

Behaviour Management

Compliance Assistance Module



Retirement
Homes
Regulatory
Authority

This Compliance Assistance Module is designed to assist operators in understanding the requirements of select portions of the Act and Regulation. It is not, and does not replace, the home-specific training that is required by the Act and Regulation. *Retirement Homes Act, 2010 and Ontario Regulation 166/11*.

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The RHRA has created Compliance Assistance Modules (CAM) to provide licensees with clarity on our expectations related to compliance with the *Retirement Homes Act, 2010* (the Act) and Ontario *Regulation 166/11*.

Please note: Information, directions, and recommendations included in the CAMs are for general assistance only, and should be read in conjunction with the *Act* and Regulation. The CAM covers only select aspects of the *Act* and Regulation, and in the event of any conflict between the CAM and the *Act* and/or Regulation, the *Act* and/or Regulation prevails.

The CAM may be changed at any time without notice.

Licensees should consult the Act and Regulation for current legislation and compliance requirements.

The CAMs do not constitute legal advice and users should consult their own legal counsel for the purposes of interpreting the Act and Regulation.

Contents

Introduction	1
What would happen...?	1
About this CAM.....	Error! Bookmark not defined.
Behaviour Management – What & Why	3
Behaviour Management – What does it mean?.....	3
The Importance.....	3
Behaviour-management Compliance.....	4
Key Elements.....	4
CREATE	4
A Plan with Strategies, Techniques and Protocols.....	4
In Writing / Digital	5
Relevant, Practical and Workable	5
Reasonableness.....	5
Proactive and Reactive.....	5
Knowledge Check	6
Personalized Plans and Strategies.....	6
IMPLEMENT.....	7
Implementation.....	7
Written Evidence	7
Knowledge Check	7
Staff Training.....	7
PREVENT AND ADDRESS.....	8
Intervention Techniques.....	8
Address Recurring Behaviour Concerns.....	8
Escalation Considerations.....	8
Unreasonable Intervention.....	9
Knowledge Check	10
Knowledge Check	10
DOCUMENT & MONITOR.....	11
Document Incidents and Interventions.....	11
Incidents of Behaviour	11
Intervention Steps	11
Monitor and Track	11

Monitoring and Tracking Techniques.....	12
Knowledge Check.....	12
Heightened Monitoring.....	12
COMMUNICATE.....	13
Communication Protocols.....	13
Obligation to Protect Privacy.....	13
Communication Methods.....	13
Communication Techniques.....	14
Communicate Heightened Monitoring.....	14
Knowledge Check.....	14
Summary.....	15
Scenario Analysis.....	16
IMPLEMENT.....	16
PREVENT.....	16
IMPLEMENT.....	17
COMMUNICATE.....	18
Conclusion.....	19
Assessment.....	20
Still Have Questions?.....	21
Glossary.....	22
Behaviours that Pose Risk.....	22
Implementation.....	22
Intervention.....	22
Monitoring Techniques.....	22
Prevention.....	22
Proactive Measures.....	22
Reactive Measures.....	23
Reasonableness.....	23
Strategies.....	23
Tracking Techniques.....	23
Techniques.....	23
Resources.....	24

Introduction

Welcome to the RHRA Compliance Assistance Module on Behaviour Management.

This program has three main purposes:

- To provide you with basic information regarding Ontario's legal, regulatory, and inspection framework for the operation of retirement homes,
- To provide guidance regarding behaviour management, and
- To present some familiar, day-to-day scenarios to test your understanding of behaviour-management requirements.

Applying what you learn in this program will help you comply with legislated requirements concerning behaviour management.

What would happen...?

Retirement homes in Ontario must implement plans and monitor strategies to prevent and address resident behaviours that pose risk to the resident or others in the home.

Is your retirement home prepared to manage behaviour concerns in this way?

Consider the following scenarios.

If staff learn that a resident is entering the private living space of other residents uninvited, what would happen next in your home?

If a resident in your retirement home spits at another resident, what would happen?

If a volunteer communicates that a resident has expressed suicidal thoughts, what would happen?

Does your retirement home have a plan that sets out what **must** happen when behaviours such as these occur?

And, in your plan, does it explain how staff who provide care services to a resident will be informed at the beginning of their shift about residents whose behaviours require heightened monitoring due to behaviours that pose a risk to themselves or others in the home?

Does it explain how and when intervention techniques are to be implemented and documented?

To meet behaviour management legislative requirements in Ontario, the answer to these last three questions must be yes. Your home must have well-defined and documented behaviour-management strategies, steps and protocols.

