i. Outline

CODE WHITE

(Violent/Behavioural Situation)

Any Time There Is Violence Or An Immediate Threat of Harm

Step #1
Request help from other area staff in the area, if available.

Switchboard
Announce Code White and location three times.
Refer to Page 9.

Dial 4444 – Provide details to Operator.
Refer to Page 7.

Step #2
Isolate the area to prevent injury to bystanders. Use de-escalation techniques to calm the situation, if possible.

Security Officers
Respond to the area to assist with de-escalation.
Refer to Page 11.

Step #3
Staff responding to the Code White arrive and establish Team Leader, Back Up Team Leader and Code Manager roles.
Security will take direction from the staff member in authority, and/or staff most familiar with the aggressor.
Refer to page 11.

Response

All Staff
Team Leader and Code Manager will direct or assist in implementing procedures so as to de-escalate and defuse the critical or potentially critical incident. The Back Up Team Leader will be available to take over Team Leader role.
Security will take direction from the staff member in authority, Team Leader or Code Manager or staff most familiar with the aggressor.
Refer to Page 7

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1.0 General Overview

1.1 Preamble

Early recognition and intervention in potentially violent situations are key to crisis prevention. In the event of rapidly escalating behavioural aggression, activating a Code White will bring necessary support to maintain or regain control of the situation and to minimize risk of injury to patients, visitors, physicians, staff and volunteers. This plan is not limited to patients; it may be used for any aggressive/violent persons.

Staff are encouraged to call a Code White when they feel threatened and de-escalation techniques are ineffective. Proactively calling a Code White to ensure the safety of staff and patients will not be subject to repercussions. A patient's legal status is not a determining factor when calling a Code White.

1.2 Proactive Measures to Prevent a Code White

- The clinical team will utilize preventative planning through behaviour observation in order to understand how the patient: interacts, communicates; and expresses aggressive behaviour in response to specific triggers.

- Staff will check the Behaviour Crisis Alert (BCA), white board (if available) and discharge record information that will be available on readmission to identify previous behaviors, triggers and safety measures.

- All clinical staff must remain vigilant for early indicators of anxiety, agitation or distress and be prepared to intervene therapeutically and safely with any patient in order to minimize risk of escalating behaviour that can also be a risk to worker safety. Specialized care plans identifying triggers, behaviours and safety measures will be created, updated regularly, maintained on discharge and in the patient record.

- The staff response will appropriately match the phases of the person's aggression escalation continuum (subtle changes, escalating behaviours, imminent aggression, and physical aggression).

- Consistently assess your areas of work to determine if there is an elevated risk of violent/behavioural situations. Provide feedback to your immediate supervisor should you have concerns.

The vast majority of patients or visitors pose little or no risk of violence towards caregivers or others. Some people, because of emotional disturbance or a disease characteristic, may behave abusively or even violently. The best defense is constant vigilance by staff

- Try to defuse the situation and use Non-Violent Crisis Intervention techniques to maintain control of the situation
- Call the patient's unit to send a staff member that may be familiar with the patient
- Be aware of any changes in the aggressor's behaviour

- Maintain a safe distance[1] from the aggressor
- Isolate the aggressor where possible by either placing him or her in a secluded room, or by removing others in the area
- Do not approach an aggressive person alone, seek assistance wherever possible
- Be aware of the environment and always have an escape route identified
- Be aware of those who may need to be rescued in the area

Where, in spite of preventative measures, if someone's behaviour becomes abusive and/or dangerous; or the caregiver perceives that they are caught in a dangerous situation the following principles should be applied:

Immediate Action:
On entering a patient's room where you sense the possibility of, or have reason to expect, abusive or violent behaviour, Make all reasonable efforts to prevent the patient or visitor from blocking your escape route through the doorway. Leave the room.

