Mersey Care NHS
NHS Trust

POLICY FOR THE SUPPORT OF SERVICE USERS WHO MAY PRESENT WITH CHALLENGING BEHAVIOUR (NB: FORMERLY THE POLICY FOR THE RECOGNITION, PREVENTION AND THERAPEUTIC MANAGEMENT OF AGGRESSION AND VIOLENCE)

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POLICY STATEMENT:

To promote a consistent graded and positive approach to support service users who may present with challenging behaviour.

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POLICY OBJECTIVES

To provide training and guidance to staff for:-

- The recognition, prevention and management of challenging behaviours.
- How to provide a safe and therapeutic environment for service users, staff and visitors.
- The management strategies that can be legally and ethically used before, during and after challenging incidents.

This Policy and Procedure can be made available in a range of languages and formats on request to the policy author.

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1. Introduction

This document explains:

- Why the policy is necessary (rationale)
- To whom it applies and where and when it should be applied (scope)
- The underlying beliefs upon which the policy is based (principles)
- The standards to be achieved (policy)
- How the policy standards will be met through working practices (procedure).

1.1 Rationale (Why)

1.1.1 Mersey Care NHS Trust is committed to reducing the need for restrictive interventions as set out in 'Positive and proactive care (DoH April, 2014). The guidance is aimed at promoting the development of therapeutic environments and minimising all forms of restrictive practices. The Trust aims to be fully compliant with this guidance by April 2016.

1.1.2 Mersey Care NHS Trust is required to provide effective therapeutic care in safe conditions that promote recovery. The Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the 'protected characteristics' of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Act also requires regard to socioeconomic factors, pregnancy/maternity and marriage/civil partnership.

1.1.3 The Trusts focus is on the prevention of challenging behaviour through promoting a positive culture through strong leadership and organisational learning. The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect and is committed to, the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust is also aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote human rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with Human Rights based approach and the FREDA principles of Fairness, Respect, Equality, Dignity, and Autonomy.

Mersey Care NHS Trust has responsibilities to deliver care / support of people who may present with challenging behaviours utilising a graded approach with the ultimate aim of eliminating coercive interventions.

Service delivery in this area will also adhere to the NHS dignity promise (6'c)

- Care
- Compassion
- Commitment
- Communication
- Competence
- Courage

1.1.4 The Trust recognises that occasionally some service users may behave in an aggressive or violent manner that requires positive management.

1.1.5 The Trust believes that mental health practitioners can often prevent an individual service user who is over-aroused, presenting with challenging behaviour, from deteriorating further by the use of skilled interventions. Appropriate training and support for employees who have direct and regular contact with service users has to be provided to enable these skills to be generated.

1.1.6 The Trust is committed to ensuring that the workforce adopts the 'No Force First' framework approach (graded approach) that details how such practice is developed and maintained and which underpins effective approaches to care.

1.1.7 The application of this policy is intended to minimise the risk of challenging behaviour and consequential risks of injury to any service user, employee or member of the public.

1.2 Scope (Who, Where & When)

1.2.1 This is a corporate policy applicable to all staff and clinical services across the Trust. However, due to the diverse nature of the services within the Trust, local procedures will reflect the inherent operating differences within each service.

1.2.1.1 Mersey Care NHS Trust is served by the which provides training and Personal Safety Sevice upport to all divisions.

1.2.2 Divisional Directors will have responsibility for considering the above and will ensure that local provision and procedural arrangements conform to the framework detailed within this policy and are then ratified centrally through the Integrated Governance Committee.

1.2.3 This policy equally applies to all staff working in community settings. This policy should be read in conjunction with the Trust Policy and Procedure for Lone Working (SD03).

1.3 Definitions – Violence and Assault

1.3.1 The Trust defines violence as:

'Any incident in which any person is verbally abused threatened, or assaulted by a service user, employee or member of the public. This also involves an explicit or implicit challenge to their safety and wellbeing'.

1.3.2 There are now two clear legally based definitions of assault used in the NHS to ensure a consistent approach throughout:

- Physical assault
- Non-physical assault

Physical assault: The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.

