Managing Behaviours that Present Challenges in a Dialysis Setting

Contents

1.0 Introduction

For people with kidney disease requiring life-maintaining dialysis, treatment includes significant lifestyle adjustments, severe dietary restrictions, a complex medication regimen and, particularly in the case of unit-based haemodialysis, frequent attendance for treatment. Such a regimen is burdensome with significant restrictions to independent living, reduced quality of life and a significant negative psychological impact[1]. Unless the person can receive a transplant, this is a lifelong treatment with many remaining on dialysis for years.

The environment of a dialysis unit can also be daunting. For many, these demands come on top of other life adversity and difficulties. It is understandable, therefore, that for some, the impact may be such that they respond with behaviour that presents as challenging/challenges in dialysis settings, sometimes to the point where this impacts the safety of staff and other patients.

Patient and Staff Safety

It is important for both patients and staff to feel safe and secure in dialysis settings. This includes both physical and psychological safety.

NHS staff and all public sector staff undertaking caring duties are among those most likely to face violence and abuse in the course of their employment. Staff are entitled to expect that their health and wellbeing will be protected at work and that they will be respected by patients, visitors and others. Employers have a duty of care to protect staff from threats, discrimination and violence at work, which is legislated in the following.[2-7]

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Safety Representatives and Safety Committees Regulations 1977
- Health and Safety (Consultation with Employees) Regulations 1996
- Assault on Emergency Workers (Offences) Act 2018

2.0 Scope

This guidance applies to adults aged 18 years or older who are receiving any type of dialysis treatment for End Stage Kidney Disease.

This guidance excludes people in receipt of dialysis who are detained under the Mental Health Act 1983, Section 17[2] leave arrangements, or who at the time of the incident lacked capacity.

The spectrum of behaviour that presents challenges in dialysis settings is broad and can range from one small occurrence through to situations which occur repeatedly. The aim of this document is to provide guidance and ideas on how dialysis units may approach such situations.

3.O Professional judgement

Expert clinical judgement must be used to assess each situation and a risk assessment completed if necessary.

A *dialysis care agreement* should be completed when a person starts at the dialysis unit, to manage their expectation of services. It is essential that this is completed with the patient. In order to complete this written form, it is essential to assess the individual's ability to understand the document and to make any reasonable adjustments to aid understanding. This will also assist with any future discussions and if a behaviour agreement form *(Appendix 2)* is required.

It is important to consider whether there are factors such as learning disability, neurodiversity and sensory or cognitive difficulties which will be individual to each circumstance. Staff also need to be aware of literacy, language skills, cultural factors, recorded learning disability / difficulties or any diagnosis which would impact on the patient's cognition or capacity.

The general principles of this guidance should be helpful in all situations however, if the patient no longer has capacity then the completion of a *dialysis care agreement* or *behavioural agreement* would not be appropriate. In these circumstances an individualised multi-disciplinary team (MDT) approved care plan should be developed. It will still be necessary to record any incidents per local policy and any adjustments to the care plan agreed by the MDT.

4.O Definition of behaviour that presents as challenging

Behaviour that presents as challenging refers to behaviours/actions that can cause harm (to self or others), presents risks (to self or others) and/or creates problems for the individual and/or those around them. This might be a continuous or single incident that inhibits optimal care delivery and/or has a negative impact on the atmosphere of the dialysis unit.

Examples include behaviours/actions that are

- Disruptive e.g. excessive noise, anti-social behaviour via social media.
- Destructive e.g. damage to property.
- Causing harm to self-e.g. removal of needles during a session.
- Violent/abusive e.g. harassment, threats of violence, verbal/physical acts of violence.

In terms of staff safety, an employer's duty is to ensure, as far as is reasonably practicable, that employees are not exposed to risks associated with work-related violence.

5.0 Staff support

When staff members report an incident, the person responsible for investigating the incident or a line manager should speak with that staff member as soon as possible. Individuals and teams should have the opportunity to debrief when appropriate. Further support requirements will need to be individualised and may need to include ongoing wellbeing and psychological support.

