STRATHMERE LODGE

Emergency Management Program

VIOLENT OUTBURST RESPONSE PLAN

CODE WHITE

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TABLE OF CONTENTS

Violent Outburst / Code White Emergency Response Plan

Section	Title
Appendix B	Code White Response Team – Roles and Responsibilities
Appendix C	Violent Outburst Response Decision Guide
Appendix D	Post-Incident / Debriefing Checklist

1. PURPOSE

The purpose of this Plan is to provide a rapid, coordinated and safe response to a violent outburst, threatened violence or behavioural emergency that presents an imminent risk to residents, staff, visitors, volunteers or others at Strathmere Lodge.

The objectives are to:

- protect life and prevent injury;
- summon assistance rapidly;
- create distance and separate persons from danger;
- use verbal and environmental de-escalation where safe;
- ensure early police/emergency assistance when circumstances exceed staff's ability to safely manage;
- maintain resident dignity and rights;
- support affected residents and staff following the incident; and
- meet emergency planning, workplace violence and resident protection requirements.

2. SCOPE

This Plan applies to violent or threatening behaviour involving **any person**, including:

- resident;
- visitor/family member;
- staff member;
- volunteer/student;
- contractor;
- intruder or other person.

Examples include:

- physical assault or attempted assault;
- escalating aggression creating an imminent threat;
- credible threats of serious physical violence;
- fighting;
- threatening behaviour involving a weapon;
- violent destruction of property creating danger to persons;
- an individual whose behaviour cannot be safely managed through routine interventions.

3. CODE WHITE VS. ROUTINE RESPONSIVE BEHAVIOUR

Not every episode of responsive behaviour constitutes a Code White.

Situation	Response
Responsive behaviour – manageable	Follow plan of care / Responsive Behaviour procedures
Escalating behaviour – additional assistance required	Summon staff assistance; Gentle Persuasive Approach (GPA)/de-escalation strategies; protect others
Violent outburst / imminent threat	**Personal panic alarm → Code White → protect/separate → 911 as required**

A Code White **does not require that someone has already been assaulted or injured**.

It should be initiated when violence has occurred **or when an imminent violent situation requires an immediate coordinated response**.

This recognizes early intervention as key to prevention and directs staff to minimize injury when violence is rapidly escalating.

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4. IMMEDIATE RESPONSE – PERSON DISCOVERING THE INCIDENT

DANGER → ALARM → DISTANCE → PROTECT → CODE WHITE → DE-ESCALATE → 911

1. PROTECT YOURSELF

Maintain access to an exit.

Do not allow yourself to become trapped or cornered.

2. ACTIVATE PERSONAL PANIC ALARM

Where immediate assistance is required, activate your **Personal Panic Alarm Device (PPAD)**.

The PPAD is a **stand-alone audible device**. Staff hearing the alarm shall respond to determine its location and provide assistance.

3. CREATE DISTANCE

Where possible:

- move away from the aggressor;
- position yourself near an exit;
- remove other residents/visitors from danger;
- do not block the aggressor's exit unless required for immediate safety.

4. INITIATE CODE WHITE

Notify the Charge Nurse and announce:

“CODE WHITE – [SPECIFIC LOCATION]”

three times over the public address (PA) system.

5. CALL 911 WHEN REQUIRED

No administrative authorization is required to call 911.

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5. PERSONAL PANIC ALARM DEVICES

All Strathmere Lodge and contracted staff have their assigned PPAD while on duty in accordance with the Home's established requirements.

When an Alarm Sounds

Staff hearing a PPAD shall:

1. identify the approximate location of the alarm;
2. respond promptly;
3. be alert that they may be approaching a violent situation;

4. avoid blindly entering an unsafe room/area;
5. summon additional assistance;
6. initiate Code White/911 where indicated.

Important

The PPAD summons assistance—it does not require the staff member in danger to remain with the aggressor.

The employee should withdraw to safety whenever possible.

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6. CODE WHITE RESPONSE TEAM

Upon hearing Code White, designated responders shall attend promptly.

