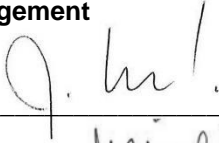
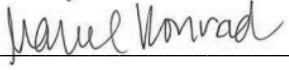


Leamington Mennonite Home
Retirement Residence

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Behaviour Management	SECTION: B
DATE: September 2004	Administrator: 	POLICY: 8
REVISION DATE: September 2017	Director of Care: 	

BEHAVIOUR MANAGEMENT

POLICY:

- To manage individual behaviours of residents with appropriate interventions.
- To recognize and manage or prevent inappropriate behaviour.

PROCEDURE:

When a resident behaviour occurs:

1. Registered Staff and PSW's are to recognize and identify inappropriate behaviour.
2. Report to the Registered Staff, if first time occurrence
3. Consult the incidental and predictable behaviour flow sheets for previous behaviour occurrence.
4. Consult narrative portion of care plan for intervention on previous occurrence.
5. Implement intervention as indicated on the behaviour flow sheets.
6. Assess and document outcome and time spent.
7. Registered Staff will contact the DOC or ADOC with intervention(s) as required. The intervention with specific education will be placed in the Communication binder in the Retirement Residence and all Department Communication books to ensure consistency of intervention.
8. Involve the family where possible. Ask family to sit or comfort resident if staff is not able to do so. Keep family updated on the resident's condition.
9. Consultation with BSO Team in the Long Term Care Home.

All Staff will receive education/information annually on resident behaviours, aggression, and agitation, at our annual inservice, as well as at monthly Staff Meetings and as required. Staff will be aware of:

- The cause of Aggressive Behaviour
- The recognition of Aggressive Behaviour
- The prevention of Aggressive Behaviour
- The management of Aggressive Behaviour

Causes of Aggressive Behaviour

1. **Fear** – of institutionalization, other residents, loss of self-control and self esteem
2. **Frustration** – often leads to feelings of helplessness and anger
3. **Repression** – of emotions may cause anxiety, anger, guilt. When a resident is unable to cope, they are not able to repress their hostility.
4. **Acting Out Behaviour** – to test limits and control of authority. How staff react to this will determine future behaviour of resident.
5. **Reaction** – to staff / family attitude and handling. Always tell resident what you are going to do.
6. **Grief** – has a major other component – **Anger**. If the anger phase is not dissipated, it could lead to aggressive behaviour.

Recognition of Aggressive Behaviour

Types of Defensive or Offensive behaviour include verbal attacks of sarcasm, arguing, fault-finding and humiliation.

PREVENTION:

Appropriate Intervention

- Listen to the resident to determine what has happened and what might be done.
- Approach the resident quietly and with as few staff members as possible.
- Stay with the resident quietly.
- Allow verbal expression of anger and hostility.
- Provide a non – stimulating environment.
- If resident is becoming hostile, always stand to the side.

Regardless of the situation, two principles are of extreme importance:

- Staff should not respond to anger with anger but should learn to approach such situations with a non-threatening, non-punitive and non-judgmental attitude.
- If resident is becoming aggressive and striking out, leave them alone and report immediately to the Registered Staff.

Awareness of the Role of the Environment

Admission to any institution can be an extremely dehumanizing experience. The admission procedures, the lack of privacy, the rules and regulations and other forms of control exerted on the individual, all function to make the resident more aware of their feelings of inadequacy and lack of opportunity for self-determination.

Staff and resident awareness of the effects that the environment has on everyone in the area, makes it possible to minimize the negative aspects and frustration of institutional living.

Acceptable Behaviour Management Practices

- Verbal tactful reprimand and/or disapproval.
- Removal from social area if applicable.
- Isolate resident from other resident to allow them to regain more appropriate behaviour.
- Closer supervision.

Prohibited Practices

- Striking a resident.
- Verbally abusing a resident.
- Depriving a resident of food or shelter.
- Allowing or encouraging punishment by other residents.
- Any measure which could be considered harsh or degrading.

