

JOHN NOBLE HOME Emergency Manual	DIVISION: Emergency CATEGORY: Violent Resident – Code White	POLICY NO: 7-A-10
ISSUED BY: Emergency Planning Committee	SUBJECT: Code White: Management of Resident with Responsive Behaviours/ Aggression	PAGE NO: 1 of 2

PURPOSE: The Home will have a procedure in place to reduce the risk of injury to residents, staff or others.

POLICY: To identify impending signs of resident responsive behaviour or aggression and to implement Code White

Responsive Behaviour Definition: Responsive behaviour is a term that is often preferred by persons with dementia, mental health, substance use and/or other neurological disorders to describe how their actions, words and gestures are a response to something important in their personal, social or physical environment (Alzheimer Society of Ontario, 2014). These behaviours are often a result of changes in the brain affecting memory, judgement, orientation and mood. (Behavioural Supports Ontario, 2018)

PROCEDURE:

1. The most effective way to cope with a code white is to recognize the escalating behaviours and change the pattern to allow the resident to deescalate. See Appendix 1.
2. If the resident continues to escalate to the point that he poses a risk of injury to himself or others, then ask another staff to notify registered staff and call a ‘Code White’ and then the home area three times, also to call 911 if appropriate.
3. Do not approach resident, give them some personal space (at least arms length), and use a calm voice with no sudden movements.
4. Have one staff make the contact with the escalated resident.
5. When the Code White is called, one staff from each home area will respond. Ensure adequate staff are left on the home areas to ensure safety. Monday to Friday one staff member from the Day and Stay will respond to the Code White. On Saturday and Sunday there will be no staff from Day & Stay responding to a Code White.
6. When a Code White is called at the Day & Stay the Home will send the Charge Nurse from MT/GT/DC or designate.
7. The responding staff will relocate any other residents, visitors or volunteers to a safe location, reduce any increased environmental noise and assess the area for potential weapons. One staff should report to the main entrance to direct emergency personnel.
8. Attempt to talk calmly with the resident until the resident calms or the authorities arrive.
9. Have someone call ‘Code White all Clear’ three times.

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10. Provide emotional support to the resident, other residents, visitors and staff once the situation is under control. Resident may require 1:1 staff for a short time.
11. Complete a PCC Incident note and Incident Report.
12. If appropriate notify the Substitute Decision Maker.
13. Notify the manager on-call, if any injury to a resident has been noted manager will make a report to the Ministry of Health.
14. Call a meeting for staff involved in the situation to review response, process followed and to provide feedback and emotional support.

DATE APPROVED: March 1995
DATE REVIEWED: March 2022
DATE REVISED: October 2020

APPENDIX 1

STRATEGIES TO PREVENT A POTENTIALLY UNCONTROLLED RESIDENT BEHAVIOUR SITUATION:

- Look for meaning behind the exhibited behaviour such as hunger, pain, fear, or environmental conditions (noise, cold, heat etc.). If it is possible to implement a plan of action safely, do so. Employ strategies to prevent a potentially uncontrolled resident behaviour situation.
- Accept that all resident behaviour has meaning and responsive behaviours occur when a resident feels threatened or in danger.
- Create safe, peaceful and home-like environments. Learn about a resident's past history soon after admission to JNH. Talk to residents calmly, when not agitated, about their life experiences and to distract or redirect as able. Explore and build rapport with family roles, work/activities roles, religious practices, positions in the community, etc.
- Try to set limits and remind the resident of these limits. Do not overload the resident. Use succinct, simple words to get your message across. Understand their levels of cognitive functioning.
- Provide resident-centered care. Maintain flexibility and do not get caught up in routine. Put yourself in the resident's place and empathize with him/her. The resident has the right to have his/her needs met and their choices respected.
- If the resident's cognition allows, try to work through issues together and encourage the resident to participate in his/her care.
- Try to negotiate choices, if the resident is cognitively able or willing to be persuaded.
- Do not rush residents (verbally or nonverbally), this could cause fear and agitation which can escalate to aggression. Give residents time to think. Look for cues that the resident is ready.
- Observe residents: do you notice any changes in verbal and non-verbal behaviours (triggers/flashpoints: high tension situations, stress) that are indicative of a potential escalation? Manage the risk before it gets out of control. See the warning signs.
- Be creative: trial and error interventions. Use a wait-and-see approach to see if the resident can resolve his/her issue.
- Share vital information and strategies with the team: verbal communication, updating resident care plans and work sheets.

STRATEGIES TO DIFFUSE AN AGGRESSIVE SITUATION:

Never verbally or non-verbally challenge the resident.

- Do not get too close to the resident (stand a good arm's length away from the resident). Allow the resident personal space to move within.
- All staff must work together and be organized. The resident will perceive disorganization and may further retaliate.
- Staff may not leave until dismissed by the situation leader.
- Try to problem-solve the resident's trigger/flashpoint. This is the underlying cause for the resident's aggression.
- Do not turn your back to the resident.
- Make sure there is an exit available at all times.
- If situation is deemed out of control, make sure all participants and residents are out of harms way. Call 911 immediately.

Employ de-escalation techniques:

- Active listening: allow the resident to share his fears, concerns, etc. Try to calmly explain what you are trying to do. Seek co-operation from the resident. Show support: "I understand you feel..., etc.).
- If possible, remove the resident to another place to talk and calm down (if the resident is physically aggressive, do not try to touch or restrain him/her as he/she may escalate.)
- Avoid "why" questions. This can further frustrate and exacerbate the situation. Focus on the resident's issue--do not blame or accuse the resident. Speak about the issue.
- Tone of voice needs to be calm, however do not sound too soothing. It may make the resident feel as if you are trying to patronize him/her and he/she may respond negatively.
- Keep interaction and communication at a good pace: do not rush. Take time to reflect and allow the resident to process what is going on. Model effective, calm behaviour.
- Use the resident's name and use your own name to build a rapport. Keep point succinct and suited to the resident's cognitive abilities. Repetition may also be effective.