Days / Evenings / Weekends / Holidays

Response shall include, as operationally appropriate:

- **one PSW from each Resident Home Area;**
- **RN/RPN responsible for the affected RHA;**
- **Charge Nurse;**
- available non-clinical staff in/near the affected area where assistance is appropriate.

Resident Home Areas must not be left without adequate staff supervision in order to respond to a Code White.

Once sufficient responders are present, additional staff shall remain/return to their assigned areas.

Nights

The **Charge Nurse** shall respond and coordinate the response, summoning additional available staff as necessary while ensuring resident supervision throughout the Home.

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7. INCIDENT COMMAND

The **Charge Nurse (RN)** assumes initial Incident Command after hours until relieved by the Administrator/designate.

During the immediate physical confrontation, the most appropriate registered staff member/responding staff may coordinate actions at the scene while the Charge Nurse maintains overall command.

The Incident Commander shall:

- assess immediate danger;
- ensure 911 notification where required;
- coordinate resident/staff protection;
- control unnecessary access to the area;
- ensure appropriate clinical assessment;
- communicate with police/EMS;
- arrange notification of leadership;
- coordinate recovery and follow-up.

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8. DE-ESCALATION

Where safe and appropriate, staff shall attempt verbal/environmental de-escalation.

Many Strathmere Lodge staff have received **Gentle Persuasive Approaches (GPA)** training. Staff trained in GPA shall apply the principles and techniques of that training within their competence and as appropriate to the circumstances.

General principles

Staff should:

- remain calm;
- speak slowly and respectfully;
- use simple, clear language;
- avoid arguing or confronting;
- acknowledge the person's concerns/emotions;
- provide personal space;
- reduce noise, crowds and stimulation;
- avoid sudden movements;
- offer reasonable choices where possible;
- redirect or distract where appropriate;
- identify and remove triggers where possible;
- maintain an accessible exit.

Do not

- challenge or threaten;

- crowd the person;
- shout;
- deliberately provoke;
- argue about delusions/confusion;
- make unnecessary physical contact;
- attempt de-escalation where doing so places staff or others at unreasonable risk.

Personal safety takes priority over continued attempts at verbal de-escalation.

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9. PHYSICAL INTERVENTION

Strathmere Lodge staff do **not** receive specialized physical crisis intervention training beyond GPA.

Accordingly, this emergency response plan shall **not establish physical restraint or "take-down" techniques as a Code White response.**

Staff shall emphasize:

distance → escape → separation → resident protection → de-escalation → emergency assistance.

Nothing in this Plan authorizes restraint contrary to the Fixing Long-Term Care Act, 2021, O. Reg. 246/22, the resident's plan of care or applicable Home policies.

Where immediate physical intervention is considered necessary to prevent serious bodily harm, staff must act only within applicable law, professional scope, training and Home policy.

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10. WHEN TO CALL 911 / POLICE

CALL 911 IMMEDIATELY FOR:

- weapon or suspected weapon;
- credible threat involving a weapon;
- serious or continuing physical assault;
- credible threat of serious bodily harm;
- staff unable to safely control/separate the situation;
- intruder posing a threat;
- serious injury;
- rapidly escalating behaviour presenting immediate danger;

- any situation where police/EMS assistance is reasonably required.

Any staff member may call 911.

Administrator or Charge Nurse authorization is NOT required.

The responding police service is **Strathroy-Caradoc Police Service**.

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11. WEAPON INVOLVED

Strathmere Lodge maintains a **No Weapons in the Workplace Policy**.

If a person possesses or is suspected of possessing a weapon:

DO NOT ATTEMPT TO DISARM THE PERSON.

Staff shall:

- withdraw from immediate danger;
- activate PPAD where useful;
- initiate Code White;
- call 911;
- remove/protect residents and others where safely possible;
- isolate the area;
- prevent others from entering;
- follow police instructions.

Staff shall not place themselves at increased risk to retrieve property or move residents where doing so would require approaching the armed person.

