What is a Code White?

A term used to alert staff when a violent or potentially violent patient, who is unmanageable by any other means, presents as a danger to self or to others.
Who can call a Code White?

Any staff who encounters a violent and unmanageable PATIENT
How do I call a Code White?

DIAL:

#55555

State: “CODE WHITE  exact room and location”
Who attends a Code White?

- All staff in the area of the code
- 2 staff from 7N and 7W (they will bring the responder bag)
- Crisis team nurse – when on site
- All security staff
- Admin. Coordinator when available
CODE WHITE IS FOR PATIENTS ONLY

For visitors/family call security for assistance
What will you hear?

You will hear the code paged overhead 3 times. You will not hear the room number paged (for confidentiality)

eg. “Code White...6W”
What to expect

- After the code is called, the response team will assemble on your unit
- Greet the members at the door, quickly inform of situation, and escort to the room
- Remember to have at least 1 staff remain to help with the code
- Remember you know the patient the best.

Do not leave!!
We need you!!!
- GREET
- ESCORT
- REPORT
- SUPPORT
WHAT TO LOOK FOR
Escalation Scale
Phase 1: SUBTLE

**Behaviour:**
- Changes in manner of speaking
- Changes in language used
- Restless, pacing, rocking
- Repetitive questioning

**Staff Response:**
- Be attentive
- Acknowledge the changes you see
- Validate the patient’s feelings/emotions
- Display understanding and support
- Respond in calm gentle voice
- Offer assistance and reassurance
- Try to resolve
Escalation Scale

Phase II: ESCALATING

**Behaviour:**
- Escalating agitation
- Swearing, criticism
- Refusing care
- Increased volume and rate
- Physical tension

**Staff Response:**
- Check environment for safety
- Validate situation
- Respond with calm clear direction
- Step back
- Ensure you can exit
- Ensure pt. can exit
Escalation Scale

Phase III: IMMINENT

**Behaviour:**
- Explosive speech
- Increase in tone, volume, rate
- Heavy breathing
- Red faced
- Threatening gestures
- Moving towards staff

**Staff Response:**
- Remove others from area
- Alert staff
- Allow pt, to vent if possible
- Avoid threats
- Call for assistance
- Listen
- Give clear direction- short and sweet
Escalation Scale
Phase IV: Physical aggression

**Behaviour:**
- Verbally threatening and abusive language
- Physical aggression i.e. hitting, kicking, biting, grabbing, throwing

**Staff Response:**
- Call for assistance
- Remove others from areas if possible
- Remove self from harms way
- Increase personal space
- Monitor but do not intervene (furniture can be replaced...you can not!)
- Be aware of surroundings
Patient Behaviour

Phase I
- Changes in manner of speaking
- Changes in language used
- Restless, pacing, rocking
- Repetitive questioning

Staff Response
- Be attentive
- Acknowledge the changes you see
- Validate the patient’s feelings/emotions
- Display understanding and support
- Respond in calm gentle voice
- Offer assistance and reassurance
- Try to resolve

Phase II
- Escalating agitation
- Swearing, criticism
- Refusing care
- Increased volume and rate
- Physical tension

Phase II
- Check environment for safety
- Validate situation
- Respond with calm clear direction
- Step back
- Ensure you can exit
- Ensure pt. can exit

Phase III
- Explosive speech
- Increase in tone, volume, rate
- Heavy breathing
- Red faced
- Threatening gestures
- Moving towards staff

Phase III
- Remove others from area
- Alert staff
- Allow pt. to vent if possible
- Avoid threats
- Call for assistance
- Listen
- Give clear direction—short and sweet

Phase IV
- Verbally threatening and abusive language
- Physical aggression i.e. hitting, kicking, biting, grabbing, throwing furniture

Phase IV
- Call for assistance
- Remove others from areas if possible
- Remove self from harms way
- Increase personal space
- Monitor but do not intervene
- Furniture can be replaced...you can not!
Debrief/Discuss

- Provide staff support
- Effectiveness of the response
- Requirements for additional documentation
- Opportunities for improvement
Always Watch for RED FLAGS
REMEMBER:

- Try your de-escalation techniques first.
- Do not hesitate to call a Code White.
- You can cancel the Code once everyone feels safe and the situation is under control.
REMEMBER

Not all patients go through all phases. They can go slowly from I to IV or quickly escalate from III to IV.
Responding to a Code White does affect all of us

- Responding to a code can be upsetting and/or anxiety provoking for staff and coworkers.
- **THIS IS NORMAL**
- It may not be immediate but can be later, the next day or even the next week.
- It is important to address.
What can we do?

- Staff can feel comfortable to talk in confidence with Occ Health and/or EAP or their manager.
- Strategies and support will be offered.
References:

