

FACILITY Standard Operating Procedure	
Title: Code Silver Active Assailant or Threat with a Weapon, Stanton	Policy Number: 06-15-V1
Facility Name: Stanton Territorial Hospital	
Applicable Domain: Emergency Measures	
Additional Domain(s): NA	
Effective Date: 13/05/2025	Next Review Date: 07/04/2028
Issuing Authority: Stanton Territorial Hospital COO	Date Approved: 07/04/2025
Accreditation Canada Applicable Standard: Leadership Standards 2.5, 2.6; Service Excellence Standards 1.2, 2.1, 2.2	
Accrediting Body and Standard: Leadership Standards; Service Excellence	

GUIDING PRINCIPLE:

The Northwest Territories Health and Social Services Authority (NTHSSA)-Stanton Territorial Hospital (STH) has a responsibility to provide a safe and secure environment for patients, residents, volunteers, visitors, and staff within its facilities. Should an immediate, non-isolated, violent threat with a weapon to the safety of persons within its facilities occur, establishing effective lockdown procedures to address violent threats with a weapon by individual(s), is crucial for mitigating risks and protecting lives.

When dealing with violent threats involving weapons, containment and keeping individuals safe should be the primary focus. De-escalation and intervention should be handled by trained professionals, such as the RCMP.

PURPOSE/RATIONALE:

The purpose of this procedure is to provide staff with a guideline to follow in the event of an active assailant within Stanton Territorial Hospital (STH). This Standard Operating Procedure (SOP) aims to provide steps for staff to follow to help keep themselves and others around them safe in the event of an active assailant threat.

DEFINITIONS:

Active Assailant: a person whose action or threat of action with a weapon has the potential to cause serious bodily injury or death, or whose behavior leads to the objective and subjective conclusion that future death or serious bodily harm is

imminent. The person is not contained and there is a population of potential victims at risk.

AI Phones: a communication Video Intercom System (may be referred to as Air-phones, paging-phones, AI-Phones) provided at Stanton Territorial Hospital that permits communication between other STH program units as well as audio/video identification at specific locked entrance doors to allow access to authorized users or staff. These are independent of the internal Avaya phone system (refer to below photo in Figure 1).



Figure 1-AI Phone

Avaya Phone: The internal phone system used within the STH facility, located on all units in both clinical and non-clinical spaces (refer to Figure 2).

Code Silver: a standard organized response to an active assailant, to ensure the safety of all health care workers, patients, residents and visitors within STH necessitating a police response.

Incident Commander (IC): the individual responsible for leading all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at STH. In the event of a Code Silver, the RCMP will assume the IC role on site. Until the RCMP arrive, the Security team Supervisor in collaboration with the COO (regular hours) or PCC (after hours) will be considered the Incident Commanders.

Lockdown: an emergency protocol undertaken to maximize the safety of staff, clients/patients/residents, and visitors in response to a threat from an active assailant. It involves securing and isolating people and limiting access to as much of the STH facility as possible to restrict the mobility of the assailant.

Shelter in Place: involves immediately vacating open, unsecured areas and relocating to a secure space within the STH facility. All blinds on door windows or internal windows are to be closed. All phones (e.g., desk phones, cell phones) and pagers will be silenced. Lights and computer monitors will be shut off.

Secure Space: a room, office, or area within the facility which is lockable to restrict public access.

Weapon: the Criminal Code defines a weapon as “anything used, designed to be used or intended for use: in causing injury or death to any person, or for the purpose of threatening or intimidating any person. And, without restricting the generality of the foregoing, includes a firearm.

SCOPE/APPLICABILITY:

Compliance with this document is required by all Northwest Territories Health and Social Services Authority (NTHSSA) employees, members of the health care staff, students, volunteers and other persons acting on behalf of NTHSSA (including contracted service providers, subcontracted service providers as necessary) within STH.

