) and the Family Council (FC), if any,^{xiii} and
- The external entities that may be involved in, or provide emergency services related to the Code White situation could be the Barrie **Police** (*control the violent situation*) and **Ambulance** (*for urgent medical attention and transport to hospital*), through 911.^{xiv xv}

Any changes to the Emergency Plan will be identified and the following notified for feedback:

- The staff, volunteers and students
- The RC and FC if any, by bringing the updates to their respective meetings
- The entities, through any required preliminary discussions, and by providing a copy of the updated emergency plan for their review and feedback.^{xvi}

The **Administrator/designate is responsible** to ensure that:

- The Code White **Plan** is tested at least **annually**,^{xvii} and
- the **Plan is evaluated** and updated, including the updating of all emergency contact information of the entities:
 - at least **annually**, and
 - **within 30 days** of the Code Yellow emergency being activated and declared over.^{xviii}

The **Administrator** will assign a lead to conduct the **annual test** and to organize the arrangements, with any entities that may be involved in, or provide emergency services in the BRHD area, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities, and resources that will be involved in responding to the emergency.^{xix}

MOCK EMERGENCY TEST

If conducting a **MOCK EMERGENCY TEST**, you **must notify the appropriate emergency external entities** on the day of the mock test, **PRIOR** to conducting the Mock Test. **Barrie Police** 705-725-7025, **Fire** – 705-728-3131, **Ambulance** – 705-726-8103. The emergency entity will inquire as to the details (e.g., time, type of test, external entities involved, etc.)

Record Retention: BRHD will keep a record of the testing of all emergency plans, including the planned evacuation; of changes made to improve the plans;^{xx} consultations, and the current contact information for relevant entities that may be involved in the emergency plans.^{xxi}

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Location of Emergency Manual: A copy of this emergency plan is available in the BRHD's Emergency Manual located in the front vestibule, and in each Care Centre (CC). In addition, BRHD's emergency plans are located in the Home's computer system on the S drive, and on the BRHD website. Physical copies of the plan are made available upon request.^{xxii}

Emergency Supplies and Equipment: ^{xxiii}

- To obtain immediate assistance, the following may be used to summon assistance, the resident's badge/call bell; portable phone, pager system, fire-alarm pull-station
- This Code White Plan, and emergency contact numbers, in the Emergency Manual binder.
- Seat belt restrain, Geri-chair, wheelchair, Personal Protective Equipment (gloves, mask, face shield)

Hazards: ^{xxiv}

- Aggression and violence toward another person may lead to: stress; feelings of being bullied, threatened or assaulted; loss of property; physical injury, and/or death.
- In 2015-16 CIHI reported that 69% of residents had dementia, with 87% of those having cognitive impairment.^{xxv}
 - In **2021/22**, approximately half of all BRHD residents have an Aggressive Behaviour Score (ABS) greater than one.

Defuse the Situation (for aggressive/violent person)

In an attempt to defuse the situation, Gentle Persuasive Approach (GPA) or other techniques to de-escalate the situation may be useful first.

Note: Refer to the 'Responsive Behaviour Management' policy (NUR-II-24) for more information on responsive behaviour management.)

GPA techniques include:

- Ensure only 1 person is communicating with the acting out person.
- Keep communications simple, short and clear in a calm and gentle tone. Do not make suggestions.
- Remain in a self-protective mode.
- Avoid arguments and power struggles.
- Assign other person to relocate other persons in order to isolate the resident experiencing responsive behaviour. (*Promotes safety of the area and the situation*)
- Attempt to remove possible triggers, e.g., bright lights, loud noise (TV, radio), an audience.
- Stay at least a leg-length away from the aggressive person.
- Don't let the person get between you and an exit from the room
- Remain professional.
- Determine the appropriate time to intervene based on the knowledge of the **violent** person, the **assessed danger**, and the assistance available in the Home.