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12. RESIDENT-RELATED VIOLENT OUTBURST

Where the aggressor is a resident:

PROTECT → SEPARATE → DE-ESCALATE → ASSESS → INVESTIGATE CAUSE → INTERVENE → REVIEW PLAN OF CARE

Following immediate stabilization, registered staff shall assess:

- injury;
- pain;
- delirium/acute illness;
- infection;
- medication-related factors;
- unmet needs;
- environmental triggers;
- interpersonal triggers;
- behavioural history;
- cognitive impairment;
- other contributing factors.

Notify the physician/Nurse Practitioner and other clinical supports as appropriate.

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13. BEHAVIOURAL SUPPORTS ONTARIO (BSO)

Strathmere Lodge has:

- **1 full-time BSO RPN; and**
- **1 full-time BSO PSW**

available Monday–Friday.

BSO is primarily a **clinical follow-up/prevention resource**, rather than the emergency Code White response team.

Following resident-related violence, BSO involvement should be considered for:

- behaviour assessment;
- identification of triggers;
- behaviour mapping;
- staff strategies;
- environmental interventions;
- plan of care review;
- recurrence prevention;
- external behavioural health referrals/support where required.

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14. RESIDENT-TO-RESIDENT VIOLENCE

Where residents are involved:

Immediately

- separate residents;
- provide safe supervision;
- assess both residents;
- provide treatment;
- prevent further contact where necessary;
- preserve relevant information/evidence.

Following stabilization

Assess:

- precipitating factors;
- cognition;
- behaviour patterns;
- compatibility/environment;
- supervision needs;
- whether room/seating/routine changes are required;
- plans of care for **both residents**;
- need for BSO/physician/NP involvement.

The safety and well-being of the resident who was the subject of the behaviour shall be specifically addressed.

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15. VISITOR / FAMILY MEMBER / CONTRACTOR / INTRUDER

Where a non-resident is violent or threatening:

- maintain distance;
- activate personal panic alarm/Code White;
- move residents away;
- do not physically attempt to remove the person;
- call police where required;
- restrict access to the affected area;
- secure exterior access where appropriate.

Strathmere Lodge can secure exterior doors.

Resident Home Areas **cannot be independently secured**, so resident relocation and staff positioning may be required to prevent access to particular areas.

Police direction shall be followed.

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16. STAFF MEMBER AS AGGRESSOR

Where a staff member is the aggressor:

- protect residents and others;
- initiate Code White where appropriate;
- remove persons from danger;
- contact police where required;
- notify Administrator/designate;
- ensure the employee does not continue resident care duties where safety is in question.

Employment/disciplinary investigation shall occur separately from the immediate emergency response.

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17. STAFF INJURY / EXPOSURE

An injured employee shall receive:

- immediate first aid;
- medical assessment/EMS where appropriate;
- supervisor notification;
- workplace injury reporting;
- WSIB processes where applicable;
- exposure follow-up where applicable;
- post-incident support.

Staff shall not be expected to immediately resume duties following a significant violent incident without consideration of their physical and psychological condition.

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18. ABUSE / NEGLECT AND MANDATORY REPORTING

A Code White involving a resident must also be assessed under the Home's **Abuse and Neglect Prevention and Reporting procedures**.

Emergency response plans **dos not replace mandatory reporting requirements**.

Where there are reasonable grounds to suspect abuse or neglect of a resident, applicable reporting requirements under the Fixing Long-Term Care Act, 2021 and O. Reg. 246/22 shall be followed.

Where alleged, suspected or witnessed abuse or neglect of a resident may constitute a criminal offence, the applicable immediate police notification requirements shall be followed.

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19. ALL CLEAR

Only when the situation has been safely resolved shall the Code White be terminated.

Announce over the PA system **three times**:

“CODE WHITE – ALL CLEAR.”

Staff shall then:

- restore a calm environment;
- reassure residents;
- assess affected persons;
- return residents/staff to normal areas when safe.

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20. POST-INCIDENT RESPONSE

Following a significant Code White:

Resident

- clinical assessment;
- injury assessment;
- documentation;
- physician/NP notification as appropriate;
- family/SDM notification as applicable;
- BSO referral/review;
- plan-of-care review.

