

Leamington Mennonite Home  
Long Term Care

**POLICY AND PROCEDURE**

<b>CATEGORY:</b> Resident Care	<b>SUBJECT:</b> Aggressive Behaviour	<b>SECTION:</b> A <b>POLICY:</b> 3
<b>DATE:</b> September 2004	<b>Administrator's Signature:</b> _____	

**AGGRESSIVE BEHAVIOUR**

**POLICY:**

All Staff will receive education / information on resident behaviours, aggressive and agitation, at our annual inservice and on an as required basis. Staff will be aware of:

- The cause of Aggressive Behaviour
- The recognition of Aggressive Behaviour
- The prevention of Aggressive Behaviour
- The management of Aggressive Behaviour

**Causes of Aggressive Behaviour**

- **Fear** – of institutionalization, other residents, loss of self-control and self esteem
- **Frustration** – often leads to feelings of helplessness and anger
- **Repression** – of emotions may cause anxiety, anger, guilt. When a resident is unable to cope, they are not able to repress their hostility
- **Acting Out Behaviour** – to test limits and control of authority. How staff react to this will determine future behaviour of resident
- **Reaction** – to staff / family attitude and handling. Always tell resident what you are going to do
- **Grief** – has a major other component
  - **Anger** – if the anger phase is not dissipated, it could lead to aggressive behaviour

**Recognition of Aggressive Behaviour**

Types of Defensive or Offensive behaviour include verbal attacks of sarcasm, arguing, fault-finding and humiliation.

**PREVENTION:**

**Appropriate Intervention**

- Listen to the resident to determine what has happened and what might be done.
- Approach the resident quietly and with as few staff members as possible.
- Stay with the resident quietly.
- Allow verbal expression of anger and hostility.
- Provide a non – stimulating environment.
- If resident is becoming hostile, always stand to the side.

Regardless of the situation, two principles are of extreme importance:

- Staff should not respond to anger with anger but should learn to approach such situations with a non-threatening, non-punitive and non-judgmental attitude.
- If resident is becoming aggressive and striking out, leave them alone and report immediately to the Registered Staff.

### **Awareness of the Role of the Environment**

Admission to any institution can be an extremely dehumanizing experience. The admission procedures, the lack of privacy, the rules and regulations and other forms of control exerted on the individual, all function to make the resident more aware of their feelings of inadequacy and lack of opportunity for self-determination.

Staff and resident awareness of the effects that the environment has on everyone in the area, makes it possible to minimize the negative aspects and frustration of institutional living.

### **Behaviour Management:**

#### **Acceptable Behaviour Management Practices**

- Verbal tactful reprimand and/or disapproval.
- Removal from social area if applicable.
- Isolate resident from other residents to allow them to regain more appropriate behaviour.
- Closer supervision.

#### **Prohibited Practices**

- Striking a resident.
- Verbally abusing a resident.
- Depriving a resident of food or shelter.
- Allowing or encouraging punishment by other residents.
- Any measure which could be considered harsh or degrading.

Any employee knowing of instances of prohibited practices being used MUST immediately inform the supervisor of the incident. Failure to do so will result in disciplinary action.

Any employee using prohibited practices will be subject to disciplinary action.

### **Defensive Stance**

When approaching a resident who is in an agitated or aggressive state, protection action, on the part of staff, from any physical aggression is very important.

Staff should approach the resident calmly, using the defensive stance as well as talking to the resident to reassure him/her. Approach from the side, with your body angled sideways to the resident. Your inside leg should always lead in a 'shuffle': step, with your leading knee bend and feet well apart. Your hands should be open with the leading hand protecting the upper body, the other hand protecting the lower body.

While approaching, continue to talk to the resident to calm/reassure him/her, and always remember the importance of eye contact.