



Management of Challenging Behaviour in Dialysis

Guidance on Management of Challenging Behaviour in Dialysis Settings

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1.0 Introduction

It is recognised that NHS staff and all public sector staff undertaking caring duties are among those most likely to face violence and abuse during the course of their employment. Staff are however entitled to expect that their health and wellbeing will be protected at work and that they will be respected by patients, visitors and others for the services that they provide.

In specific reference to patients requiring life maintaining dialysis it is further acknowledged that treatment requires patients to make significant lifestyle adjustments, including severe dietary restrictions, a complex medication regimen and particularly in the case of unit based haemodialysis, frequent attendance at the unit. Such a regimen is burdensome for patients with significant restrictions to their independent living¹. The impact of this regimen is further exacerbated by the realisation that, unless the patient can receive a transplant, this is a long-term treatment with many people remaining on dialysis for a number of years.

All renal services strive to enable shared decision making to ensure the most appropriate treatment modality is elected, including home dialysis and shared care. These modalities give back an element of control to the patient so that they feel involved and empowered in their care. However, the impact of requiring life-maintaining treatment in any setting cannot be underestimated and it is perhaps unsurprising that this burden can at times give rise to behaviours that are challenging or in extreme cases, unacceptable.

2.0 Scope

This Standard Operating Procedure (SOP) applies to adults aged 18 years or older who are receiving any type of dialysis treatment for chronic kidney failure. This encompasses all modalities of dialysis and includes in-unit dialysis and home therapies.

This SOP does not include people in receipt of dialysis who are detained under the Mental Health Act 1983, Section 17² leave arrangements, or a Community Treatment Order.

3.0 Professional Judgement

In all instances expert clinical judgement must be used to assess an individual's ability to understand expectations outlined in the dialysis care agreement (*Appendix 1*); the risk assessment process (*Appendix 4*) and any behaviour management actions (*Appendices 2&3*) before proceeding. Consideration of factors such as learning disability and sensory or cognitive difficulties is required which will be individual to each circumstance. Staff also need to be aware of the patient's literacy and language skills and any cultural factors.

In cases where it is judged that it is not appropriate to follow this SOP, the multi-disciplinary team (MDT) should develop an individualised care plan. Any incidents should still be recorded per local policy and any adjustments to the care plan agreed by the MDT.

4.0 Definition of challenging behaviour

Under the Health and Safety at Work Act (HSW Act) 1974³, directly provided or NHS funded healthcare providers have a legal obligation to manage the risks from work-related violence to their employees and to protect the health and safety of patients, staff and visitors.

The Health and Safety Executive define work-related violence as: 'Any incident where staff are abused, threatened or assaulted in circumstances related to their work' (HSE, 1996)⁴

Under the Management of Health and Safety at Work Regulations 1999⁵, employers must

- Assess all risks to the health and safety of their employees
- Identify the precautions needed
- Make arrangements for the effective management of precautions
- Provide information and training to employees
- An employer's general duty under HSW Act s.2⁶ includes ensuring, so far as is reasonably practicable, that his employees are not exposed to risks associated with work-related violence

In the context of dialysis settings this can be encompassed as continuous or single incident difficult and challenging behaviour that creates an atmosphere that inhibits optimal care being delivered. Although not an exhaustive list, the range of behaviours that could be described as challenging includes

- Carrying out a course of conduct which they understand to cause distress and/or alarm to others (harassment).
- Excessive noise, e.g. unjustifiably loud (i.e. not designed to compensate for communication barriers such as hearing impairment) or intrusive conversation or shouting

- Threatening or abusive language involving excessive and unjustifiable swearing (i.e. where a person does not have a known condition such as Tourette's) or offensive remarks
- Threats or threatening behaviour
- Violence or threat of
 - Disruptive or anti-social behaviour including phone calls, emails and abuse via social media.
 - Derogatory racial, homophobic, ageist, discriminatory or sexual remarks
 - Malicious allegations relating to members of staff, other patients or visitors.
 - Offensive sexual gestures or behaviours.
- Abusing alcohol or drugs in the presence of a Health Care Professional (HCP) or other patients, (however, all medically identified substance abuse problems will be treated appropriately.)
- Drug dealing
- Wilful damage to any equipment or environment
- Theft

5.0 Protocol for Managing Challenging Behaviour

The primary aim of the protocol is to **Prevent** challenging behaviours from arising. However, in cases where they do occur **Capture** any incident in a standardised format to enable robust **Investigations** of incidents to **Deter** reoccurrence by lessons learned to improve prevention strategies.

