

September 2015

**Tabor Home and the JOSH Committee
have come together to promote
Dementia Awareness & Identification
and Response to Behaviors**

Tabor Village is committed to providing you with a safe work place. We are enhancing "quality of life" by incorporating Tabor Values with constant and relevant education for all.



Tabor Village Workplace Violence Policy

Tabor Home is committed to promoting a violence-free environment and recognizes that workplace violence is a health and safety issue. All reasonable steps will be taken to reduce or eliminate the threat to the personal safety of employees caused by aggressive behavior or overreaction of clients, visitors or staff.

Violence is defined as an act of aggressive, verbal or physical assaults, or threats in a workplace which may involve, but are not limited to harassment, bullying, intimidation, name calling, threatening, swearing, hitting, biting, scratching, pinching, and robbery, use of a weapon, sexual harassment or assault and battery.

Do you need help? If so....don't ever hesitate to speak with a Supervisor or Manager! We

are always here for you! We value your commitment to Tabor Village and our Residents! Don't be afraid to reach out!



COMMON CAUSES OF AGGRESSIVE RESPONSE BEHAVIOR

As abilities are lost and physical changes occur, people with dementia experience a decrease in their problem-solving abilities as well as changes in their ability to communicate. The common behaviors caused by losses of physical and cognitive abilities may be triggered or intensified when the person is stressed or has unmet needs. Challenges with verbal communication often mean that people with dementia cannot ask for food when they are hungry, for medication when they are in pain, or for companionship when they are lonely. People with dementia are easily overwhelmed by care that is provided too quickly or without emotional connection and explanation. When they are overwhelmed (for example, by overstimulation), they are often fearful and frustrated. Because their disease affects impulse control, they may express their frustration by grabbing a caregiver's arm or lashing out. When a person with dementia behaves in a way that could hurt a caregiver, this is a distress signal. Whenever possible, caregivers need to attempt to figure out the cause of the behavior and use interventions to prevent or minimize the behavior.

When care planning, consider the following changes that people with dementia may be experiencing:

- Memory impairment
- Vision problems
- Changes in sleep cycles
- Sensitivity to cold
- Changes in appetite
- Severe cognitive impairment
- Delirium
- Infection
- Depression
- Changes in environment
- Pain.
- Delusions
- Personality changes

P.I.E.C.E.S.™ is a best practice learning and development initiative that provides an approach to understanding and enhancing care for individuals with complex physical and cognitive/mental health needs and behavioral changes.

The P.I.E.C.E.S.™ model helps us to **understand** the whole person. Whenever possible use the P.I.E.C.E.S program to help problem solve possible causes and triggers of behavior. **Online PIECES education will be available Oct-Dec!**

UNDERSTANDING DEMENTIA

Dementia is a condition marked by declines in reasoning, memory, and other mental abilities. These declines eventually impair the ability to carry out everyday activities, including bathing, dressing, and eating. Although dementia is most common in elderly people, it is not a normal part of aging. Dementia is caused by a number of underlying medical conditions that can occur in adults of any age. Alzheimer's disease is the most common cause of dementia, accounting for more than 50 percent of all cases. Vascular dementia is the second

leading cause, accounting for 20–30 percent of all cases. Other diseases associated with dementia include Parkinson's disease and Huntington's disease. About 5 percent of people older than 65 and 20 percent of people older than 85 develop dementia.

Estimates by the Alzheimer Society of B.C. suggest that more than 70,000 people in B.C. live with some form of dementia. Based on current trends, this number is expected to exceed 175,000 by 2038.

People with dementia eventually experience declines in all areas of intellectual functioning. These declines include the loss of:

Language and comprehension

Awareness of what is going on around them

The ability to reason, solve problems, and think abstractly



Because of these losses, people with dementia may not be able to verbally communicate their physical or emotional discomfort, so they may express their needs and emotions through behaviors. As dementia progresses, lost abilities and mental and physical changes may lead to some behaviors that are described in this section. These behaviors may indicate an increased risk of aggression.



Long-term Care in BC

A WorkSafeBC Overview

British Columbia's health care sector employs approximately 246,000 workers – about 11% of the provincial workforce. On average, healthcare workers have over 7,500 time-loss claims, loss over 300,000 days of work, and cost more than \$50 million in claims costs each year.

Every Year in BC

Over 2,600 workers in long-term care facilities sustain injuries requiring WorkSafeBC time-loss compensation

Close to \$17 million in claim costs were paid

Just over 120,500 days of work were lost

How are Long-term Care Facility Workers Getting Hurt?

55% Overexertion/Repetitive movement

12% Falls caused by slipping or tripping

11% Violent and aggressive behavior

6% Infectious Disease

What or Who Causes the Injury?