CAM Objectives

To help build your understanding of the key elements required for behaviour-management compliance, the Retirement Homes Regulatory Authority (or RHRA) offers this Behaviour Management Compliance Assistance Module, or CAM. This CAM presents retirement home obligations related to the:

- Creation and implementation of a behaviour-management plan,
- Communication, documentation and monitoring requirements, and
- Training and record-keeping requirements

This CAM is intended to assist operators in complying with specific behaviour-management provisions of the Retirement Homes Act and Ontario Regulation 166/11, for which lack of compliance poses risk to residents and others in the home. Information in this CAM does not supersede any applicable codes of conduct and/or regulations governing the professional practice of staff working in the retirement home.

Four scenarios are presented at the end of this module for an opportunity to apply information learned.

Please review all the information within this module.

Following this module, you may complete a short assessment to verify your understanding of behaviour-management compliance requirements.

Behaviour Management – What & Why

The phrase ‘behaviour management’ is used in the Act and the Regulation. To be consistent with wording currently used in Ontario law and regulation, the phrase ‘behaviour management’ is used in this CAM.

The RHRA recognizes that there is sensitivity around this terminology and that the thinking and language on this subject is evolving. The RHRA will continue to work with its stakeholder partners on this topic and will share learnings with the Ministry for Seniors and Accessibility in our advisory role.

Behaviour Management – What does it mean?

The [Retirement Homes Act \(the Act\)](#) and its associated Regulation ([the Regulation](#)) set out the legal requirements that homes must meet.

Under the Act and the Regulation, the term “behaviour” in behaviour management refers to behaviours that pose a risk to the resident or others in the home. It also describes the need for retirement homes to have a behaviour-management strategy that includes intervention techniques to prevent and address such behaviours, as well as strategies to monitor, report and communicate such behaviours.

Examples of behaviours that **pose risk** to the resident or others in the home:

- Self-harm or expression of suicidal thoughts
- Verbal threats, insults, swearing, yelling, name-calling
- Physical threats or acts, such as striking out, hitting, spitting, throwing objects, pushing others
- Sexually inappropriate comments or actions
- Intimidating or intrusive actions
- Wandering

The Importance

Whatever may be the meaning, source or cause of behaviours that pose risk, the RHRA and the Act and the Regulation require all licensed retirement homes in Ontario to meet all behaviour management legislative requirements.

For example, licensees are required to implement behaviour-management techniques and strategies to address and manage behaviour that poses a risk to others, regardless of the root cause, be it, for example, suicidal ideation, personal space issues or intoxication.

Non-compliance citations with respect to the behaviour-management standards are correlated to higher risks of harm.

Behaviour-management Compliance

Key Elements

Behaviour-management compliance requires that every home create and implement a written behaviour-management plan. Both proactive and reactive measures must be defined to prevent and stop behaviours that pose a risk to the resident or others in the home. And, all care service providers must be informed when a resident requires heightened monitoring. Licensees must also comply with their legal obligations to protect the privacy of residents' personal health information.

This section presents and explains the key elements of behaviour-management compliance, including how the retirement home must:

- **CREATE** a written behaviour-management strategy applicable to the home.
- **IMPLEMENT** behaviour-management strategies and intervention techniques to **PREVENT AND ADDRESS** behaviours that pose risk to the resident or others in the home.
- **DOCUMENT AND MONITOR** behaviours that pose risk and intervention measures and steps as they occur.
- **COMMUNICATE** with staff and volunteers to ensure everyone is consistently and properly informed.

The remainder of this section is organized into sub-sections, each focused on one of these key elements.

CREATE

In this section, you will learn about what is involved with **creating** a behaviour-management plan.

A Plan with Strategies, Techniques and Protocols

To be compliant with the Act and the Regulation, every licensee of a retirement home shall develop and implement a written behaviour-management strategy that is applicable to all residents in the home.

The Regulation states that the plan must include:

- Techniques to prevent and address resident behaviours that pose a risk to the resident or others in the home,
- Intervention strategies to prevent and address behaviours that pose a risk to the resident or others in the home,
- Strategies for monitoring residents that have demonstrated behaviours that pose a risk to the resident or others in the home, and
- Protocols for how staff and volunteers shall report and be informed of resident behaviours that pose a risk to the resident or others in the home. This requirement looks similar but is different than the licensee's obligation to ensure that staff who provide care services to a resident are advised when that resident's behaviours require heightened monitoring, and which is described further on in this Module.

In Writing / Digital

The home's behaviour-management strategy must be written and in a readable, usable format that allows for a complete copy to be readily produced. Written documents may be digital.

Relevant, Practical and Workable

The home's behaviour-management strategy must set out both high-level plans and more detailed relevant, practical and workable methods and techniques put in place with the resident's consent to achieve those plans.

