

Subject:	Code Purple – Hostage Taking Incident	Date Approved:	October 5, 2017
Approved by:	Executive Director	Date Revised:	
Specific to:	All Staff and Board of Directors, Volunteers and Students	Next Review Date:	September 2020

## **GENERAL PRINCIPLES**

North Huron Family Health Team (NH FHT) recognizes that every patient in our facility has been entrusted to our care. We have a responsibility to keep them safe.

Not all of those exhibiting violent behaviour are patients, or have a history of mental illness. Others who might present such behaviours might be disgruntled employees or ex-employees, unhappy family members, estranged spouses, non-custodial parents, or those interrupted while engaged in criminal behaviour.

On rare occasions, an individual may become desperate enough to bring a weapon to the facility, and to take another person or persons hostage in an attempt to force the resolution of some problem. Individuals exhibiting such behaviours are the responsibility of the Police, and our staff will only intervene in order to prevent further injury to patients, staff, or other visitors.

The degree to which our staff will respond will be determined by whether or not the individual is armed, and whether they are holding a hostage.

Staff are never expected to confront or attempt to disarm any individual who is carrying a weapon of any type. Weapons include anything that can be used to cause injury or death. This includes firearms, edged weapons (knife, broken glass, screwdriver), bats, poles, chairs, etc. Edged weapons are extremely difficult to protect against.

Staff will always permit the wishes of such individuals, as an alternative to confrontation in order to minimize the risk for all concerned. Lines of escape will never be blocked; as such individuals can be dealt with by the Police at a later time.

All Code White responses will escalate to Code Purple as soon as it becomes clear that the individual has one or more hostages.

All Code Purple responses will be the responsibility of the Police.

Staff will always avoid areas where a Code Purple is in progress.

Staff will always attempt to ensure that patients and visitors cannot access the area where a Code Purple is occurring.

At some point, Police may decide that the use of lethal force is required in order to protect hostages or bystanders. This will occur whether inside the facility or not, and will occur without warning or prior consultation. Police have many tools available, including, but not limited to, batons, pepper spray, tear gas, rubber baton rounds, conducted energy weapons (Taser) and firearms. The use of lethal force is the last resort, but Staff should be prepared for this outcome. In a Code Purple, the safety of patients/caregivers, staff, students, volunteers and police officers are paramount.

### **CODE PURPLE ACTION STEPS – ALL STAFF**

It is anticipated that any Code Purple is likely to escalate from a pre-existing Code White situation. In such situations, the Executive Director and Medical Director or designates will either be at the site of the incident or en route. At a minimum, one or more staff members will already be on site, attempting to deal with the Code White situation. Immediately upon seeing that the individual is armed and/or that they are holding one or more persons hostage, the following steps should be taken:

### **GENERAL STAFF RESPONSE ON AFFECTED AREAS:**

- Do not physically confront the individual. If at all possible, leave the area and wait for the police in a safe location.
- Dial 5800 to request main floor reception to page “Attention please. Code Purple” and give the location. Request main floor reception to repeat the page three times. Subsequently, contact police (call 911 or Wingham Police Dept 519-357-1214, or ask a colleague to call 911 while you arrange the announcement of the Code Purple).
- Dial ‘0’ to contact Wingham and District Hospital switchboard to notify them, as the landlord, of the Code Purple and that police have been contacted.
- Observe the situation, looking for clues about what might be wrong:
  - Any sign of weapons?
  - What types of weapons?
  - What else are they holding?
  - Are there patient rooms nearby?
  - What room numbers?
  - Are there any patients who will experience significant clinical risk if resolution is delayed? (e.g. a diabetic whose insulin has been given but has received no food)
  - Does the subject appear to be aware of the patients?
  - Who are the hostages?
  - Where are they being held?
    - Sitting?
    - Standing?
    - Restrained? How?
    - Clothing?
  - Any evidence of alcohol/drug use
    - Slurred speech?
    - Abnormal gait?
    - Drowsiness?

- Confusion?
  