6.0 Guidance for preventing and managing behaviour that presents as challenging

The aim of this guidance is to ***Prevent*** behaviours that present as challenges in dialysis settings. However, when they do occur, to ***Capture*** incidents in a standardised format, to ***Investigate*** robustly and to ***Prevent Reoccurrence*** of further incidents by applying lessons learned.

Dialysis involves the whole MDT and transport providers and primary care. It is important that communications about a patient's potential risk or actual incidents of challenging behaviour and agreed actions to manage and support this are shared with all relevant services.

6.1 Prevention & understanding the behaviour

Introduction to dialysis, helping a person understand about their treatment, what they can expect, what the unit requests from them and identifying specific individual needs at an early stage are all important factors in prevention.

Some may have experiences of past and/or current adversity or trauma (which can often be hidden). They may be more likely to experience heightened sensitivity (psychological, physical, sensory, environmental, interpersonal), have easily raised arousal levels and find it harder to feel a sense of trust and safety. Fight/flight/freeze responses may be easily activated, which may show as anger, anxiety or dissociation/withdrawal. Trauma Informed Practice offers a helpful framework to help people to feel as safe and supported as possible whatever their previous experiences (principles of safety, trust, choice, collaboration, empowerment and cultural consideration)[7].

All behaviour is a communication. Identifying the underlying cause of a behaviour (and what exacerbates and maintains it) is key to working collaboratively with a person to manage situations and safely provide care. There may be things in someone's life outside dialysis that are impacting on their behaviour when they attend, things in their immediate environment, how they experience social interaction at the unit or things that they are experiencing internally.

Communication skills are an essential part of prevention, understanding behaviour, working collaboratively and managing when incidents do arise.

Key points to remember

- Consider the timing of conversations, whether there is a language, sensory or cultural barrier, whether there is sufficient privacy.
- Introduce yourself and explain why you are asking to speak with them, would they prefer someone to be with them when speaking to you.
- Building a sense of trust; being clear about what you are going to do and following up on things you said you were going to do.

- Offering the person as much choice as possible over how and when they have the conversation, giving information in verbal and written form. It is important that this is collaboratively, and non-judgemental, looking to find solutions and supporting people to feel empowered.

Recommendations

1. On the patient's introduction to the unit introduce the dialysis agreement (Appendix 1). This should be within a patient discussion to enable questions, with a copy then provided after. Confirm that the patient has understood the dialysis agreement, and document appropriately. If English is not their first language, it will be important to provide translation/interpreting services.

2. An individual risk assessment should be undertaken for all patients starting dialysis at home or in hospital and repeated if behaviour or circumstances change. This should include past history of behaviour which has presented as a challenge, cognitive status, learning disability and any relevant environmental or cultural factors.

3. Where people have a history of behaviour which challenges services, within their introduction to dialysis, offer them the opportunity to meet with their consultant and / or senior nurse to help understand potential trigger(s) and, where possible, agree a support plan (to reduce risk of re-occurrence).

4. Psychology or alternative appropriate mental health assessment and support should be considered if the patient and/or team feel additional input would be beneficial. If the patient does not wish to receive this, the relevant psychology / mental health team could provide consultation / advice to the renal team.

5. It is important to consider potential risk to self and others and action appropriate assessment and support if needed following standard hospital procedures.

6. For people with additional support needs, reasonable adjustments should be made to accommodate their needs including liaison with link healthcare professionals e.g. Admiral Nurse, Learning Disability Nurse, translators and key workers. It may be appropriate to invite these link health/social care professionals to the meetings/discussions outlined.

7. Where specific difficulties/needs are identified, a support plan should be developed in collaboration with the patient and involving other teams involved in their care as appropriate.

8. It is advisable that all staff should complete training in de-escalation communication techniques and conflict resolution. This will give staff the techniques to be preventative, proactive rather than reactive, helping to reduce the risk of situations escalating.

9. Consideration should be given to individual patient risk, the environment that they are having dialysis in and staff safety. It is recommended that an MDT decision is made which balances patient needs and staff / patient safety.

10. All Healthcare Practitioners (HCPs) supporting patients at home should follow their local Lone Working Policy and have received training in de-escalation communication techniques and conflict resolution.