5.1 Prevention

Identifying the cause of the behaviour is a key aspect of working collaboratively with patients to manage the situation and safely provide care. Communication skills are an essential part of such collaboration. In addition, consideration of factors such as learning disability and cognitive difficulties is required which will be individual to each circumstance. Staff also need to be aware of the patient's literacy and language skills and any cultural factors.

The provision of dialysis involves a full MDT approach with additional support from transport providers and primary care. It is important that communications about a patient's potential risk or actual incidents of challenging behaviour are shared across all services involved.

Recommendations

1. All patients should be issued with a copy of the dialysis agreement on induction to dialysis care (*Appendix 1*) and documented in patient's notes. Staff should check that the patient has read and understood the dialysis agreement and ask if the patient has any questions about it or anything they would like to discuss (giving the patient the opportunity to discuss this in private away from the communal areas of the ward environment if they wish)

2. An individual risk assessment should be undertaken in all patients starting on unit dialysis or home therapies prior to commencement. This should include past history of challenging behaviour, cognitive status, learning disability and any relevant environmental or cultural factors (*Appendix 4*).
3. Patients with past history of challenging behaviour should be invited to meet with the Consultant and/or Senior Nurse to gain an understanding of the trigger(s) and where possible, an agreement made to mitigate against recurrence. Referral for psychology assessment and support and/or referral to an alternative appropriate mental health service should be considered if the patient and team feel additional support is required to help manage the above. This includes situations where the patient does not respond to the discussions with the Consultant and/or Senior Nurse.
4. For patients 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 in Rec 3.
5. As a minimum, unit managers and senior staff should complete training in de-escalation communication techniques and conflict resolution and at least one suitably trained staff member should be working on each shift.
6. Patients with a history of violence or abuse should not be dialysed on twilight shifts or in localities where close observation is not possible.
7. 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.
8. This SOP or equivalent local SOP should be a required part of induction training for all relevant staff.

5.2 Capture, Investigate & Deter

All incidents of challenging behaviour must be recorded on the local incident reporting platform e.g. DATIX and a formal verbal warning in the form of a 'quiet word' should be reported as a clinical variance and documented in the patient's notes along with evidence of the violent, aggressive or disruptive behaviour.

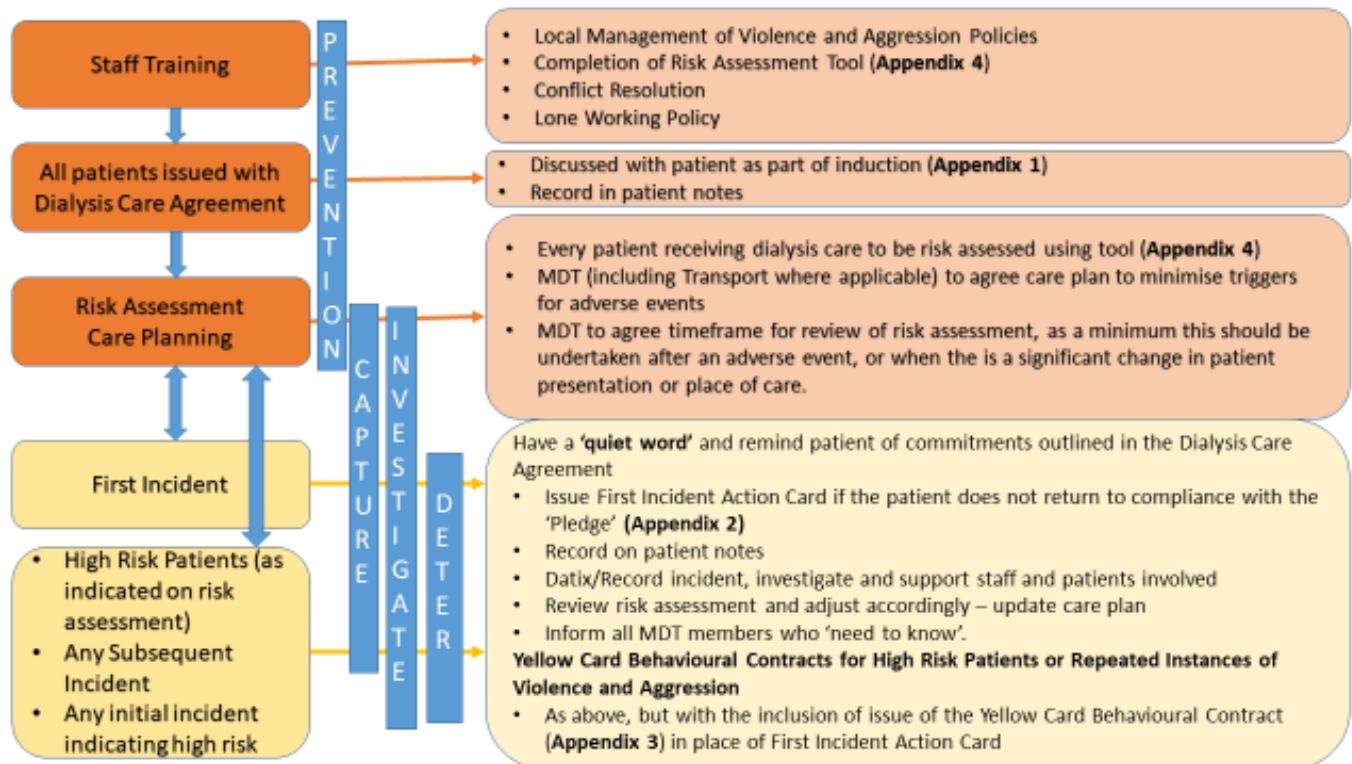
If the nature of the incident means that a 'quiet word' is not appropriate it is acceptable to move directly to the 'yellow card behavioural contract' stage. See Flow Chart (section 6.0)