Any employee knowing of instances of prohibited practices being used MUST immediately inform the supervisor of the incident. Failure to do so will result in disciplinary action.

Any employee using prohibited practices will be subject to disciplinary action.

Defensive Stance

When approaching a resident who is in an agitated or aggressive state, protection action, on the part of staff, from any physical aggression is very important.

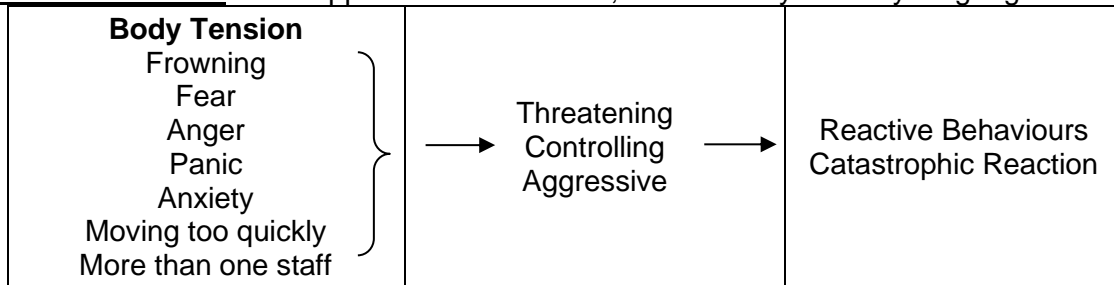
Staff should approach the resident calmly, using the defensive stance as well as talking to the resident in an attempt to reassure him/her. Approach from the side, with your body angled sideways to the resident. Your inside leg should always lead in a 'shuffle': step, with your leading knee bend and feet well apart. Yours hands should be open with the leading hand protecting the upper body, the other hand protecting the lower body. While approaching, continue to talk to the resident in an attempt to calm/reassure him/her, and always remember the importance of eye contact.

Specific resident behaviours and indicators

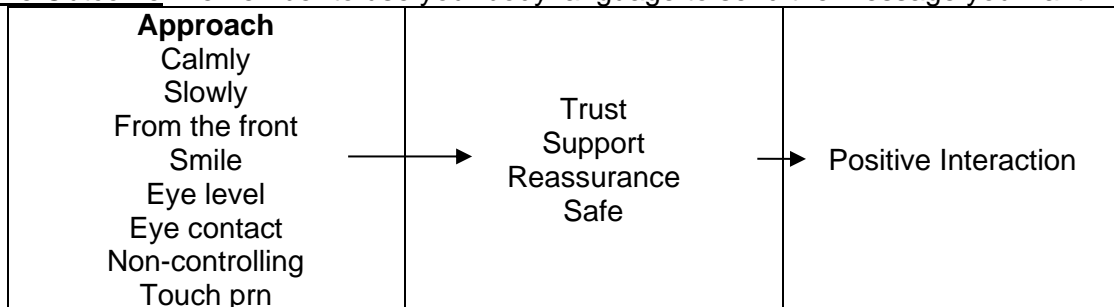
Responsive Behaviours	Further Details/Examples
Agitated	Repetitive vocalizations, pacing, etc.
Exit-Seeking	Relentless exit-seeking, placing the person at risk of harm
Hoarding/Rummaging	Creating a hazardous environment (fire risk, fall risk, etc.)
Inappropriate Sexual Behaviour	Exposing self in public areas, etc.
Indiscriminate Ingestion of Foreign Objects	Eating inedible objects (dirt, stones, household cleaning products, etc.)
Low Mood/Depression	Contributing to health consequences such as bed sores or dehydration
Physically Responsive/Angry	Striking out, biting, etc.
Refuse Care or Treatment	Contributing to health consequences such as malnutrition, dehydration, or infection
Suicidal	Suicidal ideation or attempt
Suspicious or Paranoid	Fear of abandonment, hiding item, etc.
Verbally Responsive/Angry	Using profanity or making threats