Try to Remain Calm

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ACTIVATION OF THE CODE WHITE PLAN ^{xxvi}

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Depending on the seriousness of the threat, staff have several options to consider:

- If unable to defuse the situation, and the staff, worker, resident or visitor feels threatened or at risk of harm by the aggressive/violent person **don't try to handle the situation alone.**
- **Summon immediate assistance** from team members in the immediate vicinity. Verbally call out; use resident's badge, emergency call bell, portable phone or fire alarm pull station, if unable to find someone close by.
- If you feel threatened ask a staff member to **initiate Code White.**

Upon request for a Code White, staff should immediately **use the phone system to make an announcement.**

- Pick up the phone.
- Push the button that is marked "PAGE" and clearly state:
 - **"Code White", and identify the exact location of the individual in need of assistance**, e.g., "Code White, D1 dining room." ^{xxvii}
 - Repeat the message **three times** to ensure that it is clearly heard.

ROLES AND RESPONSIBILITIES

ALL AVAILABLE STAFF (except the Fire Incident Warden)

- Stop what they are doing and immediately report to the area identified, after **ensuring that at least one staff member remains on each unaffected care centre.**
- Ensure communication of the emergency to staff members who are deaf, e.g., American Sign Language (ASL), pager etc.

ALL STUDENTS AND VOLUNTEERS

- Proceed to the Front Lobby, or alternate safe area if the front lobby is not safe. Wait for the "All Clear" or direction from your supervisor.

VISITORS

- Must go to a safe area. They have a choice to either stay with the resident they are visiting in a safe area, or leave the building.

FIRE INCIDENT WARDEN (FIW) ^{xxviii xxix}

The FIW is the senior registered nursing staff on the Care Centre (CC) and will conduct the following activities:

- Assign a person to **notify the Administrator/designate** of Code White **if they are not on site.**
 - Administrator, designate may take over as the FIW at any time, if deemed necessary. ^{xxx}
- Immediately go to the identified location and **oversee the Code White response.**
- Obtain a verbal report from the first responder (*if the FIW is not the first person on the scene*)
- **Assess the situation.**
 - Identify room exit strategies

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- As needed, e.g., if **lives are in danger, a weapon or hostage** is involved, or a **violent person is beyond Code White responders' ability to control**, assign a staff member to **call 911** for Police assistance to control the situation.^{xxxii}

Police will require the following information:

- The caller's name and title
- Nature of the emergency, i.e. **There is a violent outburst** (armed intrusion or hostage taking scenario) **at the Bob Rumball Home for the Deaf, 1 Royal Parkside Dr., Barrie.**
- Location of the violent individual (e.g., inside, outside, room number or area)
- Weapons** and injuries (if any), including any object used as a weapon, e.g., cane, metal bars, tool, etc.
- In a **hostage taking situation**, identify such and a description of persons involved.
- A phone number that the police can reach you if necessary.
 - BRHD's main # is 705-719-6700, include an extension if known.**
- If staff resource is available, ask a staff member to wait for Police at the front entrance and direct them to the FIW.

Notes:

- It is not necessary to pull the fire alarm and activate the 2nd stage /evacuation of the building at this point.*
- If the situation involves an "**Intrusive Threat from outside the Home**" (armed person or hostage situation) or if it is an "**Attacker**" situation, refer to that section below.*

- Brief responders upon arrival.

FIW to Assign Tasks to the Responders, if possible ^{xxxiii}

• Assign staff member to:

- Manage the person with the violent outburst, e.g., staff with GPA training if possible;
- Help with any necessary physically control

Notes:

- Remind responders to remove watches, pens, lanyards, name tags, etc., that can get pulled by the violent person.**
 - It is best that only one person communicates with the acting out person.**
- Remove as many residents** and other people as quickly as possible **from the immediate area and direct them to a safe area** to ensure their safety.
- Remove any dangerous items from the area, e.g., items that could potentially be used to damage persons or property.
- Prevent people from entering the area** / scene, except staff who are assisting, where appropriate.
- Obtain PPE** to ensure it is available as required, (e.g., gloves, face shields /spit protectors, etc.)

