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Adverse Behavior Program Key Components

This document contains the key components necessary for to have a successful adverse behavior prevention program. It's designed to help you gain a better understanding of your policyholder's approach to preventing adverse behaviors that can result in employee injury. You should use this document to facilitate a conversation with your policyholder and to help determine potential areas to enhance their adverse behavior prevention program.

1. Assessment – *What is the facility's assessment process for creating and updating behavior plans?*

- ☐ How are individuals identified for a behavior assessment and by whom?
- ☐ What triggers a behavior assessment to be conducted?
- ☐ How's the assessment completed and by whom?
- ☐ When is the assessment conducted (prior to admission)?
- ☐ When are re-assessments or change-in-status assessments completed?

Activities -— *Are individuals assessed for their abilities to participate in activities?*

- ☐ Capacity for physical movement?
- ☐ Capacity for mental stimulation?
- ☐ Interest in social interaction?
- ☐ Desire for spiritual participation and fulfillment?
- ☐ Specific recreational interests?

Notes/comments:_____

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2. Behavior Care Plan (BCP) – *What is the facility's process for customized plans to assist staff when interacting with individuals?*

- ☐ What team members are involved in the development of the BCP?
- ☐ Does the BCP include the individual's abilities and preferences around activities of daily living (bathing, sleep habits, eating, and toileting)?
- ☐ Are events/activities that are known to trigger agitated or aggressive behavior noted in the BCP?
- ☐ Is there a plan for socializing and participating in meaningful activities included in the BCP?
- ☐ Are changes in the BCP made based on an on-going assessment (e.g., after behavior, after a change in medication or status, readmission to facility, etc.)?
- ☐ What method do you use to document changes to the BCP?
- ☐ How are changes in the BCP communicated to staff?
- ☐ Are changes to the BCP communicated at shift change?

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3. Staff Training – *How does the facility ensure staff are properly trained?*

- ☐ Is training conducted by a qualified individual or group (company personnel or external resource/provider)?
- ☐ Does staff receive training upon hire?
- ☐ Does staff receive training annually?
- ☐ Does staff receive training following an incident?
- ☐ Does staff receive training when changes are made to the BCP?

Does training include:

- ☐ Why the behavior occurs or escalates?
- ☐ What to do if an individual's behavior begins to escalate?
- ☐ Role playing using various de-escalation techniques.
- ☐ How to access, understand, and follow the BCP?
- ☐ How to engage individuals through simple activities and interactions?
- ☐ Recognizing the signs of pain and utilizing pain reduction techniques?
- ☐ Proper approach to individuals?
  - Body positioning
  - Distance
  - Vocal tones
- ☐ Identifying triggers for individuals' behaviors?
  - Visual or hearing impairments
  - Hunger or thirst
  - Lack of social interactions
- ☐ Understanding of how family dynamics affect the behavior of the individual?

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4. Environment – *Is there an effort made to create a comfortable environment?*

- ☐ Is lighting able to be adapted (e.g., lower lighting for calming, or brighter lighting to enhance mood to meet needs of individuals or the situation)?
- ☐ Are noise levels acceptable to prevent agitation and confusion?
- ☐ Are "memory boards" kept outside each room with photos illustrating the individual's "life story"?
- ☐ Are there sensory/ timeout rooms in the facility or can individuals be moved to an area that has less stimuli?

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5. Expectations of de-escalation — How should staff interact with individuals exhibiting adverse behavior?

If behavior escalates does the facility encourage staff to:

- ☐ Remain calm?
- ☐ Not take words or actions from individuals personally?
- ☐ Pause and think before reacting?
- ☐ Remove any objects that could be used as weapons?
- ☐ Suggest individuals, if able, to walk to help calm them?
- ☐ Move individuals to a quiet area?
- ☐ If the behavior becomes physical, give individuals space, and remove other people from the immediate area.

Does the facility prohibit:

- ☐ Takedowns
- ☐ Physical holds

Note: This topic should be discussed in detail because engaging in physical restraint is a high-risk exposure.

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6. *Post Incident Review* — *What is the process for reviewing of the events that led to the adverse behavior and developing new or revised plans and/or approaches?*

- ☐ Are all incidents of aggression reported within the shift they occur?
- ☐ Are incident investigations completed by the supervisor to help identify behavior triggers and alternate approaches for dealing with the individual's behaviors?
- ☐ Does the team consult with medical staff to determine if underlying medical issues are causing/contributing to behaviors?
- ☐ Is a team problem-solving meeting held to identify effective responses to agitated and aggressive behaviors?
- ☐ When are post incident reviews held?
- ☐ Are post incident reviews done after every incident?
- ☐ Are post incident reviews only done after negative incidents? For example, BCP de-escalation techniques leading to negative behavior.
- ☐ Are post incident reviews done after positive incidents? For example, BCP de-escalation techniques leading to a positive result.
- ☐ Are newly identified approaches incorporated into the BCP timely?
- ☐ Are new/updated BCPs communicated to the staff timely (as immediately as possible)?
- ☐ Are behavior incidents reviewed by quality assurance and/or safety committee on a regular basis to identify behavior patterns and trends, as well as to identify alternate approaches and staff training needs?

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7. Discharge Policy – *Is criteria in place to determine if alternate placement is necessary?*

Note: This is a critical discussion point. If a facility doesn't have a discharge policy in place, it's important to understand if they haven't considered having one or if they won't implement one because their scope of service assumes they'll provide services for all individuals once in their care.

- ☐ Are discharge policy and procedures in place?
- ☐ If a facility has a discharge policy in place, under what circumstances has it been used?
- ☐ If a facility doesn't have a discharge policy in place, why has it not implemented one?

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Key areas identified that require enhancement:

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