Examples of techniques that a home's strategy might include are:

- Techniques for removing or minimizing behavioural triggers specific to the home, such as ensuring that residents who have a history of conflict with one another are scheduled for meals at different times
- Conflict de-escalation techniques, such as re-directing a resident's attention, or
- Techniques for minimizing loneliness and depression and appropriate interventions for the prevention of self-harm and suicide, such as identifying signs of loneliness and providing techniques that explain how to approach residents about these issues

The techniques should be adaptive to circumstances in the home as they change over time.

Reasonableness

A licensee must fulfill its obligations in a reasonable manner. This means that the home will be held to the standard of whether a sensible person, with obligations to ensure that residents live with dignity, respect, privacy and autonomy, in security, safety and comfort, and using sound judgement, would consider the behaviour-management strategy or technique to be workable, relevant and practical in the circumstances of the home.

This approach applies to the behaviour-management strategy as well as its implementation and its intervention strategies.

Proactive and Reactive

To meet compliance standards, the home's behaviour-management strategy requires that both proactive and reactive measures be defined and implemented to prevent and address behaviour concerns.

For example, when appropriate and with the resident's consent, ongoing communication with the family is an essential part of the proactive management strategy.

While proactive prevention of behaviour incidents should be the focus, interventions to address incidents must be used as needed before harm occurs.

Knowledge Check

Read the four descriptions. Two describe proactive measures, and two describe reactive measures.

Match each description with its correct heading by circling either PM for proactive measures or RM for reactive measures.

Techniques for addressing behaviours that pose a risk when they occur	PM	RM
---	----	----

Techniques for preventing behaviours that pose a risk, specifically, techniques for eliminating or minimizing factors likely to trigger or contribute to behaviours that pose a risk	PM	RM
--	----	----

Techniques for intervening and addressing behaviours situationally when they occur	PM	RM
--	----	----

Techniques for eliminating or minimizing behavioural triggers or factors that contribute to behaviours that pose a risk	PM	RM
---	----	----

Feedback

Correct answer are:

Proactive Measures

- Techniques for preventing behaviours that pose a risk
- Techniques for eliminating or minimizing behavioural triggers or factors that contribute to such behaviour

Reactive Measures

- Techniques for addressing behaviours that pose a risk when they occur
- Techniques for intervening and addressing behaviours situationally when they occur

Proactive measures are those techniques that prevent behaviours that pose a risk by eliminating or minimizing contributing factors.

Reactive measures are those techniques that address behaviours that pose a risk when they occur.

Personalized Plans and Strategies

Personalized plans and strategies should be developed for individual residents who exhibit recurring behavioural issues.

The home's behaviour-management strategy should document how and when personalized plans for residents will be developed as well as how the resident-specific strategies would be documented and communicated to relevant care providers.

This requirement is further explained in this CAM's Prevent and Address section.

IMPLEMENT

In this section, you will learn about how the retirement home must implement its behaviour-management strategy and techniques.

Implementation

While the home's written behaviour-management strategy and its techniques must be reasonable, so too must the home's implementation of the strategies and techniques.

Implementation requires that the strategy or technique is reasonably applied when a resident demonstrates behaviour that poses a risk to self or others in the home.

In other words, strategies and techniques set out in the home's written behaviour-management plan must be put into action whenever a resident demonstrates behaviour that poses risk.

Written Evidence

For compliance, the home should be able to demonstrate that behaviour-management techniques have been implemented when necessary. Written documentation as soon as reasonably possible of steps taken to implement plans and strategies is the best evidence.

Knowledge Check

Consider this scenario.

A retirement home is aware that a resident starts pulling the tablecloth, pounding the table and yelling at staff when he must wait past 6:00 p.m. for dinner.

One of the techniques set out in the behaviour-management strategy for the home is to ensure that, for residents who are triggered by unmet needs, their needs are promptly met. However, the home continues to provide the resident with dinner after 6:00 p.m.

Does this scenario present any compliance issue?

Yes / No

Feedback

Yes, this is an example of unreasonable implementation or lack of implementation.

When a resident has demonstrated behaviour that poses a risk to the resident or others and there is insufficient evidence that reasonable techniques were actually implemented, the home is not compliant.

Staff Training

Implementation of the behaviour-management strategy also requires that staff training be completed.

Staff who provide care services must be trained on all aspects of the home's behaviour-management strategy as soon as possible, and at most, within six months of commencing employment. Then, staff must be re-trained at least once annually.

PREVENT AND ADDRESS

In this section, we will explore how retirement homes must implement intervention techniques and steps to prevent and address behaviour incidents, including those that are recurring.