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- **If the violent outburst is from a resident:**
 - Determine if a **restraint** is required, e.g., a Geri-chair or wheelchair with a seat belt.
Note: *A physical restraint for a resident may be used under Common Law Duty, to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or others.*^{xxxiii} (Refer to minimizing restraints policy # NUR-V-51 for safety.)
 - Assign a registered nursing staff to determine if the resident has a drug ordered to help manage the resident's aggressive/violent behaviour, and if yes, have the nurse **prepare the medication**.
 - Ensure the nurse has assistance to administer medication to resident if ordered.
Note: *Do not attempt to move or sedate a struggling person without adequate personnel.*
 - Determine if a **physician** needs to be contacted to obtain a medication order, or to order a transfer of the resident to the hospital for a psychiatric assessment.
- Call Police if required and give Police an update upon arrival. Staff to **take direction from Police upon their arrival.**^{xxxiv}
- Once the situation is resolved refer to "**Activities after the Emergency is Declared Over**" section below.

Intrusive Threat from Outside the Home^{xxxv} (e.g., *armed person, hostage taking*)

A staff member who becomes aware of an intrusion by an **armed person**, a violent act (shooting, stabbing or physical assault) or **hostage taking incident** should take the following action:

- **DO NOT ANNOUNCE Code White over the paging system.**
- Remain calm. Do nothing that will attract the intruder's attention.
- Immediately evacuate as many people as possible from the area and yourself.
- Prevent other people from entering the area.
- Call **Police** from a safe area.
 - Give them details: how many intruders, how many people have been injured; what weapons they have, etc. Provide a floor plan of the home to the Police.
Note: *Floor plans of the Home are posted on the BRHD website, are posted in the front entrance of the building and are found in the Emergency Manual.*
- If you are not able to leave the area, try to barricade yourself and other persons/residents in the most secure room/area available;
- Notify the Administrator/Managers of the situation by phone;
 - Ask them to notify the other areas of the Home.
- Provide medical treatment to any injured victims if this can be provided without putting anyone else in danger.
- Follow the direction from the FIW and then the Police once they arrive.

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Attacker Situation xxxvi (*someone is attacking you personally*)

In an attacker situation, personal safety is important. Staff who are hurt or injured will not be able to assist others. Take steps to protect residents, visitors and other staff/workers if able; however, staff should protect their own safety first.

Emergency Procedure for All Staff during an attacked situation

1. There are 3 actions to take in the following order: **RUN, HIDE DEFEND**
2. If you **can** run or hide, **do not** attempt to engage the assailant. This includes verbal or physical attempts to de-escalate the situation.
3. If it is **safe** to do so, **lock or secure immediate areas** where you are to help protect others. However, do not do this if it endangers your personal safety.

RUN

- o If you have the opportunity, run away from the attacker. Leave your belongings behind.
- o Don't let indecision slow you down. If the attacker stands between you and an exit, move quickly to safety and find a place to hide.
- o **Call 911 from a safe location to activate police response.**

HIDE

- o If you cannot run to safety, make it difficult for the attacker to see, hear or find you. Move quickly but remain calm. If you are in a group, scatter so that you don't make an easy target.
- o Lock doors and barricade yourself
- o Turn off lights. Do not turn off your phone; but turn off phone sounds and vibrations.
- o Be prepared to run or fight if you are found
- o Do not attempt to return to your place of work

DEFEND

- o Despite attempts to run and hide, you may find yourself face to face with the attacker.
- o Defending yourself may be your last resort, but it may also afford you the chance to run and hide.
 - Be prepared to defend yourself; identify defensive skills and tools
 - Team up with others
 - Your actions before Police arrive may save your life.

When Police Arrive

- o Remain calm and follow instructions. Put down any items in your hands that could be mistaken for a weapon and avoid making quick movements.
- o **Provide Police with information you have about:**
 - The location and number of attacker(s)
 - A physical description of the attacker(s)
 - The number and type of weapons being used by the attacker
 - Potential victims and their location.

