



Interior Health

Aggressive + + + An Opportunity to Build Upon a Culture of Mutual Respect

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Scenario #1



Leave me alone, I don't
want you to touch me.
You workers are all
bitches"

Scenario #2

Mr. Jones

Bath Day - Tuesday



Objectives

- Provincial “Safety Chat” risk assessment
- Program infrastructure needed to truly impact a respectful workplace culture
- Personal safety training – a vehicle to provision of quality care
- Available tools and resources

Assessing the risk of violence / aggression

- Traditional assessments
- Solution based assessments

“Safety Chat” Risk Assessment

- Provincial initiative
- Format
- Piloted in acute care and residential care (and planned for community care soon!)

“Safety Chat” Risk Assessment

Areas of focus:

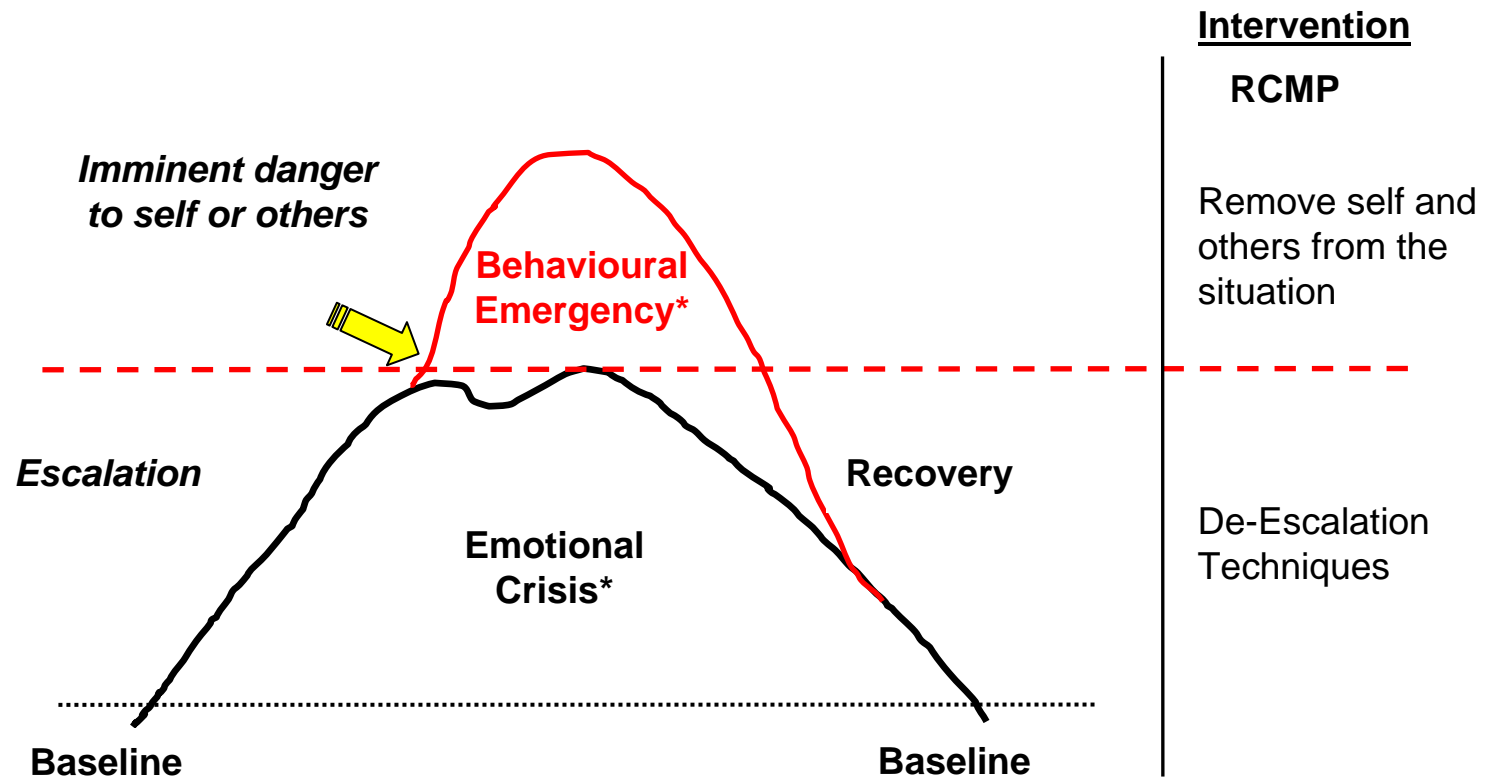
- Assessment of aggression
- Communication of this risk
- Impact on care planning

“Safety Chat” Risk Assessment

Areas of focus:

- “In the moment” tools
- “Behavioral emergency” processes
- Post incident processes

The Crisis Cycle



*Terms obtained with permission from Therapeutic Options

Respectful Workplace Program

- Assessment of risk
- Communicating and documenting risk
- Proactive intervention strategies
- Reactive “in the moment” intervention strategies
- Post incident support
- Incident reporting

Client to staff

Staff to staff
“Horizontal Violence”

Domestic violence

Infrastructure



Implementation Process

- Working group / committee established
- Safety chat risk assessment
- Site/program action plan
- Staff education
- Infrastructure to support education/program

Key principles of the IH program

- Sites/programs required to customize and implement infrastructure to support training
- Emphasis on providing staff with proactive and reactive tools
- Emphasis on influencing teaching institution curriculum

Staff Education Process

- Staff education
 - Is it enough to provide staff with training to better understand the 3 D's and psychiatric conditions?
 - What other skills are required?
 - Should site/program Director and Manager participation be mandatory?

Related Tools and Resources

- Medical-legal charting guidelines
 - Aggressive +++ doesn't cut it legally or medially
- Tips for Safely Providing Care to Aggressive Residents / Clients

Scenario #1



Leave me alone, I don't
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You workers are all
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Possible Interventions

- Q-TIP (quit taking it personally)
- Distract / reduce stimulation in area
- Keep a safe distance / if needed remove self from situation
- Follow working alone procedure re: call in
- If care could not be provided, document why
- Consult with care team (including psycho-geriatrician)
 - Get prn order
 - Develop care plan around managing aggression
 - Focus on triggers, best time of day, additional support
- Apply aggressive alert to inform others until behavior pattern settles



Scenario #2

Mr. Jones

Bath Day - Tuesday



Possible Interventions

- If care could not be provided, document why
- Consult with Care Team (ask for resident care conference)
 - Get prn order
 - Develop care plan around bathing and overall management of aggression
 - Determine alternatives to bathing, triggers, best time of day, if additional support needed
- Apply aggressive alert to inform others until behavior pattern settles
- Ensure updated bathing plan communicated to all
 - Bath day – tues → doesn't cut it!

How does this add value to your organization?

- Risk assessment results in solutions
- Provision of quality care is enhanced when staff feel safe and supported
- Less need to over- medicate to control behavior
- Builds capacity for respectful workplace environment

Questions?

Thank You!!!

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