11. It is important for staff teams to be aware of the principles of Trauma Informed Practice and to apply these to how they approach these contexts.

6.2 Capture, Investigate & Prevent Reoccurrence

All incidents of behaviour which challenges services must be recorded on the local incident reporting system.

Review the risk assessment after any incident. Revise it if needed, to accurately reflect the current level of risk. Communicate revisions to the all relevant HCPs.

Recommendations

1. In the event of a patient showing violent or abusive behaviour at any time during the process of preparing for, receiving and recovering from dialysis a senior member of staff should use de-escalation communication skills. The intention would be to ensure that the situation is calmed, to clarify what happened and to resolve the incident initially. Once the situation is calmer the staff can address that the behaviour was not acceptable. It is important that the patient feels heard and the staff member should try to encourage the patient to recognise their own triggers and consider together practical preventative strategies. (See De-Escalation *Top Tips* Figure 1).

2. If the patient displays unacceptable behaviour which poses a physical risk, consideration should be given to whether it is safe to continue with treatment. If security are available then at this point they should be asked to attend the unit and remain with the patient until their treatment is completed. For some units this might not be possible, or the severity of the risk might make it essential to consider whether it was safe to continue treatment. The Consultant Nephrologist and Haemodialysis Matron/Senior Nurse must be informed of the decision to discontinue treatment and a record made in the patients' medical notes and an incident form completed.

3. Follow the 'Management of behaviour which challenges services' algorithm and where appropriate, discuss and provide the patient with a 'Behavioural agreement' (Appendix 2). This is the opportunity for senior staff to discuss with the patient the behaviour which has been challenging within the unit. It is important to give the patient the opportunity to share their side of the story and explain any challenges. This is an opportunity to collaborate with the individual and prevent future incidents from occurring.

4. All incident forms recording violence towards staff should be reviewed in accordance with local policy or by the relevant Director responsible in the Health Board/Trust. Proposed changes should be considered and put in place to reduce the risk of recurrence.

5. Patients identified as a high risk must have a proactive 'Behavioural agreement' *(Appendix 2)* in place with appropriate mitigation detailed and followed for example, dialysed with a registered mental health nurse present for the duration of the dialysis.

6. In situations where higher levels of risk have been identified, if necessary, behavioural agreements might include a member of the Security Team escorting the patient whilst on healthcare premises and to stay with them for dialysis sessions.

Figure 1: De-Escalation *Top Tips* for staff on managing an incident. King's College London.

