Care CEUs

Continuing Education for Nursing Home Administrators

Behavior Management In LTC

Introduction

Behavior management can be an essential aspect of health care for residents of nursing homes and assisted living facilities. Therefore, health care administrators should ensure that health care professionals safely and effectively administer behavior management care. This course will provide insight into behavior management, while reviewing behavioral disturbances, the conditions that may lead to behavioral disturbances, and the use of restraints. This course will also provide behavior management care recommendations that may be used to optimize resident care. Health care administrators should note that the information found within this course may be used to develop training and educational offerings to health care professionals.

Section 1: Behavior Management

Case Study

A group of residents are taking part in an art therapy activity. The residents are being social, and appear to be enjoying the art therapy activity, with the exception of a 74-year-old, male resident named Oscar. About halfway through the art therapy activity, Oscar slams his fists on the table in front of him. Another resident asks Oscar if he is okay, but Oscar does not answer. Before a health care professional can speak to Oscar, Oscar slams his fists on the table again, and yells out, "I am a veteran, and I do not have to do this." Oscar then gets up, and walks to his room. A health care professional follows Oscar to his room, to check on him. When the health care professional reaches Oscar's room, Oscar is sitting in a chair by a window. Oscar is quiet, and is looking out of the window. The health care professional asks Oscar if he is okay. Oscar does not provide an answer to the health care professional's question. Instead he simply waves at the health care professional.

A review of Oscar's record reveals that he has diabetes, and a history of substance abuse disorder. Oscar's record also reveals that he recently tested positive for COVID-19. Oscar does not currently have COVID-19 symptoms - however, he does occasionally appear to be out of breath after walking for short periods of time. Oscar's record also reveals that he occasionally refuses to take medications, take part in physical therapy, and refuses animal therapy because dogs remind him of his wife, Beth. Oscar does not have any

known drug allergies, and is on several medications including medications to treat diabetes, and warfarin.

A few hours after the art therapy incident, Oscar appears calm. He is eating normally, drinking water, and talking with one of his "buddies," who is also a military veteran. Oscar also apologized to some of the members of the art therapy group, and to the health care professional who was present at the time of the incident. The health care professional accepts Oscar's apology and expresses gratitude towards Oscar for apologizing. Oscar remains calm for the rest of the day, however later that evening a health care professional notices that Oscar appears irritated after watching a documentary film about Vietnam. Health care professionals observe Oscar, and note his behavior towards other residents.

The case study presented above highlights a behavioral disturbance and the need for behavior management. The question is, what is behavior management, and what are behavioral disturbances? This section of the course will answer that very question, while providing insight into the conditions that may lead to behavioral disturbances. The information found within this section of the course was derived from materials provided by the Centers for Disease Control and Prevention (CDC) unless, otherwise, specified (Centers for Disease Control and Prevention [CDC], 2022).

What is behavior management?

Behavior management may refer to a type of treatment designed to modify, reduce, and prevent behavioral disturbances.

What are examples of behavioral disturbances?

- **Irritability** - irritability may refer to a type of behavior characterized by feelings of frustration or anger. Health care administrators should note that some older adult residents may be irritable with other residents and/or health care professionals (note: the term older adult may refer to an individual 65 years or older). For example, a resident may yell at another resident; a resident may appear restless when speaking with another resident; a resident may have an outburst when speaking to a health care professional.

- **Aggression** - aggression may refer to a type of attitude or behavior characterized by the intention to cause harm. Health care administrators should note that some

older adult residents may act aggressively towards other residents and/or health care professionals. For example, a resident may slap another resident; a resident may push another resident; a resident may attempt to hit a health care professional.

- **Hostility** - hostility may refer to a type of attitude characterized by threatening and/or antagonistic behavior. Health care administrators should note that some older adult residents may act hostile towards other residents and/or health care professionals. For example, a resident may threaten to hit another resident; a resident may threaten to hit a health care professional.

- **Confusion** - confusion may refer to an inability to think in a logical, focused manner. Health care administrators should note that some older adult residents may act confused with other residents and/or health care professionals. For example, a resident may refer to another resident by a different name; a resident may believe another resident is a family member; a resident may believe a health care professional is a family member; a resident may believe he or she is living in another location.

- **Anhedonia** - anhedonia may refer to an inability to feel pleasure; a loss of interest in previously enjoyable activities. Health care administrators should note that some older adult residents may display anhedonia towards other residents and/or health care professionals. For example, a resident may not want to engage in activities with other residents; a resident may not want to engage in therapy with health care professionals.

- **Mania** - mania may refer to a type of behavior characterized by elevated mood, energy, and activity level. Health care administrators should note that some older adult residents may be disruptive to other residents and/or health care professionals when displaying mania. For example, a resident may talk extremely fast or loud; a resident may quickly walk around others, increasing his or her fall risk; a resident might not be able to focus or concentrate when a health care professional is providing vital information.

- **Abusive behavior** - abuse may refer to any act that intentionally harms or injures another individual. Health care administrators should note that some older adult residents may abuse other residents and/or health care professionals. Examples of abuse may be found below. The information found below was derived from

materials provided by the Centers for Disease Control and Prevention (CDC) (Centers for Disease Control and Prevention [CDC], 2021).

- **Physical abuse** - physical abuse may refer to the intentional use of physical force against an individual that leads to illness, pain, injury, functional impairment, distress, and/or death (e.g., hitting, punching, kicking, pushing, pinching, slapping, and biting).

- **Verbal/emotional abuse** - verbal/emotional abuse may refer to verbal and/or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an individual (e.g., humiliating an individual, repeatedly threatening an individual, making insulting or disrespectful comments towards an individual, and habitual blaming and/or scapegoating) (note: the term scapegoating may refer to the act of assigning responsibility to an individual for wrong doing, who is not necessary responsible for said wrong doing, so the individual assumes fault and any related suffering).

- **Psychological abuse** - psychological abuse may refer to a type of coercive or threatening behavior that establishes a power differential between two or more individuals (e.g., a resident treats another resident like a child).

- **Sexual abuse** - sexual abuse may refer to any forced or unwanted sexual interaction with an individual (i.e., a sexual interaction with an individual that occurs without the individual's consent) (e.g., unwanted sexual contact, unwanted sexual intercourse, rape, coerced nudity, and sexual harassment) (note: the term sexual harassment may refer to any act characterized by unwelcomed and/or inappropriate sexual remarks/ behavior).

- **Financial exploitation/abuse** - financial exploitation/abuse may refer to the illegal, unauthorized, or improper use of an individual's money, benefits, belongings, property, and/or assets (e.g., misuse of an individual's funds, taking money under false pretenses, using an individual's credit card for personal use without consent, embezzlement, fraud, identity theft, forgery, and forced property transfers).

- **Hoarding** - hoarding may refer to a difficulty discarding personal items due to a perceived need to save such items. Health care administrators should note that resident hoarding may be related to a hoarding disorder. Specific information

regarding a hoarding disorder may be found below. The information found below was derived from materials provided by the Anxiety and Depression Association of America (Anxiety and Depression Association of America, 2022).

- Hoarding disorder may refer to a disorder characterized by the need to save specific personal items due to a perceived sense of value for such items.

- An individual may hoard because he or she believes that an item may be useful or valuable in the future, or because an item has sentimental value.

- Hoarding related to a hoarding disorder is not the same as collecting; hoarding related to a hoarding disorder typically affects an individual's health, overall well-being, and quality of life. Health care administrators should note that individuals who collect typically keep their items in an organized manner; individuals who hoard typically keep their items in an unorganized manner.

- Signs/symptoms of a hoarding disorder include the following: inability to throw away possessions; severe anxiety when attempting to discard personal items; difficulty categorizing or organizing personal items; indecision about what to keep or where to store items; distressed about personal items; embarrassed about personal items; suspicion of other individuals disturbing personal items; obsessive thoughts regarding personal items (e.g., a fear of running out of an item or a fear of needing an item in the future); functional impairments, including: social isolation, financial difficulties, and health hazards.

- An individual may be diagnosed with a hoarding disorder if the following criteria are met: the hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment that is safe for oneself and/or others); the hoarding is not attributable to another medical condition; the hoarding is not better explained by the symptoms of another mental disorder.

- **Attention-seeking behavior** - attention-seeking behavior may refer to any behavior that is designed to elicit attention or a desired response from another individual. Examples of attention-seeking behavior may be found below.

- **Speaking loudly** - some residents engaging in attention-seeking behavior may speak loudly to elicit attention or a desired response from another individual (e.g., another resident; a health care professional).

- **Making controversial statements** - some residents engaging in attention-seeking behavior may make controversial statements (e.g., this nursing home is the worst; the health care professionals that work in this assisted living facility are horrible; everyone here is terrible; I wish I was anywhere else) to elicit attention or a desired response from another individual.

- **Wearing attention grabbing clothing** - some residents engaging in attention-seeking behavior may wear attention grabbing clothing (e.g., brightly colored clothes; a large hat) to elicit attention or a desired response from another individual.

- **Pretending to not know how to complete a task** - some residents engaging in attention-seeking behavior may pretend that they do not know how to complete a task in order to get another resident or health care professional to explain it to them, and ultimately, elicit attention or a desired response from another individual.

- **Pretending to not know how to engage in therapy** - some residents engaging in attention-seeking behavior may pretend that they do not know how to engage in therapy (e.g., take a medication) in order to get another resident or health care professional to explain it to them, and ultimately, elicit attention or a desired response from another individual.

- **Pretending to "feel sick"** - some residents engaging in attention-seeking behavior may pretend they "feel sick" (e.g., abdominal pain; headache; body pain) in order to elicit attention or a desired response from another individual.

- **Pretending to be injured** - some residents engaging in attention-seeking behavior may pretend they are injured (e.g., sprained ankle) in order to elicit attention or a desired response from another individual.

- Health care administrators should note that the cause of a resident's attention-seeking behavior may be related to jealousy, low self-esteem, and/or loneliness.

- Health care administrators should note that attention-seeking behavior may increase a resident's fall risk (e.g., a resident may walk fast to get another individuals attention; a resident may not use his or her walking aid to get another individuals attention; a resident may not put on his or her shoes on to get another individuals attention; a resident may not put on his or her eye glasses to get another individuals attention).

- Health care administrators should note that falls may lead to broken bones, hip fractures, and head injuries (note: the term head injury may refer to any trauma to the scalp, skull, or brain).

- Health care administrators should note the following: falls may lead to a traumatic brain injury (TBI) or a mild traumatic brain injury (mTBI); traumatic brain injury (TBI) may refer to damage to the brain that is typically caused by sudden trauma; a mild traumatic brain injury (mTBI), also referred to as a concussion, may refer to a type of brain injury that is typically caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth (CDC, 2022).

- Health care administrators should note the following signs/symptoms of a mTBI: dizziness; balance problems; headaches; nausea; vomiting; vision problems; sensitivity to light; sensitivity to noise; fatigue; drowsiness; problems with attention and/or concentration; feeling foggy and/or groggy; problems with short- or long-term memory; trouble thinking clearly; anxiety; nervousness; irritability; easily angered; heightened emotional reactions; feelings of depression; trouble falling asleep; sleeping less than usual; sleeping more than usual (note: mTBI signs/symptoms may appear immediately, while others may not appear for hours or days after the head injury)(CDC, 2022).

- Health care professionals should apply the following fall precautions to all residents: familiarize the resident with the environment; have the resident demonstrate call light use, when applicable; maintain the call light within reach of the resident; keep the resident's personal possessions within the resident's safe reach; place sturdy handrails in resident bathrooms, rooms, and hallways; place a resident's bed in the low position when a resident is resting in bed; raise a resident's bed to a comfortable height when the resident is transferring out of bed; keep resident bed brakes locked; keep

wheelchair wheel locks in the locked position when stationary, when applicable; keep non-slip, comfortable, well-fitting footwear on the resident; use night lights or supplemental lighting; keep floor surfaces clean and dry; clean up all spills promptly; keep resident care areas uncluttered; follow safe patient/resident handling practices.

- **Inappropriate sexual behavior (ISB)** - inappropriate sexual behavior (ISB) may refer to a type of behavior that is characterized by perceived or actual inappropriate sexually driven actions. Examples of ISB may be found below.
    - **Engaging in conversations about sex** - often individuals exhibiting ISB will engage in conversations about sex or make comments related to sex. Health care administrators should note that residents may attempt to engage other residents and/or health care professionals in conversations about sex.
    - **Using what may be considered "foul language"** - in addition to engaging in conversations about sex and making comments related to sex, residents exhibiting ISB may use, what may be considered to be, "foul language" (e.g., intense sexually driven or sexually graphic verbiage).
    - **Touching and/or grabbing other individuals** - residents exhibiting ISB may touch or grab other residents and/or health care professionals (e.g., body rubbing; lunging at another individual's genitalia).
    - **Disrobing in public** - residents exhibiting ISB may remove their clothes in public areas or may expose themselves to other residents and/or health care professionals.
    - **Public masturbation** - residents exhibiting ISB may engage in public masturbation (e.g., masturbate in front of another resident or health care professional).
    - **Requesting health care that involves genital touching** - residents exhibiting ISB may frequently request health care that involves genital touching and/or nudity.
    - **Hypersexuality** - residents exhibiting ISB may be hypersexual. Hypersexuality may refer to a state of being characterized by the presence of recurrent and intense sexually driven urges and/or actions.

