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| VIOLENCE – BEHAVIOR OF RESIDENTS | | | | NO. | |
| Purpose: To promote staff awareness for staff and resident safety in instances of violence.  Statement: The Administrator will give an annual in-service on protecting staff members and residents from violent behavior. The in-service will include instructions on how to recognize and respond to violent behavior.  Procedure:   1. The MDS Nurse will: 2. Assess residents for physically abusive behavior with admission, scheduled resident assessments, and significant changes of condition. 3. Work with the care plan team and the resident’s physician to update the physically abusive resident’s care plan, and implement new interventions to maintain the safety of residents and staff members, including: 4. Monitoring and assessment of resident 5. Modification of the resident’s environment, socialization, and care. 6. The use of therapeutic communication.      1. After an incident of violent behavior, the care plan team will analyze the event for key times, places circumstances, triggers, and what de-escalates the behavior, asking questions such as: 2. What was the problem? 3. Why did the resident act this way? 4. What may the resident have been feeling or wanting? 5. What did the resident say indicating why she was upset? 6. What are the triggers here? 7. What could be done differently next time? 8. What helped/what hindered? 9. Are the resident’s needs being met? Evaluate food, thirst, toileting needs, comfort level, body positioning and pain. 10. Modification of the resident’s environment includes measures such as: 11. Adjusting the room temperature to a more comfortable level 12. Reducing noise 13. Dimming lights 14. Placing pleasant and/or familiar objects in the room 15. Modification of the resident’s socialization should be based on analysis of: 16. The number of people the resident can tolerate at a time 17. The amount of personal space the resident requires. 18. How the resident reacts to touch 19. Whether or not the resident likes to be alone | | | | | |
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| 1. Modification of the resident’s care includes interventions such as: 2. Explaining procedures to the resident. 3. Giving the resident choices about care. 4. Maintaining the resident’s personal space. 5. Arranging furniture in the resident’s room to prevent entrapment. 6. Avoiding wearing necklaces or other jewelry and attire that could be grabbed or pulled. 7. Using a buddy system when caring for the resident. 8. Therapeutic communication includes interventions such as: 9. Giving the resident positive feedback for non-violent behavior. 10. Assisting the resident to verbalize his source of agitation and to set goals for more pleasant behavior. 11. Setting a goal with the resident to seek out a staff member when agitation occurs. 12. The Charge Nurse will: 13. Ensure that the unit’s staff members are informed of residents with violent behavior and their care plans. 14. Educate staff members as needed on the appropriate response to violent behavior. 15. Notify the Director of Nursing of incidents of violent behavior. 16. Ensure that incident reports are filed in accordance with the facility’s policies and procedures. See the Policy: Incident Reports. 17. Staff members should: 18. Familiarize themselves with the potentially violent resident’s care plan, including the: 19. Triggering circumstances 20. Warning signs that may lead to assaults 21. Therapeutic response action plan for violent situations 22. Be familiar with nonverbal indicators of agitation such as:  * Crying * Defensive behavior * Pacing * Fidgeting * Rocking * Tense or strained position * Wringing hands or clenching fists * Scared, fearful, or alarmed expression * Tightly closed eyes * Wrinkled forehead | | | | | |
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| 1. When a resident becomes agitated, staff members should: 2. Intervene before the resident’s agitation escalates. 3. Guide the resident gently away from the source of distress. 4. Offer to talk with the resident 5. Walk calmly away, and approach the resident later if the resident becomes aggressive. 6. Notify the Charge Nurse of the incident, and participate in analyzing the event. 7. Staff members who think they may have been injured in a violent incident should: 8. Have the immediate supervisor fill out an incident report. Some injures don’t reveal themselves until hours later. 9. If there were witnesses, have them contribute to the report. 10. Document the time, place, and exact circumstances – describe | | | | | |
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