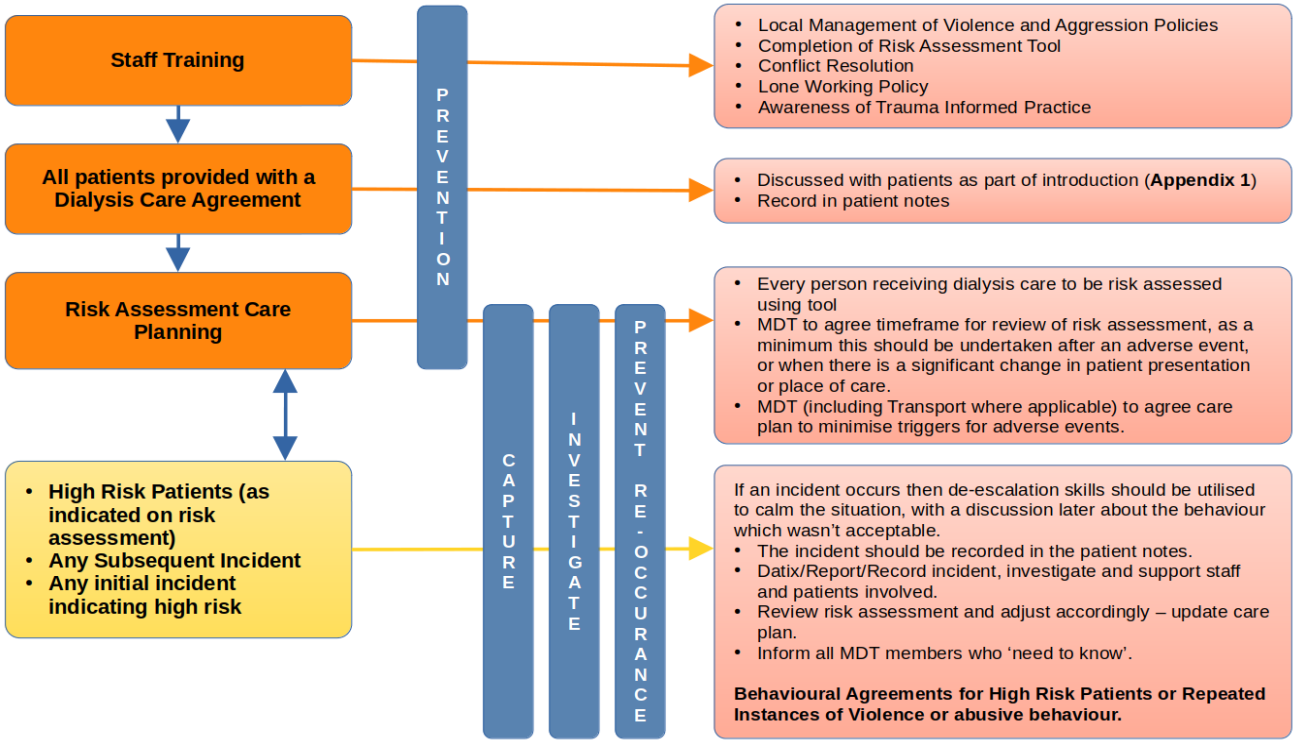

Figure 2: Managing Behaviours that Challenge in the Dialysis Setting Algorithm

References

1. Khalil A.A. & Frazier S.K. (2010). Depressive symptoms and dietary nonadherence in patients with end-stage renal disease receiving haemodialysis: a review of quantitative evidence. Issues in Mental Health Nursing31 (5), 324–330.
2. https://www.legislation.gov.uk/ukpga/1983/20/section/17
3. https://www.legislation.gov.uk/ukpga/1974/37/contents
4. https://www.hse.gov.uk/involvement/prepare/law/1996.htm
5. https://www.legislation.gov.uk/uksi/1999/3242/contents/made
6. https://www.legislation.gov.uk/ukpga/1974/37/section/2
7. Working definition of trauma-informed practice - GOV.UK (www.gov.uk).

Appendix 1 **Dialysis care agreement**

Addressograph for unit ID

Our commitment to you;

Our dialysis teams aim to provide the best care for everyone. We will treat you with kindness, compassion and respect your rights. To do this, we need to ensure our dialysis unit is a safe and secure place for all. This Dialysis Care Agreement explains what we will do as a team and what we ask our patients to do to help keep everything running smoothly and safely. We ask everyone who attends our unit to behave respectfully towards each other.

Dialysis Unit Staff Commitment.

We will do the following;

- Introduce ourselves.
- Explain how the dialysis unit works when you start dialysis.
- Explain your treatment.
- Encourage you to be involved in your care.
- Ensure that everyone is treated fairly.
- Try to schedule your dialysis to meet your needs. (Aiming for a start / finish time within 30 minutes of the schedules time).
- Explain how to plan dialysis while on holiday and help arrange it.
- Explain what to do if there is an emergency and you can't get your usual dialysis treatment. (e.g. bad weather).
- Let you know how to tell us when you are unhappy with anything related to your care. This includes how to make a complaint if needed.
- Act to keep everyone safe. If someone's behaviour is unsafe or dangerous, we may request support from hospital security or the police.
- Receive the training required to safely care for you during dialysis.
- Direct you to other support services if needed, e.g. Social Worker.

Patient Commitment.

We ask you to;

- Participate in decisions about your health and treatment. This is often called a '*Dialysis Care Plan*'. If you need help, family, carers or an advocate can assist.
- Tell us if there are things, you're having trouble with, so that we can try to find ways to help you.
- Tell us if your personal details (e.g. address) change, or if something changes with your health.
- Follow our rules to prevent infections (infection control procedures). These may change from time to time.
- Arrive on time. Stay for the full treatment. Please let us know if you are going to be late. Be aware that lateness may mean you are unable to do a full session.