55% of the time the patient or another person is the cause of the injury

11% of the time medical equipment is the cause of the injury

9% floors, walkways, ground surfaces

What is their Occupation?

Nurses Aides 55%

Nursing Assistants 15%

LPNs 6%

RNs 5%

Food Service workers 5%

How Old are Long-term Care Facility Workers who get Hurt?

15% are 25 – 34 years

29% are 35 – 44 years

37% are 45 – 54 years

15% are 55+ years

All Data is based on Classification Unit # 766011 – Long-term Care

Date Source: WorkSafeBC Data Warehouse, December 2008



WHAT STEPS TO TAKE IF A VIOLENT INCIDENT OCCURS

Worksafe Regulation requires facilities to plan how they will respond to violent incidents. Most residential care facilities rely on a response by co-workers in a show of presence, which by itself may defuse the incident by supporting the affected worker. Here

at Tabor we have a process in place, should an incident occur.

The following are steps to take during and post incident:

During an incident

If workers encounter an increasingly violent situation, they should follow these guidelines:

- Stop what you are doing and back off.
- Do not argue or disagree with the resident.
- Try to diffuse the situation by distracting or calming the resident if it is safe to do so.
- Remove others (residents and visitors) from the immediate environment as quickly and quietly as possible if it is safe to do so.
- Safely remove yourself from the situation as soon as possible.
- Call for help (for example, “Code White”) but only if situation becomes unsafe.
- Contain the resident in a safe space. Remove environmental hazards only if it is safe to do so.

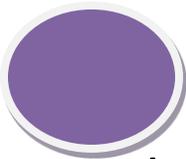
Post incident:

- Report the incident to the RN/LPN or RCC on duty.
- First Aid to be administered and worksafe documents completed as required.
- Safety huddle to find out what took place and how to prevent it from happening again.
- Incident Report completed for R-R or R-S aggression.
- Referral to MD, IDT and inform family. After all the information has been reviewed, an individualized Care Plan will be developed to minimize and prevent further incident.

WHAT POLICIES AND PROCEDURES ARE CURRENTLY IN PLACE AT TABOR VILLAGE TO PROTECT EMPLOYEES FROM VIOLENCE IN THE WORKPLACE?

Check them out...

- Respectful Workplace Policy
- Bullying and Harassment Policy
- Workplace Human Rights Policy
- Injury On Duty Policy
- Workplace Violence Policy
- Code White
- Purple Dot
- Incident Investigations



What's the deal with the purple dots?

To be in line with WORKSAFE BC's Violence Prevention Program Tabor Home will identify known residents with ongoing history of PHYSICAL aggression with a purple dot.

This will ensure ALL staff and volunteers will:

- be alerted of this prior to any care or action towards resident
- be mindful of a gentle person centered approach and
- refer to care plan for triggers and interventions to minimize risk.



The purple dot will be placed on their Bedside Care Plan (ADL sheet), their name plate on their door and on the spine of their chart by their name and on their table tent or by their name/photo on the Food Services Serving Binder.

When you see a purple dot – STOP and consider what information you need before you proceed!

The
Excitement is
Building!

September 2015 is Dementia Awareness and Identification and Response to Behaviors MONTH!!!

What a great month of learning and fun we have in store for you!!
See the posted Calendar for all dates and opportunities for learning!



1. September 1st – MOVIE NIGHT – ‘Still Alice’
2. Quick but valuable learning videos at Report time
3. Lunch and Learns – some of the topic include the following:
 - An Intro to the Brain – What is Alzheimer’s and Dementia?
 - What if Frontal Temporal Dementia
 - Rare Cases of Dementia – 10 warning signs
 - Eden Alternative
 - Late Stage Dementia and Palliative Care
4. General staff meeting - all winners will be announced for the Dementia Awareness baskets and the draw for those who participated in the handouts.
5. We have many opportunities for you to win prizes while you learn...
 - True or False
 - Quizzes
 - Crossword Puzzle
 - Watch a short video (3 questions)
 - Attending any Lunch and learn will also get your name in the draw box.



HOW DO I WIN A PRIZE?

You can pick up all the handouts in the upstairs hall and attend the offered Lunch and Learns. Each handout or participation in an In-Service gives you an opportunity to WIN!! Please return completed copies with your name on it to Corina (HR office – on the door or inside - don't forget to include your name on your entry)! If you attend an In-Service you will automatically have an entry added to the box.



Theme Baskets

Many departments are putting together INCREDIBLE theme baskets that will be ready for viewing mid-September. All funds raised selling tickets for the baskets will be used for Conversation Baskets for our Residents. Thank you to Maria and Sandy for their great idea and determination in making this h