- If you have concern about your safety, alert a co-worker, your supervisor or Security **(4142)** to stand by or to help
- Call the **CODE WHITE** if the situation escalates to the point where there is violence or an immediate threat of harm
- If you are caught in a dangerous situation, or you are being attacked and cannot immediately retreat to safety; call, scream or yell for help
  - Alternately, use the Vocera Panic Alarm function[2], or other panic alarm device, if available
- Wait for assistance to stabilize the patient or visitor, if possible

Follow Up:

- Get immediate treatment from a first aid station, Occupational Health, Safety and Wellness, or Operations Manager (afterhours) for any injuries/illness. Seek external medical attention as needed.
- Notify your manager/supervisor of any injuries/illness incurred.
- Document the incident in SAFE.
- Discuss the incident with your charge nurse or manager/supervisor to identify safety gaps and improvements.

For Potentially Violent Visitor:
If a visitor is being aggressive, call for help before approaching the visitor:

- Security is available 24 hours a day through the Security Operations Centre **(4142)**
- Notify the affected area Manager or Charge Nurse, and ensure that the nurse is accompanied by a co-worker or Security Officer
- The affected area Manager or staff member in authority will instruct the visitor to leave, and the visitor will be escorted off property by Security.

[1] "Safe Distance" is described as 2 ½ - 3 feet from a person. It is the ability to see a person's entire body (head to toe) using peripheral vision while looking at their facial area
[2] Vocera Panic Alarm function explained in General Overview section 1.7.

1.3 Glossary

Code White Response

A Code White may be initiated if there is escalating behavioural, aggression and/or a threat of violence/assault made by a person that is believed to be serious and/or imminent and the immediate staff and resources are insufficient to de-escalate the person and respond safely and effectively. This includes all workplace violence.
The Occupational Health and Safety Act defines workplace violence as:

1. The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
2. An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker;
3. 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.

Use of Restraints[3]

For information on use of restraints, please see Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

Exceptions

- Where the provisions of this policy conflict with the security requirements for inmates or persons in custody of the police (Administrative policy 02-155 or Administrative policy 02-203) or the Security policy/procedures that are consistent with the Private Security and Investigative Services Act, these policies will prevail.
- Immobilizing a patient for procedural intervention is not considered a restraint under this policy.

Team Leader

A clinical staff member/Security Officer in the area where the Code White occurs, who has knowledge of the person and the necessary therapeutic intervention skills (e.g. Non-violent crisis intervention (NCI) or Management of Resistant Behaviours (MORB). The Team Leader maintains a therapeutic and least restrictive approach to defuse/deescalate the crisis incident. The level of response by Security will be determined by the Team Leader at the time of the incident, unless there is an immediate risk to worker safety, and immediate intervention is required.

Preference for the Team Leader position should be given to clinical staff. The Team Leader can be:

1. the first person on the scene
2. The patient's primary caregiver
3. any team member with the confidence and competence in handling crisis situations
4. the team member who has the best rapport with the aggressive individual

[3] Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

The Team Leader duties include:

1. assessing the situation
2. leading the intervention with the patient
3. directing or cue the other team members
4. communicating with the aggressive individual

"Back Up" to Team Leader

The "back up" to the Team Leader will replace the Team Leader if:

- the Team Leader becomes the direct target of aggression
- the Team Leader becomes provoked by the patient and is no longer effective in being able to defuse or de-escalate the patient
- The Team Leader requests to be replaced
- The "back up" becomes aware of new information that requires change in the crisis de-escalation leadership

Code Manager

The Code Manager is a staff member in authority of the area[4], Affected Area Manager/Administrative Coordinator) who supports the Team Leader, and assists with coordination of the overall intervention. He/she, as directed by or in consultation with the Team Leader determines:

- the assignment of the "back up" to the Team Leader
- the number of staff needed and who should be redirected out of the affected area
- when a registered nurse should obtain the medication or mechanical restraints and bring them to the scene
- assignment of specific duties to other staff
- when the code is over - in consultation with the Team Leader and Security, contact Switchboard to announce the All Clear overhead.

Code White Response Team

The responders to Code White will consist of a team of trained inter-professional staff (e.g. clinical staff in the area/on the unit, Security, staff member in authority/affected area Manager/Administrative Coordinator and attending physician) who will work together to effectively de-escalate or respond to a person who is aggressive.