Identification of Responsive Behaviour

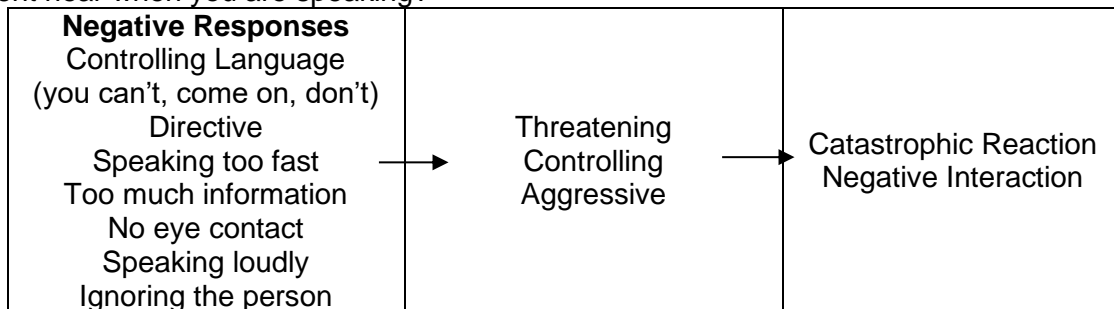
Non-Verbal Interaction: Your approach sets the tone; think about your body language.



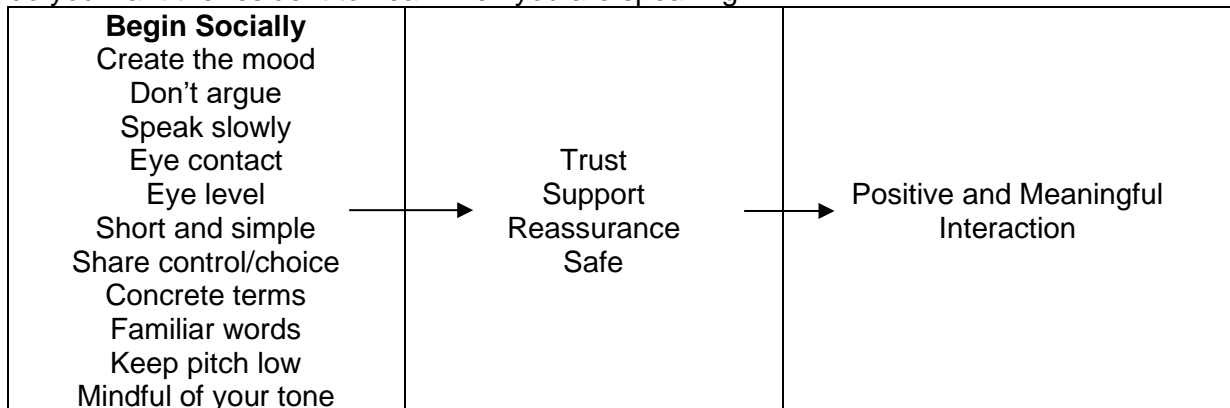
Positive Outcome: Remember to use your body language to send the message you want.



Verbal Interaction: Think about what you are saying and how you are saying it. What does the resident hear when you are speaking?



Positive Outcome: Remember to use your words and your voice to send the message you want. What do you want the resident to hear when you are speaking?



The Behaviour Support Team will assess and monitor resident

behaviour(s) in the Retirement Residence as needed. The BSO Team will work closely with the resident, resident families and the staff. The BSO Team will work with the resident to understand the behaviour triggers and provide tips to care staff. The BSO Team will meet with staff as needed.

The BSO Team dedicates one day per week to review resident's progress and review/revise the plan of care according to the resident's needs and communicate changes to staff. Retirement residents with behaviours will be monitored and reviewed as needed.

The staff are to follow the recommended tips and give feedback to the BSO Team. If the resident requires further interventions, the BSO RN will complete a referral to the BSO Navigator who will assess if the Regional Team needs to assist and/or if the referral should be sent to the Psycho - Geriatric Physician.