Responsive Behaviour Pathway for Long Term Care

Part 2: Crisis Management

De-escalation

Responsive behaviour is physical in nature and an imminent physical risk to self or others

A – Allow time
B – Back off
C – Communicate
D – Distract
E – Enter their world

- Respect the resident's personal space
- Validate the resident's feelings
- Watch your body language
- Listen and show understanding to the resident
- Provide clear, concise directions to the resident
- Distract the resident
- Engage family or friend available to assist
- Consider telephone consultation to discuss de-escalation strategies with WRHA Mobile Crisis Service 204-940-1781 (24 hours, 7 days per week)

Were de-escalation strategies successful?

Yes → Refer back to *Part 1: Interdisciplinary Assessment & Care Planning*

No →

Code White

Call a **CODE WHITE**

- Ensure physical safety of self and others
- Remove other residents and visitors
- Remove items of potential harm to self or others
- Locate your exit
- Do not intervene alone
- Use physical safety techniques, if required
- Use the least amount of restrictive intervention required

Were de-escalation strategies successful?

Yes → Refer back to *Part 1: Interdisciplinary Assessment & Care Planning*

No → Call prescriber to consider medication. If medication prescribed and given, consider if emergency chemical restraint documentation is required.

Was the medication effective?

Yes → Consider if 1:1 constant care is required to maintain safety of the resident or others

No →

Call 911 for ambulance &/or police

In situations where law enforcement officers are involved in a case with a PCH resident, the following may occur:

- Law enforcement will require medical information. Under PHIA legislation, staff are able to disclose personal health information to the investigator/police
- Law enforcement officers are able to use discretion when making a decision to take someone into custody or not

Debrief & Documentation

If transferred to hospital, develop a safe plan for transition back to LTC

Conduct a debrief huddle with the interdisciplinary team involving the prescriber and determine timeframe for medication reassessment

Documentation:

- Describe event in the integrated progress notes
- Complete a RL-6 Safety/Security report
- Complete CARE Alert: Provincial Healthcare Violence Prevention Screening Tool and activate an alert. Initiate an individualized Care Alert: Violence Prevention Program Care Plan.
- If medication is reordered, consider if basic restraint documentation is required

Adapted from: BC BPSD Algorithm June 2019 https://bcbpsd.ca/ by the WRHA LTC Dementia Care Working Group November 2023