- **Self-neglect** - self-neglect may refer to a failure to meet one's basic needs. Specific information regarding self-neglect may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).
    - Self-neglect may affect a resident's health, overall well-being, and quality of life.
    - Self-neglect may be a sign of abuse.
    - Signs/symptoms of self-neglect include the following: weight loss; refusing to eat; refusing to change clothes; refusing to bathe; refusing treatment; refusing visitors; social isolation; refusing to engage in activities; refusing to leave one's bed; refusing to leave one's room.
    - Self-neglect may lead to a decrease in personal hygiene practices; personal hygiene practices may refer to practices that sustain the body's cleanliness in order to prevent infections and maintain overall health and well-being (e.g., bating, washing one's face, brushing one's teeth, and brushing one's hair).
    - Self-neglect may lead to infections (e.g., skin infections).
    - Cellulitis may refer to a common bacterial skin infection.
    - Group A *Streptococcus* (group A strep) may lead to cellulitis.
    - Cellulitis may lead to redness, swelling, and pain in the infected area of the skin.
    - Systematic symptoms of cellulitis include: fever, chills, and malaise.
    - Cellulitis can appear anywhere on the body; cellulitis is most common on the feet and legs.
    - Cellulitis may lead to the following complications: blood infection, bacterial infection in a joint, bone infection, swelling of the inner lining of the chambers of the heart and heart valves, and thrombophlebitis (note: thrombophlebitis may refer to inflammation in a vein due to a blood clot).
    - When diagnosing cellulitis, health care professionals should note the following: the Infectious Diseases Society of America (IDSA) does not

recommend routine collection of cultures, including blood, cutaneous aspirates, biopsies, or swabs; blood culture and microbiologic examination and culture of cutaneous aspirates, biopsies, and swabs may help when atypical pathogens are suspected; waiting for culture results should never delay the initiation of antibiotic treatment.

- When treating cellulitis, health care professionals should note the following: for typical cases of cellulitis, the IDSA recommends treatment with an antibiotic that is active against streptococci; health care professionals may select antibiotics that cover both *Staphylococcus aureus* and group A strep; mild cases of cellulitis may be treated with oral antibiotics, such as: penicillin, cephalosporins (e.g., cephalexin), dicloxacillin, or clindamycin; if signs of systemic infection are present, then the following intravenous antibiotics may be considered: penicillin, ceftriaxone, cefazolin, or clindamycin; the recommended duration of antibiotic treatment for cellulitis is five days.

- **Talking about suicide** - some residents may talk openly about suicide. Health care professionals should be aware of such residents Specific information regarding suicide may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).

    - Suicide may refer to a death caused by injuring oneself with the intent to die. Health care professionals should work to prevent suicide, when applicable.

    - A suicide attempt may refer to a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior (note: a suicide attempt may or may not result in injury).

    - Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide (note: suicidal ideation may lead to a suicide attempt and/ or suicide).

    - Health care professionals should work to identify residents that may be expressing suicidal ideation. Health care professionals should pay close attention to a resident's language when attempting to identify the presence of suicidal ideation. Residents suffering from suicidal ideation may use certain types of wording to describe or articulate their state.

Examples of wording that may be used by residents potentially suffering from suicidal ideation to describe or articulate their state may include the following: I want to kill myself; I do not want to live; I wish I was dead; I wish someone would just kill me; What is the point of living anymore; I have nothing to live for; I am better off dead; Everyone would be better off if I was dead; I wish I was in heaven with my loved ones; I want to go to sleep and never wake up; I want to take all of my medications at once and end it.

- Health care administrators should note the following: the suicide of a patient/resident while in a staffed, health care setting is a frequently reported type of sentinel event (note: the term sentinel event may refer to an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness); identification of individuals at risk for suicide while under the care of or following discharge from a health care facility is an important step in protecting at-risk individuals (Joint Commission, 2023).

What are the conditions that may lead to behavioral disturbances?

Health care administrators and health care professionals should be familiar with the conditions that may lead to behavioral disturbances. Specific information regarding such conditions may be found below.

- **Dementia** - one of the first conditions that may initially come to mind when considering behavioral disturbances is dementia. Dementia may lead to irritability, aggression, hostility, confusion, self-neglect, and other behavioral disturbances. Specific information regarding dementia may be found below. The information found below was derived from materials provided by the CDC (CDC, 2019).

    - Dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions.

    - Dementia is not a normal part of aging.

    - Risk factors that may contribute to dementia include the following: age, genetics, poor heart health, and traumatic brain injuries.

- Signs of dementia may include the following: getting lost in a familiar area; forgetting the names of close family and friends; not being able to complete tasks independently.

- Symptoms of dementia may include the following: problems with memory; problems with attention; an inability to communicate effectively; a diminished ability to reason and problem solve; poor judgment.

- The types of dementia include the following: fronto-temporal dementia, lewy body dementia, vascular dementia, and mixed dementia.

- Dementia may be associated with Parkinson's disease. Parkinson's disease may refer to a progressive disorder that affects individuals' movements.

- **Alzheimer's disease** - another condition that may initially come to mind when considering behavioral disturbances is Alzheimer's disease. Dementia associated with Alzheimer's disease may lead to irritability, aggression, hostility, confusion, ISB, self-neglect, and other behavioral disturbances. Specific information regarding Alzheimer's disease may be found below. The information found below was derived from materials provided by the CDC (CDC, 2020).

    - Alzheimer's disease may refer to an irreversible, progressive brain disorder that slowly destroys individuals' memory, thinking skills, and ability to carry out simple tasks.

    - Alzheimer's disease is the most common cause of dementia among older adults.

    - Alzheimer's disease is not a normal part of aging.

    - Alzheimer's disease destroys brain function, leading to cognitive decline (e.g., memory loss, language difficulty, poor executive function), behavioral and psychiatric disorders (e.g., depression, delusions, agitation), and declines in functional status (e.g., self-care); Alzheimer's disease is progressive - meaning the symptoms of Alzheimer's disease (e.g., mental decline, confusion, agitation, irritability, and hallucinations) may worsen over time.

- Risk factors associated with Alzheimer's disease include the following: age, family history, and head trauma (note: signs/symptoms of Alzheimer's disease can first appear after age 60, and the risk increases with age).

- One of the first signs of Alzheimer's disease is memory loss that disrupts daily life (e.g., forgetting important events or activities). Additional early signs of Alzheimer's disease include the following: having problems planning or solving problems (e.g., having trouble paying bills); exhibiting difficulty completing familiar tasks at home or at work (e.g., displaying difficulties finding specific destinations); exhibiting confusion with time or places (e.g., unable to keep track of dates or days of the week); displaying trouble understanding visual images and spatial relations (e.g., an individual suffering from Alzheimer's disease may easily fall over objects in his or her room); exhibiting problems with words in speaking or writing (e.g., an individual suffering from Alzheimer's disease may have trouble following or joining a conversation); often misplacing objects (e.g., an individual suffering from Alzheimer's disease may often lose important objects such as car keys); displaying poor judgment (e.g., an individual suffering from Alzheimer's disease may be often victimized); social isolation; changes in mood and/or personality (e.g., an individual suffering from Alzheimer's disease may begin to exhibit ISB).

- Health care administrators should note that residents with Alzheimer's disease may have different needs and requirements when compared to other residents. Therefore, residents with Alzheimer's disease may require special attention and consideration.

- **Depression** - depression may lead to irritability, aggression, hostility, anhedonia, self-neglect, talking about suicide, and other behavioral disturbances. Specific information regarding depression may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).

    - A depressive disorder may refer to a mental health disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life.

    - The risk factors associated with a depressive disorder include the following: family history, unresolved grief, and trauma.

- One of the most common forms or types of depressive disorders is major depressive disorder.
- Major depressive disorder may refer to a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Signs/symptoms of a major depressive disorder include the following: depressed mood, anhedonia (e.g., a loss of interest in previously enjoyable activities), appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality.

- **Anxiety** - anxiety may lead to irritability, aggression, hostility, talking about suicide, and other behavioral disturbances. Specific information regarding anxiety may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).
    - An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (note: in regards to an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation).
    - The risk factors associated with an anxiety disorder include the following: family history, stress, and trauma.
    - One of the most common forms or types of anxiety disorders is generalized anxiety disorder.
    - Generalized anxiety disorder may refer to a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least six months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to

clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Signs/symptoms of a generalized anxiety disorder include the following: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension, and sleep difficulties.

- **Post-traumatic stress disorder (PTSD)** - post-traumatic stress disorder (PTSD) may lead to irritability, aggression, hostility, anhedonia, talking about suicide, and other behavioral disturbances. Specific information regarding PTSD may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).

    - PTSD may refer to a psychiatric disorder characterized by intense physical and emotional responses to thoughts and reminders of a traumatic event(s) (e.g., the death of a loved one) (note: the term traumatic event may refer to an event, or series of events, that cause a moderate to severe stress reaction).

    - The risk factors associated with PTSD include the following: experienced a traumatic event; witnessed a traumatic event; a close family member or friend experiences a traumatic event; social isolation after a traumatic event; the sudden, unexpected death of a loved one; history of mental illness; history of substance abuse; stress; prolonged periods of unrelenting stress; consistent feelings of horror or extreme fear; consistent feelings of helplessness.

    - Symptoms of PTSD include the following: nightmares; fearful thoughts; guilty thoughts; flashbacks; avoiding places and/or specific people; rage; anger; anger outbursts; feeling stressed; feeling tense; feeling on edge; easily startled; problems sleeping; negative and distorted thoughts about reality; anhedonia (note: the term flashback may refer to the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds).

- **Schizophrenia** - schizophrenia may lead to irritability, aggression, hostility, anhedonia, self-neglect, talking about suicide, and other behavioral disturbances. Specific information regarding schizophrenia may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).
    - Schizophrenia may refer to a mental health condition that affects how an individual thinks, feels, behaves, and perceives reality.
    - Residents with schizophrenia may seem like they lost touch with reality, which can be distressing for them and other residents.
    - Risk factors for schizophrenia include the following: genetics, environmental factors, and brain structure.
    - The symptoms of schizophrenia can make it difficult for residents to participate in usual, everyday activities.
    - The signs/symptoms of schizophrenia include the following: hallucinations; delusions; illogical thinking and speech; abnormal body movements (e.g., repeating the same movement); trouble anticipating and feeling pleasure in everyday life; low energy; trouble processing information to make decisions; trouble using information immediately after learning it; trouble focusing; trouble paying attention.
- **Obsessive-compulsive disorder (OCD)** - obsessive-compulsive disorder (OCD) may lead to irritability, aggression, hostility, hoarding, self-neglect, talking about suicide, and other behavioral disturbances. Specific information regarding OCD may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).
    - Obsessive-compulsive disorder (OCD) may refer to a mental health condition characterized by uncontrollable, reoccurring thoughts ("obsessions") and/or behaviors ("compulsions") that may repeat over and over.
    - Residents with OCD may appear to be obsessive and/or compulsive; residents with OCD may have trouble maintaining relationships with other residents and health care professionals.

- Residents with OCD may attempt to avoid situations or individuals that trigger their obsessions and/or compulsions.
- Risk factors for OCD include the following: genetics, environmental factors, and brain structure.
- The signs/symptoms of OCD include the following: obsessions (e.g., aggressive thoughts towards other residents; everything must be symmetrical); compulsions (e.g., excessive cleaning); performing rituals (e.g., tapping a light switch three times before turning it off); doesn't get pleasure when performing rituals.

- **Bipolar disorder** - bipolar disorder may lead to irritability, aggression, hostility, mania, talking about suicide, and other behavioral disturbances. Specific information regarding bipolar disorder may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).
  - Bipolar disorder may refer to a mental health condition characterized by unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks.
  - There are three types of bipolar disorder (e.g., bipolar I disorder, bipolar II disorder, and cyclothymic disorder); all three types of bipolar disorder involve clear changes in mood, energy, and activity levels (note: cyclothymic disorder is defined by recurrent hypomanic and depressive episodes; the term hypomanic episode may refer to a less sever manic episode).
  - Risk factors for bipolar disorder include the following: genetics, environmental factors, and brain structure.
  - The signs/symptoms of bipolar disorder include the following: feeling very up, high, elated, or extremely irritable or touchy; feeling jumpy; decreased need for sleep; fast speech; restlessness; over indulgence in pleasurable activities (e.g., eating too much); feeling down; feeling anxious; trouble concentrating or making decisions; lack of interest in almost all activities.

- **Borderline personality disorder** - borderline personality disorder may lead to irritability, hostility, attention-seeking behavior, talking about suicide, and other behavioral disturbances. Specific information regarding borderline personality disorder may be found below. The information found below was derived from materials provided by the National Institute of Mental Health (National Institute of Mental Health, 2022).

    - Borderline personality disorder may refer to a mental health condition that impacts an individual's ability to regulate his or her emotions.

    - The loss of emotional control associated with borderline personality disorder can increase impulsivity, affect how an individual feels about themselves, negatively impact their relationships with others, and lead to social isolation.

    - Risk factors for borderline personality disorder include the following: family history, environmental factors, and brain structure.

    - Residents with borderline personality disorder may view events and/or people in extremes, such as all good or all bad; their interests and values may change quickly, and they may act impulsively or recklessly; residents with borderline personality disorder may experience intense mood swings and feel uncertainty about how they see themselves; their feelings for others can change quickly, and swing from extreme closeness to extreme dislike; emotional changing can lead to unstable relationships with other residents and health care professionals, as well as emotional pain.

    - The signs/symptoms of borderline personality disorder include the following: impulsively; reckless behavior; efforts to avoid real or perceived abandonment; a pattern of intense and unstable relationships with other residents, family, friends, and loved ones; a distorted and unstable self-image or sense of self; self-harming; suicidal ideation; intense and highly variable mood; inappropriate, intense anger.

