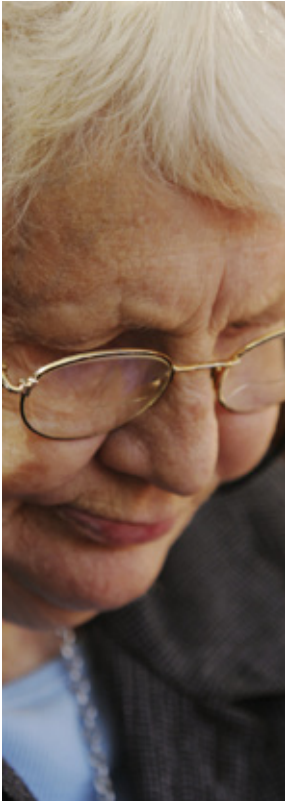


Combative Residents



Reality Alert

A nursing home patient who attacked three people with a hand-held saw will be sent to a state mental hospital after his insanity plea was approved.

[The patient] was living at an assisted living facility when he injured a 64-year-old female patient, a caregiver, and a police officer with the tree-trimming saw in January. The rampage ended when police subdued him with a stun gun.

Kathleen Pozzi said her client was “extremely delusional” when he attacked. “He was thinking the Germans were shooting at him,” she said. “He was thinking he was going to save everyone.”

According to the United States Bureau of Labor Statistics, nearly 60,000 health care and social assistance providers experienced an incident of workplace violence in 2006. The 12-month survey categorized the following types of incidents: criminal, customer or client, co-worker, and domestic violence. While criminal violence may occur, virtually every reported incident in the healthcare industry was categorized as an attack by a combative patient.

When a Resident Becomes Combative

- **Communicate with staff.** As soon as a client shows violent behavior, it is important to notify the entire staff. Indicate the name of the client and the nature of the outburst. Have all shifts been informed?

Employees	Facilities	Incidents	% Total Incidents
1-10	449,560	18,881	31.69%
11-49	172,370	22,063	37.03%
50-249	47,220	14,024	23.54%
250-999	5,940	3,208	5.38%
1000+	1,960	1,599	2.68%
TOTAL	677,060	59,581	100%

- **Involve the family.** Discuss your concerns and take a team approach. Has the resident shown similar aggressiveness at other facilities or at home?
- **Identify triggers.** Determine what triggers the resident’s aggressive behaviors and develop a Resident Care Plan to address or redirect those behaviors. What calms the resident? Family photos? Airplanes?
- **Address specific outbursts.** How do these residents exhibit their frustration? Do they throw items or are they more likely to swing violently? Recognizing these behaviors allows staff to better protect themselves.
- **Train staff.** Train all staff on passive self defense techniques and emergency procedures. If a situation gets out of control, do not hesitate to call the police. It is better to be safe than sorry.
- **Investigate.** Communicate with physicians, psychologists, therapists, or other medical professionals to determine if they can help from a medical standpoint. Is a new medication contributing to the aggressiveness?
- **Track and discuss.** Record all combative situations on a standardized incident report (see attached). Meet regularly with a review committee and determine the root cause of each event. Is a staff member contributing to the problem? Are there enough resources to safely and efficiently address the needs of this resident or client?

Workshop



Share the following scenarios with your staff. There are no clear-cut answers to the prompts because there are a variety of ways to effectively handle each scenario. Each employee handles combative situations differently which makes this a great opportunity to brainstorm effective ways to manage combative situations.

1. Mr. Thomas, a 71-year-old patient diagnosed with Alzheimer's, routinely hits out when anyone tries to brush his teeth, wash his face, or shave him. Changing his protective garment, bathing him, and even combing his hair will generally elicit a combative response. Mr. Thomas perceives caretaking behaviors as humiliating and uncomfortable. He cannot effectively verbalize his feelings, would prefer to be left alone, and has no insight or understanding as to the need to complete these tasks. He may not want to have his clothing removed, probably does not want to enter a tub of water, and does not mind the food caked on his clothing from breakfast. Mr. Thomas' combativeness communicates the attitude, "Don't touch me! Don't bother me! I will hit you if you don't leave me alone!"
 - a. What steps can be taken to minimize Mr. Thomas' negative outbursts?
 - b. What can be done to make caretaking feel less humiliating and uncomfortable?
2. Mr. Henderson, diagnosed with dementia, is an 89-year-old man who will often behave in a combative manner when caregivers of African-American heritage try to complete his nursing care tasks. What he communicates through his combativeness is, "Don't touch me. I don't trust you. I think you might want to hurt me. I want someone of my own color to take care of me. I will hit you because you look unfamiliar to me."
 - a. Have you ever experienced or witnessed a similar situation? How was it handled?
 - b. How can this issue be dealt with respectfully?
3. Mrs. Parker, age 61, diagnosed with multi-infarct dementia, displays an exaggerated startle response. When someone approaches from the side or abruptly taps her on the shoulder, she startles and will often hit out. She is hard of hearing and her peripheral vision is poor.
 - a. How do you effectively inform the entire staff of Mrs. Parker's startle response?
 - b. What steps should be taken to protect other residents from her outbursts?
4. Ms. Davis, a 58-year-old woman diagnosed with Alzheimer's disease, becomes upset and will hit out when staff try to change her clothing. She is extremely modest and private. She is unwilling to let them remove her pants without a fight, but is unable to change her own clothing.
 - a. How can you provide adequate care, but still respect her privacy?
 - b. What steps can be taken to assure Ms. Davis you can be trusted?
5. Have staff share their own experiences and discuss the positive and negative actions they used to handle the situation. What are the most common combative situations experienced at your facility? What steps can staff use to minimize the exposure to dangerous situations?