The risk assessment needs to be reviewed following **any** incident to ensure it accurately reflects the current level of risk. Any revisions to the risk assessment need to be communicated to all HCPs involved in the patient's care.

Recommendations

1. In the event of a patient becoming violent or abusive at any time during the process of preparing for, receiving and recovering from dialysis a senior member of staff must have a 'quiet word' with the patient using de-escalation communication skills, explaining that their behaviour is not acceptable, explaining why this is not acceptable and asking them to stop. It is important that the patient also feels heard and the staff member should try to ascertain whether there was any particular trigger and whether there is anything that could be put in place to support the patient to prevent this reoccurring during the dialysis shift. If the patient continues to display the unacceptable behaviour, where it is safe to continue with treatment, security staff should be asked to attend the renal unit and remain with the patient until their treatment is completed.
2. In the event that the patient does not return to adhere to the dialysis agreement the patient should be issued with a First Incident Action Card (*Appendix 2*)
3. 'Follow Management of a violent or abusive dialysis patient' algorithm and where appropriate, patients issued with a 'Yellow Card Behavioural Contract'. If a 'quiet word' is not appropriate, it is acceptable to move straight to the 'yellow card'.
4. If the unacceptable behaviour recurs at any time during the dialysis session staff can cease the patient's treatment. The Consultant Nephrologist and Haemodialysis Matron/Senior Nurse must be informed of this decision and a record made in the patients' medical file and an incident form completed.
5. 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 in order to inform improvement in risk management initiatives and to reassure staff that reports are reviewed and considered worthwhile to complete.
6. Patients identified as a high risk have proactive 'Yellow Card Behavioural Contract' (*Appendix 3*) in place with appropriate mitigation detailed and followed for example, dialysed in a side room/ a security officer present or if required a registered mental health nurse should be present for the duration of the dialysis.
7. If the behavioural contract states this as a need, a security officer will be provided to escort the patient whilst on Healthcare provider premises and to stay with the patient through each and every dialysis.

6.0 Flow Chart



6.1 First Incident A QUIET WORD (For all patients and visitors)

The **member of staff** who has been abused should report it to their immediate line manager (or in their absence another appropriate senior staff member) and should be provided with appropriate support.

The **line manager/senior member of staff** must explain, using appropriate de-escalation communication skills, to the patient or visitor that their behaviour is unacceptable and remind them of the expected standards of behaviour as outlined in the dialysis care agreement (*Appendix 1*).

This should be used as an opportunity to defuse the situation and prevent escalation therefore any communication requirements to aid the individuals understanding should be considered.

If the patient does not return to adherence with the dialysis care agreement, the First Incident Action Card (*Appendix 2*) should be issued to the patient.

The incident should be recorded according to local policy, detailing the unacceptable behaviour and the guidance given. Complete any additional documentation in which the incident should be recorded e.g. the patient's records.

6.2 Second Stage Yellow Card Behaviour Contract (For all patients and visitors)

If the patient or visitor continues to fail to behave appropriately, they should receive a formal written warning – known as a 'Yellow Card Behaviour Contract' (*Appendix 3*). This can be given by a **senior member of staff such as the Matron/unit or directorate manager/Consultant**.