Non-physical assault: The use of inappropriate words or behaviour causing distress and/or harassment.

(NB: Secretary of State Security Directions require that **all** incidents of physical assault be reported – **whether intentional or not.**)

1.4 Principles (Beliefs)

1.4.1 Mersey Care NHS Trust is committed to "Promoting the Human Rights of service user's carers and staff".

1.4.2 Mersey Care NHS Trust believes that violence and aggression directed towards staff, service users or the public is unacceptable, however the Trust are sensitive to the particular past experiences and symptoms that the service users may be experiencing, or have experienced and how they may impact on their behaviours.

1.4.3 The Trust believes that employees should not be expected to accept personal injury as part of their job, however there may be an understanding at times that injuries may occur due to the nature of challenging behaviours.

1.4.4 During any aggressive or violent incident skilled practitioners must provide care for service users using contemporary, proportionate, evidence-based approaches.

1.4.5 Service users must always be treated with dignity and respect regardless the degree of challenging behaviour and with due regard to an individual's race, ethnicity, age, religion, gender, sexual orientation, mental, physical, learning disability or transgender status.

1.4.6 The Trust is committed to the Zero Tolerance campaign as described in the Zero Tolerance Policy and Procedure (HR09) and will actively support any member of staff who is assaulted or threatened with an assault, which arises out of the course of their work.

1.4.7 All services will actively implement the Positive and Safe guidance set out in the National Institute for Clinical Excellence (NICE) and formerly National Institute for Mental Health in England (NIMHE) Guidelines on the Therapeutic Management of Violence and Aggression.

1.4.8 Following restraint of a service user, which results in their injury, a complaint by the service user or observer about the physical intervetion consideration should be made as to whether a Safeguarding referral should be submitted (refer to the Policy for Safeguarding Vulnerable Adults from Abuse, (SD17).

2. Policy (What)

2.1 Organisational and Environmental Risk Assessment

2.1.1 Assessment and the management of risk is an essential part of the care and treatment provided for service users and is an integral part of Care Programme Approach (CPA). It is essential that on admission/referral or initial contact a clinical risk assessment is carried out and a risk management plan is put into place. This should be in collaboration with the service user and their carer/family wherever possible. The risk assessment process is designed to be comprehensive with the potential risk of violence being just one element that is considered as part of the assessment.

2.1.2 Only clinical risk assessment tools formally approved for use by Mersey Care NHS Trust staff can be used. These are listed and described in the **Portfolio of Clinical Risk Assessment Tools**, which can be found on the Trust's website. (See policy SA10 'Use of Clinical Risk Assessment Tools'.)

2.1.3 Risk assessments and risk management plans must be regularly reviewed with the service user and their carer whenever possible. Plans should record known triggers to aggressive/violent behaviour based on current observations, previous history and discussion with service users and their carers/families.

Changes in levels of risk should be recorded, communicated and risk management plans changed accordingly.

Service users can make ***Advance Statements*** under the Policy and Procedure for the Use of Advance Statements (SD19), identifying how they would like to be cared for at a time when they do not have capacity.

2.1.4 The approach to risk assessment must be multi-disciplinary and reflect the care setting in which it is undertaken. Any risk factors relating to a service user must be communicated appropriately across care settings.

2.1.5 The physical and therapeutic environment can have a strong mitigating effect on the levels of latent agitation, frustration and boredom that can be experienced by service users. It is good practice for ward managers to undertake environmental and organisational risk assessments at least once every twelve months, or sooner if there is a significant change to the facility. This should include an assessment of: The physical environment; safety and security issues; access to meaningful and purposeful activity; access to fresh air outdoors where possible; and adequate staff to service user ratios (see Good Practice Guidelines for Ward Design and Organisation, Appendix 1). The Personal Safety Service will assist in this process on request.

2.1.6 Each service will have a local procedure that describes how to summon help in an emergency and which determines the need for alarm systems. The procedure will be based on an evaluation of the risk assessment processes described at sec 2.1.4. The procedure must be disseminated to all staff who are required to familiarise themselves with its content.