- **Histrionic personality disorder** - histrionic personality disorder may lead to irritability, hostility, attention-seeking behavior, talking about suicide, and other behavioral disturbances. Specific information regarding histrionic personality disorder may be found below. The information found below was derived from materials provided by the Cleveland Clinic (Cleveland Clinic, 2022).

- Histrionic personality disorder may refer to a mental health condition characterized by unstable emotions, a distorted self-image, and an overwhelming desire to be noticed or receive attention.

- Residents with a histrionic personality disorder may constantly seek attention; routinely display attention seeking behavior; appear like they must be the center of attention at all times; appear uncomfortable when they are not the center of attention.

- Risk factors for histrionic personality disorder include the following: genetics, environmental factors, and childhood trauma.

- The signs/symptoms of histrionic personality disorder include the following: feeling underappreciated when they are not the center of attention; feeling depressed when they are not the center of attention; dramatic behavior; extremely emotionally behavior; persistently flirtatious with others, even if it is inappropriate; repeating strong opinions, even if it is inappropriate; easily influenced by others; believes personal relationships are closer than they are; easily frustrated; requires instant gratification; constantly seeks reassurance.

- **Urinary tract infection (UTI)** - a urinary tract infection (UTI) may not initially come to mind when considering behavioral disturbances - however, the discomfort associated with a UTI may lead to irritability, aggression, hostility, and other behavioral disturbances. Specific information regarding UTI may be found below. The information found below was derived from materials provided by the CDC (CDC, 2021).

    - A urinary tract infection (UTI) may refer to an infection of the urinary tract by bacteria.

    - Risk factors for a UTI include the following: age (e.g., an older adult may be more susceptible to a UTI); a previous UTI; sexual activity; changes in the bacteria that live inside the vagina, or vaginal flora; structural problems in the urinary tract (e.g., enlarged prostate); poor hygiene.

    - The signs/symptoms of a UTI include the following: pain or burning while urinating; frequent urination; feeling the need to urinate despite having an

empty bladder; pressure or cramping in the groin or lower abdomen; bloody urine; fever; chills; lower back pain; nausea; vomiting.

- A UTI may be treated with an antibiotic, such as Cipro or Bactrim.

- **Influenza** - much like with UTI, influenza (flu) may not initially come to mind when considering behavioral disturbances - however, the discomfort, headaches, body aches, and fatigue associated with influenza (flu) may lead to irritability, aggression, hostility, confusion, and other behavioral disturbances. Specific information regarding influenza (flu) may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).

    - Influenza (flu) may refer to a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and the lungs.

    - Influenza (flu) may lead to mild or severe illness, as well as death.

    - Evidence suggests that flu viruses spread mainly by tiny droplets made when infected individuals cough, sneeze, and/or talk.

    - Individuals with flu are most contagious in the first three to four days after their illness begins.

    - The symptoms of flu include the following: fever, feeling feverish/chills, cough, sore throat, runny nose, stuffy nose, muscle aches, body aches, headaches, fatigue, vomiting, and diarrhea (note: some residents with flu may not experience a fever).

    - Complications associated with flu include the following: bacterial pneumonia, ear infections, sinus infections, and worsening of chronic medical conditions, such as: congestive heart failure, asthma, or diabetes.

    - Vaccines may prevent flu; evidence indicates that the flu vaccine reduces flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death.

    - Tamiflu may be used in flu treatment.

    - The most common adverse reactions associated with Tamiflu include nausea and vomiting.

- **Coronavirus disease 2019 (COVID-19)** - much like with a UTI and influenza (flu), coronavirus disease 2019 (COVID-19) may not initially come to mind when considering behavioral disturbances, however, the discomfort, headaches, body aches, and fatigue associated with COVID-19 may lead to irritability, aggression, hostility, confusion, and other behavioral disturbances. Specific information regarding COVID-19 may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).

    - Coronavirus disease 2019 (COVID-19) may refer to a respiratory illness that can spread from person to person, which is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

    - The main way the COVID-19 virus spreads is through respiratory droplets expelled by someone who is coughing (i.e., someone who is showing the symptoms of COVID-19).

    - COVID-19 may spread between people who are in close contact with one another (within approximately six feet); COVID-19 may spread through respiratory droplets produced when an infected person coughs or sneezes.

    - It may be possible for an individual to obtain COVID-19 by touching a surface or an object that is contaminated with the virus (e.g., an individual may become infected with COVID-19 if he or she touches a surface contaminated with the virus and then touches his or her own mouth, nose, and/or eyes).

    - Evidence suggests that the COVID-19 virus may live on surfaces for hours-to-days; the survivability of the COVID-19 virus on surfaces may vary under different conditions (e.g., type of surface; temperature or humidity of the environment in which the surface is in).

    - The symptoms of COVID-19 include the following: fever, chills, cough, shortness of breath, aches and pain, fatigue, headaches, nasal congestion, runny nose, sore throat, nausea, vomiting, diarrhea, and loss of taste or smell (note: symptoms may appear 2 - 14 days after exposure to the COVID-19 virus).

    - Vaccines may prevent COVID-19 (e.g., the Pfizer-BioNTech COVID-19 vaccine).

- Paxlovid may be used in COVID-19 treatment.

- The FDA issued an Emergency Use Authorization (EUA) for the emergency use of the unapproved Paxlovid, which includes nirmatrelvir, a SARS-CoV-2 main protease inhibitor, and ritonavir, an HIV-1 protease inhibitor and CYP3A inhibitor, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death; Paxlovid should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset; Paxlovid should be administered orally with or without food; Paxlovid includes 300 mg of nirmatrelvir (two 150 mg tablets) with 100 mg of ritonavir (one 100 mg tablet); all three tablets should be taken together twice daily for five days; the most common adverse reactions associated with Paxlovid include the following: diarrhea, hypertension, muscle pain, and a distorted sense of taste.

- **Cardiovascular disease** - cardiovascular disease may lead to irritability, confusion, and other behavioral disturbances. Specific information regarding cardiovascular disease may be found below. The information found below was derived from materials provided by the World Health Organization (WHO) (World Health Organization [WHO], 2021).

    - Cardiovascular disease may refer to a group of heart conditions that involve narrowed or blocked blood vessels, which may lead to chest pain, a heart attack, or stroke (note: stroke may refer to a medical condition characterized by the blockage of blood to the brain or a burst blood vessel in the brain).

    - Risk factors associated with cardiovascular disease include the following: high blood pressure, high blood cholesterol, smoking, and obesity.

    - Cardiovascular disease typically develops when genetic and/or lifestyle factors cause plaque to build up in the arteries.

    - The signs/symptoms of cardiovascular disease include the following: fatigue, consistent lightheadedness, dizziness, and shortness of breath.

    - Health care administrators should note that individuals may not experience symptoms of cardiovascular disease until they experience a heart attack, heart failure, or an arrhythmia.

- **Stroke** - stroke may lead to confusion and other behavioral disturbances. Specific information regarding stroke may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).

    - Stroke may refer to a medical condition characterized by the blockage of blood to the brain or a burst blood vessel in the brain.

    - There are two types of strokes, ischemic strokes and hemorrhagic strokes.

    - Ischemic strokes occur when blood clots or other particles block the blood vessels to the brain; hemorrhagic strokes occur when an artery in the brain leaks blood or ruptures.

    - Risk factors for stroke include the following: high blood pressure, high cholesterol, and heart disease.

    - The signs/symptoms of stroke include the following: sudden numbness or weakness in the face, arm, or leg, especially on one side of the body; sudden confusion, trouble speaking, or difficulty understanding speech; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance, or lack of coordination; sudden severe headache with no known cause.

- **Diabetes** - diabetes may lead to irritability, aggression, hostility, confusion, and other behavioral disturbances. Specific information regarding diabetes may be found below. The information found below was derived from materials provided by the CDC (CDC, 2022).

    - Diabetes may refer to a chronic condition that affects how the body produces and/or responds to insulin.

    - Health care administrators should note that older adult residents may suffer from type 2 diabetes.

    - Type 2 diabetes, otherwise known as adult onset diabetes, may refer to a chronic condition that affects the way the body processes and uses insulin.

- Risk factors associated with type 2 diabetes include the following: age, family history, inactivity, and obesity.
- The signs/symptoms of diabetes include the following: thirst, frequent urination, hunger, fatigue, and blurred vision.
- Patients suffering from type 2 diabetes may experience hyperglycemia.
- Hyperglycemia may refer to high blood sugar and/or a condition characterized by high blood sugar.
- The signs/symptoms of hyperglycemia include the following: excess thirst, frequent urination, and blurred vision (note: hyperglycemia may lead to irritability and confusion; hyperglycemia should be avoided in older adult residents with diabetes).

Section 1 Summary

Behavior management may refer to a type of treatment designed to modify, reduce, and prevent behavioral disturbances. Examples of behavioral disturbances include the following: irritability, aggression, hostility, confusion, anhedonia, mania, abusive behavior, hoarding, attention-seeking behavior, inappropriate sexual behavior (ISB), self-neglect, and talking about suicide. Health care professionals should be aware of residents with conditions that may lead to behavioral disturbances.

Section 1 Key Concepts

- Specific conditions may lead to behavioral disturbances.
- Conditions that may lead to behavioral disturbances include the following: dementia, Alzheimer's disease, depression, anxiety, post-traumatic stress disorder (PTSD), schizophrenia, obsessive-compulsive disorder (OCD), bipolar disorder, borderline personality disorder, histrionic personality disorder, urinary tract infection (UTI), influenza (flu), COVID-19, cardiovascular disease, stroke, and diabetes.

Section 1 Key Terms

Behavior management - a type of treatment designed to modify, reduce, and prevent behavioral disturbances

Older adult - an individual 65 years or older

Irritability - a type of behavior characterized by feelings of frustration or anger

Aggression - a type of attitude or behavior characterized by the intention to cause harm

Hostility - a type of attitude characterized by threatening and/or antagonistic behavior

Anhedonia - an inability to feel pleasure; a loss of interest in previously enjoyable activities

Mania - a type of behavior characterized by elevated mood, energy, and activity level

Abuse - any act that intentionally harms or injures another individual

Physical abuse - the intentional use of physical force against an individual that leads to illness, pain, injury, functional impairment, distress, and/or death

Verbal/emotional abuse - verbal and/or nonverbal behaviors that inflict anguish, mental pain, fear, or distress on an individual

Scapegoating - the act of assigning responsibility to an individual for wrong doing, who is not necessary responsible for said wrong doing, so the individual assumes fault and any related suffering

Psychological abuse - a type of coercive or threatening behavior that establishes a power differential between two or more individuals

Sexual abuse - any forced or unwanted sexual interaction with an individual

Sexual harassment - any act characterized by unwelcomed and/or inappropriate sexual remarks/behavior

Financial exploitation/abuse - the illegal, unauthorized, or improper use of an individual's money, benefits, belongings, property, and/or assets

Hoarding - a difficulty discarding personal items due to a perceived need to save such items

Hoarding disorder - a disorder characterized by the need to save specific personal items due to a perceived sense of value for such items

Attention-seeking behavior - any behavior that is designed to elicit attention or a desired response from another individual

Head injury - any trauma to the scalp, skull, or brain

Traumatic brain injury (TBI) - damage to the brain that is typically caused by sudden trauma

Mild traumatic brain injury (mTBI) (also referred to as a concussion) - a type of brain injury that is typically caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth

Inappropriate sexual behavior (ISB) - a type of behavior that is characterized by perceived or actual inappropriate sexually driven actions

Hypersexuality - a state of being characterized by the presences of recurrent and intense sexually driven urges and/or actions

Self-neglect - a failure to meet one's one basic needs

Personal hygiene practices - practices that sustain the body's cleanliness in order to prevent infections and maintain overall health and well-being

Cellulitis - a common bacterial skin infection

Thrombophlebitis - inflammation in a vein due to a blood clot

Suicide - a death caused by injuring oneself with the intent to die

Suicide attempt - a non-fatal, self-directed, and potentially injurious behavior with any intent to die as a result of the behavior

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Sentinel event - an unanticipated event in a health care setting that results in death or serious physical or psychological injury to a patient(s), not related to the natural course of the patient's illness

Dementia - a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions

Parkinson's disease - a progressive disorder that affects individuals' movement

Alzheimer's disease - an irreversible, progressive brain disorder that slowly destroys individuals' memory, thinking skills, and ability to carry out simple tasks

Depressive disorder - a mental health disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life

Major depressive disorder - a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning

Anxiety disorder - a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Excessive worry (in regards to an anxiety disorder) - worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation

Generalized anxiety disorder - a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least six months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning

Post-traumatic stress disorder (PTSD) - a psychiatric disorder characterized by intense physical and emotional responses to thoughts and reminders of a traumatic event(s)

Traumatic event - an event, or series of events, that causes a moderate to severe stress reaction

Flashback - the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds

Schizophrenia - a mental health condition that affects how an individual thinks, feels, behaves, and perceives reality

Obsessive-compulsive disorder (OCD) - a mental health condition characterized by uncontrollable, reoccurring thoughts ("obsessions") and/or behaviors ("compulsions") that may repeat over and over

Bipolar disorder - a mental health condition characterized by unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks

Borderline personality disorder - a mental health illness that impacts an individual's ability to regulate his or her emotions

Hypomanic episode - a less severe manic episode

Histrionic personality disorder - a mental health condition characterized by unstable emotions, a distorted self-image, and an overwhelming desire to be noticed or receive attention

Urinary tract infection (UTI) - an infection of the urinary tract by bacteria

Influenza (flu) - a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and the lungs

Coronavirus disease 2019 (COVID-19) - a respiratory illness that can spread from person to person, which is caused by a virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Cardiovascular disease - a group of heart conditions that involve narrowed or blocked blood vessels, which may lead to chest pain, a heart attack, or stroke

Stroke - a medical condition characterized by the blockage of blood to the brain or a burst blood vessel in the brain

Diabetes - a chronic condition that affects how the body produces and/or responds to insulin

Type 2 diabetes (otherwise known as adult onset diabetes) - a chronic condition that affects the way the body processes and uses insulin

Hyperglycemia - high blood sugar and/or a condition characterized by high blood sugar

Section 1 Personal Reflection Question

Why is it important for health care professionals to identify residents with conditions that may lead to behavioral disturbances?