The incident should be recorded according to local policy. If appropriate, the incident should be reported and handled as a Serious Untoward Incident.

An MDT meeting involving appropriate health care professionals relating to the incident under review must be held within 1 working day of the incident to discuss and agree a behaviour and / or management plan as appropriate which will be documented in the Yellow Card Behaviour Contract. This meeting will also formally re-assess the risk associated to the incident and develop a subsequent action plan which will remain the responsibility of the MDT members to monitor.

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 Nursing*31(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>

Appendix 1 Renal Dialysis Care Agreement

The Healthcare Provider Commitment

The health and security of both patients and staff is of paramount importance to us. We will do everything we can to provide a safe working environment for staff and to take appropriate action against anybody threatening them verbally or physically or committing violent acts.

Our responsibilities to you:

We recognise that we have a responsibility to provide you with dialysis treatments that conform to the current standards of care. Therefore, we will:

- Provide dialysis treatment in keeping with current dialysis guidelines and standards
- Provide staff who are trained to help in meeting your needs and in monitoring your quality of care
- Respond to any clinical problems that may arise during your treatment

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- Inspect, maintain and properly use the dialysis equipment to assure safe and efficient dialysis
- Take universal precautions to prevent and control infections and to maintain a safe and sanitary environment

To help you achieve the best quality of life possible we will:

- Inform you about proposed procedures and treatment options and encourage you to participate in all decisions involving your care
- Provide social work, nutritional advice and counselling services appropriate to your needs
- Inform you of where you can obtain services that we are unable to provide and assist you, where possible, in obtaining those services e.g. advocacy and support via Patient Groups and Charities.
- Inform you of the process of raising a concern if you are unhappy with any aspect of your care.
- Assist you with arrangements for treatment at other dialysis facilities when you are planning to travel

To provide a treatment environment that is safe for patients and staff we will

- Inform you about what to do in the event of an emergency (including adverse weather) if you are unable to receive or continue your usual dialysis treatment
- Respond to situations where visitors, other patients or members of staff exhibit behaviour deemed by our staff to be hazardous to the safety and well-being of all users of the dialysis area. This may include contacting Trust security staff or the police

To treat you with respect, consideration and dignity we will

- Introduce ourselves to you and explain our responsibilities and duties
- If you have an appointment aim to start and finish your dialysis treatment within 30 minutes of your scheduled time. If we are unable to do so we will provide an explanation.
- Maintain confidentiality of your communications and your medical records
- Explain the procedure to follow should you have a problem or wish to make a complaint
- Ensure that raising a complaint or concern will not affect the standard of care provided
- Ensure that you are safe from any form of discrimination against you on the grounds of your age, race, gender, sexual orientation, medical condition or any physical disability or protected characteristic under the Equality Act (2010)
- Make reasonable attempts to schedule your dialysis treatments and clinic visits to meet your needs, as far as our scheduling demands permit

Your responsibilities as a patient

It is important that you participate as far as you, your carer or your nominated advocate can in decisions about your health, treatment and care options, and that you respect the rights of other patients, carers and staff members.

Therefore, we require that you undertake to

Participate in the development of your dialysis care plan and follow the plan

- Notify us of any changes in your personal details, health or medications
- Follow infection control procedures as advised by staff
- Acknowledge and assume responsibility for any illness or injury that may arise as a result of failure to comply with dialysis treatment times or schedules, prescribed medication, diet or fluid restriction
- Arrive on time for your dialysis treatment and remain on dialysis for the treatment time prescribed
- Inform us if you are going to arrive late, with the understanding that if you do arrive late you may not receive your full treatment
- Arrive free from the influence of illegal drugs or alcohol and refrain from possession or use of illegal drugs or alcohol while on healthcare premises
- Refrain from interfering with the dialysis equipment or needles unless appropriately trained and given permission to do so
- Cooperate with the member of staff assigned to provide your care, with the understanding that you cannot require specific members of staff to provide your care
- Treat other patient and members of staff with respect, dignity and consideration
- Respect the rights of others to have a safe, clean, calm and appropriate treatment and treatment environment
- Refrain from any form of verbal abuse, physical abuse or harassment of other patients, staff or visitor

The following are examples of behaviour not acceptable (not an exhaustive list) when interacting with Health Care Professionals and other people in the place of care.

