

An important component of our workplace violence program is the management of adverse behaviors that can be displayed by the individuals we serve. Adverse behaviors can lead to our staff and/or others being injured. To maintain the highest level of safety for both our staff and the individuals we serve, (organization's name) has developed a comprehensive program for managing adverse behaviors.

## Assessment

An initial assessment of each individual's abilities and background will be conducted during our pre-admission screening and at the time of admission. The behavioral assessment is an ongoing process, and each individual will be carefully monitored as his or her condition changes. The behavioral assessment will be a combined effort between the administration, nursing, therapy, social services, and family members (when able). Areas that will be assessed include, but aren't limited to:

- Cognitive health and decision-making abilities
- Physical health and pain
- Physical functioning and capabilities
- Behavioral status
- Sensory capabilities
- Communication abilities
- Personal background
- Cultural preferences, spiritual needs, and other preferences

The assessment will include an interview with family members, when able, to gain insight into the individual's life experiences, personal preferences, and daily routines. Staff will review routines and preferences with the individual depending on his or her cognitive abilities. Staff will also gain information by observing the individual's reaction to approaches, the environment, and tasks. The assessment will contemplate that the individual's ability to function may vary at different times of the day.

## Behavioral Care Planning

The behavioral care plan will be developed using a multi-disciplinary approach and will be updated regularly based on the ongoing assessment. The care plan should include, but not be limited to:

- The individual's abilities and preferences for bathing, sleeping, eating, and toileting.

- The antecedents that are known to trigger adverse behaviors.
- Appropriate staff response to any adverse behaviors.
- A plan for social engagement and meaningful activity.

Any changes to the plan will be routinely communicated to all care providers. (**\*How this will be done should be placed in this section, as well as where the care plan can be found**).

### **Staff Training**

Training is provided by (**organization's personnel or by outside resources**). All care providers will receive training upon hire, annually, following an incident, and when changes are made to the care plan. Staff will periodically be required to practice specific techniques to use when working with the individuals they serve. Training will include, but not be limited to:

- Where to find and how to interpret the behavioral care plan.
- How to engage the individual through simple activities and interactions.
- Recognizing the signs of pain and pain reduction techniques.
- Proper approaches to the individual.
  - Body positioning
  - Distance
  - Vocal tones
- Identifying triggers that lead to adverse behaviors.
  - Visual or hearing impairments
  - Hunger or thirst
  - Lack of social interactions
  - Inappropriate strategies for care activities by staff
- Understanding how family dynamics affect the behavior of the individual.
- Role-playing on de-escalation techniques.
- What to do if unable to de-escalate behaviors.
- Importance of the post incident review meeting.

## **Environment**

Environmental factors will be considered to help minimize triggers that can cause adverse behavior incidents and unnecessary risks. For example, lighting and noise levels should be considered. Lighting will be adequate to allow for safe movement about the facility and for participation in social and group activities. Noise levels will be kept to a minimum to prevent any agitation and/or confusion. Size of the group activities and the type of activity are considered for each individual that is served. If behaviors begin to escalate, a sensory room is available in the facility. The room is available for scheduled times, as well as for a temporary, quiet, calming environment.

## **Activities**

Individuals will be assessed and monitored for their ability to safely participate in activities inside as well as outside of our facility. The type of activity and the environment in which the activity is to be held will be considered for each individual to safely participate. Prior to participating in an activity, considerations will be made for each individual including, but not limited to:

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

## **Staff /Individual Interaction**

To help prevent triggers that can lead to an adverse behavior every staff member has the responsibility to interact with each individual in a manner that meets his or her needs. Individuals should be addressed by names that are acceptable and/or agreeable to both the individual and the family. Staff should avoid using any names that may be disagreeable or disrespectful to the individual.

Staff will attempt to accommodate the individual's preferences for schedules whenever possible. Insistence that the individual participate in an activity is discouraged. If he or she refuses to participate in activities such as personal care, this must be reported to management/nursing for further care planning.

Caregivers will explain care tasks to the individual prior to performing them, even if the individual appears unable to comprehend. Staff will ensure privacy for personal care tasks such as bathing, toileting, and dressing. Staff are required to avoid approaching the individual from behind or at an angle that they cannot see them. Face-to-face approaches are discouraged as they can be perceived as confrontational. Approaching the individual at a 45-degree angle, one arm-length away is recommended. Staff are required to position themselves so the individual cannot easily grab and/or kick them.

### **Physiological Needs and Pain**

Adverse behaviors are more likely to occur if the individual's physiological needs, such as hunger, thirst, toileting, temperature (environment), and pain are not met. The caregiver is required to monitor these needs throughout the day to help ensure they won't contribute to an adverse behavior event. Pain assessments occur routinely, including when the individual has conditions likely to result in pain or if they indicate in any way that they have pain. Pain is often a subjective experience. Therefore, the family as well as the caregivers will be consulted to help understand changes in behavior and signs that the individual is experiencing pain. Caregivers are required to report pain indicators to management/nursing immediately. Management/nursing will work with the individual's physician for appropriate pain management strategies.

### **Behavior Escalation**

Changes in an individual's behavior can progress from calm to verbal aggression to physical aggression. Staff is trained on techniques for de-escalating behaviors, however, at times they may not be successful in de-escalating the individual's behavior. If behavior continues to escalate staff is trained to:

- Project a calm demeanor.
- Pause and think before reacting.
- Remove any objects that could be used as a weapon.
- Encourage the individual (if able) to walk away and let off steam.
- Attempt to remove the individual to a quiet area and/or sensory room.
- If the behavior becomes physical, remove other individuals, staff, and themselves from the area. Physical holds and or take downs are strictly prohibited. Staff are to contact the manager or person in charge for further assistance and/or guidance.

### **Staff Clothing**

Clothing such as hoodies and scarfs, which can be grabbed and cause the caregiver to become strangled, are prohibited. Stethoscopes should not be hung around the neck when working. Jewelry such as watches, dangling earrings, nose rings, necklaces, and bracelets are prohibited. Name tags will be placed on breakable lanyards or magnets. Appropriate clothing is at the discretion of the managers in charge. Staff should consult their manager if they have further questions on appropriate attire.

### **Post Incident Review Meeting**

All adverse behavior incidents should be reported to the manager in charge within the shift of the occurrence. Incidents are to be investigated by the manager to help identify behavior triggers and alternate approaches to the individual's care plan. A team problem-solving meeting may be appropriate to identify effective responses to adverse behaviors. These approaches will be incorporated into the individual's care plan.

Behavior incidents will be reviewed by \_\_\_\_\_ on a regular basis to identify behavior patterns and trends, as well as to identify alternate approaches and staff training needs. Any changes to the care plan will be communicated to the staff by **(\*determine who is responsible and how this is to be communicated)**

### **Discharge Policy**

If it is deemed that the environment cannot be made compatible to safely provide care for the individual, the management team will work with the individual and/or family members to consider placement in a different facility.