Code White Drill Report Form

This form must be completed after each Code White drill. Provide a copy of the completed form to the Emergency Management and Risk Specialist.

Other building system operations are evaluated during the drill to ensure proper functionality. These systems include but not limited to the voice communication system and ENS paging system.

Drills may help identify local risks or hazards and the need to update procedures and practices. The drill outcomes are documented and where concerns are identified, corrective measures are implemented.

An attendance form should also be completed, in addition to this form, to capture the names of the staff that participated in the drill.

Date of Drill: _____

Location/Facilities:
☐ St. Joseph's Hospital
☐ Mount Hope Centre for Long Term
☐ Parkwood Institute Main Building
☐ Parkwood Institute Building J (Former NRC Building)
☐ Parkwood Institute Mental Health Care Building
☐ Southwest Centre for Forensic Mental Health Care
☐ Other: _____

Pre-Drill Information:

Description of the Scenario:

Goals of the Drill:

Location of the Scenario:

Building/Zone: _____
Floor/Level: _____
Room Number: _____

Pre-Drill Notifications:

Was the Security Control Centre Contacted Prior to Drill:
☐ **Yes**   ☐ **No**   **Time of Notification: _____**

Was Security Leadership Contacted Prior to Drill:
☐ **Yes**   ☐ **No**   **Time of Notification: _____**
                          Name of Contact: _____

Was the Departmental Leadership Contacted Prior to Drill:
☐ **Yes**   ☐ **No**   **Time of Notification: _____**
                          Name of Contact: _____

Code White Drill Details:

Start time of scenario: _____
Incident reported to 55555:   ☐ **Yes** ☐ **No**
Time of Code White announcement: _____
Was the overhead announcement heard?   ☐ **Yes** ☐ **No**
Time of Code White All Clear: _____

Evaluation of Response:

Evaluate the following questions in **bold** related to tasks completed or verbally stated. Circle Yes or No based on the staff response. Indicate **NO** if staff miss any of the steps related to each question. If a step is missed provide staff with the correct guidance and information.

What actions were taken by staff when presented the scenario?

• Remained calm	☐ **Yes**	☐ **No**
• Called 55555 to report the incident	☐ **Yes**	☐ **No**
• Notified other staff in the area	☐ **Yes**	☐ **No**
• Removed people from immediate danger	☐ **Yes**	☐ **No**
• Remained a safe distance	☐ **Yes**	☐ **No**
• Helped to keep others calm	☐ **Yes**	☐ **No**
• Closed other patient/resident doors	☐ **Yes**	☐ **No**
• Used de-escalation skills until responders arrived	☐ **Yes**	☐ **No**
• Provided information to responders	☐ **Yes**	☐ **No**
• Supported requests from Security Services	☐ **Yes**	☐ **No**

What actions did Security Services complete upon arrival?

- Cautiously attended the location   ☐ **Yes** ☐ **No**
- Appeared to assess the location   ☐ **Yes** ☐ **No**
- Directed people to maintain a safe distance   ☐ **Yes** ☐ **No**
- Attempted to use verbal de-escalation skills   ☐ **Yes** ☐ **No**
- Attempted to determine if the individual was associated to the unit   ☐ **Yes** ☐ **No**
- Maintained charge over the situation   ☐ **Yes** ☐ **No**
- Provided directions to other staff/responders   ☐ **Yes** ☐ **No**
- Realized that they should be calling the police   ☐ **Yes** ☐ **No**
- Would have placed the individual under arrest/Trespass to Property Act   ☐ **Yes** ☐ **No**

What actions did the other responders complete?

- Additional responders attended the location   ☐ **Yes** ☐ **No**
- Cautiously attended the location   ☐ **Yes** ☐ **No**
- Appeared to assess the location   ☐ **Yes** ☐ **No**
- Followed directions given by Security Services   ☐ **Yes** ☐ **No**
- Supported in keeping others out of danger   ☐ **Yes** ☐ **No**

Were staff/responders aware of ENS 2 escalation risk factors?

- There is a critical injury   ☐ **Yes** ☐ **No**
- There is substantial property damage   ☐ **Yes** ☐ **No**
- Unable to end violence or aggression and police are contacted   ☐ **Yes** ☐ **No**
- The event is likely to become media worthy   ☐ **Yes** ☐ **No**

Once the "All Clear" is announced what actions should staff complete?

- Completed a check in with peers   ☐ **Yes** ☐ **No**
- Completed a check on other patients/residents   ☐ **Yes** ☐ **No**
- Completed the necessary reporting processes   ☐ **Yes** ☐ **No**
    - WORS
    - PSRS
    - Follow the workplace injury checklist
- Notify leadership   ☐ **Yes** ☐ **No**

Were staff aware of locations to find emergency response procedures and reference materials

- Emergency Code Procedure on the intranet   ☐ **Yes** ☐ **No**
- Staff reference handbook   ☐ **Yes** ☐ **No**
- Code of the Month   ☐ **Yes** ☐ **No**
- Corporate Policies on the intranet   ☐ **Yes** ☐ **No**

Additional Observations of Staff's Response:

Issues Identified During the Drill:

Additional Comments, Concerns or Feedback:

Drill/Form Complete By:	
	(Print Your Name)
Signature:	

Date Form was Completed:	

Date of In-Service/Drill: _____
Facility: _____
Location: _____

LAST NAME	FIRST NAME	DEPARTMENT/PROGARM/UNIT