Security

The level of response by Security will be determined by the Team Leader at the time of the incident or themselves based on their expertise and the situation requires their immediate intervention.

[4] Staff member in authority refers to the staff member of highest authority in the area (i.e. the Charge Nurse, Supervisor, Manager, Administrative Coordinator, etc.)

Restrain[5]
To "place the person under control by the minimal use of such force, mechanical means or chemical as is reasonable having regard to the person's physical and mental condition". (Patient Restraint Minimization Act 2001)

Physical Restraint[5]
The use of an appliance that restricts free movement and is attached to, adjacent to or warn by the patient when a patient's aggressive or violent behaviour presents an immediate risk of harm to self or others. (Center for Addiction and Mental Health, 2012).

Chemical Restraint[5]
A STAT pharmacological intervention administered without the patient's or SDM's consent which is used to manage a patient who exhibits aggressive or violent behaviour that presents an immediate risk of serious harm to self or others. (Center for Addiction and Mental Health, 2012) The use of pharmacological intervention as restraint is distinct from pharmacological intervention used to treat illness, which is governed by the Health Care Consent Act and is not within the scope of this policy.

Environmental Restraint/Seclusion[5]
The confinement of a patient in a locked room or area used for seclusion to restrict movement from one location to another. (Center for Addiction and Mental Health, 2012).

Incident Debriefing
A group or individual discussion regarding the Code White incident response with the staff who were involved in the incident. It is an opportunity to provide support and education to responding staff and assess the impact and safety of staff and patients following a Code White. This should occur immediately after the incident. Based on the circumstances of the incident a more in-depth investigation/debriefing may also occur in the days following the incident. The purpose of the debriefing is to determine what went well, what did not and areas to improve for future incidents; not to lay blame on any of the individuals involved.

1.4 Code to be Used in Case of a Violent/Behavioural Situation
All attempts to defuse a situation involving a person whose behaviour is escalating rapidly into an aggressive phase have been exhausted by staff on hand and it is perceived that the attending staff involved in a violent incident may not be able to safely and effectively defuse the situation, or:

- A threat of violence/assault made by a person is perceived as serious and imminent and the immediate personnel and resources are insufficient to respond safely and effectively.
- Use of emergency restraint(s) on an individual(s) is required based on the policy of Least Restraint (13-360).

[5] Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

1.5 Authority to Declare a Code White

A Code White may be called by:

- Any staff member who is involved in a violent or potentially violent incident or is in the immediate area and who determines, themselves or others are at risk, extra personnel and/or resources are required immediately, can dial 4444 and advise the Operator to announce a Code White.

1.6 Activation of Code White

- The staff member who advises the 4444 Operator to call a Code White shall provide the location (building and level where the incident is taking place).
- The Operator will immediately announce Code White and the area three (3) times in succession over the public address system.
- The Security Operations Centre Operator will also broadcast the Code White and location over the Security radio network.

1.7 Vocera Panic Alarm Function

Vocera communication devices feature a panic alarm function that can be activated by quickly “double-tapping” the Vocera button. When this is occurs, a Security Officer will use a standardized reply of “Hi (caller’s first name), is everything alright?” The caller should then indicate, whether they need assistance and their location.

If it was an accidental activation, the caller should reply back indicating as such. If there is no answer, a Security Officer will be dispatched to the location of the person who activated the panic function to investigate. Vocera Panic Alarms automatically trigger a Code White response for activations from Burr 4.

However, a delay can occur between, the panic alarm activation, confirming an incident or no-response, dispatching Security Officers to the location, and contacting Switchboard for a Code White overhead announcement.

If 4444 is called, the Code White overhead announcement will lead to a faster response from Security Officers, as they will either hear the announcement, or be dispatched by the Security Operations Centre Operator immediately. It is always advised that a Code White be activated by calling 4444.

1.8 Emergency Restraint

For the use of restraint in an emergency situation, please refer to:
Administrative Policy Manual:
Subject: Least Restraint - Number: 13-360

1.9 All Clear Announcements

The Code Manager will determine, in consultation with the Team Leader, when to contact Switchboard to announce the All Clear overhead.