Section 2: Restraints

Behavior management and/or related care may require the use of restraints (note: the term restraints may refer to devices that limit or prevent a resident's movement). This section of the course will highlight information relevant to the use of restraints. The information found within this section of the course may be used to ensure that health care organizations meet requirements and, perhaps most importantly, optimize resident safety and care.

Laws, Regulations, and Requirements Regarding the use of Restraints

Title 42 includes laws, regulations, and requirements regarding patient safety and the use of restraints. Relevant laws, regulations, and requirements from Title 42 may be found below. The information found below was derived from materials provided by the U.S. government unless, otherwise, specified (Code of Federal Regulations, 2022).

- The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
- A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.
- The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

- The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

- The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must facilitate the inclusion of the resident and/or the resident's representative; include an assessment of the resident's strengths and needs; incorporate the resident's personal and cultural preferences in developing goals of care.

- The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation; this includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms (note: seclusion may refer to the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving).

- The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.

- The facility must ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms; when the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints (note: the term chemical restraint may refer to a form of medical restraint characterized by the use of a drug to restrict the movement of a resident, or sedate a resident).

- Orders for restraint or seclusion must be by a health care professional permitted by the State and the facility to order restraint or seclusion and trained in the use of emergency safety interventions.

- If the resident's treatment team physician is available, only he or she can order restraint or seclusion.

- A physician or other licensed health care professional permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with health care professionals.

- If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends; the physician or other licensed health care professional permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record; the physician or other licensed health care professional permitted by the State and the facility to order restraint or seclusion must be available to health care professionals for consultation, at least by telephone, throughout the period of the emergency safety intervention.

- Each order for restraint or seclusion must be limited to no longer than the duration of the emergency safety situation.

- Within one hour of the initiation of the emergency safety intervention a physician, or other licensed health care professional trained in the use of emergency safety interventions and permitted by the State and the facility to assess the physical and psychological well being of residents, must conduct a face-to-face assessment of the physical and psychological well being of the resident, including but not limited to the following: the resident's physical and psychological status; the resident's behavior; the appropriateness of the intervention measures; and any complications resulting from the intervention.

- Each order for restraint or seclusion must include the following: the name of the ordering physician or other licensed health care professional permitted by the State and the facility to order restraint or seclusion; the date and time the order was obtained; and the emergency safety intervention ordered, including the length of time for which the physician or other licensed health care professional permitted by the State and the facility to order restraint or seclusion authorized its use.

- Health care professionals must document the intervention in the resident's record; the documentation must be completed by the end of the shift in which the intervention occurs; if the intervention does not end during the shift in which it began, documentation must be completed during the shift in which it ends.

- If a physician or other health care professional permitted by the State and the facility to order restraint or seclusion orders the use of restraint or seclusion, that

person must contact the resident's treatment team physician, unless the ordering physician is the resident's treatment team physician.

- Health care professionals trained in the use of emergency safety interventions must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of restraint throughout the duration of the emergency safety intervention.

- If the emergency safety situation continues beyond the time limit of the order for the use of restraint, a registered nurse or other licensed health care professional must immediately contact the ordering physician or other health care professional permitted by the State and the facility to order restraint or seclusion to receive further instructions.

- A facility should notify relevant individuals that a resident was restrained.

- Health care professionals should document relevant information regarding the restraint of a resident.

- Within 24 hours after the use of restraint or seclusion, health care professionals and other staff involved in an emergency safety intervention and the resident must have a face-to-face discussion; the discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the resident; the facility must conduct such discussion in a language that is understood by the resident's parent(s) or legal guardian(s); the discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by health care professionals, the resident, or others that could prevent the future use of restraint or seclusion.

- Within 24 hours after the use of restraint or seclusion, all health care professionals and staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session.

- Health care professionals must document in the resident's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, names of staff that were excused

from the debriefing, and any changes to the resident's treatment plan that result from the debriefings.

- Health care administrators should note the following: staff and residents injured, as a result of an emergency safety intervention, must obtain medical treatment from qualified health care professionals.

Joint Commission Recommendations and Requirements

In addition to the laws, regulations, and requirements found above, the Joint Commission provides recommendations and requirements for health care professionals regarding the use of restraints. Such recommendations may be found below (note: health care administrators may use the recommendations found below to develop or update relevant organizational policies and procedures). The information found below was derived from materials provided by the Joint Commission (Joint Commission, 2022).

- The Joint Commission requires that a physician or other licensed health care professional responsible for the patient's/resident's care order restraint or seclusion; when restraint or seclusion is used for the management of violent or self-destructive behavior an in-person (face-to-face) evaluation of the patient/ resident within one hour of the initiation of the restraint or seclusion is also required.

- The following four requirements must be met for a physician in a graduate medical education program to order restraint or seclusion or conduct the required face-to-face evaluation of a patient/resident in restraint or seclusion for the management of violent or self-destructive behavior: State law permits residents to perform these two activities under the auspices of a graduate medical education program; the graduate medical education program has provided relevant education and training for the resident in performing these two activities; in the judgment of the graduate medical education program, the resident is able to competently perform restraint and seclusion activities; the health care organization in which the resident provides patient care permits residents to perform restraint and seclusion activities.

- Restraint and seclusion responsibilities, as all other patient/resident care activities performed by the participants in graduate medical education programs, are to be appropriately supervised.

- Health care administrators should consider developing organizational policies and procedures to address restraint and seclusion responsibilities.

The National Safety Council's Recommendations

Health care administrators and health care professionals should also consider the National Safety Council's recommendations regarding the use of restraints. The National Safety Council's recommendations regarding the use of restraints are highlighted below. The information found below was derived from materials provided by the National Safety Council (National Safety Council, 2019).

- Health care administrators should develop a restraint protocol to ensure resident safety; the protocol should include procedures for observation, treatment during the period of restraint, and ongoing assessment of the situation including means and needs of restraint.

- When a health care professional encounters a situation where a resident poses a danger to himself or herself or others, the use of safety restraints may be necessary; if health care professionals do need to restrain a resident, the method of restraint should use the least restrictive method necessary to ensure safe transportation; any restraints used should be humanely and professionally administered; it is important to preserve as much dignity to the resident as possible.

- The following steps should be followed when using restraints:

    - Step 1 - use verbal de-escalation and verbal restraint

    - Step 2 - restrain the resident, face up, using soft restraints

    - Step 3 - use medical assessment and chemical restraint, when applicable.

- When restraints are used, health care professionals should monitor the medical conditions that contributed to behavior disturbances, including: hypoglycemia, stroke, and brain trauma.

- Health care professionals should document the use of restraints; when completing required documentation, health care professionals should include the reasons for restraint, who applied the restraints, what method of restraint was used, periodic assessment of the resident and others, the frequency of

assessment and care provided during transport, which should include: vital signs, skin integrity, where the restraint is placed, as well as continued assessment of the emotional state and whether or not continued restraint is necessary.

- Health care professionals should consider the following practices: prior to restraining a resident, a health care professional should seek help from additional staff, when applicable; there should be multiple health care professionals present to safely control a resident and apply the restraints; avoid placing restraints in a way that will impact access to resident evaluation or cause further harm; notify the receiving facility when a resident was restrained prior to arrival; do not restrain residents in a face down position due to the potential for death; do not transport a resident when the resident is face down; any physical restraint used needs to allow for rapid removal; do not constrict the neck or compromise the airway.

- Residents who continue to struggle after being physically restrained may require chemical restraint to minimize the opportunity for cardiac arrest (e.g., Ativan; Haldol); health care professionals should document what medication was used, how much was given, and when it was given to the resident; health care professionals should refer to medical protocols regarding the safety and dosages of required medications, when applicable.

- When restraints are used, health care professionals should be sure to conform to applicable laws, rules, regulations, and accreditation standards, while noting that the goal of any situation is to keep residents, health care professionals, and others safe.

Chemical Restraint

As previously mentioned, chemical restraint may refer to a form of medical restraint characterized by the use of a medication to restrict the movement of a resident, or sedate a resident. Specific medications that may be used in chemical restraint procedures are highlighted below. The information found below was derived from materials provided by the National Library of Medicine (National Library of Medicine, 2023).

Lorazepam (Ativan)

Medication notes - Ativan is a benzodiazepine. Ativan may be administered orally or by injection. For optimal results, dose, frequency of administration, and duration of therapy should be individualized according to patient response. The most common adverse reactions associated with Ativan include the following: respiratory depression, fatigue, drowsiness, memory impairment, confusion, disorientation, depression, unmasking of depression, disinhibition, euphoria, and suicidal ideation.

Safety notes - contraindications associated with Ativan include: hypersensitivity to benzodiazepines or to any components of the formulation; acute narrow-angle glaucoma. Warnings and precaution associated with Ativan include the following: concomitant use of benzodiazepines, including Ativan, and opioids may result in profound sedation, respiratory depression, coma, and death; reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.; the use of benzodiazepines, including Ativan, may lead to physical and psychological dependence; the risk of dependence increases with higher doses and longer term use and is further increased in patients with a history of alcoholism or drug abuse or in patients with significant personality disorders.

Considerations for special patient populations - Ativan is not recommended for use in patients with a primary depressive disorder or psychosis. Ativan should be used with caution in patients with compromised respiratory function (e.g., COPD; sleep apnea syndrome). Older adults or debilitated patients may be more susceptible to the sedative effects of Ativan.

Alprazolam (Xanax)

Medication notes - Xanax is a benzodiazepine. For optimal results, dose, frequency of administration, and duration of therapy should be individualized according to patient response. In such cases, dosage should be increased cautiously to avoid adverse effects. The most common adverse reactions associated with Xanax include the following: drowsiness, tiredness, dizziness, sleep problems, memory problems, poor balance or coordination, slurred speech and trouble concentrating.

Safety notes - contraindications associated with Xanax include: hypersensitivity to Xanax; concurrent use or ketoconazole and/or itraconazole. Warnings and precaution associated with Xanax include the following: concomitant use of benzodiazepines, including Xanax, and opioids may result in profound sedation, respiratory depression,

coma, and death; because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.

Considerations for special patient populations - older adults may be more sensitive to the effects of benzodiazepines; the smallest effective dose of Xanax should be used in older adults.

Clonazepam (Klonopin)

Medication notes - Klonopin is a benzodiazepine. For optimal results, dose, frequency of administration, and duration of therapy should be individualized according to patient response. In such cases, dosage should be increased cautiously to avoid adverse effects. The most common adverse reactions associated with Klonopin include the following: drowsiness, dizziness, unsteadiness, problems with coordination, difficulty thinking or remembering, increased saliva, muscle or joint pain, frequent urination, blurred vision, and changes in sex drive or ability.

Safety notes - contraindications associated with Klonopin include: Klonopin should not be used in patients with a history of sensitivity to benzodiazepines; Klonopin should not be used in patients with clinical or biochemical evidence of significant liver disease; acute narrow angle glaucoma. Warnings and precaution associated with Klonopin include the following: concomitant use of benzodiazepines, including Klonopin, and opioids may result in profound sedation, respiratory depression, coma, and death; because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate; antiepileptic drugs (AEDs), including Klonopin, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication; patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Considerations for special patient populations - Klonopin undergoes hepatic metabolism - therefore, it is possible that liver disease will impair Klonopin elimination.

Diazepam (Valium)

Medication notes - Valium is a benzodiazepine derivative. Valium dosages should be individualized for maximum beneficial effect. The most common adverse reactions associated with Valium include the following: drowsiness, fatigue, muscle weakness, and impaired coordination.

Safety notes - contraindications associated with Valium include: hypersensitivity to diazepam; pediatric patients under six months of age; patients with myasthenia gravis, severe respiratory insufficiency, severe hepatic insufficiency, sleep apnea syndrome, and/or acute narrow-angle glaucoma. Warnings and precautions associated with Valium include the following: concomitant use of benzodiazepiones, including Valium, and opioids may result in profound sedation, respiratory depression, coma, and death; reserve concomitant prescribing of those drugs for use in patients for whom alternative treatment options are inadequate; follow patients for signs and symptoms of respiratory depression and sedation; Valium is not recommended in the treatment of psychotic patients.

Considerations for special patient populations - in older adult patients, it is recommended that the dosage be limited to the smallest effective amount to preclude the development of impaired coordination or oversedation.

Quetiapine (Seroquel)

Medication notes - Seroquel is an atypical antipsychotic indicated for the treatment of: schizophrenia, bipolar I disorder manic episodes, and bipolar disorder - depressive episode. The most common adverse reactions associated with Seroquel include the following: somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, weight gain, and lethargy.

Safety notes - contraindications associated with Seroquel include a known hypersensitivity to Seroquel or any components in the formulation. Warnings and precautions associated with Seroquel include the following: older adult patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death; Seroquel is not approved for older adult patients with dementia-related psychosis.