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ACTIVITIES AFTER THE EMERGENCY IS DECLARED OVER

FIW will:

- Ensure “**Code White, All Clear**” is announced three times clearly (*if Code White was previously announced*).^{xxxvii}
 - Ensure hearing staff inform staff who are deaf of the ‘all clear’ announcement using the appropriate communication, e.g., American Sign Language (ASL) / face-to-face, pager etc.
 - Have staff resume their normal duties.
- **Notify the Administrator/designate** if not previously notified, or were not on site at the time of the violent outburst.
- As soon as possible:
 - Ensure the person(s) involved receive any **immediate treatment**, if required.
 - If the emergency **involved a resident**, ensure nursing staff follow through as outlined below.
 - Co-chair with the Administrator/designate, **an evaluation** of the emergency. Invite the following persons to participate in the evaluation discussion and ensure the evaluation reflects the accurate details of the event, feedback from those involved, and potential areas of improvement:
 - On-site managers, representatives from the staff, students, volunteers, and any entities, e.g., Police, and ambulance, if available and were involved in the emergency.^{xxxviii}
 - **Use the “Code White/Violent Outburst Test Report” (Appendix A)** template as a guide to obtain the required information. Complete the report to the extent possible.
 - Ensure the documentation of the emergency is completed:
 - If the violent person was a resident, ensure the resident’s health records are updated with the incident, any triggers, response, and interventions to prevent recurrence.
 - Determine what equipment and supplies were used, and assign staff to replace /disinfect, and/or return, as appropriate, to their normal location.^{xxxix}
 - Ensure the MLTC is immediately notified. If during business hours (8:30 AM to 4:30 PM Monday to Friday, except holidays) notify MLTC by initiating and submitting a CIS report. If outside of business hours notify MLTC by calling the after-hours reporting # 1-888-999-6973, as required. (*Refer to MLTC Notification section below.*)
 - Forward a copy of the **“Code White/Violent Outburst Test Report”** (Appendix A), completed to the extent possible, to the Administrator, if Administrator is not onsite at the meeting.

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Administrator/designate will:

- Co-chair with the FIW, **an evaluation** of the emergency. Invite the following persons to participate in the evaluation discussion and ensure the evaluation reflects the accurate details of the event, feedback from those involved, and potential areas of improvement:
 - On-site managers, representatives from the staff, students, volunteers, and any entities,^{xi} e.g., Police, involved in the emergency, if available.
 - Use the “**Code White/Violent Outburst Test Report**” (Appendix A) template as a guide to obtain the required information.
 - Complete the Administrator portion of the Test Report.
- Ensure MLTC is notified by submitting a CIS report, as required. (*Refer to “MLTC Notification” section below.*)
- Ensure notification of WSIB and MOL/MLITSD, if staff injury, and other entities, as applicable.
- Ensure completion of “**Code White/Violent Outburst Test Report**” (Appendix A) if off-site
 - If any external entities (e.g., Police) were involved in an emergency response, ensure the entities, and the RC, and FC, if any, are provided an opportunity to offer feedback, if their representative was unable to attend the post emergency evaluation.^{xli}
- Review Code White **Plan** (EMERG-I-05); add any recommendations for change to the Plan, to the written recommendations for improvement as outlined in the ‘**Code White/Violent Outburst Report**’.
 - Bring all **recommendations for improvement** of the Code White Plan to the Management Team meeting for discussion and determine which recommendations for improvement are approved or rejected, and record decisions on the ‘**Code White/Violent Outburst Test Report**’.
 - Administrator / designate must update the Code White Plan, with any approved recommendations for improvement, **within 30 days** after the event was declared over.^{xlii}
 - Maintain a written record of the changes made to improve the plan.^{xliii}
- Address the **recovery** from the Emergency: ^{xliv}
 - **Debrief** the residents, their SDMs, if any, staff, volunteers, and students after the emergency as appropriate, e.g., the fact that the Emergency Plan was tested (mock or actual), and the recovery, i.e., recommendations for improvement, changes to be implemented. Maintain a written record of the debrief.
 - **Resume normal operations** of the Home.
 - Determine if anyone experienced **distress** during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support.^{xlv} BRHD has an EAP, for eligible staff.