Staff

- injury assessment;
- workplace violence reporting;
- WSIB/occupational health processes where applicable;
- psychological support;
- debriefing.

Environment

Determine whether:

- room/location contributed;
- furniture/equipment should be changed;
- staffing/supervision requires adjustment;
- access security measures.

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21. INCIDENT REVIEW AND DEBRIEFING

Following Code White activation, the Home shall review:

What happened? → What triggered it? → What worked? → What did not? → Could it recur? → What needs to change?

The review should include involved staff and appropriate leadership/clinical personnel.

For resident-related incidents, review the resident's plan of care and behavioural strategies.

The purpose of the operational debrief is **learning and prevention**.

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22. DOCUMENTATION AND REPORTING

As applicable, complete:

- resident progress notes;
- incident documentation;
- Workplace Violence Reporting Form;
- staff injury documentation;

- WSIB documentation;
- police/EMS information;
- mandatory Ministry of Long-Term Care reporting;
- abuse/neglect investigation;
- plan of care revisions;
- Code White/emergency activation record.

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23. TRAINING

Staff shall receive education regarding:

- Code White;
- Personal Panic Device (PPAD) use;
- recognizing escalating violence;
- summoning assistance;
- personal safety/exit awareness;
- de-escalation;
- 911 thresholds;
- roles during Code White.

GPA training should continue to be used as an important component of the Home's approach to responsive behaviours and de-escalation.

PPAD competency

Staff shall know how to:

- test the device;
- activate it;
- silence it;
- report a malfunction;
- obtain a replacement/spare.

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24. TESTING AND REVIEW

The Violent Outburst emergency response plan shall be **tested at least annually** under O. Reg. 246/22 s. 268.

For example:

Year 1 – Resident escalating toward another resident

Year 2 – Violent visitor

Year 3 – Staff PPAD activation where location isn't immediately obvious

Year 4 – Individual suspected of possessing a weapon

APPENDIX A – CODE WHITE QUICK RESPONSE GUIDE

VIOLENT OUTBURST / IMMINENT THREAT

1. PROTECT YOURSELF

Keep an exit → Don't become trapped → Create distance

2. ACTIVATE PPAD

Personal Panic Alarm

Staff hearing alarm:

LOCATE → APPROACH CAUTIOUSLY → ASSIST

3. PROTECT OTHERS

Separate / relocate residents and visitors where safe

4. CALL CODE WHITE

CODE WHITE – [LOCATION] × 3

5. DE-ESCALATE — ONLY IF SAFE

Calm voice → Space → Reduce stimulation → GPA principles

6. CALL 911

Weapon • Serious assault • Serious threat • Intruder • Serious injury • Situation beyond safe staff control

NO ADMINISTRATIVE AUTHORIZATION REQUIRED TO CALL 911

7. WEAPON?

DO NOT ATTEMPT TO DISARM

Withdraw → 911 → Protect others → Police direction

8. RESOLVE

Assess injuries → Clinical assessment → Report → Document → Debrief → Plan of care review

9. ALL CLEAR

CODE WHITE – ALL CLEAR × 3

APPENDIX B – CODE WHITE DECISION MATRIX

Situation	Response
Manageable resident responsive behaviour	Plan of care / behavioural strategies
Behaviour escalating	Additional staff + GPA/de-escalation
Staff feels unsafe/needs immediate assistance	**Activate personal panic alarm (PPAD)**
Imminent violent outburst	**PPAD + Code White**
Active assault	**Code White → separate/protect → 911 where required**
Weapon/suspected weapon	**Withdraw → Code White → 911 → DO NOT DISARM**
Resident-to-resident violence	Separate → assess both → protect → clinical/BSO follow-up
Violent visitor/family member	Protect residents → Code White → police as required
Violent staff member	Protect residents → Code White/police → Administrator
Staff injury	First aid/medical assessment → workplace reporting/support
Resident abuse suspected	Protect → mandatory reporting/investigation procedures (Ministry of Long-Term Care)
Situation resolved	**Code White All Clear ×3 → assess → document → debrief**