Considerations for special patient populations - Seroquel is not approved for older adult patients with dementia-related psychosis.

Haloperidol (Haldol)

Medication notes - Haldol is an antipsychotic indicated for use in the treatment of schizophrenia. Haldol is available as a sterile parenteral form for intramuscular injection. The most common adverse reactions associated with Haldol include the following:

dizziness, lightheadedness, drowsiness, difficulty urinating, sleep disturbances, headache, and anxiety.

Safety notes - contraindications associated with Haldol include: a known hypersensitivity to Haldol; severe toxic central nervous system depression or comatose states from any cause and in individuals who have Parkinson's disease. Warnings and precautions associated with Haldol include the following: increased mortality in older adults with dementia-related psychosis; older adult patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death; Haldol injection is not approved for the treatment of patients with dementia-related psychosis.

Considerations for special patient populations - impaired liver function and/or jaundice are reported.

Risperidone (Risperdal)

Medication notes - Risperdal is an antipsychotic agent indicated for the treatment of schizophrenia in adults. The dose of Risperdal can depend on indication and weight. The most common adverse reactions associated with Risperdal include the following: somnolence, appetite increases, fatigue, rhinitis, upper respiratory tract infection, vomiting, coughing, urinary incontinence, saliva increased, constipation, fever, Parkinsonism, dystonia, abdominal pain, anxiety, nausea, dizziness, dry mouth, tremor, rash, akathisia, and dyspepsia.

Safety notes - contraindications associated with Risperdal include a known hypersensitivity to the product. Warnings and precautions associated with Risperdal include the following: older adult patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death; Risperdal is not approved for use in patients with dementia-related psychosis. Additional warnings associated with Risperdal include the following: leukopenia, neutropenia, and agranulocytosis have been reported with antipsychotics, including Risperdal; patients with a history of a clinically significant low white blood cell count (WBC) or a drug-induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and discontinuation of Risperdal should be considered at the first sign of a clinically significant decline in WBC in the absence of other causative factors; Risperdal may lead to cognitive and motor impairment; Risperdal may lead to suicide.

Considerations for special patient populations - older adults may be at risk for hypotension.

Olanzapine (Zyprexa)

Medication notes - Zyprexa is an atypical antipsychotic medication indicated for the treatment of schizophrenia; acute treatment of manic or mixed episodes associated with bipolar I disorder; maintenance treatment of bipolar I disorder as well as other types of mental health disorders. The dose of Zyprexa is based on indication and age. The most common adverse reactions associated with Zyprexa include the following: postural hypotension, constipation, weight gain, and dizziness.

Safety notes - there are no contraindications with Zyprexa monotherapy. Warnings and precautions associated with Zyprexa include the following: older adult patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death; Zyprexa is not approved for the treatment of patients with dementia-related psychosis.

Considerations for special patient populations - older adults with dementia-related psychosis may have an increased risk of death and increased incidence of cerebrovascular adverse events.

Trazodone

Medication notes - trazodone is an antidepressant indicated for the treatment of major depressive disorder (note: trazodone is often used to treat patients suffering from sleep disorders; trazodone may be used to cause sedation). A typical adult starting dose for trazodone is 150 mg daily, typically, in divided doses. The most common adverse reactions associated with trazodone include the following: edema, blurred vision, a sudden temporary loss of consciousness, drowsiness, fatigue, diarrhea, nasal congestion, and weight loss.

Safety notes - contraindications associated with trazodone include concomitant use of monoamine oxidase inhibitors (MAOIs), or use within 14 days of stopping MAOIs. Warnings and precautions associated with trazodone include the following: antidepressants increased the risk of suicidal thoughts and behaviors in pediatric and young adult patients; closely monitor for clinical worsening and emergence of suicidal thoughts and behaviors; trazodone is not approved for use in pediatric patients; serotonin syndrome is possible; warn patients of risk and symptoms of hypotension; increased risk of bleeding is possible; concomitant use of aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), other antiplatelet drugs, warfarin, and other anticoagulants may increase bleeding risk; priapism may be possible; screen for bipolar

disorder and monitor for mania or hypomania; has potential to impair judgment, thinking, and motor skills; advise patients to use caution when operating machinery; avoid use of antidepressants, including trazodone, in patients with untreated anatomically narrow angles.

Considerations for special patient populations - older adults may require a lower dose.

Section 2 Summary

Behavior management and/or related care may require the use of restraints. Health care administrators and health care professionals should be aware of laws, regulations, requirements, and recommendations regarding the use of restraints. Health care administrators should remain up to date with such laws, regulations, requirements, and recommendations, as well as revise organizational policies and procedures, when appropriate, to reflect the specific needs of residents.

Section 2 Key Concepts

- Title 42 includes laws, regulations, and requirements regarding patient safety and the use of restraints.
- Health care administrators should develop a restraint protocol to ensure resident safety; the protocol should include procedures for observation, treatment during the period of restraint, and ongoing assessment of the situation including means and needs of restraint.
- The following medications may be used in chemical restraint procedures: Ativan, Xanax, Klonopin, Valium, Seroquel, Haldol, Risperdal, Zyprexa, and trazodone.

Section 2 Key Terms

Restraints - devices that limit or prevent a resident's movement

Seclusion - the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving

Chemical restraint - a form of medical restraint characterized by the use of a medication to restrict the movement of a resident, or sedate a resident

Section 2 Personal Reflection Question

Why is it important for health care professionals to preserve a resident's dignity when utilizing restraints?

Section 3: Behavior Management Care Recommendations

This section of the course will highlight behavior management care recommendations. The information found within this section of the course was derived from materials provided by the CDC unless, otherwise, specified (CDC, 2022).

- **Work to identify older adult residents with conditions that may lead to behavioral disturbances** - health care professionals should work to identify older adult residents with conditions that may lead to behavioral disturbances to help limit and prevent behavioral disturbances. Health care administrators should note that some residents may require observation and monitoring.
- **Work to identify older adult residents that have special needs and/or requirements** - to build on the previous recommendation, health care professionals should work to identify older adult residents that have special needs and/or requirements. Some older adult residents may have special needs and/or requirements due to various health conditions and diseases such as: depression, anxiety, cardiovascular disease, and diabetes. Health care professionals should work to identify such residents to ensure their needs and requirements (e.g., a specific diet) are met. Health care administrators should note that a failure to identify older adult residents with special needs and/or requirements may lead to behavioral disturbances (e.g., a resident with diabetes does not receive adequate nutrition; as a result, the resident experiences hyperglycemia, and, subsequent, irritability and confusion).
- **Maintain consistency when caring for residents** - maintaining consistency when caring for residents can help prevent behavioral disturbances, such as confusion. Health care professionals can maintain consistency when caring for residents by administering medications at the same time; serving meals at the same times; allowing residents to sleep and wake up at the same times, when applicable.

- **Do not meet aggressive behavior from a resident with aggression** - health care professionals should not meet aggression with aggression. In other words, health care professionals should not be aggressive with residents who are acting aggressive. Aggression manifested towards a resident could cause the resident to intensify his or her aggression. Aggression from a health care professional could also lead to confusion or other behavioral disturbances. Finally, and perhaps most importantly, aggression could negatively impact the health, overall well-being, and quality of life of a resident (e.g., lead to anxiety or PTSD).

- **Remain calm when engaging in behavior management** - to build on the previous recommendation, health care professionals should remain calm when engaging in behavior management. Remaining calm can have a positive effect on residents, and may deescalate behavioral disturbances. Examples of methods health care professionals can use to maintain calm during behavioral disturbances include the following: do not yell or scream; do not speak with an aggressive tone; do not make aggressive hand gestures (e.g., wave a fist at a resident; wave an open hand at a resident); take deep breaths; ask for assistance from other health care professionals if assistance is required; act professionally at all times.

- **Avoid resident triggers** - health care professionals should avoid specific resident triggers that may elicit behavioral disturbances. For example, talking too loudly when speaking to a resident may trigger irritability; making an inappropriate remark when speaking to a resident may trigger irritability, aggression, hostility, and/or confusion; talking to fast when speaking to a resident may trigger confusion; watching television programming or films with erotic scenes may trigger ISB; reading materials outlining sexual acts may trigger ISB. Health care professionals should be aware of specific triggers for individual residents. Resident observation and monitoring can help health care professionals identify specific resident triggers.

- **Do not positively reinforce behavioral disturbances** - health care professionals should not positively reinforce any type of behavioral disturbance, especially abusive behavior, hoarding, attention-seeking behavior, ISB, and talking about suicide. Positive reinforcement may refer to any action that encourages or makes it more likely for a specific behavior to occur again in the future. Examples of positive reinforcement include the following: clapping in a positive manner, praise, rewards, and laughing. Health care administrators should note that

positive reinforcement may elicit further behavioral disturbances from a resident or intensify a resident's behavioral disturbances.

- **Identify times of day when behavioral disturbances occur from a specific resident** - an individual resident may exhibit behavioral disturbances at a specific time of day (e.g., ISB during bathing; attention-seeking behavior during resident activities). Identifying the time of day an individual resident exhibits behavioral disturbances can help health care professionals prepare for potential behavioral disturbances and avoid any resident disruptions that may result from behavioral disturbances. Health care administrators should note that observation and monitoring can help health care professionals identify specific times of day when an individual resident exhibits a behavioral disturbance.

- **Identify residents that are prone to public disrobing** - public disrobing, or taking off one's clothes in public or around people, can be observed in resident populations suffering from dementia associated ISB. Health care professionals should work to identify residents that are prone to public disrobing to help avoid resident disturbances. Additionally, health care professionals may want to consider keeping a blanket or towel nearby when caring for residents that are prone to public disrobing. A nearby blanket or towel could be used to cover a resident if the resident begins to disrobe in public. Health care administrators should note that patient observation and monitoring can help health care professionals identify residents prone to public disrobing.

- **Consider using diversionary tactics during behavioral disturbances** - when a behavioral disturbance is occurring, health care professionals should consider using diversionary tactics to help divert a resident's interest away from the behavioral disturbance. Examples of diversionary tactics include the following: encouraging a resident to watch an appropriate television program or film; encouraging a resident to read an appropriate book; encouraging a resident to look at a family photo album. Health care administrators should note that diversionary tactics may be used to prevent behavioral disturbances.

- **Possess insight into the medications that may be used in chemical restraint procedures** - as previously mentioned chemical restraint may refer to a form of medical restraint characterized by the use of a medication to restrict the movement of a resident, or sedate a resident. Health care administrators and health care professionals should possess insight into medications that may be

used in chemical restraint procedures. Health care professionals should note resident allergies to medications that may be used in chemical restraint procedures. Health care administrators should note that the following medications may be used in chemical restraint procedures: Ativan, Xanax, Klonopin, Valium, Seroquel, Haldol, Risperdal, Zyprexa, and trazodone.

- **Possess insight into the non-pharmacological treatment options that may be used in behavior management and/or related care** - health care professionals should possess insight into the following non-pharmacological treatment options that may be used in behavior management and/or related care: psychotherapy, cognitive behavioral therapy, and support groups. Health care administrators should note the following: psychotherapy may refer to a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior; cognitive behavioral therapy may refer to a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior; support groups may refer to a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice.

- **Health care administrators and health care professionals should be aware that some residents may experience hallucinations and/or delusions** - some residents may experience hallucinations and/or delusions due to conditions, such as dementia and schizophrenia; hallucinations and/or delusions may, subsequently, lead to behavioral disturbances (e.g., irritability, aggression, hostility, and confusion). Health care professionals should acknowledge when a resident is experiencing a hallucination or a delusion because health care professionals may have to take steps to ensure the resident's safety, other residents' safety, and their own safety. Health care administrators should note the following: the term hallucination may refer to a perception of seeing, hearing, touching, tasting, or smelling something that is not present; the term delusion may refer to a belief that is not rooted in reality (National Institute of Mental Health, 2022).

- **Ensure older adult residents are adequately hydrated** - dehydration can lead to irritability, confusion, and other behavioral disturbances. Therefore, health care administrators should ensure that residents are adequately hydrated. Health care administrators should note the following signs/symptoms of dehydration: very dry skin, rapid heartbeat, rapid breathing, confusion, and dark urine output.

- **Ensure older adult residents receive adequate nutrition** - in addition to adequate hydration, it is important that older adult residents are well nourished when receiving care. Therefore, health care administrators should ensure residents receive adequate nutrition. Health care administrators should note the following signs/symptoms of malnutrition: fatigue, dizziness, and weight loss.

- **Ensure resident comfort** - some forms of behavioral disturbances may result from resident discomfort (e.g., irritability, aggression, and hostility). Therefore, health care administrators should work to ensure resident comfort to help prevent behavioral disturbances. Health care administrators can work to ensure resident comfort by asking residents if they have food, meal, and/or activity preferences.

- **Ensure residents obtain an adequate amount of sleep** - some types of behavioral disturbances may result from a lack of adequate sleep (e.g., irritability, aggression, and hostility). Therefore, health care administrators should work to ensure residents obtain an adequate amount of sleep to help prevent behavioral disturbances. Health care administrators should note the following: individuals 61 - 64 years old should sleep seven to nine hours; individuals 65 years old or older should sleep seven to eight hours.