Intervention Techniques

Intervention techniques may be described as steps that the home can take to prevent and address behaviours that pose a risk, **and** that can be tailored to meet the specific needs of residents whose behaviour poses a risk to themselves or others in the home.

For example, a home offering dementia care may focus more on intervention techniques applicable to behaviours associated with dementia, while a home specializing in residents with addiction issues may focus more on strategies and techniques relating to addiction.

Intervention techniques must be reasonable. Retirement homes should be able to demonstrate that intervention techniques for addressing actual behaviours are reasonably applied. Furthermore, there must be evidence of the intervention steps being reasonably implemented when needed.

Address Recurring Behaviour Concerns

Strategies for interventions to prevent and address behaviours that pose a risk to the resident or others should include the prevention of repeated incidents after behaviour has occurred.

For example, if a resident demonstrates recurring behaviour that poses a risk, examples of strategies the home could consider implementing to prevent repeated incidents are:

- Develop resident-specific intervention strategies
- Assess the resident's behaviour to determine what the root cause and/or triggers for the behaviour were, and which strategies worked to de-escalate the situation
- Develop strategies for reducing the likelihood of repeated behaviour and for effective de-escalation
- Document the strategies and keep the documentation with the resident's file

Escalation Considerations

A resident who is displaying behaviours that pose a risk to self or others may need to be reassessed. Subsequently, the resident's plan of care may need to be reviewed if the resident's needs have changed.

When appropriate, the home may consider suggesting referrals to a geriatrician or other health professionals.

S.62 (12): Reassessment and revision of plans of care. A resident who is displaying behaviours that pose a risk to self or others may need to be reassessed and the plan of care reviewed (see Plan of Care compliance standard).

Unreasonable Intervention

Non-compliance may be cited in a home where strategies for interventions to prevent and address behaviours that pose a risk to the resident or others in the home are absent, unreasonable given the circumstances of the home or not reasonably implemented.

An example of an unreasonable strategy for intervention to prevent behaviours could include a policy requiring residents who has verbally threatened others to eat meals only in their room, which could itself constitute abuse or neglect. While in a situation where a resident who cannot tolerate the dining room and feels better in quiet spots may prefer this arrangement is reasonable, interventions as a general policy that involve restraint or confinement are not reasonable or acceptable intervention strategies.

Licensees are prohibited from restraining or confining residents unless the situation engages the common law duty of a caregiver to restrain or confine, which is when immediate action is necessary to prevent serious bodily harm to the person or others.

S.68: Prohibition on restraint and confinement.

It is not reasonable (or legal) for a licensee or any external care providers who provide care services in the home to restrain a resident in any way, including by the use of a physical device or by the administration of a drug (A. 68(1) or confine a resident (A. 68 (2)). However, these restrictions do not affect the common law duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or others and such restraint or confinement is in accordance with the relevant provisions of the Act.

S.71 (1): Common law duties regarding restraint and confinement.

Knowledge Check

A strategy for intervention calls for staff to note patterns of expressions that forecast behaviour, and to intervene by refocusing the resident. However, although a resident consistently demonstrates loud yelling at other residents before physically striking others, no staff intervene when the resident begins to yell.

Which of the following best describes this scenario?

- A. An example of reasonable intervention
- B. An example of lack of intervention

Feedback

The correct answer is **an example of lack of intervention**.

Staff failed to intervene with de-escalation strategies.

Knowledge Check

What should the home do when a resident demonstrates recurring behaviour that poses a risk to the resident or others in the home?

- A. Develop resident-specific intervention strategies and attempt to find root cause.
- B. Confine the resident's activity to mainly unoccupied areas of the home.
- C. Consider whether the resident needs to be reassessed and the plan of care reviewed.
- D. Both A and C

Feedback

Both **A and C** are correct. The home must address recurring behaviours to prevent harmful interactions and, if appropriate, should include both of these actions in the development of a personalized behaviour-management strategy. It may also be necessary to reassess the resident and/or review the plan of care.

Confinement is not a reasonable strategy for intervention.

DOCUMENT & MONITOR

In this section, you will learn about how licensees can demonstrate through documentation how they have implemented their behaviour-management strategy when a resident has exhibited behaviour that poses a risk to the resident or others in the home. Monitoring requirements as related to behaviour management are also presented in this section.

Document Incidents and Interventions

The home should document all incidents of behaviours that pose a risk to the resident or others in the home as well as all steps taken to implement the relevant intervention strategy. These written documents should be created as soon after the event as possible and may be digital.

Incidents of Behaviour

When documenting incidents of behaviours that pose a risk to the resident or others in the home, written information should be detailed and factual and written as soon after the event as possible.

