

VIOLENCE PREVENTION PROGRAM CARE PLAN

items may apply in multiple areas of the care plan- reason, behavior trigger and interventions (Check all that apply and circle most appropriate issue/action)

Addressograph

Reason for Alert

- History of violence or aggression to caregivers or others
- History of threats toward Health care team
- Angry outburst / verbal aggression
- Threat (verbal or physical)
- Physical aggression _____
- Sexually aggressive / inappropriate
- Agitation / impulsivity
- Paranoid/delusions/hallucinations
- Resistive / refusal of care
- Disruptive to other individuals _____
- Reacts to specific gender of care provider (M/F)
- Reacts to care provider(s) characteristics
- Reacts to persons of specific ethnicity
- Other (Specify): _____

Behaviour Triggers

- Physical need: hunger / thirst / elimination / bowel / bladder/ body temperature
- Pain: _____
- Memory/cognitive impairment: _____
- Substance use / withdrawal (ETOH, drugs, solvents, nicotine)
- Medication / anesthetic related (reaction or adherence)
- Barriers: communication, language, hearing loss, glasses _____
- Fear / anxiety / confusion / frustration: _____
- Separation anxiety _____
- Unmet emotional need
- Lack of control / lack of decision making
- Environment (temperature, noise, lights)
- Time of day _____
- Specific care provider gender _____
- Specific care provider ethnicity _____
- Specific care provider characteristics / approach: _____
- Other persons: _____
- Other (Specify): _____
- Unknown: _____

Interventions

PATIENT NAME/MRN #: _____

ADDRESS INDIVIDUAL AS: _____

Communication

- Greet patient and family with their preferred name using eye contact and a smile
- Identify yourself by name/role and tell them what are there to do
- Explain the procedures and processes with expected time frames, anticipated waits, and update as there are changes
- Confirm understanding
- Pay attention to body language and non-verbal communication of self and patient/family
- Actively listen, hear concerns, acknowledge emotions, and validate feelings
- Use respectful tone and be non-judgmental
- Interactions should be simple, avoid arguing, and focus on empathy
- Re-orient as appropriate
- Protect and maintain patient's privacy
- Be patient focused- not task focused
- Give patient time to process information and provide a response prior to giving more information
- Offer realistic choices
- Set limits that are reasonable and given respectfully
- Give clear, short instructions / direction
- Repeat / restate your message as necessary
- Identify impact of unacceptable behavior (e.g. you are making me frightened) and remove self from area if necessary

Patient Specific

- Ensure sensory assistive devices are used (glasses/hearing aids, etc.)
- Involve interpreter as appropriate and/or utilize a translation strategy
- Anticipate/minimize behavioral triggers
- Consider nicotine therapy as needed
- Establish a consistent plan to manage paranoia/delusions/hallucinations
- Develop and maintain routines (sitting up as able for meals, ensure lighting appropriate for time of day)
- Minimize environmental overstimulation (decrease noise/light)
- Therapeutic activities/touch/blankets available; engage patient in meaningful activity
- Understand and manage patient expectations
- Involve family/caregivers as appropriate: utilize, support, engage
- Identify and validate patients wants and expectations (may not be able meet fully but will be acknowledged) _____
- Use actions identified as helpful/works for individual when upset: _____
- Choose one person (ideally the person best known by the patient) to interact if patient escalating (multiple people talking increases confusion)
- Inform patient of acceptable behavior in a matter of fact manner, non-threatening
- Consider and implement safety plan of staff and public if patient is going off unit (accompanied/unaccompanied).
- Other (Specify): _____

Personal Safety / Staff

- Familiarize self with patient (background/preferences)
- Approach from a 45 degree angle (so that you are in the patient's line of sight but able to move away quickly if needed)
- Consider staff exit path and remove self as required
- Remove any objects that could potentially result in personal harm (e.g. lanyards) as feasible
- Prepare all supplies prior to beginning patient care to prevent frequent interruptions/patient becoming impatient with care
- Other (Specify): _____
- Safe visit plan (community settings only)

Narrative Comments:

Planned Care Plan review date: _____

(Long Term Care) version to identify: Q1 Q2 Q3 Q4

Name/Designation: _____ Initials: _____ Date: _____ Time: _____