- Carrying out a course of conduct which they understand to cause distress and/or alarm to others (harassment).
- Excessive noise, e.g. unjustifiably loud (i.e. not designed to compensate for communication barriers such as hearing impairment) or intrusive conversation or shouting.
- Threatening or abusive language involving excessive and unjustifiable swearing (i.e. where a person does not have a known condition such as Tourette's) or offensive remarks.

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- Threats or threatening behaviour.
- Violence or threat of.
 - Disruptive or anti-social behaviour including phone calls, emails and abuse via social media.
 - Derogatory racial, homophobic, ageist, discriminatory or sexual remarks
 - Malicious allegations relating to members of staff, other patients or visitors.
 - Offensive sexual gestures or behaviours.
- Abusing alcohol or drugs in the presence of a Health Care Professional (HCP) or other patients, (however, all medically identified substance abuse problems will be treated appropriately.)
- Drug dealing
- Wilful damage to any equipment or environment
- Theft

Appendix 2 First Incident Action Card

The patient should cease the behaviours listed in appendix 1 or any other behaviour that inhibits optimal care being provided to the patient themselves or any other patient. If the patient returns to adherence with the terms of the dialysis care agreement (Appendix 1), then he/she can expect the following

- That their clinical care will not be affected in any way.
- That, where substance abuse has been identified, appropriate assistance will be provided.
- That a copy of this Contract will be kept in the Patient's notes.
- That the healthcare provider will fully investigate all valid concerns raised by the patient.

Subsequent Sanctions

Failure to immediately return to adherence with terms of dialysis care agreement or repeated incidence of challenging behaviour will result in (add in agreed action e.g. having a security guard present or early termination of dialysis treatment/HCP terminating home visit)

Continued failure to comply with the terms of the dialysis care agreement will result in a transfer to the patient's main unit for continued dialysis treatment. Home Dialysis will be temporarily suspended.

If the patient behaves unlawfully then he/she will be reported to the police and the NHS or Health Care Provider will seek the application of the maximum penalties available in law.

Declaration

The behavioural contract will be read to the patient, discussed with them and the opportunity given for them to ask any questions.

The patient or patient representative will be asked to sign the contract and one of the senior members of staff will also sign. One copy to be given to patient and one copy kept in healthcare notes.

If the patient or patient representative refuses to sign the contract the two senior members of staff will sign to acknowledge the contract has been issued to the patient, the contract has been read to the patient and the patient has been given a copy.

I (patient name) understand consequences of a failure to comply with the terms of this Contract which has been fully explained to me. I understand my Consultant, my GP and transport service will be informed.

Signed:

Date:

Signatory for the Healthcare Provider

NAME:

Signature:

Designation:

Date:

Appendix 3 Yellow Card Behavioural Contract

This behavioural contract has been issued as a formal written warning following recorded breaches of failure to comply with reasonable requests to cease difficult and challenging behaviour that has created an atmosphere that inhibits optimal care being delivered.

This Behavioural Contract is made this day of
by
in respect of:

Name:

DOB:

NHS Number:

Address:

Introduction

The NHS and partners have a duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated, and decisive action will be taken to protect staff, patients and visitors.

Application

The use of this Behavioural Contract will only apply to patients who are in receipt of dialysis care either in the unit setting or the patient's own home. Those patients who, in the expert judgement of the relevant clinician are not competent to take responsibility for their actions will not be subject to this agreement e.g. an individual who becomes abusive as a result of an illness or injury.

The Understanding

I _____ agree to the following terms and conditions for provision of dialysis services by my usual healthcare provider. I agree to attend for my dialysis treatment on my scheduled days, at _____ and to take the medication that I am prescribed. If for any reason I will be late for my dialysis treatment I will make all reasonable efforts to inform the dialysis staff. I understand that if I am late I may not receive my full treatment and that failure to attend for dialysis on my scheduled days may result in ill-health, hospitalisation and possible serious consequences relating to my health. I understand that the dialysis staff will not tolerate violence or the threat of violence of any kind. In the context of dialysis settings this can encompassed as continuous or single incident difficult and challenging behaviour that creates an atmosphere that inhibits optimal care being delivered. Although not an exhaustive list, the range of behaviours that could be described as challenging includes:

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- Carrying out a course of conduct which he/she understands to cause distress and/or alarm to others (harassment).
- Excessive noise, e.g. loud or intrusive conversation or shouting.
- Threatening or abusive language involving excessive swearing or offensive remarks.
- Threats or threatening behaviour
- Violence or threat of
 - Disruptive or anti-social behaviour including phone calls emails and abuse via social media
 - Derogatory racial or sexual remarks
 - Malicious allegations relating to members of staff, other patients or visitors.
 - Offensive sexual gestures or behaviours
- Abusing alcohol or drugs in the presence of a Health Care Professional (HCP) or other patients, (however, all medically identified substance abuse problems will be treated appropriately.)
- Drug dealing
- Wilful damage to medical equipment or environment
- Theft

Signed (Patient):

Date:

Signatory for the Healthcare Provider

NAME:

Signature:

Designation:

Date:

Appendix 4 Risk Assessment of Potential Violence, Aggression and Disruptive Behaviour during dialysis care.