Arrange for staff **training/retraining** to be updated and conducted, as required. (*Refer to the sections below.*)

- Complete the “**Administrator Checklist for Code White / Violent Outburst**” (Appendix B) as outlined.

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Registered nursing staff

- **If a resident was involved** in the violent outburst,
 - Address the resident's immediate needs (physical, emotional)
 - Conduct an **assessment** on the resident(s) to determine the resident's status and needs.
 - If the resident was the aggressor/had the violent outburst, consider a referral to Behaviour Supports Services (BSS) is and initiate DOS charting, as appropriate.
 - Notify the physician, give an update on the resident's status and follow-through on any additional orders, as applicable.
 - Notify the resident's **POA** or next of kin if resident is their own POA, and provide an update. Obtain consent for any new orders, as applicable.
 - Update the **resident's health record**, including the resident's plan of care as needed,
 - Ensure that the resident is identified for being at high risk for potential/actual violent behaviour, as applicable;
 - Identify any known triggers and appropriate interventions to prevent recurrence.
 - Place a red butterfly outside of the resident's room as a visual flag to staff prior to entering the room.
 - Determine if the resident requires more frequent rounds to mitigate recurrence.
- **Participate in the evaluation** of the emergency, as requested. Ensure the evaluation reflects the accurate details of the event, and make any recommendations for improvement.
- Upon request, immediately **notify the MLTC** by initiating and submitting a CIS report re the Code White situation, as required. (*Refer to MLTC Notification section below.*)

Other Key individuals involved in Code White

- **Participate in the evaluation** of the emergency, as requested. Ensure the evaluation reflects the accurate details of the event, and make any recommendations for improvement.

MLTC notification

- The Administrator/designate will ensure **MLTC** is immediately notified of the Code White emergency, followed by a Critical Incident System (**CIS**) report ^{xlvi}

Note: Additional Mandatory and/or Critical Incident reporting may be necessary depending on the circumstances and outcome of the emergency. Please refer to the *FLTCA s.28* (e.g., for resident abuse), and *O. Reg. 246//22 s.115* for more details.

TRAINING – Emergency Plan ^{xlvii}

- **BRHD staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter. ^{xlviii xlix}
- The training will be based on that staff member's responsibilities, prior to that person performing his/her responsibilities.¹
- Gentle Persuasive Approach coaches (internal and external) are available to provide training to staff, as required.

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Note: *In the event of an emergency or exceptional unforeseen circumstances, e.g., the new employee is being orientated on-site with another employee, the emergency training must be provided within one week of when the person begins performing their responsibilities.ⁱⁱ*

STAFF RETRAINING

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As.ⁱⁱⁱ ^{iv} If staff at that time, or at any time are assessed as requiring further retraining, this will be done by the employee's supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..^{iv}
- During the annual testing of the emergency procedure, any staff assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.^{iv}

Related Policies:

- Responsive Behaviour Management (NUR-II-24)
- Workplace Violence and Prevention (HR-VII-11)
- Workplace Violence, Harassment, and Sexual Harassment Policy
- Zero Tolerance of Abuse and Neglect of Residents

Appendices

Appendix A ~ Code White / Violent Outburst Test Report

Appendix B ~ Administrator Checklist for Code White / Violent Outburst

* Indicates to make 1 copy of pages 4-7 inclusive "Activation of the Code White Plan" for the Command Centre Bag, Code Yellow folder.

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Appendix A – Code White / Violent Outburst Report

Notes:

- . For the activation of the Code White Plan, refer to the Procedure of this policy, starting on page 4.
- . Start to complete this Report as soon as possible after the emergency is declared over, and notifications to appropriate persons are completed. Persons who must be notified of a Code White are the Administrator and the Ministry LTC and the SDM of any resident(s) involved in the incident.