Examples of information that the home should document:

- Resident name
- Description of incident and resident behaviour/actions
- Location
- Time and duration
- Others present during incident
- Contributing factors – noise, light, personal factors such as pain, hunger, etc.
- Follow-up actions taken

The home's response to those incidents should be documented in writing in the resident's chart or somewhere else where the information can be readily accessed by the resident's other caregivers.

Intervention Steps

Licensees are advised to document in writing all intervention steps taken to implement the behaviour-management strategy when a resident exhibits behaviour that poses a risk to self or others in the home.

During an inspection, licensees must be able to demonstrate how they have implemented their behaviour-management strategy when a resident has exhibited behaviour that poses a risk to the resident or others in the home.

Monitor and Track

Monitoring is a key component of behaviour management.

The home's written behaviour-management strategy must include practical monitoring strategies describing how the home's staff will monitor residents who have demonstrated behaviours that pose a risk to the resident or others in the home.

It must describe how the staff will ensure that monitoring is carried out in a manner that is effective, reasonable and appropriate to the circumstances, while ensuring residents' privacy is respected.

Any usage of the monitoring strategies should be tracked and documented in a readable format.

Monitoring and Tracking Techniques

Some examples of monitoring and tracking techniques are shown on screen.

Monitoring Techniques:

- Regular room checks Taking attendance at meals
- Full-time monitoring of the resident when they are in public areas of the home until a more permanent solution is found

Tracking Techniques:

- Progress notes
- Logs
- Flow sheets
- Communication log/book
- 24-hour reports

Knowledge Check

A home's behaviour-management strategy includes a policy of checking for attendance at meals and checking on residents when there is concern of mental distress. The home is aware that a resident has expressed thoughts of self-harm. Despite the resident missing a meal, staff at the home do not follow-up with a check to ensure the resident is accounted for.

What best describes this scenario?

- A. A failure to implement
- B. An unreasonable implementation
- C. A reasonable implementation

Feedback

The correct answer is **A**: a failure to implement.

Implementation requires action. In this scenario, the failure to check on the resident indicates that the home failed to implement its monitoring policy in an effective, reasonable and appropriate manner.

Heightened Monitoring

When a resident's behaviour requires heightened monitoring, licensees must ensure that all staff who provide care services to the resident are advised of the need for heightened monitoring at the beginning of each shift. However, licensees must do so in a way that is compliant with their legal obligations under the *Personal Health Information and Protection Act* and other legislation.

Not only must the nurses or personal support workers be informed of the need for heightened monitoring, but any staff who provide care services to the resident should also be informed. Again, this must be done in a manner that is compliant with the Licensee's legal obligations to keep resident information private.

For more information on the obligations that licensees have under *PHIPA*, see the Information and Privacy Commissioner's website at: <https://www.ipc.on.ca/health-organizations/>

Any staff who provide care services to the resident should be informed.

COMMUNICATE

In this section, you will learn about communication requirements to ensure that the home's staff and volunteers are consistently informed about behaviour incidents, interventions and heightened monitoring.

Communication Protocols

The home's written behaviour-management strategy must have protocols that explain how staff and volunteers will be informed about any resident behaviours that pose a risk to the resident or others in the home and provide a process for volunteers and staff to report occurrences of such behaviours.

The information must be conveyed in such a way that staff and volunteers can understand the basic nature and context of the behaviours.

All staff providing care services to the resident, and not just the specific resident's personal support workers and/or nurses, should be informed.

Where the resident or the resident's substitute decision maker, if applicable, has provided consent or implied consent can be relied on, it may be appropriate to share information about a resident's behaviour with external care providers and for external care providers to share information about a resident's behaviour with staff at the home.

Information about when consent to share information can legally be implied can be found by clicking the link [Circle of Care](#).

Obligation to Protect Privacy

Licensees and staff must always be aware of and comply with their legal obligations to protect the privacy of resident personal health information.

Any information sharing must be done discretely, in a manner that respects the resident's privacy and dignity, and must be for the sole purpose of facilitating the provision of care.

Communication Methods

Staff communication can be done through a variety of means, including staff meetings at the beginning of shifts, e-mails, written notes and memos, and progress notes.

Volunteers could be informed of behaviours through daily meetings, e-mails, or memos.

A communication method could also be a log entry that is updated for incoming staff and volunteers involved with meal preparation and service.

Privacy concerns should be considered when determining the communication method. This requirement must be met in a manner that protects resident privacy and complies with privacy laws. Information should not be communicated in a manner that makes it accessible to other residents or guests or other uninvolved people, such as conversations in public areas, including hallways or elevators.

