

FNIHB-OR Nursing Policy and Procedure

Section:	Administration	Policy Number:	II - 16
Subject:	Management of Abuse	Issued:	March 31, 2015
Distribution:	All Nursing Facilities	Revised:	

1. POLICY:

- 1.1 First Nations and Inuit Branch – Ontario Region (FNIHB-OR) is committed to providing an abuse – free practice setting. Therefore, FNIHB will not tolerate violent acts or threats by members of the public directed at staff or affiliated personnel.
- 1.2 Nurses are required to attend the Nurses’ Safety Awareness Training Program (NSAT), or similar program as offered by FNIHB-OR.
- 1.3 Occupational Health and Safety, Health Canada has developed a policy on “the Prevention of Violence in the Workplace”. This document gives nurses guidance on how to manage such situation.

2. PRINCIPLES:

- 2.1 Safety of all health staff will be the priority of FNIHB-OR when dealing with abuse of clients and nurses.
- 2.2 If conflict is not managed effectively, it can hinder a nurse’s ability to provide quality client care and escalate into violence and abuse. Because of this, nurses need to be aware of the ways in which conflict can escalate and be prepared to prevent or manage it in the workplace (CNO, 2009).
- 2.3 FNIHB-OR supports protecting the nurses’ and public’s rights by embracing the Practice Guideline from the College of Nurses of Ontario *Conflict Prevention and Management* (2009). This commitment includes helping nurses recognize and manage conflict in the practice setting and to prevent conflict from escalating into abuse.

3. DEFINITIONS:

- 3.1 **Nurse:** refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.
- 3.2 **Abuse:** The misuse of power within a relationship. Abuse can be emotional, verbal, physical and/or sexual. Examples of abusive behaviours include intimidation, swearing, cultural slurs, hitting, pushing, inappropriate comments, inappropriate touching and sexual assault.

3.3 Anticipatory planning: Involving the client in making decisions based on the client's values, beliefs and wishes.

3.4 Critical incident: Any sudden unexpected event that has an emotional impact that can overwhelm the usually effective coping skills of an individual or a group.

4. PROCEDURE:

The following procedure is based on the College of Nurses of Ontario Practice Guideline: *Conflict Prevention and Management* (2009). It is expected that nurses be familiar with the details of this practice guideline.

4.1 The nurse in charge (NIC) or delegate will identify potential at-risk clients and develop, in conjunction with the health care team, a plan for ongoing provisions of nursing services. The plan will be widely communicated to the health care team.

4.2 The nurse shall identify characteristics and situations that are associated with the evolution or escalation of conflict in order to take steps to prevent its escalation and improve delivery of care.

4.2.1 Conflict between a nurse and a client can escalate if a client is:

- a. Intoxicated or withdrawing from a substance induced state;
- b. Being constrained (for example, not being permitted to smoke) or restrained (for example, with a physical or chemical restraint);
- c. Fatigued or overstimulated; and/or
- d. Tense, anxious, worried, confused, disoriented or afraid.

4.2.2 Conflict between a nurse and a client can escalate if a client has:

- a. A history of aggressive or violent behaviour, or
- b. Is acting aggressively or violently (for example, using profane language or assuming an intimidating physical stance);
- c. A medical or psychiatric condition that causes impaired judgment or an altered cognitive status;
- d. An active drug or alcohol dependency or addiction;
- e. Difficulty communicating (for example, has aphasia or a language barrier exists); and/or
- f. Ineffective coping skills or an inadequate support network.

4.2.3 Conflict between a nurse and a client can escalate if a nurse:

- a. judges, labels or misunderstands a client;
- b. uses a threatening tone of voice or body language (for example, speaks loudly or stands too close);
- c. has expectations based on incorrect perceptions of cultural or other differences;
- d. does not listen to, understand or respect a client's values, opinions, needs and ethnocultural beliefs;