TEST: Actual Emergency (Y/N) _____; Mock Emergency (Y/N) _____ (Code White to be tested annually ^{lvii})

Instructions:

- The evaluation/test report is available for completion electronically and should be completed to the extent possible, by the onsite Administrator/designate and the FIW, as soon as possible after the incident is no longer an emergency. The following additional persons if involved in the emergency, are encouraged to participate and provide feedback: Managers, external entities (e.g., police), ^{lvii} and representatives from involved staff, resident, and family, as appropriate.

Evaluation Attendees:

NAME	Position	NAME	Position

List external entities involved, if not in attendance, so they can be given the opportunity for feedback: _____

The following will provide a brief summary of the Code White emergency event: (who, when, where, what, action taken, observations made, and comments for improvement)

Date: _____ and time emergency started: _____

Was Code White announced? Y/N _____ If yes, by whom? _____

Time emergency declared over: _____ AM/PM

Note: The "All Clear" should have been given if Code White was announced at the beginning of the Violent Outburst.

Name of FIW: _____ (CC1 or CC2 nurse)

Description of Emergency

- . Location: _____
- . What happened? (Include the aggressor(s), responder(s) and witness(es) by name and position, if known.)

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Why did the event happen? E.g., Cause, or any known **triggers, reason for escalation, etc.**

What de-escalation interventions were used if any? (Identify if they were **effective or **not effective**)**

Was a common-law duty restraint used on a resident? Y/N _____

If yes, ensure documentation and follow-through action is completed as required in the Minimizing Restraints policy NUR-V-51.

If not done yet, who is assigned to document information? _____

Persons who were Notified of the Code White

. Administrator / designate (e.g., On-Call Manager notified? Y/N _____;

If yes, Name of Person Notified: _____; If Administrator not notified, notify immediately.

. **Ministry LTC:** If during regular business hours, notify MLTC through initiating and submitting a CIS report. If outside regular business hours, call Ministry 1-888-999-6973. How was MLTC notified, i.e. by phone or CIS report? _____.

If MLTC has not been notified yet, who will notify MLTC immediately? _____

If the CIS report has not yet been initiated, please assign to: _____

. **Police called for assistance?** Y/N _____; Badge # of Police: _____

. Was a request for an **Ambulance** made? Y/N _____; If yes: Who required ambulance? _____

. Was the **Resident's Attending Physician** notified? Y/N _____; Name of Dr. _____

Orders received? Y/N _____;

. Was the **SDM/POA** of any and all residents involved in the incident notified? Y/N **Not applicable?** _____

If any resident was involved in the Code White incident, ensure their SDM/Emergency contact person is notified ASAP. If not done yet, assigned to: _____.

Were the Resident's health records updated, including progress notes and RCP? Y/N _____; Complete progress notes ASAP if not done yet. If RCP needs revision and not updated yet, assigned to: _____

Did anyone sustain one or more injuries? Y/N _____ If yes, please complete chart below.

Name (First / Last)	Position - resident, staff, visitor, etc.	Describe Injury	Treatment Provided

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What went well?

What didn't go well?	Recommendation for improvement?

In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced/disinfected and/or returned. Identify who will complete that task.

Supplies/Equipment Used	Replace or Disinfect & Return	Assigned to:

Did any person(s) experienced distress as a result of the emergency? Y/N ____

If yes, list names of person(s) who experienced distress, and indicate whether emotional support was provided.

Person's name who experienced distress	Emotional Support Provided	Follow-through required

Signature of Fire/Incident Warden (FIW) in charge of Code White: _____

Signature of the Administrator/designate completing the report: _____

Ensure this report and supporting documentation are forwarded to the Administrator, if Administrator not on site.

The remainder of the evaluation is to be completed by the Administrator/designate.

- Review the CIS report related to the emergency, and submitted to the MLTC.
 - Make any amendments as required.
- Does WSIB, MOL/ MLITSD, or any other government body or entity need to be notified? Y/N _____. If yes, identify who will notify which entity. _____
- Were the entities (e.g., Police) who were involved in emergency response provided an opportunity to offer feedback.^{viii} Y/N _____. If no, who will contact them and inquire if they have any feedback?