- **Ensure residents receive treatment for conditions that may lead to behavioral disturbances** - health care administrators should ensure that residents receive treatment for conditions that may lead to behavioral disturbances (e.g., dementia, Alzheimer's disease, depression, anxiety, post-traumatic stress disorder [PTSD], schizophrenia, obsessive-compulsive disorder [OCD], bipolar disorder, borderline personality disorder, histrionic personality disorder, urinary tract infection [UTI], influenza [flu], COVID-19, cardiovascular disease, stroke, and diabetes). Treatment for such conditions can help reduce behavioral disturbances. Health care administrators should note that treatment for such conditions may include pharmacological and non- pharmacological therapies.

- **Ensure residents engage in physical activity** - physical activity can help limit and prevent some behavioral disturbances (e.g., irritability, aggression, and hostility) (note: physical activity may refer to any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level) (U.S. Department of Health and Human Services, 2018). Physical activity can also help manage conditions that may lead to behavioral disturbances (e.g., depression, anxiety, post-traumatic stress disorder [PTSD], and obsessive-

compulsive disorder [OCD]). Health care administrators should note the following physical activity recommendations: adults and older adults should move more and sit less throughout the day; some physical activity is better than none; adults and older adults who sit less and do any amount of moderate-to-vigorous physical activity gain some health benefits; for substantial health benefits, adults should do at least 150 minutes to 300 minutes a week of moderate-intensity, or 75 minutes to 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity; preferably, aerobic activity should be spread throughout the week; additional health benefits are gained by engaging in physical activity beyond the equivalent of 300 minutes of moderate-intensity physical activity a week; adults and older adults should also do muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on two or more days a week, as these activities provide additional health benefits; as part of their weekly physical activity, older adults should do multicomponent physical activity that includes balance training as well as aerobic and muscle-strengthening activities; older adults should determine their level of effort for physical activity; older adults should prioritize safety when engaging in physical activity (U.S. Department of Health and Human Services, 2018).

- **Encourage residents to participate in recreational therapy** - much like with physical activity, recreational therapy can help manage conditions that may lead to behavioral disturbances (e.g., depression, anxiety, post-traumatic stress disorder [PTSD], and obsessive-compulsive disorder [OCD]). Therefore, health care administrators should work to develop and maintain recreational therapy programs, as well as encourage residents to participate in recreational therapy. Specific information regarding recreational therapy may be found below. The information found below was derived from materials provided by the American Therapeutic Recreation Association unless, otherwise, specified (American Therapeutic Recreation Association, 2022).

    - Recreational therapy, also known as therapeutic recreation, may refer to a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being.

- Recreational therapy may be provided by a recreational therapist; a recreational therapist may refer to a therapist who treats and helps maintain the physical, mental, and emotional well-being of patients by seeking to reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively.

- The purpose of recreational therapy is to improve or maintain physical, cognitive, social, emotional, and spiritual functioning in order to facilitate improved health, overall well-being, and quality of life.

- Recreational therapy includes providing treatment services and recreation activities to individuals using a variety of techniques including: arts and crafts, animals, sports, games, dance, movement, drama, music, and community outings.

- **Encourage residents to participate in tai chi, when applicable** - tai chi can be part of recreational therapy programs, and can help manage conditions that may lead to behavioral disturbances (e.g., depression, anxiety, post-traumatic stress disorder [PTSD], obsessive-compulsive disorder [OCD], and diabetes). Specific information regarding tai chi may be found below. The information found below was derived from materials provided by the National Institutes of Health (National Institutes of Health, 2022).

    - Tai chi may refer to a practice that involves a series of slow gentle movements and physical postures, a meditative state of mind, and controlled breathing.

    - Tai chi originated as an ancient martial art in China. Over the years, it became more focused on health promotion and rehabilitation.

    - Tai chi can help residents engage in physical activity, as well as reduce stress, tension, social isolation, and loneliness.

    - Tai chi may be beneficial in improving balance and preventing falls in older adults and people with Parkinson's disease.

    - Recent research shows that tai chi improves levels of fasting blood glucose and hemoglobin A1c (HbA1c) in people with type 2 diabetes and may improve quality of life factors.

- **Encourage residents to participate in yoga, when applicable** - much like with tai chi, yoga can be part of recreational therapy programs, and can help manage conditions that may lead to behavioral disturbances (e.g., depression, anxiety, post-traumatic stress disorder [PTSD], and obsessive-compulsive disorder [OCD]). Specific information regarding yoga may be found below. The information found below was derived from materials provided by the National Institutes of Health (National Institutes of Health, 2021).

    - Yoga may refer to a practice characterized by physical postures, breathing techniques, and meditation.

    - Yoga is an ancient and complex practice, rooted in Indian philosophy. It began as a spiritual practice but became popular as a way of promoting physical and mental well-being.

    - Yoga practiced in the United States typically emphasizes physical postures (asanas), breathing techniques (pranayama), and meditation.

    - Yoga can help residents engage in physical activity, as well as reduce stress, tension, social isolation, and loneliness.

    - Research suggests that yoga may: help improve general wellness by relieving stress, supporting good health habits, and improving mental/emotional health, sleep, and balance; relieve low-back pain and neck pain, and possibly pain from tension-type headaches and knee osteoarthritis; help individuals who are overweight or obese lose weight; help individuals quit smoking; help individuals manage anxiety or depressive symptoms associated with difficult life situations; relieve menopause symptoms; help individuals with chronic diseases manage their symptoms and improve their quality of life.

    - Studies suggest possible benefits of yoga for several aspects of wellness, including: stress management, mental/emotional health, promoting healthy eating/activity habits, sleep, and balance.

- **Adequately assess residents' pain** - pain may lead to irritability, aggression, hostility, and other behavioral disturbances (note: pain may refer to an unpleasant sensory and emotional experience arising from actual or potential tissue damage). Therefore, health care professionals should adequately assess

residents' pain so residents may receive the care they require. Health care administrators should note that residents may experience acute and/or chronic pain.

- **Conduct medication reconciliations** - health care professionals should conduct medication reconciliations to note any medications that may cause adverse reactions that may lead to behavioral disturbances (e.g., a medication may cause fatigue, which may, subsequently, lead to irritability, aggression, hostility, and confusion). A medication reconciliation may refer to a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications (Joint Commission, 2023). Health care administrators should note the following information regarding medication reconciliations: medication reconciliations are intended to identify and resolve medication discrepancies; medication reconciliations should address medication duplications, omissions, and interactions, and the need to continue current medications; the type of information health care professionals should use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose; health care professionals should identify the information that needs to be collected in order to reconcile current and newly ordered medications and to safely prescribe medications in the future (Joint Commission, 2023).

- **Use at least two patient identifiers when providing care, treatment, and services** - to help prevent medical errors from occurring, health care professionals should use at least two patient/resident identifiers when providing care, treatment, and services (note: the term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient/resident) (Joint Commission, 2023). Health care administrators should note that medical errors may cause adverse reactions that may lead to behavioral disturbances. For example, a resident receives the wrong medication; the wrong medication leads to unanticipated adverse reactions (e.g., elevated blood pressure); the unanticipated adverse reactions lead to behavioral disturbances (e.g., irritability, aggression, hostility, and confusion). Health care administrators should also note the following: health care professionals should use at least two patient/resident identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures; the resident's room number or physical location should not be used as an identifier (Joint Commission, 2023).

- **Engage in hand hygiene** - engaging in hand hygiene can help prevent some of the conditions that may lead to behavioral disturbances (e.g., influenza; COVID-19) (note: hand hygiene may refer to a process of cleaning the hands in order to prevent contamination and/or the spread of infectious agents [e.g., viruses]). Health care administrators should note that hand hygiene should be performed at the following key moments: when the hands are visibly soiled; after barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions; before and after treating each patient/resident; before donning personal protective equipment (PPE); immediately after removing all PEE (note: personal protective equipment [PPE] may refer to equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease) (CDC, 2021).

- **Effectively don PPE, when applicable** - effectively donning PPE can help prevent some of the conditions that may lead to behavioral disturbances (e.g., influenza; COVID-19). Health care administrators should note the following: when donning PPE, health care professionals should, first, engage in hand hygiene, and then don PPE, as required; when removing PPE, health care professionals should remove PPE as required, and then engage in hand hygiene after removing all PPE (CDC, 2021).

- **Work to prevent the transmission of influenza viruses** - as previously mentioned, influenza (flu) may lead to behavioral disturbances (e.g., irritability, aggression, hostility, and confusion). Therefore, health care administrators and health care professionals should work to prevent the transmission of influenza viruses. Health care administrators should note the following: flu vaccines can protect individuals from flu and its potentially serious complications; the CDC recommends that almost everyone six months of age and older get a seasonal flu vaccine each year by the end of October; flu vaccination is especially important for individuals 65 years and older because they are at high risk of developing serious complications from flu; flu vaccines are updated each season as needed to keep up with the changing viruses; immunity wanes over a year, so annual vaccination is needed to ensure the best possible protection against flu. Health care administrators should also note the following: health care administrators and health care professionals can work to prevent the transmission of influenza viruses by the following means: practicing effective hand hygiene; donning PPE, when appropriate; employing respiratory hygiene and cough etiquette measures; ensuring the safe handling of

potentially contaminated equipment and surfaces in the resident environment; and by following safe injection practices.

- **Work to prevent the transmission of the virus that causes COVID-19** - as previously mentioned, COVID-19 may lead to behavioral disturbances (e.g., irritability, aggression, hostility, and confusion). Therefore, health care administrators and health care professionals should work to prevent the transmission of the COVID-19 virus. Health care administrators should note the following: vaccines may prevent COVID-19 (e.g., the Pfizer-BioNTech COVID-19 vaccine); the CDC recommends that everyone who is eligible receive a COVID-19 vaccine and/or COVID-19 vaccine booster. Health care administrators should also note the following: health care administrators and health care professionals can work to prevent the transmission of the COVID-19 virus by the following means: practicing effective hand hygiene; donning PPE, when appropriate; employing respiratory hygiene and cough etiquette measures; ensuring the safe handling of potentially contaminated equipment and surfaces in the resident environment; and by following safe injection practices.

- **Work to reduce the risk of health care-associated infections** - to build on the previous recommendations, health care administrators should work to reduce the risk of health care-associated infections (note: the term health care-associated infection may refer to infections related to the administration of health care by health care professionals). Health care administrators should note the Joint Commission's recommendations to help reduce the risk of health care-associated infections: implement a health care facility program that follows categories IA, IB, and IC of either the current CDC or the current World Health Organization (WHO) hand hygiene guidelines; set organizational goals for improving compliance with hand hygiene guidelines; improve compliance with hand hygiene guidelines based on established goals (Joint Commission, 2023).

- **Develop and/or update policies and procedures regarding resident hygiene** - policies and procedures regarding resident hygiene can help prevent and address self-neglect and/or any behavioral disturbances related to specific conditions, such as depression. Health care administrators should consider the type of information found below when developing and/or updating policies and procedures regarding resident hygiene.

- **Bathing regularly** - bathing regularly can help prevent the spread of infections and diseases among older adult residents. When helping to bathe residents, health care professionals should note the following: before the older adult bathing process begins, health care professionals should get bathing necessities (e.g., soap) ready to ease the bathing process; health care professionals should make sure the bathing area is warm and well lit; during the bathing process, health care professionals should never leave a confused older adult resident alone; health care professionals should ensure water temperature is comfortable for the older adult resident; health care professionals should use a hand-held showerhead for safety reasons, when applicable; health care professionals should ensure a rubber bath mat, safety bars, and other related safety items are located in the older adult bathing area, when applicable; health care professionals should use a sturdy shower chair to support an older adult resident who is unsteady in order to prevent falls; health care professionals should maintain older adult patient bathing schedules and routines.

- **Water use** - when helping to bathe residents, health care professionals should note the following: health care professionals should ask residents for their preference regarding water use, when applicable; use warm water when engaging in personal hygiene rather than hot water or extremely hot water to reduce the risk of dehydrating the skin; do not bath residents for long periods of time to reduce the risk of dehydrating the skin.

- **Drying** - when helping to bathe residents, health care professionals should note the following: older adult residents should be encouraged to pat or gently rub their skin when drying the skin to help prevent related irritation and skin damage; older adult residents should be encouraged to use soft cloths to dry their skin in order to help prevent related irritation and skin damage.

- **Mouth care** - mouth care may refer to the act of maintaining oral hygiene. Older adult residents should be encouraged to brush their teeth, at least, twice a day with fluoride toothpaste, floss regularly, and clean their dentures, when applicable. Health care administrators should note the following: when providing mouth care for a resident who is unconscious, health care professionals should elevate the head of the bed, when

applicable, and turn the resident's head to the side to allow fluids to run out of the resident's mouth instead of down the resident's throat (American Red Cross, 2018). Health care administrators should also note the following: some residents may wear dentures; dentures should be removed for cleaning and, ideally, for at least eight hours every day (usually overnight) to rest the resident's gums (American Red Cross, 2018).

- **Hair care** - hair care may refer to the act of washing, conditioning, brushing, combing, and styling the hair. Older adult residents should be encouraged to wash, condition, brush/comb, and style their hair to help remove dirt, oil, and bacteria from the hair and scalp, and to help promote confidence, self-esteem, and a positive attitude. Health care administrators should note that some residents may prefer specific hair care products; allowing residents to use preferred products may encourage residents to routinely engage in hair care.

- **Safely and effectively carry out resident hygiene procedures** - to build on the previous recommendation, health care administrators should ensure that health care professionals safely and effectively carry out resident hygiene procedures. Specific hygiene procedures are highlighted below. The information found below was derived from materials provided by the American Red Cross (American Red Cross, 2018).

  <u>Brushing a Resident's Teeth</u>

  - Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
  - Greet the resident.
  - Explain the procedure, when appropriate.
  - Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
  - Position the resident in the high Fowler's position, if the resident is in bed.
  - Place a towel across the resident's chest, when applicable.