PROCEDURE:

Emergency Preparedness in any situation is recommended for an awareness of the required response. In the case of Code Silver, all staff are to review **Appendix A**, review the Be Ready scenarios listed and ensure review of the following video which was created to show how to respond to an active shooter in a healthcare setting (MESH Coalition).

A Code Silver Lockdown can be initiated by any staff member at STH regardless of designation or position. If a staff member suspects a situation involving an active assailant, they are to activate the emergency response by initiating an overhead page, provided it is safe do so.

An important principal for staff to follow is to **never attempt to engage the assailant**. This includes avoiding verbal and physical attempts to deescalate the situation. This inclusive approach ensures that no time is wasted, and that the lockdown process can be quickly and effectively implemented to protect patients, staff, and visitors. Staff are not use any staff duress systems such as panic buttons or activate other Code responses, as this will bring responders to the area, placing everyone at risk. It is important NOT to muster in these situations and follow the RUN, HIDE, FIGHT principles as described below.

1. Effective and clear communication during a Code Silver is crucial to everyone’s safety. It ensures that everyone knows what to do and can act swiftly to protect themselves and others.

- a. The person initiating the Code Silver must issue a facility wide overhead announcement by initiating an overhead page using an Avaya phone, and state the following **three** times:

“Code Silver (UNIT/DEPARTMENT NAME)-Initiate Lockdown”

Ex: “Code Silver Emergency-Initiate Lockdown”



Figure 2- Avaya Phone Types

- b. Immediately following the overhead announcement, **dial 911** and report an active assailant with a weapon. If unable to overhead page, proceed to **dial 911**. Be prepared to provide the following information:
 - i. Location of active assailant(s) (where they were observed, what direction they were heading)
 - ii. Number of active assailant(s)
 - iii. Physical description of the active assailant(s) (e.g. gender height, build, clothing description, ethnicity, approximate age, hair colour/length, any other distinguishing features such as tattoos, scars or piercings)
 - iv. Name of assailant(s), if known
 - v. Type of weapon observed in the possession of the assailant(s), or that they have declared is in their possession (e.g. firearm, knife, etc.)
 - vi. Behaviour of the active assailant(s) (including anything they have said or demanded)
 - vii. Whether anyone is being held hostage
 - viii. Any injuries and what type of injuries
2. If no access to an internal Avaya phone to page overhead or dial 911, and no access to a mobile device, an AI phone can be used to reach security directly by calling extension 67802. All staff should be aware of the location of the AI phones within their departments.

3. On hearing the overhead announcement or being informed of the incident, the following steps shall be actioned:

a. Staff must decide to **RUN, HIDE** or **FIGHT**, even if engaged in direct patient care. On initiation of the Code Silver Lockdown, all staff should disengage from providing patient care, distance themselves from the area where the assailant may be located and wait for further instructions from Security and/or RCMP.

i. **RUN**: escape quickly and safely

- If possible, run to a secure space
- Leave belongings behind
- If possible, help others stay out of harm's way and redirect those trying to enter
- If possible, call for help quietly
- Leave belongings behind

ii. **HIDE**: hide quietly and find a secure space of refuge

- Lock doors and create a barricade
- Turn off lights
- Turn off phone sounds and vibrations, leave phone on
- Turn off any sources of noise (e.g. TV, radio)
- Hide behind large objects (e.g. cabinets, desks)
- If possible, cover any windows that face corridors
- Remain quiet and low to the ground
- Be prepared to run

iii. **FIGHT**: as a last resort and only if your life is in imminent danger attempt to incapacitate or disrupt the active assailant

- Act aggressively as though your life depends on it
- Throw items/improvise weapons
- Team up to distract and attack if possible
- If fighting is your only remaining option, fully commit to acting as aggressively and fiercely as possible until the active assailant has been fully subdued, or you have an opportunity to hide or escape. In a situation where you are fighting for your life, there are no rules around fair play – FIGHT FOR YOUR LIFE.

