

**CHECKLIST
FOR
IDENTIFYING
HAZARDS
RELATING
TO
RESIDENT
AGGRESSION**



A 'no' answer to any of the following questions indicates a hazard which should be assessed more thoroughly.

POLICIES AND PROCEDURES		
	YES	NO
Does the facility have policies and procedures in place to deal with aggression?		
Were these policies and procedures developed in consultation with employees?		
Are restraint policies and procedures in place?		

RESIDENT CARE		
	YES	NO
Are residents as pain-free and comfortable as possible?		
Are residents allowed to do as much as possible for themselves?		
Can residents exercise some choice and level of control over their activities?		
Are daily care activities flexible enough to feel like a home environment?		
Does the facility provide indoor and outdoor areas for the residents' movement?		
Are residents' sleep patterns monitored to ensure adequate rest?		
Are activities provided that appeal to residents' personal taste, for example, massage, music, arts and sport?		
Have both verbal and non-verbal communication techniques been developed?		
Do employees have a formal method of communicating residents' needs between shifts?		
Have adequate diversional therapist and physiotherapist activities been provided to occupy the residents and maintain mobility?		

<p>Are residents adequately assessed in the following, both on admission and on an on-going basis, and are strategies fully documented by clinical specialists:</p> <ul style="list-style-type: none"> • Physical function. • Cognitive function/impairment. • Sensory function (vision and hearing). • Memory impairment. • Mental status, for example, confused. • Medical condition. • Ability to communicate. • Behavioural, for example, wandering, agitated, etc. • Social and cultural. 		
<p>Are the side effects of residents' medication reported to treating doctors and follow-up action initiated?</p>		
<p>Is there a procedure to ensure that residents' medication is appropriate for their needs?</p>		
<p>Are the residents' routines structured around their behaviour, for example, if a resident becomes agitated in the afternoon, are there appropriate activities in place?</p>		
<p>Has adequate equipment been provided to enable residents to communicate better?</p>		
<p>Are the residents' families consulted in initial and on-going assessments?</p>		
<p>Is the resident mix considered for compatibility with other residents?</p>		
<p>Are residents appropriately placed, given the facility's availability of resources and residents' support needs?</p>		

EMPLOYEES

	YES	NO
Are direct care employees briefed on the clinical assessment of residents?		
Are all employees aware of the emergency response procedure as it relates to threatening incidents?		
Has sufficient and appropriate personal protective clothing and equipment been provided for employees and is it properly maintained, for example, a personal emergency alarm in high-risk areas?		
Have all direct care employees been assessed for their competence in managing resident aggression?		
<p>Have all direct care employees received training in:</p> <ul style="list-style-type: none"> • Client service skills, for example, aged care and dementia? • Manual handling? • The facility's aggression policy? • Understanding the causes of aggression and strategies to prevent the escalation of aggression? • Strategies to deal with aggression, including self-defence and avoidance measures? • Legal and ethical issues of aggression management? • Managing personal feelings? • Conflict resolution and negotiation skills? • Peer support and team-building skills? • Post-incident management? • Restraint policy and procedures? 		
Have members of the Workplace Health and Safety Committee been trained in the identification, assessment and control model of aggression hazard management?		
Have all direct care employees with English language difficulties had the opportunity to attend classes in English as a second language?		
Does the facility have employees trained and designated to debrief after an incident?		

Are employees aware of counselling provision following an incident such as:		
<ul style="list-style-type: none"> • Internal debriefing contacts for immediate follow-up? 		
<ul style="list-style-type: none"> • Debriefing procedures with possible on-going counselling provided by an external agency? 		
Do direct care employees have effective communication channels to ensure that they are updated on the management of resident aggression?		
Do direct care employees, as a team, regularly review incidents of aggression and discuss ways of reducing the risk of future incidents?		

RESIDENT/ADVOCATE INFORMATION AND EDUCATION

	YES	NO
Have residents and their families been informed of the program and their cooperation gained?		

PHYSICAL ENVIRONMENT/WORKPLACE DESIGN

	YES	NO
Are the residents' rooms roomy and not cluttered or crowded?		
Are there ample open areas to allow for movement?		
Is there adequate security?		
Are the residents' areas comfortable, homely and calming in their design and furnishings?		
Do exits meet regulatory requirements, for example, readily accessible for persons indoors and in emergencies and are they clearly identified?		
Do the furnishing colours promote a calming effect, for example, cool pastel colours of blue, green and yellow?		
Are contrasting colours used to identify doors and functional rooms?		

<p>Furnishings and fittings and fixtures should be selected with safety in mind. Do they:</p> <ul style="list-style-type: none"> • Minimise the possibility of injury to residents when used? • Minimise the potential of being used as a weapon? 		
Is lighting soft without creating shadows?		
Are floor surfaces non-shiny?		
Is equipment properly maintained to reduce noise levels?		
Are orientation cues and information provided, for example, clocks, furniture in the same place and location explained?		
Is thermal comfort adequate?		
Are noise levels comfortable for residents?		

WORK ORGANISATION

	YES	NO
Do work procedures focus on minimising unnecessary resident handling?		
Are work tasks unhurried?		
Are work tasks broken down into manageable steps?		
Are job routines flexible?		
Are activities conducted with noise minimisation in mind?		
Is adequate preparation done before tasks commence?		

MANAGEMENT SYSTEMS

	YES	NO
Are action plans developed at clinical and nursing care reviews?		
Are work procedures properly documented?		
Are care plans kept up-to-date for direct care employees to follow?		
Has an emergency response procedure been defined and clearly communicated to all employees?		
Are sufficient and skilled employees rostered who are trained to recognise and manage aggression by residents?		
Are sufficient employees rostered to provide for residents' support needs?		
Are senior managers actively involved in monitoring aggressive incidents and their management?		
Is there a system in place where staff, particularly new or casual staff, are familiarised with known triggers to aggression from specific residents and acquainted with the most successful strategies for dealing with this aggression?		
Are managers and shift supervisors familiar with their responsibilities in emergency situations?		
Is there a procedure for handling media enquiries?		
Is there a procedure whereby managers follow up with staff after an incident to ensure that their emotional/psychological needs have been met, including staff who were witnesses to the aggression?		
Is professional counselling available to staff, both after an incident and whenever staff experience stress responses?		
Is there a procedure whereby staff follow up with residents who have witnessed aggression to ensure their wellbeing?		

Reporting/Recording/Investigation

	YES	NO
Are employees trained in the procedure for reporting incidents?		
Are employees reporting and recording all incidents of aggression?		
Are incidents investigated formally and reported according to legal requirements?		
Are reviews conducted periodically to evaluate the effectiveness of control strategies?		
Has a data collection system been established to enable incident trends to be identified and analysed?		