2.0 Response & Recovery – All Staff

Response

2.1 Procedure if You Are Aware of a Violent/Behavioural Situation

☐ The staff member who makes the assessment that the Code White is to be called will direct someone to dial **4444** providing:
  ☐ Name and title
  ☐ Location
  ☐ Nature of emergency **(Code White)**
  ☐ If a weapon is involved or suspected, request that the Police be notified immediately, and identify the weapon if possible

☐ Staff will initiate such procedures to assist the person in crisis to regain self-control or implement such emergency restraint procedures as necessary to temporarily maintain the person in crisis as safely as possible in accordance with Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

☐ Consider the need to initiate a Behavioural Crisis Alert (BCA) when one or more of the risk factors for BCA has been identified

2.2 Procedure if You Hear a Code White Announced Overhead

☐ Security will respond to assist

☐ Staff trained in de-escalation techniques should attend the scene to offer assistance

☐ The Team Leader will take the lead for the response (see 5.0 Response & Recovery – Team Leader/Code Manager, page 15 for more information):

☐ The Code Manager (staff member in authority, affected area Manager/Administrative Coordinator) will support the Team Leader. They will identify themselves as the Code Manager. (see 5.0 Response & Recovery – Team Leader/Code Manager, page 15 for more information):

☐ Those who respond to a Code White should take direction from the Code Manager and staff who are most familiar with the aggressor

☐ When responding avoid surging into the area in large numbers; it may only escalate the situation

Recovery

2.3 Upon Notification That the Crisis Has Concluded

☐ The decision to determine the Code White is all clear will be made by the Team Leader, Code Manager and Security. The Code Manager or Security will call Switchboard to request the all clear be announced

- ☐ If anyone is injured:
  - ☐ Get immediate treatment from a first aid station, Occupational Health, Safety and Wellness, or Operations Manager (afterhours) for any injuries/illness. Seek external medical attention as needed
  - ☐ Notify your manager/supervisor of any injuries/illness incurred
  - ☐ Document the incident in SAFE
  - ☐ Discuss the incident with your Charge Nurse or Manager/Supervisor to identify safety gaps and improvements
- ☐ If you are the initiator of the Code White be prepared to provide a statement to the attending Security Officer for reporting purposes
- ☐ Ensure the person in crisis is appropriately assessed
- ☐ The patient's care team will initiate observation, documentation and reports as appropriate to the situation
- ☐ Complete Patient Behaviour Crisis Alert (BCA) Record to activate alert in Patient's Electronic Heath Record (in PCS) and on Teletracking System according to Administrative Policy Manual Subject: Assessing, Flagging and Managing the Risk of Patient Violence – Number: 02-141
  - ☐ Post BCA stickers on patient profile, spine of patient chart, and in patient's room, as appropriate.
- ☐ Complete or update risk reduction plan based on the incident
- ☐ Those involved in the incident may take some "time out" to regain personal composure before returning to work, if necessary. Speak with your Supervisor/Manager to arrange time out
- ☐ Those staff who were involved should participate in an incident debriefing session following the incident. Security will conduct the post-incident debrief
- ☐ Watch for signs of critical incident stress and encourage one another to contact the Occupational Health, Safety, and Wellness Department for assistance, as needed

3.0 Response & Recovery - Switchboard

Response

3.1 Upon Notification of a Code White

Caller information:

Name & Title:	
Location:	
Weapons (if any):	

☐ Announce **"CODE WHITE (location)"** three times in succession over the public address system

☐ If requested to do so, notify the Police **(911)**

- ☐ **Do not use the term Code White, instead say "violent person"**
- ☐ **Include any information regarding weapons involved**

☐ Notify Security Operations Centre **(4142)** of the Code White

- ☐ Inform if Police have been called and include any information reported to Police

Recovery

3.2 Upon Notification That the Crisis Has Concluded

☐ Upon request from the Code Manager or Security announce "CODE WHITE (location) ALL CLEAR" three times in succession over the public address system