Communication Techniques

Examples of communication techniques:

- Plan of care
- Communications logbook
- 24-hour reports
- Progress notes
- Memos/dashboard
- Daily meetings
- E-mails to all involved staff/volunteers

Communicate Heightened Monitoring

The Regulation requires that all staff **who provide care services** to the resident must be advised **at the beginning of every shift** of each resident whose behaviours require **heightened monitoring** because behaviours pose a risk to the resident or others in the home.

For example, if a resident has expressed suicidal thoughts, any staff providing care services to that resident must be informed **at the start of the shift** of what the monitoring strategies are and the requirement for heightened monitoring.

The licensee shall ensure that all staff who provide care services to residents are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring because those behaviours pose a risk to the resident or others in the home. O. Reg. 166/11, s. 23 (2).

The communication of heightened monitoring to staff should include only the relevant details to prepare staff to understand and minimize the risks posed. Relevant details that should be communicated include:

- Frequency of monitoring required
- The reasons for heightened monitoring including particular behaviours that have been exhibited
- The intervention techniques that might be carried out to mitigate the behaviour that poses risk to the resident or others in the home

Knowledge Check

All staff **who provide care services** to the resident must be advised **at the beginning of every shift** of each resident whose behaviours require **heightened monitoring**.

- A. True
- B. False

Feedback

True, to minimize risk it is essential that all staff who provide care services to a resident who requires heightened monitoring be informed at the **beginning of every shift**.

Summary

This concludes the overview of behaviour-management compliance requirements.

This CAM is not a substitute for understanding the obligations under the Act and the Regulation.

Review all legislative requirements under the Act and the Regulation, as well as any other applicable legislation, to fully understand all obligations.

Revisit this Behaviour Management Compliance Assistance Module at any time to build further understanding of the compliance requirements.

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Scenario Analysis

In this section, you will review four examples of situations to assess and identify compliance issues. Read through each scenario and select the best response.

IMPLEMENT

Retirement Home ABC has about 40 residents and its behaviour-management strategy was developed when the home opened seven years ago.

Most staff at the home have been working there since the home opened; and they effectively implement the home's behaviour-management strategy and intervention techniques as needed.

Staff were trained on the home's written behaviour-management strategy when hired. They are updated on current issues and new techniques are explained during staff meetings.

Would this home meet compliance requirements related to behaviour management?

- A. Yes
- B. No

Feedback

The correct answer is **No**.

Staff must be trained on all aspects of the home's behaviour-management strategy within six months of commencing employment. And then, staff must be re-trained at least once annually.

PREVENT

Retirement Home MNO operates its dining area with pre-assigned seating. The home's strategy states that where there is potential conflict between residents sitting at the same table, alternative seating arrangements or mealtimes should be considered. Staff have become aware that two residents who are seated at the same dining table dislike each other. One typically ignores the other and has recently complained to a personal support worker that the other resident is loud and won't stop talking. The dining room staff observe the issue and decide that the residents will be able to work it out. Over the next two weeks, the residents continue to not get along, and ultimately one resident shoves the other.

Would this home meet compliance requirements related to behaviour management?

- A. Yes
- B. No

Feedback

The correct answer is **No**.

A retirement home's behaviour-management strategy must include techniques to prevent and address behaviours that pose a risk to the resident or others in the home, and staff must implement those policies.

While this current situation involving the two residents who dislike each other did not initially appear to present immediate risk to the residents or others in the home, behaviour management requires proactive measures. In accordance with the home's strategy, the dining staff should have considered and discussed alternative mealtimes for these residents.

IMPLEMENT

Daytime staff members at Retirement Home MNO have noticed a significant change in a resident's behaviour. Once friendly and talkative, for the past couple of weeks the resident is staying in her room for meals and has been overheard making comments about death. MNO's behaviour-management strategy says that if staff see signs of isolation and/or loneliness in a resident, these could be precursors to self-harm. The strategy states that staff should engage with residents showing such signs to determine if the person needs emotional support, and to escalate the observation to the director of care.

One morning a staff member sees the resident looking sad and walking toward a common room in the home. Knowing that the resident enjoys game shows, the staff member puts on a game show in order to cheer up the resident. The staff member decides that she will do this whenever she notices the resident near the common room to make the resident feel better.

Was the staff member's intervention an example of reasonable implementation of the home's behaviour-management strategy?

- A. Yes
- B. No

Feedback

The correct answer is **No**.

A sensible person with obligations to ensure that residents live with dignity, respect, privacy and autonomy, in security, safety and comfort, and using sound judgement, would not have considered this action to be sufficient.

Turning on the resident's favourite television program would not allow the staff member to determine if the resident requires emotional support, and the staff member failed to escalate the matter as the strategy required.

COMMUNICATE

Retirement Home ABC has long-term staff who know all the home's 40 residents by name.