- e. does not listen to the concerns of the family and significant others, and/or act on those concerns when it is appropriate and consistent with the client's wishes;
 - f. does not provide sufficient health information to satisfy the client or the client's family; and/or
 - g. does not reflect on the impact of her/his behaviour and values on the client
- 4.3 When conflict arises, the nurse must first assess and secure his/her own safety. The nurse shall use his/her professional judgment to determine which conflict-management strategies are appropriate to prevent escalation of the situation.
- 4.3.1 The nurse may choose to implement any of the following strategies (Note: this list is not an exhaustive list of possibilities):
- a. Employ verbal de-escalation techniques (Refer to *Appendix C: De-escalation Techniques* for detailed description)
 - b. Implement a critical incident management plan;
 - c. Remain calm and encourage the client to express his/her concerns;
 - d. Avoid arguing, criticizing, defending or judging;
 - e. Focus on the client's behaviour rather than the client personally;
 - f. Involve the client, the client's family and the health care team members in assisting with the behaviour and developing solutions to prevent or manage it;
 - g. State that abusive language and behaviours are unacceptable, if the nurse believes this will not escalate the client's behaviour;
 - h. Step away from the client, if necessary (for example, to regain composure or to set personal space boundaries);
 - i. Leave the situation to develop a plan of care with the assistance of a colleague if the client intends to harm the nurse; and/or
 - j. Protect themselves and other clients in abusive situations by withdrawing services, if necessary
- 4.3.2 Services may need to be withdrawn depending on the severity of the situation. Refer to *Appendix A: Decision Tree: Withdrawal of Services* to assist with this decision.
- 4.4 Any abusive incidents will be reported immediately to the Zone Nursing Manager (ZNM) or the Zone Nursing Officer (ZNO). An Occurrence Report must be completed as per FNIHB-OR Policy: *Occurrence Report*.
- 4.5 Depending on the situational details and at the discretion of ZNM or ZNO, he/she may need to report the incident to the Regional Nursing Office and/or Zone Director
- 4.6 Details of the incident need to be documented in the client's health record as soon as possible after the occurrence and in accordance with the FNIHB-OR *Documentation Policy*.

- 4.7 After the incident, the ZNM or ZNO will facilitate a critical incident de-briefing session with the nurses. The purpose of the debriefing session is to gain insight into the conflict's contributing factors, as well as to provide recommendations to prevent and manage such occurrences in the future.
- 4.8 The team will develop a care plan for dealing with the client's behaviour and provisions for ongoing nursing services, including a strategy to communicate FNIHB's Zero Tolerance for Abuse. As appropriate, the client should be involved in anticipatory planning for the ongoing provisions of health care services.

5. RELATED POLICIES:

FNIHB-OR Policy: Occurrence Report
FNIHB-OR Policy: Restraints

6. REFERENCES:

College of Nurses of Ontario (2009). Practice Guideline: Conflict Prevention and Management.

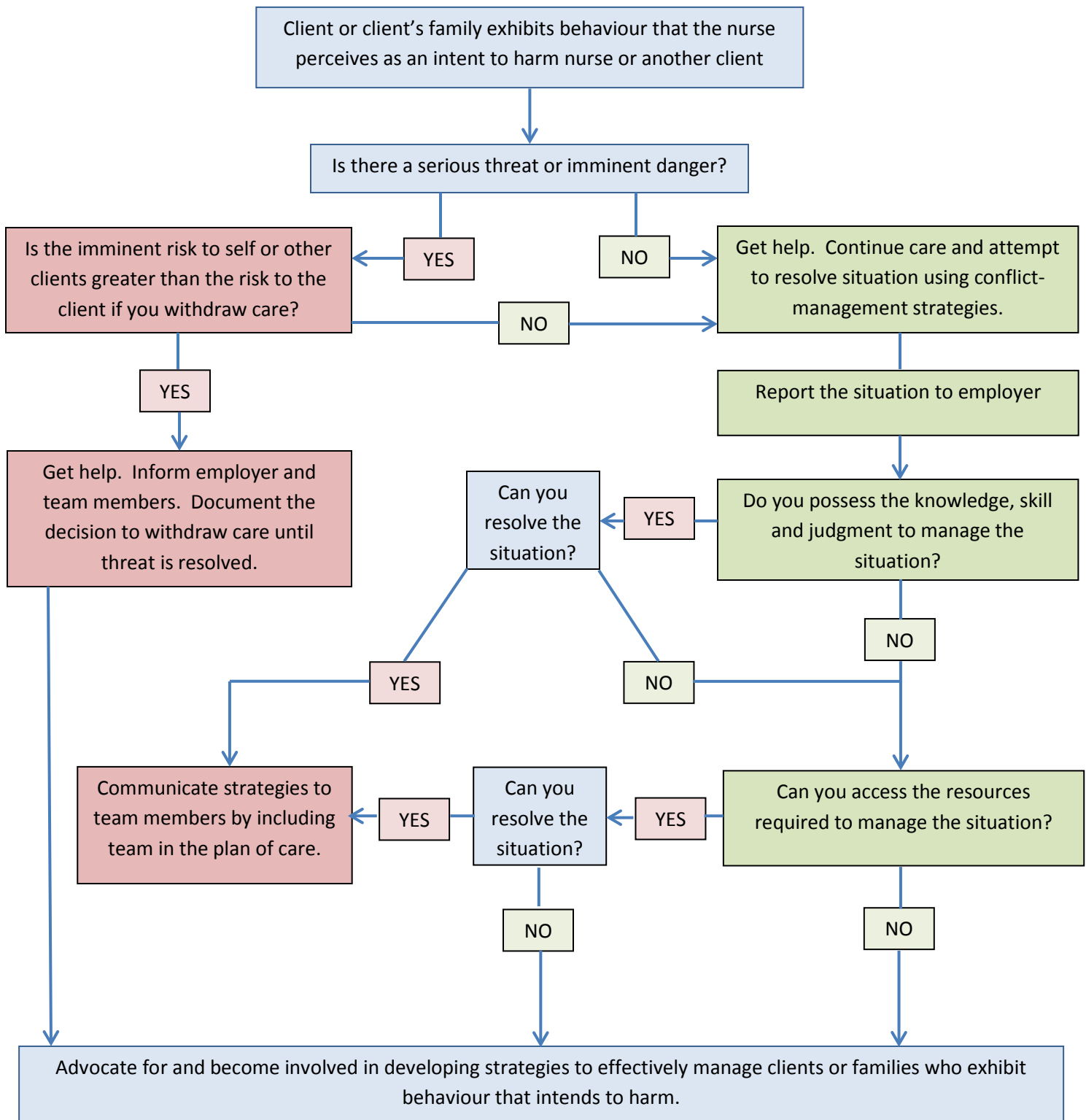
Registered Nurses Association of Ontario (2009). Preventing and Managing Violence in the Workplace.