b. Detailed steps for seeking a secure space and ensuring everyone's safety are critical during a Code Silver. Follow these steps to ensure safety for you and those around you during an active assailant situation. If possible, and safe to do so:

i. **Move to Safety**

- Quickly proceed to the nearest secure space such as a room with lockable doors, a washroom, or an office.
- ii. **Secure the Area**
 - Lock and/or secure the door.
 - Bring any nearby staff, patients, clients, or visitors with you.
 - Barricade entrances and exits.
 - iii. **Enhance Security Measures**
 - Close windows or blinds
 - Turn off lights
 - iv. **Stay Quiet and Hidden**
 - Remain quiet.
 - Move away from doors and windows.
4. Upon hearing the Overhead page, **Security** will:
- a. Initiate facility wide lockdown for all doors to permit card access use only.
 - b. Notify the Royal Canadian Mounted Police (RCMP) by calling 911. Provide the following information:
 - i. Location of Active Assailant(s)
 - ii. Behaviour of Active Assailant(s)
 - iii. Detailed description of Active Assailant(s)
 - iv. Name of assailant(s), if known
 - v. Description of weapon(s) being used/ being stated as possessed by Active Assailant(s)
 - vi. Number of injured persons and nature of injuries
 - vii. Immediately produce and monitor closed circuit television (CCTV) footage for RCMP without expressed COO authorization to expedite search and rescue efforts and prevent any unnecessary delays
 - c. Inform Security at the Łiwegòatì of incident so their CCTV can be accessible if needed, and they can monitor exits if feasible or consider Łiwegòatì facility lockdown.
 - d. Maintain scene safety until RCMP arrive.
 - e. Restrict people from entering the facility at the main entrance and the Emergency entrance.
 - f. Lock down elevators for entry access.
 - g. If safe to do so and not in the area, a Senior STH employee (COO or PCC after hours) or designate, will:
 - i. Notify a NTHSSA Senior Executive off site who will establish an Incident Command team offsite and assign duties as required.

- ii. If after hours, the PCC will notify the Stanton COO as soon as possible. The COO will set up an external Incident Command team and contact the NTHSSA CEO.
 - h. Upon RCMP arrival to the facility, inform RCMP of the location of the incident and provide them with any additional information gathered.
 - i. Provide RCMP with access cards for facility. Security will be the main point of contact for the RCMP in assisting with CCTV monitoring and facility layout access.
5. A secondary facility CCTV control station is located on Level 3 Psychiatry unit (3-0216 observation workstation), and will serve as back up for Security and the RCMP. In the event the Level 1 Security CCTV control station is offline or inaccessible, a Behavioural Health Worker (BHW), or designate, will be assigned to monitor the CCTV system on Level 3 and provide feedback to Security and the RCMP, only if it is safe to do so. STH staff will not access the CCTV system or manipulate the cameras unless directed by RCMP or Security.
6. On neutralization of the threat and stabilization of the scene, the RCMP will notify Security to make the following overhead announcement, repeating three times:

“All Clear. Cancel Code Silver on [UNIT/DEPARTMENT NAME]”

7. On hearing the **All Clear three times**, staff will:
 - a. Advise clients/patients/residents, visitors, and family members of all clear notification.
 - b. Ensure any persons requiring medical attention receives immediate care or is sent to the emergency department (ED) for care.
 - c. Be available and ensure staff in their area are available to the RCMP to provide any information on the incident.
 - d. Take further direction from the STH COO or Incident Commander as needed.
8. No other codes should be paged or responded to while a Code Silver is active. This will bring responders to the specific area, placing persons at risk. It is important NOT to muster in these situations and follow the RUN, HIDE, FIGHT principles described above and in the attached Appendix A.
9. The STH COO or designate, in close collaboration with CEO, NTHSSA communications and the RCMP, will make any public statements about the incident. Staff must not make any statements to media or members of the public

as a serious criminal offense may have taken place. It is important not to jeopardize any investigation that may be taking place.