- Allow the resident to use mouthwash or a mouthwash-water mixture to rinse his or her mouth.
- Wet the resident's toothbrush.
- Place toothpaste on the resident's toothbrush.
- Starting at the back of the mouth, brush the resident's upper teeth and gums.
- Starting at the back of the mouth, brush the resident's lower teeth and gums.
- Brush the tongue.
- Allow the resident to use mouthwash or a mouthwash-water mixture to rinse his or her mouth, when applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Flossing a Resident's Teeth

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate (note: flossing may take place after brushing a resident's teeth).
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Position the resident in the high Fowler's position, if the resident is in bed.
- Place a towel across the resident's chest, when applicable.
- Allow the resident to use mouthwash or a mouthwash-water mixture to rinse his or her mouth.
- Starting between the two front teeth, floss the resident's teeth (note: health care professionals should hold the handle of the floss pick and slide the floss carefully between the teeth, when applicable).
- Allow the resident to use mouthwash or a mouthwash-water mixture to rinse his or her mouth, when applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

<u>Brushing and Combing a Resident's Hair</u>

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Position the resident in the high Fowler's position, when applicable.
- Place a towel over the resident's shoulders, when applicable.

- Remove the resident's eye glasses, when applicable.
- Comb or brush the resident's hair gently, beginning at the ends, and then work up, in sections, to the scalp.
- Style the resident's hair, as directed.
- Allow the resident to view his or her hair with a hand mirror when complete.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

<u>Helping a Resident Shave the Face</u>

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Place an over-bed table across the resident.
- Cover the over-bed table with paper towel, and fill a wash basin with warm water.
- Position the resident in the high Fowler's position.
- Place a towel on the resident's chest.

- Inspect the area to be shaved in order to note areas that should be avoided while shaving (e.g., sores).
- Allow the resident to wash the face and/or help the resident wash the face.
- Allow the resident to apply shaving cream or applicable shaving product and/or help the resident to apply shaving cream or applicable shaving product.
- Assist the resident with shaving, if required (note: health care professionals should shave one side of the face then the other).
- Allow the resident to wash the face and/or help the resident wash the face.
- Allow the resident to dry the face and/or help the resident dry the face.
- Allow the resident to view the face with a hand mirror when complete.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

<u>Provide Hand Care</u>

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Place an over-bed table across the resident, if applicable.
- Cover the over-bed table with paper towels.
- Fill a basin with warm water (note: the water should be approximately 105° F and 115° F).
- Allow the resident to soak his or her hands for approximately five minutes.
- Wet a washcloth and apply soap.
- Lift the resident's hand from the water, one at a time; wash the hand, pushing the cuticles back gently with the washcloth; gently clean underneath the resident's nails.
- Rinse the resident's hands.
- Dry the resident's hands.
- Trim the resident's fingernails, if applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

<u>Provide Foot Care</u>

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Fill a basin with warm water (note: the water should be approximately 105° F and 115° F).
- Allow the resident to soak his or her feet for approximately five minutes.
- Wet a washcloth and apply soap.
- Lift the resident's foot from the water, one at a time; wash the resident's feet, and between the resident's toes with the washcloth.
- Rinse the resident's feet.
- Dry the resident's feet.
- Trim the resident's toenails, if applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

<u>Providing Male Perineal Care</u>

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Fill a basin with warm water (note: the water should be approximately 105° F and 115° F).
- Lower the head of the bed as low as the resident can tolerate.
- Cover the resident with a bath blanket, when applicable.
- Help the resident remove soiled clothing, when applicable.
- Allow the resident to bend the knees and spread the legs as much as possible.
- Allow the resident to raise the buttocks off the bed, and place a bed protector under the resident's hips, when applicable.
- Adjust the bath blanket, as needed to ensure the resident is appropriately covered.
- Wash the perineal area; hold the man's penis in one hand; moving from the urethral opening outward, wash the penis using a circular motion, starting with the tip and moving down to the base of the penis (note: if the resident is uncircumcised, retract the foreskin when washing).
- Help the resident turn to one side.
- Wash the anal area; wash one side, then the other side, and then the middle, using a different part of the washcloth for each stroke.
- Dry the anal area with a clean towel.
- Remove the bed protector, when applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help

within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Providing Female Perineal Care

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Fill a basin with warm water (note: the water should be approximately 105° F and 115° F).
- Lower the head of the bed as low as the resident can tolerate.
- Cover the resident with a bath blanket, when applicable.
- Help the resident remove soiled clothing, when applicable.
- Allow the resident to bend the knees and spread the legs as much as possible.
- Allow the resident to raise the buttocks off the bed, and place a bed protector under the resident's hips, when applicable.
- Adjust the bath blanket, as needed to ensure the resident is appropriately covered.
- Wash the perineal area; separate the labia with one hand; place the washcloth at the top of the vulva and stroke downward, toward the anus; clean the middle, then one side, then the other side, using a clean part of the washcloth for each stroke; dry the area with a clean towel.
- Help the resident turn to one side.

- Wash the anal area; wash one side, then the other side, and then the middle, using a different part of the washcloth for each stroke.
- Dry the anal area with a clean towel.
- Remove the bed protector, when applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

<u>Helping a Resident with a Bed Bath</u>

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Lower the head of the bed as low as the resident can tolerate.
- The health care professional should help the resident move closer to the side of the bed where he or she is working.
- Remove and fold the bedspread and blanket for reuse; cover the resident and the top sheet with the bath blanket to provide privacy and warmth; fold the top linens down to the bottom of the bed.
- Help the resident to remove soiled clothing, when applicable.

- Wash the resident's face, neck, and ears.
- When washing a resident's face, neck, and ears, health care professionals should note the following: wash the eye area first; dry the eye area before moving on to other areas; do not use too much soap; take care to avoid getting soap in the resident's eyes; observe the face, neck, and ears for any changes in skin integrity (note: skin integrity may refer to skin health).
- Wash the resident's arms and hands.
- When washing a resident's arms and hands, health care professionals should note the following: be sure to rinse and dry the shoulder, arm, and underarm; be sure to wash the resident's hands with care; observe the shoulders, arms, and underarms for any changes in skin integrity.
- Wash the resident's chest and abdomen.
- When washing a resident's chest and abdomen, health care professionals should note the following: be sure to wash and dry the chest; be sure to wash and dry the abdomen; observe the chest and abdomen for any changes in skin integrity.
- Wash the resident's legs and feet.
- When washing a resident's legs and feet, health care professionals should note the following: be sure to wash and dry the legs; consider using a basin to wash the resident's feet; be sure to wash and dry the feet; observe the legs and feet for any changes in skin integrity.
- Wash a resident's back and buttocks.
- When washing a resident's back and buttocks, health care professionals should note the following: help the resident turn to one side, when required; help the resident turn over, when required; observe the back and buttocks for any changes in skin integrity.
- Wash the resident's perineal area.
- When washing a resident's perineal, health care professionals should note the following: help the resident turn to one side, when required; allow the

resident the option to clean his or her own perineal area, if applicable; observe the back and buttocks for any changes in skin integrity.

- Ensure the resident is completely dry.
- Help the resident dress, when applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Help a Resident Take a Shower or Tub Bath

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Help the resident put on a robe and footwear, and assist the resident to the shower or tub room.
- Run the water.
- Adjust the temperature of the water so that it is warm to the touch (note: the water should be approximately 105° F and 115° F).
- Allow the resident to feel the water temperature.

- Make water temperature adjustments, if required.
- Offer a shower cap, if applicable.
- Help the resident undress, if applicable.
- Help the resident in the shower and/or tub.
- Provide the resident with soap and a washcloth.
- Allow the resident to wash his or her body.
- Help the resident with the washing process, if required.
- Help the resident wash all of the soap of the skin, if required.
- Allow the resident to wash his or her hair and/or help the resident to wash his or her hair, if applicable.
- Turn off the water when complete, if applicable.
- Help the resident get out of the shower and/or tub, and transfer the resident to a towel-covered chair, if applicable.
- Help the resident completely dry off.
- Help the resident to apply lotion, deodorant, or antiperspirant, or other products, if applicable.
- Help the resident dress.
- Assist the resident out of the shower or tub room.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when

applicable; clean up the work area; engage in hand hygiene, when appropriate.

- **Develop and/or update policies and procedures that establish safety measures to protect residents** - behavioral disturbances may pose a threat to other residents' safety (e.g., a resident is being aggressive with another resident; a resident is being hostile with another resident; a resident is abusing another resident). Therefore, health care administrators should develop and/or update policies and procedures that establish safety measures to protect residents from any resident-related danger. Health care administrators may want to consider including health care professionals in the development of such policies and procedures in order to optimize their effectiveness.

- **Develop and/or update policies and procedures that establish safety measures to protect heath care professionals** - behavioral disturbances may pose a threat to health care professionals' safety (e.g., a resident is being aggressive with a health care professional; a resident is being hostile with a health care professional; a resident is abusing a health care professional). Therefore, health care administrators should develop and/or update policies and procedures that establish safety measures to protect health care professionals from any resident-related danger. Health care administrators may want to consider including health care professionals in the development of such policies and procedures in order to optimize their effectiveness.

- **Develop and/or update policies and procedures for reporting potential resident safety issues that may warrant investigation** - health care administrators should develop and/or update policies and procedures for reporting potential resident safety issues that may warrant investigation. Health care administrators should note the following: reporting potential resident safety issues (e.g., resident abuse) that may exist within health care facilities can help health care professionals, their peers, and their associated health care organizations avoid incidents that may lead to compromised older adult resident safety. Health care administrators should also note the following: health care professionals should be familiar with their associated health care organizations' methods for resident safety reporting; if no such policies and procedures exist, health care administrators should consider developing such policies and procedures.

- **Pursue opportunities to further health care education and remain up to date on relevant behavior management topics** - finally, health care information is always being updated. Thus, health care administrators and health care professionals should pursue opportunities to further their education. Remaining up to date on relevant behavior management topics can help health care administrators and health care professionals in their daily practice and can further their understanding of how to provide safe and effective care to older adult residents in need.

Section 3 Summary

Behavior management care recommendations can help health care professionals optimize resident care. Health care administrators may use behavior management care recommendations to develop and update organizational policies and procedures to reflect the specific needs of residents.

Section 3 Key Concepts

- Behavior management care recommendations can help health care professionals optimize resident care.

Section 3 Key Terms

Positive reinforcement - any action that encourages or makes it more likely for a specific behavior to occur again in the future

Psychotherapy - a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior

Cognitive behavioral therapy - a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior

Support group - a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice

Hallucination - a perception of seeing, hearing, touching, tasting, or smelling something that is not present

Delusion - a belief that is not rooted in reality

Physical activity - any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level) (U.S. Department of Health and Human Services, 2018)

Recreational therapy (also known as therapeutic recreation) - a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being

Recreational therapist - a therapist who treats and helps maintain the physical, mental, and emotional well-being of patients by seeking to reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively

Tai chi - a practice that involves a series of slow gentle movements and physical postures, a meditative state of mind, and controlled breathing

Yoga - a practice characterized by physical postures, breathing techniques, and meditation

Pain - an unpleasant sensory and emotional experience arising from actual or potential tissue damage

Medication reconciliation - a process of comparing the medications an individual is taking (or should be taking) with newly ordered medications (Joint Commission, 2023)

Medical error - a preventable adverse effect of care that may or may not be evident or causes harm to a patient/resident (Joint Commission, 2023)

Hand hygiene - the process of cleaning hands in order to prevent contamination and/or infections

Personal protective equipment (PPE) - equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease

Health care-associated infection - infections related to the administration of health care by health care professionals

Mouth care - the act of maintaining oral hygiene

Hair care - the act of washing, conditioning, brushing, combing, and styling the hair

Skin integrity - skin health

Section 3 Personal Reflection Question

How can health care professionals use the above recommendations to safely and effectively administer behavior management care?

Section 4: Behavior Management Case Study

Case Study: Behavior Management

The case study at the beginning of the course is presented in this section to review the concepts found in this course. A case study review will follow the case study. The case study review includes the types of questions health care professionals should ask themselves when considering resident care and behavior management. Additionally, reflection questions will be posed, within the case study review, to encourage further internal debate and consideration regarding the presented case study and behavior management. The information found within the case study and case study review was derived from materials provided by the CDC unless, otherwise, specified (CDC, 2022).

Case Study

A group of residents are taking part in an art therapy activity. The residents are being social, and appear to be enjoying the art therapy activity, with the exception of a 74-year-old, male resident named Oscar. About half way through the art therapy activity, Oscar slams his fists on the table in front of him. Another resident asks Oscar if he is okay, but Oscar does not answer. Before a health care professional can speak to Oscar, Oscar slams his fists on the table again, and yells out, "I am a veteran, and I do not have to do this." Oscar then gets up, and walks to his room. A health care professional follows Oscar to his room, to check on him. When the health care professional reaches Oscar's room, Oscar is sitting in a chair by a window. Oscar is quiet, and is looking out of the window. The health care professional asks Oscar if he is okay. Oscar does not provide an answer to the health care professional's question. Instead he simply waves at the health care professional.

A review of Oscar's record reveals that he has diabetes, and a history of substance abuse disorder. Oscar's record also reveals that he recently tested positive for COVID-19. Oscar does not currently have COVID-19 symptoms - however, he does occasionally appear to be out of breath after walking for short periods of time. Oscar's record also reveals that he occasionally refuses to take medications, take part in physical therapy, and refuses animal therapy because dogs remind him of his wife, Beth. Oscar does not have any known drug allergies, and is on several medications including medications to treat diabetes, and warfarin.