The home's strategy for communicating any resident behaviour concerns to staff, including heightened monitoring situations, is a weekly meeting that is conducted twice each Monday, one meeting for day staff and one for night staff. The home requires its staff to document any recurring behaviour issues in the resident's file where they also document any situations involving heightened monitoring.

Would this home's strategies for documenting and communicating behaviour issues meet compliance requirements?

- A. Yes
- B. No

Feedback

The correct answer is **No**.

All staff who provide care services to the resident must be advised **at the beginning of every shift** of each resident whose behaviours require heightened monitoring.

And, all staff providing care services to the resident, and not just the specific resident's personal support workers and/or nurses, should be informed. The resident's right to privacy must be respected. Information should be shared only with those staff who provide care services to the resident and only the relevant details required for staff to understand and to minimize the risks posed should be shared.

Conclusion

You have now completed the information and scenario analysis sections of this Behaviour Management Compliance Assistance Module.

To maximize your home's behaviour-management preparedness and response and, in turn, the safety of your home's residents, always be mindful of the compliance requirements and your responsibilities.

Revisit this module as often as needed to refine your understanding of behaviour-management obligations under the *Retirement Homes Act* and Ontario Regulation 166/11 as well as the critical compliance requirements.

To verify your understanding of information presented in this CAM, please complete this module's Assessment that begins on the next page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Assessment

1. The home must be able to demonstrate that it has appropriately tracked all incidents of behaviours that pose a risk to the resident or others as well as all steps taken to implement the behaviour-management strategy.
 - True / False

Feedback: The correct answer is **True**. To build your understanding of requirements, please review the sections titled **DOCUMENT** and **MONITOR** to review these requirements.

2. The 'reasonableness' test for compliance applies to the homes:
 - A. Behaviour-management strategy
 - B. Implementation of its behaviour-management strategy
 - C. Implementation of intervention techniques.
 - D. All of the above

Feedback: The correct answer is **D**. To build your understanding of requirements, please review the sections titled **CREATE** and **IMPLEMENT** to review these requirements.

3. Which of the following would be considered a reasonable intervention?
 - A. For residents who are triggered by unmet needs, their needs are promptly met.
 - B. Residents who have a history of conflict with one another are scheduled for meals at different times.
 - C. Residents who verbally threaten others are forced to eat meals only alone in their room.
 - D. Both A and B

Feedback: The correct answer is **D**. To build your understanding of requirements, please review the section titled **IMPLEMENT**.

4. What is the staff training requirement in relation to the home's behaviour-management strategy?
 - A. Staff must be trained within three months of commencing employment, then re-trained at least once annually.
 - B. Staff must be trained within six months of commencing employment, then re-trained at least once annually.
 - C. Staff must be trained 12 months of commencing employment, then re-trained at least once annually.
 - D. There is no specific training requirement.

Feedback: The correct answer is **B**. To build your understanding of requirements, please review the section titled **IMPLEMENT**.

5. The Licensee is required to ensure that all staff who provide care services to the resident are advised at the beginning of every shift of each resident whose behaviours require heightened monitoring.
 - True / False

Feedback: The correct answer is **True**. To build your understanding of requirements, please review the section titled **COMMUNICATE**.

Still Have Questions?

Well done! You have successfully completed the RHRA Compliance Assistance Module on Behaviour Management.

Your learning will continue as you become more familiar with your home's behaviour-management plan, strategies and protocols, share experiences among staff members, and work through new situations.

If you would like additional information regarding the Act and the Regulation, inspections, educational resources, behaviour management – or other related topics, please reach out to the RHRA in one of the ways highlighted below:

RHRA website: www.RHRA.ca

Email: info@RHRA.ca

Telephone: 1-855-275-RHRA (7472)

Use this Compliance Assistance Module as a reference tool that you can revisit when needed. The menu allows you to go directly to information you may want to review.

We hope this helps you understand and improve compliance with the Act.

Please let us know if you found this learning program helpful by completing a short survey. Please click on the link to complete the [survey](#).

Glossary

Behaviours that Pose Risk

Examples of behaviours that **pose risk** to the resident or others in the home:

- Self-harm or expression of suicidal thoughts
- Verbal threats, insults, swearing, yelling, name-calling
- Physical threats or violence, such as striking out, hitting, spitting, throwing objects, pushing others
- Intimidating or intrusive actions
- Sexually inappropriate comments or actions
- Wandering

Implementation

Implementation requires that the strategy or technique is reasonably applied when a resident demonstrates behaviour that poses a risk to self or others in the home. In other words, strategies and techniques set out in the home's written behaviour-management plan must be put into action whenever a resident demonstrates behaviour that poses risk.