The **Administrator** will review the existing Code White Plan, and discuss any recommendations for improvement with the Management Team. (Refer to recommendations as listed above, and any additional recommendations that were received.)

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The following are the Authorized Recommendations for Change

#	Authorized Recommendations for Change, including any changes to Code Yellow Plan, if any:	Assigned to	Date of Implementation
1.			
2.			
3.			
4.			

Note: Authorized changes for improvement are to be promptly implemented and documented.^{lx}

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change
1.		
2.		
3.		

Code White Plan (EMERG-I-05)

Within 30 days after the test is declared over, the emergency plan must be **reviewed and updated**, if necessary, based on the authorized recommendations.^{lx}

If the Code White Plan (EMERG-I-05) requires updating, assign to DONPC: _____.

If changes were made to the **Code White Plan** indicate how staff, volunteers, students, RC, FC if any, and external entities were involved / informed of **changes**, and will be given any training/retraining, as required.

Retain all supporting documentation, e.g., completed templates, changes made to the Plan, training records, etc.

- _____ New staff / volunteers & students will review updated emergency Plan as part of their **orientation**
- _____ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant external entities given an opportunity for feedback and **advised of changes to the emergency plan**, available on website, & internally in Emergency Manual, as appropriate.
- _____ If changes were made to emergency Plan, the revised Plan was updated in the Home's Emergency Manuals, and the electronic emergency Plan was sent to Fred /IT Specialist, for posting on the BRHD website and the former version of the Plan removed.
- _____ After a review of this form, is there any additional follow-through required? Y/N_____
If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	Assigned to:

Retain this record as part of the Home's quality management activities.

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Name of person(s) completing report:

Administrator / designate: _____ (Print); _____ (Signature)

Ensure the Administrator has a copy of the completed evaluation.

Date of completion: _____ (within 30 days after the emergency was initiated).

Appendix B – Administrator Checklist for Code White / Violent Outburst

The Administrator is responsible to ensure that:

- the Code White Plan was **tested at least annually** (Y/N) _____; and
- the **Code White Plan was evaluated, and updated as necessary**,
 - (a) at least **annually**, including the updating of all emergency contact information of the entities, (Y/N) _____; and
 - (b) **within 30 days** of the emergency being activated and declared over.^{lxii}

Note: If the Code White Plan is changed, ensure the Emergency Manuals and the website have the most current version of the Plan.
- The **related documentation** for **all** activations of the Code White Plan that occurred in the year are completed, compiled, and retained as per the retention requirements, including but not limited to:
 - The “**Code White / Violent Outburst Test Report**” (Appendix A)
 - The **debriefing** of staff, and volunteers and students, if any; ^{lxiii}
 - Any **changes made to the emergency plan**, and
 - **Date the emergency plan is changed**, ^{lxiii} **consultation with the entities**, e.g., Police, ambulance services, and the RC and FC, if any, as appropriate; and
 - any related training/retraining records.

Number of Code White emergencies **activated** in the year? _____

Identify any recommendations for improvement that will be **carried over** to the next year for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				
3.				

Signature of the Administrator: _____

Date: _____

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Endnotes:

ⁱ FLTCA. s.90(1).

ⁱⁱ O. Reg. 246/22. s.268. (1)(2)

ⁱⁱⁱ O. Reg. 246/22. s.268. (4) iv.

^{iv} O. Reg. 246. s.268(5)1.

^v FLTCA. s.2. staff.

^{vi} [Emergency-Response-to-Workplace-Violence-Policy-Templates.pdf](#) p.7.

^{vii} O. Reg.246/22 s.268 (3)(b).

^{viii} Code White Policy Template for Hospital and LTC Settings. [Emergency-Response-to-Workplace-Violence-Policy-Templates.pdf](#) p.2.

^{ix} T. Rankin, Elder Abuse Advisor Regional Municipality of Durham; Sgt. J. Keating, Durham Regional Police. *Re-thinking Aggression and Violence in Long Term Care*. Managing Aggressive Behaviours and Threats using Code White. Workshop materials May 5, 2015.

