Sample Behavioural Care Plan for the Provincial Violence Prevention Program

Interventions can be used in any setting; Community, Home Care, Acute, Long term Care. Always rule out medical conditions that may be contributing to behaviours that are Anxious, Angry or Attacking and Responsive Behaviours. Examples include – and are NOT limited to acute head injury, space-occupying lesion, acute bleed, blood sugar levels, drug/alcohol intoxication or withdrawal, blood sugar levels hyper-hypo, sepsis, delirium, mental health crisis. Basis needs such as pain control, toileting, and hydration.

Always seek and be attentive to collateral information from family member or someone accompanying patient.

<table>
<thead>
<tr>
<th>Sample Interventions that can be individualized</th>
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<tbody>
<tr>
<td>Consistency is crucial</td>
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<tr>
<td>Caution And Respect Everyday</td>
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- Allow for time to settle in, ensure patient has important personal belongings
- Gather baseline data, assess the patient, listen to the patient
- Approach from the front, (where they can see you)
- Always introduce yourself. Explain where you are from and what you are about to do
- Speak before touching
- Use caring empathetic voice & evaluate responses
- Provide and protect privacy and personal space
- Initiate behavioral tracking
- Speak respectfully even if they are not
- Explain procedures in advance
- Assess emotional state/pain level etc prior to care
- Listen to patient - Be non-judgmental. Be CARE focused not task focused
- Identify immediate specific care needs such as pain control or toileting
- Be aware of patient messages through facial expressions or their body language
- Administer PRN medications as appropriate (analgesic/antianxiety etc.
- Offer choice when possible
• Using cue gesture - avoid using touch as a persuader
• Do not rush in
• Form therapeutic alliances and develop behavior based care contracts & rewards
• Stop and assess always, conditions change
• Act slowly & monitor reactions
• Create calming environment prior to care
• Monitor and document behavior changes
• Track what triggers behaviours and what works
• Decrease extra stimulus
• Remove background noises and distractions
• Communicate care plan with all direct care providers
• Have co-worker on stand by
• Use two people/team approach if needed
• Work as a team distract & redirect- discuss ahead who is doing what
• Plan for 2 workers to deliver care if necessary (e.g. administering meds)
• Use distraction techniques prior to & during care
• Search belongings for hidden weapons as per established policies
• Remove all items that could become weapons (e.g. sharps, or items that could be thrown like water jug, glass, equipment)
• Consult with specialists as appropriate such as mental health, brain injury or an addiction specialist.
• Identify specific stressors
• Identify known triggers for escalating behaviours
• Assist patient with monitoring their own triggers if they are able
• Help patient to manage their emotions help them find calming techniques
• Discuss known calming/de-escalating techniques that work (E.g. moving to quiet room, lowering voices, removing distraction, decreasing noise)
• Set limits- follow through on consequences - leave room-resume care when patient calm
• Use quiet room or time out room and seclusion
• Try to channel destructive behaviours/energy into physical movement
• If appropriate involve family members and other care providers in obtaining data or more information
• Consider having family members if able, to assist with calming and care or is it better to have family excused for a short time.
• Modify care plans as information becomes available
• Provide as much information as possible to patient/ family
• Continuous observation
• Evaluate and initial reaction plan care, revise PRN
• Follow all policies and procedures for working alone and SAFE work procedures
• Consider pre-visit calls
• If incident occurs-debrief with client after calm and revise plan

Leave if imminent harm and summon help