Registered Nurses Association of Ontario (2009). Preventing and Managing Violence: Quick tips and tools for nurses.

Approved by:	Effective Date: March 31, 2015
Director of Nursing, Ontario Region Date:	
Regional Executive, Ontario Region Date	

APPENDIX A: Decision Tree for Withdrawal of Services

Decision Tree for Withdrawal of Services



Adapted from CNO (2009) Practice Guideline: Conflict Prevention and Management

APPENDIX B: Verbal De-Escalation Techniques

VERBAL DE-ESCALATION TECHNIQUES

The worker in control of himself or herself

- Appear calm, centered and self-assured, even if you don't feel it.
- Use a modulated, low, monotonous tone of voice.
- If you have time, remove necktie, scarf, hanging jewelry, and religious or political symbols that could be used as weapons against you. However, do not do this if the individual is watching.
- Do not be defensive, even if the insults are directed against you. Do not try to defend the position or roles of your employer or others.
- Be aware of resources available to you for back-up.
- Be very respectful, even when setting limits or calling for help. Agitated individuals can be very sensitive to feeling shamed and disrespected.

The physical stance

- Never turn your back on the individual.
- Always be at the same eye level. Encourage the individual to be seated, but if he/she needs to stand, you should stand as well.
- Allow four times your usual distance between yourself and the individual.
- Do not maintain constant eye contact. Allow the person to look away.
- Do not point or shake your finger.
- Do not touch the person; touching may be misinterpreted.
- Keep your hands out of your pockets./ this keeps them available to protect yourself, and sends a non-verbal message that you do not have a concealed weapon.

The de-escalation discussion

- Remember that the main objective is to calmly reduce the degree of arousal to a safer level.
- Do not speak loudly, even if the individual is screaming at you.
- Respond selectively. Answer only informational questions, no matter how rudely asked.
- Explain limits and rules in an authoritative, firm but always respectful tone. Give choices, where possible, as long as every choice is safe.
- Empathize with the person's feelings but not with the behaviour.
- Do not solicit how a person is feeling or interpret feelings in an analytic way.
- Do not argue or try to convince.
- Whenever possible, tap into the person's cognitive mode. Do not say "Tell me how you feel". Instead say "help me to understand what you are saying to me". A person cannot attack you while teaching you what they want you to know.
- Suggest alternative behaviours where appropriate
- State the consequences of inappropriate behaviour without threats or anger.
- Represent external controls as institutional rather than personal.
- Trust your instincts! If you assess or feel that de-escalation is not working, leave immediately and get help.

DO NOT ATTEMPT DE-ESCALATION WHEN A PERSON HAS A GUN OR OTHER WEAPON. WHEN A WEAPON IS INVOLVED, SIMPLY CO-OPERATE AND LEAVE AS SOON AS POSSIBLE

Adapted from NSAT Program (2006)