- Do not come to dialysis if you have drunk excessive alcohol or used recreational drugs. Do not use them in the dialysis unit.
- Do not change anything on your machine, equipment, e.g. press alarm buttons, unless you have been trained or given permission to do so.
- Work with the staff member assigned to your care. Please note you are unable to choose or refuse specific staff members to care for you.
- Please treat others with respect, dignity and kindness. Everyone has the right to safe, clean, calm and appropriate place for treatment.
- Respect the rights of other patients, carers and staff.
- Please do not engage in harassment, verbal or physical abuse towards other people.

Please let us know if you have any other needs, which we might not know about, so we can support you in the best way possible.

Not keeping to the dialysis care agreement or if there are repeated incidents of unacceptable behaviour will lead to adjustments to your care (these would be explained to you at the time). This could mean the return of your care to the main unit for dialysis treatment or suspension of home dialysis.

Signature of Agreement

You (the patient) or your representative is asked to sign the agreement and a senior member of staff will also sign. You will be given a copy and a copy kept in your healthcare notes.

If you (patient) or your representative declines to sign the agreement two senior members of staff will sign to acknowledge that the agreement has been discussed with you and a copy given to you.

This behavioural agreement has been read to and discussed with me (the patient) with the opportunity for me to ask any questions.

Name:

NHS No:

D.O.B:

Address:

Addressograph for patient info

I understand what will happen if I do not follow the things in this agreement. I understand my Consultant; my GP and transport service will be informed.

Signatures

Patient Signature:

Date:

Healthcare Provider Representative Name:

Signature:

Position:

Date:

Appendix 2

Addressograph patient ID

Behavioural Agreement

The NHS and its partners have a responsibility to keep patients, staff, and visitors safe. This Written Behavioural Agreement Written applies to patients who are receiving dialysis treatment, either in the unit or at home.

This is a written notice given because of [insert the specific behaviour/action] which is making it harder for the healthcare team to provide the best care for you. This is documentation of the discussion which was held with you to address {insert the specific behaviour/action} and address any concerns or triggers which may have led to this behaviour, so together we can prevent it happening in future.

This Behavioural Agreement written notice is made on …./…./……. by …….. (name) for:

Name:
NHS No:
D.O.B:
Address:

Addressograph for patient info

Agreement terms

I …….. agree to the following;

I will attend dialysis treatment on the scheduled days, at the agreed time and take the medication I am prescribed.
I will let the unit know as soon as possible, if I am going to be late for dialysis, and understand it might mean a shorter treatment.
I understand that if I miss dialysis, it may cause serious health problems. These problems mean I could end up in hospital.
I understand the importance for all staff and patients to acting respectfully towards each other. (Amend as required so that this is individualised document).

Patient Signature:

Date:

Healthcare Provider Representative Name:

Signature:

Position:

Date:

Appendix 3	Violence, Abuse and Challenging Behaviour Risk Assessment		
Site		Directorate/Care group/Service provider	
Location		Responsible Manager	
Service e.g. Renal			
Assessment Date		Review Date (min. yearly)	

Section 1: Please assess the risk of each hazard occurring and state existing control measures in place. See Appendix A for guidance

Hazard No	Hazard Identified	Risk Rating										Risk Rating (S X L)		Existing control measures
		Severity (S) X Likelihood (L)												
		1	2	3	4	5	1	2	3	4	5	Score	Rate	
1	Verbal Abuse (including hate incidents & sexual harassment) towards staff, visitors or patients													
2	Physical Assault towards staff, visitors or patients													
3	Sexual Assault towards staff, visitors or patients													
4	Clinically related challenging behaviour (e.g. agitation relating to MH/LD/Autism/Substance Misuse/Dementia)													

5	Lone Working or isolated working environments (including side rooms/home environment)													
6	Clinical staff utilising clinical holding/restraint													

For each hazard identify further actions that, where applicable, need to be put in place to reduce the risk.

