



# Managing Challenging Behaviours Procedure

Procedure Number  
WCDHB-PN-0083

Version Nos:  
4

## 1. Purpose

This Procedure is performed as a means of ensuring that the needs of the West Coast District Health Board (WCDHB) patients/residents with challenging behaviours are managed effectively

## 2. Application

This Procedure is to be followed by all WCDHB clinical staff members.

## 3. Definitions

For the purposes of this Procedure:

**Challenging Behaviour** is taken to mean culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities.

## 4. Responsibilities

All **Clinical Staff Members** are required to:

- ensure they abide by the requirements of this Procedure;

## 5. Resources Required

This Procedure requires no specific resources.

## 6. Process

- 1.00 Each resident/patient who is identified as having a challenging behaviour is to be individually assessed to develop a care plan for the effective management of their behaviour in accordance with currently accepted professional practice.
- 1.01 This assessment is to be a full assessment (including physical and mental status) completed by relevant clinical staff before the care plan is developed.
- 1.02 Consultation with each patient/resident or their representative is a key requirement in developing and reviewing the care plan. Patients'/Residents' choices are to be respected and where possible, accommodated. Documentation of discussion with and explanation to the patient/resident or their representative is to be made in the relevant clinical record.
- 1.03 The management plan must be documented in the patient's/resident's clinical record and is to include:
  - i) a description of the problem behaviour;
  - ii) assessment of the potential or underlying causes of the behaviour
  - iii) identified pattern of occurrence;
  - iv) planned management interventions.
- 1.04 The management plan is to be reviewed by clinical staff on a daily basis and adjustments made as necessary. Outcomes are to be regularly reviewed, acted upon and documented.



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- 1.05 A formal evaluation is to be completed every two (2) months by the multidisciplinary clinical team.
- 1.06 In order to ensure that the quality of life needs of the patient/resident are met, staff need to remember that assisting the patient/resident to maintain their dignity and self respect is as important as it is for any other patient/resident.
- 1.07 Where every possible, diversional activities are to be included in the patient's/resident's management plan, especially where they have developed a pattern of behavioural problems (e.g, becoming agitated every afternoon).
- 1.07 Information contained within the patient/resident history, or obtained from their family/whanau/caregiver will assist in identifying possible diversional activities of interest to the patient/resident.
- 1.08 Where restraint is identified as being required, then this is to be implemented as per the requirement of the WCDHB Restraint Use Policy and relevant WCDHB Restraint Procedures.
- 1.09 All documentation associated with this Procedure is to be completed as per the requirements of the WCDHB Clinical Documentation Procedure.
- 1.10 Consent for all treatments/interventions associated with this Procedure is to be completed as per the requirements of the WCDHB Informed Consent Procedure.

### 7. Precautions And Considerations

- ➔ Each resident/patient who is identified as having a challenging behaviour is to be individually assessed to develop a care plan for the effective management of their behaviour
- ➔ Consultation with each patient/resident or their representative is a key requirement in developing and reviewing the care plan.
- ➔ Where restraint is identified as being required, then this is to be implemented as per the requirement of the WCDHB Restraint Use Policy and relevant WCDHB Restraint Procedures.

### 8. References

- NZS 8134:2001 "Health And Disability Sector Standards"
- NZS 8141:2001 "Restraint Minimization And Safe Practice".
- Code of Health and Disability Services Consumer Rights (1994)
- Emerson, E. (1995): Challenging Behaviour. Cambridge: Cambridge University Press.



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## 9. Related Documents

WCDHB Clinical Documentation Procedure

WCDHB Informed Consent Procedure

WCDHB Restraint Procedures

WCDHB Restraint Use Policy

<b>Revision History</b>	<b>Version:</b>	4
	<b>Developed By:</b>	Quality Improvement Nurse
	<b>Authorised By:</b>	Director of Nursing
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