10. An incident report will be completed in the RL6 incident reporting system by the PCC or COO.
11. STH Management Team will arrange for debrief sessions for staff post incident.

PERFORMANCE MEASURES:

1. All staff working in STH program areas will have up to date NVCi training.
2. All staff working in STH will review Appendix A of this SOP.
3. The STH Emergency Preparedness Committee (EPPC) will arrange mock code drills quarterly.

CROSS-REFERENCES:

06-01-V1 Code White Response – Stanton Territorial Hospital SOP
06-10-V1 Code Silver Response – Inuvik Regional Hospital SOP
28-01-V2 NTHSSA Incident Management Policy
28-02-V2 Incident Management Procedure
28-03-V2 Incident Reporting Roles and Responsibilities

ATTACHMENTS:

Appendix A: Code Silver: Active Assailant-Be Ready Scenario

REFERENCES:

Alberta Health Services Emergency Response Plan, Active Assailant: Be Ready Scenario, Alberta Health Services, April 2024.

Haliburton Highlands Health Services, Code Silver: Person with a Weapon (2022). Retrieved from <https://www.hhhs.ca/sites/default/files/2022-07/CODE%20SILVER.pdf>

College of Nurses of Ontario-Ask Practice. Retrieved from <https://www.cno.org/standards-learning/ask-practice/code-silver>

Code Silver: Person with a Weapon (2023), St. Josephs Care Group. Retrieved from <https://sjcg.net/documents/emergency-codes/global-code-policies/AD-06-196-Code-Silver-Policy.pdf>

Non-Violent Crisis Intervention, Crisis Intervention Institute

Managed Emergency Surge for Healthcare Coalition (MESH) (2015) Retrieved from:
<https://www.youtube.com/watch?v=8yWPnbuGNh4>

The Royal: Mental Health- Care & Research. 2019. "Code Silver: Active Threat/Active Shooter." https://www.theroyal.ca/sites/default/files/2022-10/CodeSilver_2019.pdf

APPROVAL:

April 7, 2025

Date 

Stanton Territorial Hospital COO

APPENDIX A

Code Silver Active Assailant-Be Ready Scenario

Purpose

These scenarios are meant to familiarize staff with their role, and the role of their colleagues, in identifying and responding to an Active Assailant. Please allow 10 minutes to complete the exercise to enhance the safety of NTHSSA staff, clients/patients/residents, property, and our environment.

Scenarios (Please choose a scenario as most applicable to your role):

Clinical: in your facility, a family is receiving service. The estranged spouse has shown up demanding to know where the family is. When the spouse is advised that they cannot join the family, the individual pulls a handgun from a coat pocket, immediately firing at those in the area.

Clinical: last Friday, a family member was present when one of your patients died from health complications. The family member expressed a great deal of anger over the death, aimed threats toward the doctor in charge of the patient's care, and towards STH. Today, the same family member showed up at Reception angrily demanding to see the care team. Immediately, there are multiple popping sounds and screams heard across the area.

General: a person presents themselves at your Reception, demanding to see a specific staff member. The person states they are the spouse of that staff member. When the person is advised that they cannot go back into the office area, the individual pulls a handgun from a coat pocket, immediately firing at those in the area.

Questions to ask:

1. What does Active Assailant mean?
2. What should staff do in response to an Active Assailant?
3. Who can activate the response to an Active Assailant?
4. What are the roles of other key personnel (e.g., Security Services, Switchboard)?
5. When would you involve the RCMP?
6. Would staff and physicians be held accountable if they left a patient and evacuated the area in an Active Assailant incident?
7. Where can you find out more information regarding an Active Assailant?

Answer Key

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1. What does Active Assailant mean? A person(s) whose action or threat of action with a weapon has the potential to cause serious bodily injury or death, or whose behavior leads to the objective and subjective conclusion that future death or serious bodily harm is imminent. The person is not contained and there is a population of potential victims at risk.