- Keep your tone of voice neutral but concerned
- Avoid comments or responses which might be seen as judgmental
- Attempt to dissuade the individual from leaving with the hostage(s) if it is safe to do so, for all concerned.
- Gather as much information as you can, from a safe location if an opportunity presents, but **NEVER PLACE YOURSELF IN A POSITION WHERE YOU MIGHT BE TAKEN HOSTAGE OR INJURED!**
- Attempt to place your subject in one of the following categories:
  - Suspicious persons in unauthorized areas
  - Patients with a known history of violent behaviour
  - Patients exhibiting violent behaviour for the first time
  - Angry relatives, family members, friends
  - Over protective parents, children
  - Estranged spouses, partners
  - Non-custodial parents
  - Disgruntled employees or ex-employees
  
- Never make any promises that you cannot keep
- Never ‘play into’ such an individual’s fantasies, if they have them
- Never attempt to block their egress from the facility
- Attempt to keep other individuals (visitors, patients) at a safe distance
- Do not permit other individuals to engage in conversation with the subject
- Establish a Point of Command at a safe location
- Await the arrival of Police
- Brief the Police on what has happened, and on what you have learned about the individual so far
- Remain in your existing location until directed to move by the Police
- With the approval of the Police, withdraw to a safer location, **ONLY IF THE POLICE TELL YOU THAT IT IS SAFE TO DO SO**

**IMPORTANT NOTE: In such circumstances, it is necessary to understand the difference between concealment and ‘cover’. Concealment may block the view of the subject, but it affords no protection against gunfire. A normal drywall and stud wall would be an example of concealment. On the other hand, ‘cover’ may block the view of the subject, but is unlikely to be penetrated by a bullet. A cinder block fire wall would be an example of ‘cover’. While concealment may be all that is available, ‘cover’ is preferable, and much safer.**

**STAFF RESPONSE (UNAFFECTED AREAS):**

Upon hearing the Code Purple page on the overhead, all staff members will immediately take the following actions:

- No staff member shall enter the area affected by the Code Purple

- No staff member will permit a patient or a visitor to enter the area affected by the Code Purple
- Each exam room or office will ‘lock down’ for the duration of the emergency; patients will be confined to their rooms, with doors closed and locked; you may attempt to barricade the door if you are in a room where there is no lock on the door.
- No telephones will be used, except for emergency messaging
- No patient, staff, or visitor shall leave any area, until the ‘All Clear’ has been sounded
- No one will leave the building without the approval of the Police

#### **MANAGING THE SUBJECT:**

- In the event that the subject is uninjured, the Police will determine the next course of action with the perpetrator.
- In the event that the use of tear gas and/or pepper spray is required, but the subject is otherwise uninjured, they will be taken into custody by police and removed from the building, with decontamination being accomplished in the parking lot.
- In the event that the subject is injured, he/she will be taken into police custody and then treated by medical staff accordingly; first aid can be administered while waiting for EMS, if it can be done safely.
- In the event that the subject has been killed by Police, he/she will be left in situ for the purposes of investigation of the shooting. This may deny access to the location for a period of hours or days. All appointments will be cancelled. Upon completion of the investigation the body of the subject will be removed by the Coroner. Police will advise when the area can be cleaned and returned to normal operations

#### **ALL CLEAR:**

The resolution of the incident will be the decision of the Police. When the situation has been resolved, and the aggressive or violent individual has been rendered harmless, the Executive Director/Medical Director or designates should immediately:

- Dial 5800 to contact main floor reception and direct that “Attention, Please. Code Purple, All Clear” be paged three times on the overhead;
- Dial ‘0’ for Wingham and District Hospital, to alert switchboard of the “all clear”, as the landlord of the building.
- Determine when the affected area will be released for normal service and make appropriate arrangements.
- Complete an Incident Report.
- Affected staff and patients, particularly those in the immediate vicinity of the incident, may require Critical Incident Stress De-briefing. Arrangements should be made for this service (likely through Employee Assistant Program or other recommended agencies).
- Be prepared to conduct a debriefing of all involved staff within 48 hours of the conclusion of the incident. The Police should be invited to the debriefing.
- Complete a follow up report including any errors, gaps, or omissions identified, and any recommendations for improvement.

**DEBRIEFING AND ASSESSMENT OF CODE PURPLE:**

The Executive Director will organize a meeting of key personnel involved in the Code Purple at conclusion of the incident.

Review of Procedures

- Did procedures fail or were they inadequate?
- Were the procedures adequate but not followed by staff?

Review of Code Purple Methodology

- Did the person in charge activate the Code Purple protocols properly and in a timely manner?
- Were appropriate decisions made relative to initiating interventions?
- Were the Executive Director and Point of Command activated in a timely and appropriate manner?
- If the intervention was ineffective was it due to a flawed plan or failure on the part of staff to follow a good plan?
- Executive Director will report Code Purple occurrences to the Board of Directors