Procedure · LTC-SOP-005 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 28.24

At a glance

- Aggression from a resident with dementia has its own assessment and response, separate from other incidents.
- Staff are trained in de-escalation for dementia-related behaviour (WRK-FRM-003).
- Triggers and the response are recorded in the resident’s care plan.
- Each incident is reviewed, and staff are supported afterwards.
- Stop and get help straight away if: a staff member is assaulted by a resident with dementia and no incident is recorded.

1. Purpose

To protect staff and residents from dementia-related aggression with a specific response (28.24).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Staff who are attacked need specific protections, not general statements. Tracking incidents shows whether the protections work.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for long-term care	Owns the response and the training	Clinician or manager
Care staff	Respond and record each incident	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess triggers.

- Identify the triggers and the response in the resident’s care plan.

Key point: Identified.

Step 2. Respond.

- De-escalate using the agreed approach and call for support if needed.

Key point: Responded.

Step 3. Record and review.

- Record each incident on WRK-FRM-003 and review the care plan.

Key point: Reviewed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Dementia-related aggression incidents recorded and reviewed	100%	Monthly	Clinical lead for long-term care	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
WRK-FRM-003	Violence and aggression incident record (existing, reused)	Record

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on digital and AI governance.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Security Protocols & Incident Response (SEC-01)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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