

**POLICY:** **Managing Spitting as a Behavioural and Psychological Symptom of Dementia**

**Program Area:** **Personal Care Home/ Transitional Care**

**Section:** **General**

**Reference Number:** **CLI.6410.PL.036**

**Approved by:** **Regional Director, Community & Continuing Care**

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Revised yyyy/mmm/dd

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**PURPOSE:**

To provide direction to staff on how to assess and manage resident spitting as a behavioural and psychological symptom of dementia (BPSD).

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-2): Treatment of Clients  
Executive Limitation (EL-3): Treatment of Staff

**POLICY:**

Comprehensive care planning is to occur when a resident is identified as a risk for spitting. This includes identifying what safety measures to take to protect the resident and staff including; equipment, behavioural interventions to utilize, and when to stop care and re-approach, as well as communication of interventions throughout the interdisciplinary team.

The Post-Exposure Prophylaxis for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) (CLI.4110.PL.017) and the Safety Event (ORG.1810.PL.001) policies are to be followed when a staff member comes in contact with the resident’s saliva through a spitting event.

Site leadership are to ensure staff are aware of the Post Exposure Prophylaxis for HIV, HBV, or HCV when a resident is identified as being at risk for spitting at the site.

Clinical staff are to be provided education on the Post Exposure Prophylaxis for HIV, HBV or HCV during facility orientation.

## **DEFINITIONS:**

**Alternate Decision-Maker:** a person who has decision-making capacity and is willing to make decisions on behalf of a resident who does not have the capacity to decide. An alternate may be legally authorized (e.g. health care proxy or committee) or may be a person designated (e.g. family member) in the absence of a legally authorized individual.

**Behavioral and Psychological Symptoms of Dementia (BPSD):** includes agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, wandering, and a variety of behaviors. One or more of these symptoms affect nearly all people with dementia over the course of their illness.

**Integrated Care Plan (ICP):** a document which provides direction on the type of care a resident may need. It is initially compiled based on assessment of each resident's needs. An ICP is a highly personal and individualized document.

**Interdisciplinary Team (IDT):** includes members of the health care team such as but not limited to the following: resident or alternate decision-maker, dietitian/dietary aide, registered nurse (RN), registered psychiatric nurse (RPN), licensed practical nurse (LPN), maintenance, health care aide/resident assistant, social worker, physician, occupational therapist and recreation/activity, housekeeping.

## **IMPORTANT POINTS TO CONSIDER:**

Dementia is a neurocognitive disorder that over time will affect an individual's physical and cognitive abilities. Behavioural and psychological symptoms of dementia can include aggression, irritability, restlessness, disinhibition, resistance to care, depression, apathy, repetitive questioning, psychosis, sleep problems, wandering. One or more of these symptoms affect nearly all people with dementia over the course of their illness.

It is recognized that spitting is a behavioural and psychological symptom of dementia. Spitting for staff can carry many negative connotations related to risk for disease as well as the psychological impact of being spat on. Spitting is often a behaviour that does not respond to pharmacological intervention. The challenge instead is for staff to provide safe supportive care while trying to identify and understand the factors that may be contributing to the spitting behaviour.

The Post-Exposure Prophylaxis for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV, or Hepatitis C Virus (HCV) policy provides direction on medical assessment for both staff and the resident, as well as helps determine what testing/treatment may be required for both residents and staff following contact with body fluids.

## **PROCEDURE:**

### **Upon admission:**

1. Nurse screens residents using the Screening Tool for Violence and Aggression (ORG.1513.SG.001.FORM.01) to determine risk for violence and aggression including spitting.
2. Nurse consults with the resident's prescriber to consider assessment for any physiological conditions or medication side effects that might be contributing to any spitting behaviour.
3. If a resident is identified as being at risk of spitting the following actions are taken by the nurse:
  - 3.1. A Violence Prevention Program (VPP) alert is established. The CARE Environment Alert (ORG.1513.SG.001.SD.03) is placed in the resident room in the same place where other logos (e.g. transfer and mobility logos) are located (e.g. outside of resident's room and over or beside the resident's bed) to alert staff to the risk.
  - 3.2. Integrated Care Plan for Residents in Personal Care Homes Form (CLI.6410.PL.002.FORM.03) is updated to reflect the risk of spitting. Interventions are to be resident specific and are to focus on:
    - 3.2.1. potential triggers for the spitting behaviour;
    - 3.2.2. successful interventions to reduce the spitting behaviour;
      - 3.2.2.1. what safety measures staff should take to protect themselves while providing care (e.g. wearing personal protective equipment);
    - 3.2.3. when to pause care and re-approach.
4. Resident risk for spitting is communicated at shift exchange both verbally and in writing.
5. Staff should be completing a point of care risk assessment prior to performing resident care. Personal protective equipment (PPE) including eye protection, masks and gowns are made available to staff. PPE needs to be readily available to staff within the resident room if the resident is identified as being at risk of spitting.
6. IDT consults with the Mental Health & Addictions, Seniors Consultation Team to obtain assessment and recommendations for further interventions to help address the spitting behaviour.

### **When Spitting Occurs:**

1. If the resident has a known history of spitting, PPE is to be worn prior to providing resident care. If urgent situations arise when a resident unexpectedly spits and PPE is not readily accessible, staff are to use point-of-care shielding by covering their eyes, nose and mouth with their arms and using available objects such as a pillow and blanket held in front of themselves or turning their own body at an angle to create a barrier. Staff are to remain calm when trying to shield themselves while protecting the resident's dignity.
2. Staff member reports each spitting situation to the nurse.
3. Nurse documents the spitting behaviour in the integrated progress notes (IPN) (CLI.4510.PR.002.FORM.01) and care plan interventions are reviewed and modified as needed.

### **Safety Events:**

1. Affected staff member follows the Post-Exposure Prophylaxis for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV, or Hepatitis C Virus (HCV) (CLI.4110.PL.017) policy when there is contact with the resident's saliva through a spitting event.
2. Affected staff member completes a Safety event form (ORG.1810.PL.001.FORM.01) and forwards it to the Site Leadership or designate to make them aware of the contact with resident's bodily fluids.
3. Site Leadership review the Safety Event form and collaborates with nursing staff to ensure the integrated care plan has clear interventions on how to manage the spitting behaviour and communicates this widely with staff.
4. Site Leadership ensure staff are aware of the processes to follow should there be exposure to bodily fluids.

### **Quarterly Review or When Needed**

1. Nurse completes re-screening of the resident quarterly, at minimum, or upon receiving new information about the resident's behaviour utilizing the Screening Tool and Alert for Violence and Aggression Tool.

### **Annual Care Conference Review**

1. IDT review the ICP annually, at minimum, with the resident and/or alternate decision maker.

### **REFERENCES:**

- ORG.1513.SG.001.FORM.01 Screening Tool and Alert for Violence and Aggression Tool  
ORG.1513.SG.001.SD.03 Violence Prevention Program Use CARE Environment Alert  
ORG.1810.PL.001.FORM.01 Safety Event Report  
CLI.4110.PL.017 Post Exposure Prophylaxis for Human Immunodeficiency Virus (HIV),  
Hepatitis B Virus (HBV, or Hepatitis C Virus (HCV)  
CLI.4510.PR.002.FORM.01 Integrated Progress Notes  
CLI.6410.PL.002.FORM.03 Integrated Care Plan  
CLI.6410.PR.001 Violence Prevention Program in Personal Care Homes  
Dynamis Training & Insight. *Protecting Yourself from Intentional Spitting or Coughing Assaults*.  
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