Intervention

Intervention techniques may be described as steps that the home can take to prevent and address behaviours that pose a risk, and that can be tailored to meet the specific needs of residents whose behaviour poses a risk to themselves or others in the home. Intervention techniques must be reasonable.

Monitoring Techniques

Examples of monitoring techniques:

- Regular room checks, and
- Taking attendance at meals, or
- Full-time monitoring of the resident when they are in public areas of the home until a more permanent solution is found.

Prevention

Strategies for interventions to prevent and address behaviours that pose a risk to the resident or others should include the prevention of repeated incidents after behaviour has occurred. For example, the home's behaviour-management strategy should include proactive measures for preventing behaviours that pose a risk, specifically, techniques for eliminating or minimizing factors likely to trigger or contribute to such behaviour.

Proactive Measures

- Techniques for preventing behaviours that pose a risk, specifically, techniques for eliminating or minimizing factors likely to trigger or contribute to such behaviour
- Techniques for eliminating or minimizing behavioural triggers or factors that contribute to such behaviour

Reactive Measures

- Techniques for addressing behaviours that pose a risk when they occur
- Techniques for intervening and addressing behaviours situationally when they occur

Reasonableness

Licensees are expected to take a reasonable approach to their obligations. This means that the home will be held to the standard of whether a sensible person, with obligations to ensure that residents live with dignity, respect, privacy and autonomy, in security, safety and comfort, and using sound judgement, would take that approach.

Strategies

“Strategies” may be described as higher-level plans or policies to achieve a goal or objective. For example, a strategy may be to de-escalate tense situations in which a resident is behaving in a manner that poses risk to self or others.

Tracking Techniques

Examples of Tracking Techniques:

- Progress notes
- Logs
- Flow sheets
- Communication log/book
- 24-hour reports

Techniques

“Techniques” may be described as practical methods or means of performing a task. For example, a technique for doing so may be to distract or redirect the resident away from the object of his/her attention.

Resources

Behavioural Education and Training Supports Inventory (BETSI)	https://www.behaviouralsupportsontario.ca/Uploads/ContentDocuments/BETSI%202019%20Final.pdf
By Us For Us Guides - Managing Triggers (Research Institute on Aging)	https://the-ria.ca/resources/by-us-for-us-guides/ https://the-ria.ca/wp-content/uploads/2018/11/BUFU-Guide-Managing-Triggers_AODA.pdf
Code of Conduct for Nurses (Ontario)	https://www.cno.org/en/protect-public/code-of-conduct-for-nurses/
Delirium, Dementia, and Depression in Older Adults: Assessment and Care (Registered Nurses' Association of Ontario)	https://rnao.ca/sites/rnao-ca/files/bpg/RNAO_Delirium_Dementia_Depression_Older_Adults_Assessment_and_Care.pdf
Information and Privacy Commissioner	https://www.ipc.on.ca/health-organizations/
Let Us Help You Understand (Alzheimer Society)	http://alzheimersocietyblog.ca/awareness-month-2020/
PSHSA Violence, Aggression & Responsive Behaviour (VARB) Toolkits	https://www.pshsa.ca/news/pshsa-violence-aggression-responsive-behaviour-varb-project
Sharing Personal Health Information for Health-Care Purposes (Information and Privacy Commissioner of Ontario)	https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf
Shifting focus: a guide to understanding dementia behaviour (Alzheimer Knowledge Exchange, the Alzheimer Society of Ontario, and Behavioural Supports Ontario)	https://alzheimer.ca/sites/default/files/files/on/shifting-focus/shifting_focus_full_guide.pdf
Code of Ethics and Standards (Social Workers, Ontario)	http://www.ocswssw.org/professional-practice/code-of-ethics/
The Ontario Shores Centre for Mental Health Sciences	https://www.ontarioshores.ca/cms/one.aspx?portalId=169&pageId=551
Tool on the Assessment and Treatment of Behavioural Symptoms of Older Adults Living in Long Term Care (Canadian Coalition for Seniors' Mental Health)	https://ccsmh.ca/wp-content/uploads/2016/03/MHI-in-LTC-Final.pdf

Understanding Responsive
Behaviours as a Way to Enhance
Care (Toronto Rehab)

<https://vimeo.com/28105429>

Video: Dementia-inclusive initiative
(ORCA)

<https://www.orcaretirement.com/dementia-inclusive-initiative/>

Workplace Violence Prevention
Resources – Hospital, Community
Care and Long-Term Care (PSHSA)

<https://www.pshsa.ca/emerging-issues/issues/workplace-violence-in-healthcare/workplace-violence-leadership-table-phase-2>



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