Dialysis Unit	Location (Bay/Room)	Comment
Dialysis at Home	Location (Bedroom/Living Room)	Comment
Assessment Date:		Review Date:

Section 1: LIKELIHOOD OF VIOLENCE IN LOCATION OF CARE

Issue	Analysis	Comments	Action to be Taken
Do staff have direct contact with service users or members of the public as part of their work?			
Do staff consider themselves threatened or at risk of violence during their work?			
Have there been reported incidents of violence - how frequently when and where do they occur?			
Physical Assault Daily Weekly Monthly Rarely Never			
Verbal Abuse/Threatening Behaviour Daily Weekly Monthly Rarely Never			

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Time of day			
Where			
Have staff ever had to use physical force?			
In self/defence			
To restrain			
Are staff exposed to significant risk factors such as:			
Working in isolation			
Working out of hours			
Having to give bad news			
Dealing with controversial issues (e.g. safeguarding)			

THE OVERALL LIKELIHOOD OF VIOLENCE OCCURRING IN PLACE OF CARE:

Very Low / Low / Medium / High / Very High

Section 2: SEVERITY OF VIOLENCE

Issue	Analysis	Comments	Action to be Taken
<p>Have any of the following incidents ever occurred in relation to this patient or the delivery of dialysis care.</p> <p>Verbal Abuse Face to Face</p> <p>Verbal Abuse over the Phone</p> <p>Punched</p> <p>Kicked</p> <p>Slapped</p> <p>Grabbed by Wrists/Arms</p> <p>Grabbed by the Throat</p> <p>Spat at</p>			

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Bitten/ head butted Struck by objects held or thrown by assailant Strangled/bear hugged from front Strangled/bear hugged from rear			
Where violence has occurred, identify the injuries caused to staff or patients:			
Minor Injury (injuries requiring First Aid (i.e. bruise, small cuts etc.)			
More significant injury (e.g. injuries requiring treatment i.e. stitches, hospital treatment etc.)			
Have incidents required the assistance of the Police/ Security?			
POTENTIAL SEVERITY FROM VIOLENCE OCCURRING IN THE LOCATION OF CARE: Negligible /Minor / Moderate / Major /Catastrophic			

Section 3: EXISTING CONTROLS

Issue	Analysis	Comments	Action to be Taken
<p>Is the entry to the unit/home controlled? If Yes, indicate the manner of control:</p> <p>Reception Desk</p> <p>Lock and Key</p> <p>Coded Security Locks</p> <p>Card Reader Entry</p> <p>Buzzer Entry</p> <p>CCTV Controlled Entry</p> <p>Other <i>(please specify)</i></p> <p>Are staff areas within the Unit/Home secured from unauthorised access? If yes, how?</p> <p>Lock and Key</p> <p>Coded Security Locks</p>			

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<p>Other</p> <p>Is there a Lone Working Policy in Place?</p> <p>Home Assessment Completed in respect of?</p> <p>Aggressive pets</p> <p>Uncooperative family members or friends</p> <p>Safety of locality of home</p> <p>Access concerns</p> <p>Adverse weather</p>			
<p>Does the patient have a diagnosis of cognitive impairment or learning disability?</p> <p>Is there a care plan in place?</p> <p>Is there a link/key worker involved?</p>			
<p>Are there waiting areas in the Unit/Home. If Yes</p>			
<p>Is there enough seating?</p>			
<p>Is the environment well-lit?</p>			

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Is the fabric of the unit clean and in good repair?			
Is there a local emergency response procedure for dealing with violence against staff, including means for summoning assistance?			
Have staff received training for dealing with violence?			
When was this delivered?			
How are incidents of violence reported and recorded?			
On an Incident Form			
Verbally to the Department Manager			
ROBUSTNESS OF EXISTING CONTROLS IN MINIMISING RISK OF VIOLENCE OCCURRING IN THE LOCATION OF CARE: Robust /Adequate / Inadequate			

Name:

Signature:

Designation:

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