2. What should staff do in response to an Active Assailant?

Depending on the situation and where you are, decide to **RUN, or HIDE, or FIGHT**, even if you are engaged in patient care. On initiation of the Code Silver Lockdown, all staff should disengage, distance yourself from public areas and wait for further instructions from Security and/or RCMP:

Run:

- Temporarily discontinue all patient care* (see suggested script, below)
- Leave the area of the threat immediately, avoiding elevators; leave your belongings behind.
- Do not wait for others to follow and do not stop to assist anyone injured by the assailant. If a person is ambulatory and will not delay your escape, have them travel with you away from the incident, and to a safe location.
- Move as far away from the area of the threat as possible until you are in a safe location.
- Quietly call 911 when it is safe to do so.

Hide:

- Depending on your location you may temporarily discontinue all patient care.
- Get out of the assailant's view. Look for protection in a secure space location.
- Close and secure doors, turn out room lights, close blinds, stay quiet and do not answer the door. The room must seem to be empty.
- Stay quiet; silence your pager and cell phone; turn off any source of noise/vibration.
- Quietly call 911 if safe to do so
- If safe and able, help any injured individuals who are hiding with you.
- Remain where you are until the All clear is announced **three (3)** times overhead.

Fight:

- If RUN and HIDE are not possible, **as a last resort and only if your life is in imminent danger** attempt to incapacitate or disrupt the active assailant
- Act aggressively as though your life depends on it
- Throw items/improvise weapons
- Team up to distract and attack if possible
- If fighting is your only remaining option, fully commit to acting as aggressively and fiercely as possible until the active assailant has been fully subdued, or you have an opportunity to hide or escape. It may sound drastic or dramatic, but in a situation where you are fighting for your life, there are no rules around fair play – FIGHT FOR YOUR LIFE.

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3. Who can activate the response to an Active Assailant?

Active Assailant Emergency Response Plan can be initiated by any staff who witnesses or recognizes an active threat that requires immediate notification to Security and/or the RCMP and response by activating the actions outlined in the SOP. The priority for staff near the incident is the safety of themselves and others. Activation can be done by overhead paging or dialing 911.

4. What are the roles of other key personnel (e.g., Security, Switchboard)?

Security Services will contact the RCMP, lock down the building, secure the area, and control access until the RCMP arrives. They will also meet and assist RCMP on their arrival. Note that Security Services will not attempt to rescue injured individuals or apprehend the assailant.

5. When would you involve the RCMP?

Immediately when a Code Silver is called, Security will contact RCMP assistance for an Active Assailant situation. Upon RCMP arrival the incident becomes a law enforcement incident and the RCMP will assume full responsibility of managing the situation. Law enforcement's goal is to locate, contain and stop the active threat as soon as possible. Officers will proceed directly to the incident location, as directed by Security Services (if on-site).

6. Would staff and physicians be held accountable if they left a patient and evacuated the area in an Active Assailant incident?

The Facility SOP Code Silver: Active Assailant or Threat with a Weapon, asks that care providers and clinicians do what they reasonably can to assist patients to escape immediate harm, while being aware of their own personal safety and self-preservation. This may require the temporary discontinuation of patient care. Should this be the case, staff can use the following suggested script for patients and visitors,

"There is a security incident, and I have to leave. I am going to turn off the lights and close the door, you need to stay calm, quiet, alert, and be prepared to protect yourself. As soon as we are able, someone will come check on you."

7. Where can you find out more information regarding Active Assailant?

To learn more about the response to an Active Assailant refer to the STH Facility SOP: Code Silver - Active Assailant or Threat with a Weapon found on ournthssa.ca. Review the following [video](#) created to show how to respond to an active shooter in a healthcare setting (MESH Coalition). See the FAQs for the Active Assailant Emergency Response Plan.

This *Be Ready Scenario* has been adapted from Alberta Health Services (AHS) Be Ready Program, part of AHS Emergency Response Plan: Active Assailant (April 2024).