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4.0 Response & Recovery – Protection Services

Response

4.1 Upon Receiving Notification of a Violent/Behavioural Situation

Kingston Hospital's Security Operations Centre Operator

☐ Announce Code White and location over the radio network

Shift Supervisor

☐ Proceed to the location of the incident and provide assistance as requested by the Team Leader, Code Manager or as needed

☐ Direct Security Officers with regards to:

- ☐ Assisting the Code Manager in directing non-essential staff and visitors away from the area to prevent unnecessary injury
- ☐ Using Use of Force guidelines[6] and acting lawfully, to physically restrict the aggressive person's movements to prevent harm to themselves or others

☐ If the aggressive person is not a patient determine the best course of action (e.g. escorting off property, detaining for the Police, etc.)

- ☐ Request the Security Operations Centre to notify the Police **(911)** for situations beyond the training and capability of the Protection Services department
  - ☐ **Code Silver Lockdown to be activated for incidents active shooters or active killing (involving dangerous weapons). Refer to Code Silver Lockdown**

Security Officers

☐ Taking direction from the Shift Supervisor, proceed to the location of the incident and provide assistance, to the Team Leader or Code Manager, as needed

☐ Using Use of Force guidelines and in acting lawfully, Security may physically restrict the aggressive person's movements to prevent harm to themselves or others

[6] National Use of Force Model, from the Canadian Association of Chiefs of Police

Recovery

4.2 Upon Notification That the Crisis Has Concluded

Shift Supervisor

- ☐ Lead a post-incident debriefing session with the Team Leader and Code Manager and other involved staff
  - ☐ Ask the following questions:
    - ☐ Is there is a BCA active on the patient? If yes, has it been updates to reflect the behaviors, triggers and safety measures? Who will be responsible to update the BCA?
    - ☐ Will a BCA be activated on then patient? If no, then who will apply the BCA on the patient?

  If 'no' or 'unsure' to the above questions:

    - ☐ State: “As per our responsibility to communicate the risk of physical violence to others, please consider the appropriateness of activating a BCA at this time. There is a legislative requirement to provide a history of violent behavior to staff.”

Security Officer

- ☐ Participate in a post-incident debriefing session with the Team Leader and Code Manager and other involved staff