A few hours after the art therapy incident, Oscar appears calm. He is eating normally, drinking water, and talking with one of his "buddies," who is also a military veteran. Oscar also apologized to some of the members of the art therapy group, and to the health care professional who was present at the time of the incident. The health care professional accepts Oscar's apology and expresses gratitude towards Oscar for apologizing. Oscar remains calm for the rest of the day - however, later that evening a health care professional notices that Oscar appears irritated after watching a documentary film about Vietnam. Health care professionals observe Oscar, and note his behavior towards other residents.

Case Study Review

What resident details may be relevant to behavior management?

The following resident details may be relevant to behavior management: a group of residents are taking part in an art therapy activity; about half way through the art therapy activity, Oscar slams his fists on the table in front of him; Oscar slams his fists on the table again, and yells out, "I am a veteran, and I do not have to do this;" Oscar then gets up, and walks to his room; a health care professional follows Oscar to his room, to check on him; when the health care professional reaches Oscar's room, Oscar is sitting in a chair by a window; Oscar is quiet, and is looking out of the window; a review of Oscar's record reveals that he has diabetes, and a history of substance abuse disorder; Oscar's record reveals that he recently tested positive for COVID-19; Oscar does not currently have COVID-19 symptoms; Oscar does occasionally appear to be out of breath after walking for short periods of time; Oscar's record also reveals that he occasionally refuses to take medications, take part in physical therapy, and refuses animal therapy because dogs remind him of his wife, Beth; Oscar does not have any known drug allergies; Oscar is on several medications including medications to treat diabetes, and warfarin; a few

hours after the art therapy incident, Oscar appear calm; Oscar is eating normally and drinking water; Oscar is talking with one of his "buddies," who is also a military veteran; Oscar also apologized to some of the members of the art therapy group, and to the health care professional who was present at the time of the incident; the health care professional accepts Oscar's apology and expresses gratitude towards Oscar for apologizing; later that evening a health care professional notices that Oscar appears irritated after watching a documentary film about Vietnam; health care professionals observe Oscar, and note his behavior towards other residents.

Are there any other resident details that may be relevant to behavior management; if so, what are they?

How are each of the aforementioned resident details relevant to behavior management?

Each of the previously highlighted resident details may be relevant to the presence of behavior management. The potential relevance of each patient detail may be found below.

A group of residents are taking part in an art therapy activity - the previous resident detail is relevant because it provides context for the behavioral disturbance and the required behavior management. Health care administrators should note the following: art therapy may refer to a practice that uses creative techniques such as painting, in resident care; art therapy may be part of recreational therapy programs.

About half way through the art therapy activity, Oscar slams his fists on the table in front of him - the previous resident detail is relevant because it is a behavioral disturbance or potential behavioral disturbance, specifically: irritability, aggression, and/or hostility.

Oscar slams his fists on the table again, and yells out, "I am a veteran, and I do not have to do this" - the previous resident detail is relevant because it indicates that the behavioral disturbance or potential behavioral disturbance is escalating/continuing. The previous resident detail is also relevant because it indicates that Oscar is a military veteran (note: the term military veteran, also referred to as veteran, may refer to an individual who served in the armed forces). Health care professionals should be aware of residents that are military veterans because it could provide insight into residents' conditions that may lead to behavioral disturbances (e.g., depression, anxiety, and PTSD).

Oscar then gets up, and walks to his room - the previous resident detail is relevant because it indicates that the behavioral disturbance or potential behavioral disturbance may be escalating or continuing in another location. Health care administrators should note the following: when a behavioral disturbance occurs, some residents may move or relocate from the original location of the behavioral disturbance; when a resident moves or relocates during a behavioral disturbance, additional health care professionals may be required to manage the resident's behavioral disturbance.

A health care professional follows Oscar to his room, to check on him - the previous resident detail is relevant because it highlights the importance of resident observation and monitoring. Health care administrators should note that health care professionals should observe and monitor residents' behavior to determine the type of behavior management required for the situation.

When the health care professional reaches Oscar's room, Oscar is sitting in a chair by a window - the previous resident detail is relevant because it is evidence that the behavioral disturbance is deescalating. Health care administrators should note that health care professionals should observe and monitor residents' to determine if a behavioral disturbance is escalating or deescalating.

Oscar is quiet, and is looking out of the window - the previous resident detail is relevant because it is further evidence that the behavioral disturbance is deescalating.

A review of Oscar's record reveals that he has diabetes, and a history of substance abuse disorder - the previous resident detail is relevant because it reveals a condition that may lead to behavioral disturbances (e.g., diabetes). The previous resident detail is also relevant because it reveals that the resident has a history of substance use disorder, which may suggest a history of other conditions that may lead to behavioral disturbances (e.g., depression; anxiety; PTSD) (note: the term substance use disorder may refer to a disorder characterized by the recurrent use of alcohol, drugs, and other substances, which causes clinically significant impairment).

Oscar's record reveals that he recently tested positive for COVID-19 - the previous resident detail is relevant because it reveals another condition that may lead to behavioral disturbances.

Oscar does not currently have COVID-19 symptoms - the previous resident detail is relevant to COVID-19. Health care professionals should observe residents for COVID-19 signs and symptoms. Health care administrators should note the following symptoms of

COVID-19: fever, chills, cough, shortness of breath, aches and pain, fatigue, headaches, nasal congestion, runny nose, sore throat, nausea, vomiting, diarrhea, and loss of taste or smell (note: symptoms may appear 2 - 14 days after exposure to the COVID-19 virus).

Oscar does occasionally appear to be out of breath after walking for short periods of time - the previous resident detail is relevant to post-COVID conditions, otherwise referred to as long-COVID (note: the term post-COVID conditions may refer to the long-term effects associated with COVID-19). Health care administrators should note the following: some residents may suffer from post-COVID conditions; post-COVID conditions can include a wide range of ongoing health problems; post-COVID conditions can last weeks, months, or years; post-COVID conditions are found more often in individuals who experienced severe COVID-19 illness; individuals who did not receive COVID-19 vaccination and who become infected may have a higher risk of developing post-COVID conditions; most individuals with post-COVID conditions have evidence of infection or COVID-19 illness - however, in some cases, an individual with post-COVID conditions may not have tested positive for the virus or known they were infected. Health care administrators should also note the following signs/symptoms of post-COVID conditions: tiredness or fatigue that interferes with daily activities; difficulty breathing or shortness of breath; cough; chest pain; fast-beating; difficulty thinking or concentrating; headaches; sleep problems; dizziness and/or lightheadedness; pins-and-needles feelings; change in smell or taste; depression; anxiety; stomach pain; diarrhea; joint or muscle pain; rash.

Oscar's record also reveals that he occasionally refuses to take medications, take part in physical therapy, and refuses animal therapy because dogs remind him of his wife, Beth - the previous resident detail is relevant because it reveals a potential history of noncompliance, which may be indicative of subtler behavior disturbances, such as irritability. The previous resident detail is also relevant because it reveals a potential trigger for behavioral disturbances (e.g., dogs remind Oscar of his wife, Beth). Health care professionals should note and be aware of any triggers that may lead to behavioral disturbances. Health care professionals should consider helping residents avoid triggers that may lead to behavioral disturbances. Health care administrators should note the following: animal-assisted therapy may refer to a practice that incorporates animals, such as dogs, into patient treatment; animal-assisted therapy may be part of recreational therapy programs.

Oscar does not have any known medication allergies - the previous resident detail is relevant to the use of chemical restraint. Health care professionals should be aware of

residents' allergies to avoid administering medications that may lead to an allergic reaction at any time including during chemical restraint procedures.

Oscar is on several medications including medications to treat diabetes, and warfarin - the previous resident detail is relevant to the process of conducting medication reconciliations. Health care professionals should conduct medication reconciliations to note any medications that may cause adverse reactions that may lead to behavioral disturbances (e.g., a medication may cause fatigue, which may, subsequently, lead to irritability, aggression, hostility, and/or confusion). The previous resident detail is also relevant due to the presence of warfarin. Health care administrators should note the Joint Commission's recommendations regarding warfarin and other anticoagulation therapy medications: to achieve better outcomes, patient/resident education is a vital component of an anticoagulation therapy program; effective anticoagulation patient/ resident education includes face-to-face interaction with a trained health care professional who works closely with patients/residents to be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring; use approved protocols for the initiation and maintenance of anticoagulant therapy; before starting a patient/resident on warfarin, health care professionals should assess the patient's/ resident's baseline coagulation status; for all patients/residents receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy; the baseline status and current INR are documented in the medical record (note: a resident's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors); health care professionals should manage potential food and drug interactions for patients/residents receiving warfarin; health care professionals should evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the health care organization.

A few hours after the art therapy incident, Oscar appears calm - the previous resident detail is relevant because it is further evidence that the behavioral disturbance is de-escalating or nonexistent. Health care administrators should note that some residents may require further observation to determine the status of a behavioral disturbance.

Oscar is eating normally and drinking water - the previous resident detail is relevant to hydration and nutrition. Health care administrators should ensure residents are hydrated and receiving adequate nutrition. Health care administrators should note that

dehydration and malnutrition can lead to irritability, confusion, and other behavioral disturbances.

Oscar is talking with one of his "buddies," who is also a military veteran - the previous resident detail is relevant to behavioral disturbance de-escalation. Some residents may want to socialize or talk to a "buddy" or friend to help them "feel better" after a behavioral disturbance. Health care administrators should note that the camaraderie of a friendship can help residents adjust and recover after receiving behavior management care.

Oscar apologized to some of the members of the art therapy group, and to the health care professional who was present at the time of the incident - the previous resident detail is relevant to the resident's adjustment and recovery process. Some residents may apologize after a behavioral disturbance. Apologizing can help a resident adjust, recover, and move forward in a positive manner after a behavioral disturbance. Health care administrators should note that resident reconciliation attempts can help establish and strengthen resident-resident relationships, as well as health care professional-resident relationships.

The health care professional accepts Oscar's apology and expresses gratitude towards Oscar for apologizing - the previous resident detail is relevant to the resident's adjustment and recovery process. Gratitude may refer to a state of thankfulness or appreciation for receiving what is meaningful to oneself. Showing gratitude towards a resident for apologizing can help the resident adjust, recover, and move forward in a positive manner after a behavioral disturbance. Health care administrators should note that expressing gratitude to a resident can also help establish and strengthen the health care professional-resident relationship.

Later that evening, a health care professional notices that Oscar appears irritated after watching a documentary film about Vietnam - the previous resident detail is relevant because it reveals another potential trigger for behavioral disturbances. As previously mentioned, health care professionals should note and be aware of any triggers that may lead to behavioral disturbances. Health care professionals should consider helping residents avoid triggers that may lead to behavioral disturbances, especially following a behavioral disturbance.

Health care professionals observe Oscar, and note his behavior towards other residents - the previous resident detail is relevant to resident observation and monitoring. Health care professionals may want to consider monitoring residents after a behavioral

disturbance to note how they relate to other residents. Such observation and monitoring can help prevent resident abuse (e.g., one resident physically abusing another resident).

What other ways, if any, are the resident details relevant to behavior management?

What should health care professionals consider as they provide behavior management to Oscar?

Health care professionals should consider the following as they provide behavior management to Oscar: observation, monitoring, behavior management care recommendations, effective communication with Oscar, and health care documentation. Health care administrators should note that effective communication occurs when the intended meaning of a message and/or transmitted information is received by the intended party or parties. Health care administrators should also note the following: health care documentation may refer to a digital or an analog record detailing the administration of health care to patients; in order for health care documentation to be considered effective, it must function as a viable form of communication, as well as a means to establish a detailed record of health care administration.

What aspects of health care should health care professionals consider after and during behavior management care?

Is it possible that Oscar may have another behavior disturbance?

Yes, it is possible that Oscar may have another behavior disturbance. However, safe and effective behavior management care can help prevent another behavior disturbance.

How can health care administrators ensure health care professionals administer safe and effective behavior management care?

Section 4 Summary

Behavior disturbances can potentially happen at any time. Health care professionals should observe and monitor residents during and after behavior disturbances. Health care professionals should also note how behavior disturbances affect other residents. Finally, health care professionals should allow residents to adjust, recover, and move forward in a positive manner after a behavioral disturbance.

Section 4 Key Concepts

- Health care professionals should consider the following as they provide behavior management: observation, monitoring, behavior management care recommendations, effective communication, and health care documentation.

Section 4 Key Terms

Art therapy - a practice that uses creative techniques such as painting, in resident care

Military veteran (also refer to as veteran) - an individual who served in the armed forces

Substance use disorder - a disorder characterized by the recurrent use of alcohol, drugs, and other substances, which causes clinically significant impairment

Post-COVID conditions - the long-term effects associated with COVID-19

Animal-assisted therapy - a practice that incorporates animals, such as dogs, into resident treatment

Gratitude - a state of thankfulness or appreciation for receiving what is meaningful to oneself

Health care documentation - a digital or an analog record detailing the administration of health care to patients

Section 4 Personal Reflection Question

How can gratitude impact resident care?

Conclusion

Behavior management can be an essential aspect of health care for residents of nursing homes and assisted living facilities. Therefore, health care administrators should ensure that health care professionals safely and effectively administer behavior management care. Finally, health care administrators should remain up to date with relevant laws, regulations, requirements, and recommendations, as well as revise organizational

policies and procedures, when appropriate, to reflect the specific needs of residents, and ultimately, optimize resident care.

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