^x O. Reg. 246/22 s.268(15).

^{xi} O. Reg. 246/22. s. 1.

^{xii} [Occupational Health and Safety Act, R.S.O. 1990, c. O.1 \(ontario.ca\)](#). OH&S Act, 1990. s.1(1). Definitions. Workplace Violence.

^{xiii} O. Reg.246/22 s.268 (3)(c).

^{xiv} O. Reg.246/22 s.268 (3)(a).

^{xv} O Reg. 246/22. s.268. (4)4 and 5.

^{xvi} O. Reg.246/22. s.268.(9).

^{xvii} O. Reg. 246. s.268(10)(a).

^{xviii} O. Reg.246/22 s.268 (8).

^{xix} O. Reg.246/22. s.268.(10)(a).

^{xx} O. Reg.246/22. s.268.(10)(d).

^{xxi} O. Reg.246/22 s.268 (3)(4)4 and 5.

^{xxii} O. Reg.246/22 s.268 (7).

^{xxiii} O Reg. 246/22. s.268. (4)3.

^{xxiv} O. Reg.246/22 s.268 (3)(b).

^{xxv} [Dementia in long-term care | CIHI](#)

^{xxvi} O. Reg. 246/22. s.268(5)1.

^{xxvii} O. Reg.246/22. s.268.(6).

^{xxviii} [Emergency-Response-to-Workplace-Violence-Policy-Templates.pdf](#)

^{xxix} County of Simcoe – Emergency Response Plan. [Emergency Response Plan, July 2022 \(simcoe.ca\)](#)

^{xxx} O. Reg. 246. s.268(5)2.

^{xxxi} O. Reg. 246. s.268(4)5.

^{xxxii} O. Reg.246/22. s.268.(6).

^{xxxiii} FLTCA. s.39(1).

^{xxxiv} O. Reg.246/22. s.268.(5)2.

^{xxxv} County of Simcoe – Emergency Response Plan. [Emergency Response Plan, July 2022 \(simcoe.ca\)](#)

^{xxxvi} County of Simcoe – Emergency Response Plan. [Emergency Response Plan, July 2022 \(simcoe.ca\)](#)

^{xxxvii} O. Reg.246/22. s.268.(6).

^{xxxviii} O. Reg.246/22. s.268.(9).

^{xxxix} O. Reg.246/22. s.268.(13) (b).

^{xl} O. Reg.246/22. s.268.(9).

^{xli} O. Reg.246/22. s.268.(9).

^{xlii} O. Reg.246/22. s.268.(8)(b).

^{xliii} O. Reg.246/22. s.268.(10) (d).

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^{xliv} O. Reg.246/22. s.268.(13).

^{xlv} O. Reg.246/22. s.268.(13) (c).

^{xlvi} O. Reg. 246. s.115 (1)1.

^{xlvii} O. Reg.246/22. s.268.(14) (a)(b).

^{xlviii} FLTCA. s. 82(2)8; and s.82(4).

^{xlix} O. Reg.246/22. s.260.(1).

ⁱ FLTCA s.82(6).

ⁱⁱ FLTCA. s. 82(3).

ⁱⁱⁱ O. Reg.246/22. s.260.(1).

^{iv} O. Reg.246/22. s.268.(14) (a)(b).

^{iv} O. Reg.246/22. s.260.(3).

^{iv} O. Reg.246/22. s.260.(3)(b).

^{iv} O. Reg.246/22. s.268.(10)(a).

^{ivii} O. Reg. 246/22 s.268(9).

^{iviii} O. Reg.246/22. s.268.(9).

^{ix} O. Reg. 246/22. 168.(2) 6. ii.

^{ix} O. Reg.246/22. s.268.(8).

^{ixi} O. Reg.246/22 s.268 (8).

^{ixii} O. Reg.246/22 s.268 (13).

^{ixiii} O. Reg.246/22. s.268.(3).