5.0 Response & Recovery – Team Leader/Code Manager

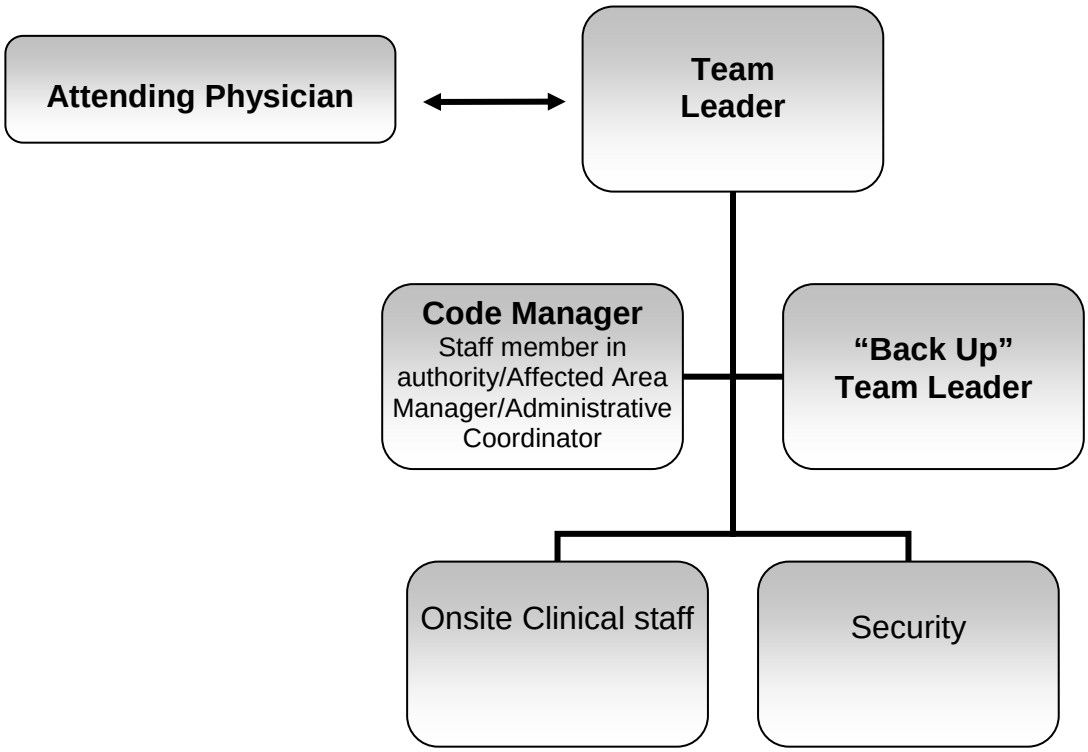
Response

5.1 Incident Management System

Specific responsibilities may be assigned to appropriate staff to ensure interdepartmental coordination during an emergency to facilitate direction and control of response and recovery actions.

The assigned roles that may be established during a Code White include:

- ☐ Team Leader – has the primary role to communicate with the person in crisis and direct the team during the incident
- ☐ Code Manager – supports Team Leader
- ☐ Back Up Team Leader – Available to take over Team Leader role should it be requested or determined by de-escalation process
- ☐ Security Officer(s) – The level of response by Security will be determined by the Team Leader at the time of the incident
- ☐ Attending Physician – assessment and treatment
- ☐ Onsite Clinical staff – follow direction from Team Leader/assignment of role from Code Manager



5.2 Procedure if You are Aware of a Violent/Behavioural Situation

In most instances the Team Leader is the first person on the scene; any team member with the confidence and competence in handling crisis situations; and/or the team member who has the best rapport with the aggressive individual.

Team Leader

- ☐ Assess the situation and lead the intervention to defuse the immediate crisis incident
- ☐ Ensure someone has dialed **4444** and advised Switchboard to announce Code White and the location (building/level). If unable to call 4444 use Vocera Panic Alarm function, or personal panic alarm device to have Security respond to your location.
- ☐ Direct or assist in implementing hospital sanctioned procedures (e.g. NCI, MORB) so as to de-escalate and defuse the critical or potentially critical incident
- ☐ Communicate any known patient de-escalation preferences or potential escalating triggers to the Code Manager so that other responding staff are aware
- ☐ Communicate all known medical, emotional/psychological, physical, or psychiatric risk factors of the patient in crisis to the Code Manager so that other responding staff are aware
- ☐ Implement such emergency restraint procedures as necessary to temporarily maintain the aggressive person as safely as possible and in accordance with the Administrative Policy Manual: Subject: Least Restraint - Number: 13-360
- ☐ Disengage from the incident if the intervention is ineffective or if cued by the Code Manager
    - ☐ Remain on scene as back up and support for the new Team Leader

Code Manager (Staff member in authority/Affected area Manager/Administrative Coordinator)

- ☐ Assess the situation and receive direction and input from the Team Leader to assist with the intervention
- ☐ As directed by or in consultation with the Team Leader, brief all staff upon arrival and delegate the following duties:
    - ☐ In consultation with the aggressive person’s care team; ensure medication or mechanical restraints to be brought to the scene, as required
    - ☐ Direct staff to clear the area of potentially dangerous objects
    - ☐ In a professional manner, ensure other patients are re-directed from the immediate area

- ☐ In a professional manner, ensure visitors and family members are re-directed from the immediate area

☐ As directed by or in consultation with the Team Leader, determine the number of staff needed and redirect others back to their work areas once enough have arrived to provide an appropriate response

☐ Prompt Team Leader to disengage from the incident if they are no longer effective in being able to defuse or de-escalate the person and delegate another responder to the role

☐ Ensure any injured staff get appropriate medical care (i.e. call Code 99 if warranted)

"Back Up" to Team Leader

☐ Replace the Team Leader (by tapping their shoulder) if:

- ☐ the Team Leader becomes the direct target of aggression
- ☐ the Team Leader becomes provoked by the patient and is no longer effective in being able to defuse or de-escalate the patient
- ☐ The Team Leader requests to be replaced
- ☐ You become aware of new information that requires change in the crisis de-escalation leadership

Security

☐ Accept direction from the Team Leader or Code Manager:

- ☐ In a professional manner ensure:
  - ☐ E Other patients are re-directed from the immediate area
  - ☐ Visitors and family members are re-directed from the immediate area
- ☐ Remove any potential hazards in the environment
- ☐ Assist in the restraint process as needed under the direction of the Code Manager and/or clinical staff

☐ Document observations for completion of a comprehensive Security Report

Recovery

5.3 Upon Notification That the Crisis Has Concluded

Team Leader

☐ In consultation with the Code Manager (Affected area Manager/Administrative Coordinator), determine that the staff and aggressive person are safe and the Code White can be declared all clear – Discuss with the Code Manager when the All Clear can be announced

☐ Initiate care for the patient by ensuring the following actions are taken:

- ☐ Brief clinical assessment of the physical and mental status of the person involved in the incident

- ☐ Post staff to initiate close/constant observation and continue restraint protocols (set up rotation) as indicated Administrative Policy Manual: Subject: Least Restraint - Number: 13-360

Code Manager (Staff member in authority/Affected area Manager/Administrative Coordinator)

- ☐ Document the incident in Safe Reporting
- ☐ Facilitate post-incident debriefings with staff and patients
- ☐ Watch for signs of critical incident stress and encourage staff to contact the Occupational Health & Infection Control Department for assistance via the EFAP

Security

- ☐ Participate in a Post-Incident Debriefing
- ☐ Refer to 4.2 Recovery – Protection Services section on page 14

6.0 Response & Recovery – Attending Physician

Response

6.1 Upon Receiving the Code White Notification

☐ Where available, the attending physician will respond according to the level of risk – criticality/severity of the situation

☐ Be aware of the occurrence or provide direction for care via phone

Recovery/Post-Vention

6.2 Upon Notification That the Crisis Has Concluded

☐ Provide follow up care for the patient involved

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7.0 Appendix A – Code White Debriefing Form

Date: _____Time: _____ Security File #: _____

Location of Code: _____ Specific area: _____

How many Security Responded: _____ Security Response Time: _____

Was a BCA in place on this Patient prior to this incident? ☐ Yes ☐ No

Who was involved in the incident:
Code Attendees: Occupational Health present for Debrief? ☐ Yes ☐ No If yes, who? _____
Were there any injuries resulting to: ☐Staff ☐Patient(s) ☐Other If yes, describe:
What behavior did you notice leading up to the incident:
Was a risk reduction plan in place prior to this incident: ☐ Yes ☐ No If yes, what did it involve:
What was the first indication/sign of escalation:

Was the patient prescribed PRN medication for agitation: ☐ Yes ☐ No If yes, date and time last administered: _____
What circumstances or factors may have contributed to or triggered the incident:
What interventions were used to control the situation: ☐ Chemical Restraint ☐ Physical Restraints ☐ Mechanical Restraints ☐ Hands on Used ☐ Other _____
Any questions about what just happened? (person's behavior, team response, intervention results). Include what went well and acknowledge your efforts in a difficult situation:
What new or revised strategies will be implemented as part of the risk reduction plan? Think about what proactive steps can be taken to prevent behaviour escalation.
Any suggestions for improvement / something different you may have wanted to try next time with same or similar situation.
A Code White requires a BCA be activated. Will a BCA be activated: ☐ Yes ☐ No If not, why?
Staff aware of resources (e.g. Occupational Health, Employee & Family Assistance Program Is onsite Crisis Management recommended : ☐ Yes ☐ No, not at this time
Were Police contacted? ☐ Yes ☐ No Will Police be contacted? ☐ Yes ☐ No
Who will enter the Safe Report?
Security Supervisor Name:

CC: Occupational Health, Safety & Wellness, Manager, Security, Manager, Unit/Dept