Hazard No	Action Plan				New Risk Rating
	Current Risk Score	Actions required to reduce risk	Action Owner	Completion Date	S x L
1					
2					
3					

Name of Assessor(s):		Signature:	

Please return all completed risk assessments to:

APPENDIX 4A – RISK RATING GUIDANCE NOTES

The Risk Grading tool has been developed to ensure that the Trust/service provider adopts a consistent method of risk grading that should ensure the Trust/service provider prioritises the appropriate level of action required to manage the risk. The same grading tool is used by the Trust/service provider for all risk processes (risk assessment, Risk Register, and incident reporting assessment). Risks are measured according to the following formula:

Severity x Likelihood = Risk Rating

Risk Rating Score

		SEVERITY				
		1	2	3	4	5
LIKELIHOOD	1	1 (Low)	2 (Low)	3 (Low)	4 (Low)	5 (Med)
	2	2 (Low)	4 (Low)	6 (Med)	8 (Med)	10 (High)
	3	3 (Low)	6 (Med)	9 (Med)	12 (High)	15 (Very High)
	4	4 (Low)	8 (Med)	12 (High)	16 (Very High)	20 (Very High)
	5	5 (Med)	10 (High)	15 (Very High)	20 (Very High)	25 (Very High)

Likelihood

Risks are first judged on the *likelihood* of the risk being realised. The following categories are available for grading likelihood:

Likelihood rating		
1	Rare	Would only occur in exceptional circumstances
2	Unlikely	Not expected to occur
3	Possible	May Occur
4	Likely	Will probably occur, but not as a persistent issue

5	Almost Certain	Wil probably occur frequently

When you are assessing how likely it is that a risk or incident will occur, consider the current adequacy and effectiveness of the control environment (systems, policies, training, current practice etc). Good controls usually mean it is less likely that a risk or incident will occur and vice versa.

Severity

What would you expect the consequences of the risk to be in most circumstances: i.e. don't score the worst-case scenario, consider what is reasonably foreseeable. Some risks or incidents could have consequences in more than one column. Use the score of the highest column. Consider controls in place to reduce the consequences of the risk or incident it if does occur e.g. contingency plans.

The following categories are available for grading the Severity:

SEVERITY RATING				
	Injury / Harm	Service Delivery	Financial	Reputation / Publicity
Insignificant (1)	Minor harm. Injury resulting in less than seven days absence from work for staff.	Service disruption that does not affect patient care.	Less than £1OK.	None.
Minor (2)	Short-term injury (less than one month). Seven days to one-month absence for staff.	Short disruption to services that affect patient care.	£1OK - £1OOK.	Adverse publicity.
Moderate (3)	Semi-permanent harm (1 month to one year). More than one-month absence from work for staff.	Sustained period of disruption to services.	£1OOK - £1M.	Widespread or high-profile adverse publicity.

Major (4)	Major permanent loss of function.	Intermittent failures in a critical service.	£1M - £5M.	Widespread and sustained adverse publicity. Increased level of political / public scrutiny.
Catastrophic (5)	Unanticipated death / Large number injured or affected.	Breakdown or closure of a critical service.	£5M.	Long-term / repeated adverse national publicity that undermines patient and / or referrer confidence. Chair / CEO and / or Exec team removal.

Appendix 5- Patient specific risk factor screening and care plan

Patient Name	
Hospital Number	
NHS Number	
Date of Birth	

The aim of this document is to help identify any enhanced needs of patients undergoing Haemodialysis treatment.

Each identified factor should be systematically assessed as part of the overall risk screening; however, the presence of one or more risk factors does not in itself confirm that the patient will exhibit violent or abusive behaviour. Where an identified factor is present personalised care plans should be utilised to support both patients and staff.

Factor	Yes	No	Details	Interventions and Care Plan
Previous violence or abuse or documented incidents or concerns.				
Substance Abuse				
Mental Health History				

Learning Disability or Neurodiversity e.g. Autism/ADHD				
Confusion or reduced cognition e.g. Dementia				
Pain or discomfort				
Healthcare related fear or anxiety				
Other relevant factor				

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