2.1.7 Collective responses to alarm calls should be agreed before incidents occur, consistently applied and be periodically rehearsed.

2.1.8 The Trust's Personal Safety Service who provides training will also provide advice, support and practical help to individual service areas in the prevention and management for the support of people who may present with challenging behaviour. The service will provide a timely response according to the risks presented (See referrals flowchart appendix:7) The service can be contacted telephone: Local Services: 0151 250 6106/7 or High Secure services: 07989 222431.

2.2 Prevention

2.2.1 A wide range of appropriate occupational, social and recreational activities will be provided for the service user group taking into account an individual's abilities, level of functioning and resources available.

2.2.2 Mersey Care NHS Trust is committed to preventing the occurrence of violence through proactive Leadership (See Appendix 2, Violence Reduction Strategies to minimise the use of coercive interventions).

2.2.3 All staff will demonstrate a positive attitude when communicating with service users. Staff must never use language that could be construed as supporting negative stereotypes. This would include verbal or non-verbal responses that could be interpreted as carrying aggressive, threatening, sarcastic or disrespectful intent. Staff would demonstrate empathy and values as set out (refer to number of 6 c 1.1.2).

2.2.4 Conflict between staff and service users, carers and the public can arise and must be dealt with promptly in a fair, equitable and constructive manner. All clinical staff, but particularly matrons have a responsibility to ensure that any concerns are dealt with promptly and that local resolution of any difficulties is facilitated. The input of advocates and/or PALS (Patient Advisory Liaison Service) can be sought if other avenues have proven unsuccessful.

2.2.5 Open, clear and effective communication between staff members, service users, relatives and their advocates (especially those with visual, hearing, cognitive impairment or whose first language is not English) minimises misinformation and confusion arising. Each clinical area/service will avoid this by producing unambiguous collaborative care plans that encourage co-operation and cohesion. These plans should also include guidance on de-escalatory interventions that take account of communication difficulties.

2.2.6 A gender sensitive approach must be considered by staff when managing people who may present with challenging behaviour. Staff must consider history of abuse, spiritual, religious and cultural needs, beliefs and behaviours when considering interventions. Staff will receive appropriate equality and diversity training to help them facilitate this approach.

2.2.7 The Trust's 'Personal Safety Service' will provide learning packages that will enable practitioners to gain greater competence to prevent violence and aggression occurring. Training will include methods of anticipating, de-escalating or coping with challenging behaviour by developing greater awareness of their own verbal and non-verbal behaviours. (See also Section 2.15, Staff Training).

2.2.8 Risk assessments and risk management plans/ Positive Support Behavioural plans will be regularly reviewed with the service user and their respective carers whenever possible. Plans will record known triggers to challenging behaviour as well as the service users strengths (i.e. what worked/helped). Assessments are based on previous history, current observations and discussion with service users and their carers/families. Changes in levels of risk should be recorded, communicated and risk management plans changed accordingly. Consideration should be given to communicating changes in risk to the service user. (See policy and procedure on the use of clinical risk assessment tools, SA10).

2.3 Approaches for the Actual Personal Safety

2.3.1 As indicated at Section 2.1.5 procedural arrangements for the effective management of challenging behaviour will be established at local level that will include details on how to summon help and support should a crisis occur.

2.3.2 The choice of intervention must be guided by clinical need and the obligations owed to the service user (i.e. advance statements, physical, cultural, religious, previous trauma and gender needs), other service users affected by the disturbed behaviour and to members of staff and any visitors.

2.3.3 The physical intervention selected must amount to a proportionate and reasonable response to the risk posed.

2.4 De-escalation Techniques

2.4.1 Anger and frustration expressed by individuals requires management utilising a measured and reasonable response. Where possible, attempts at de-

escalation need to be employed prior to other interventions being used (see Appendix 3, Verbal De-escalation Techniques).

2.5 Observation

2.5.1 Observation is a core healthcare worker skill and should be used to help recognise, challenging behaviour through timely interventions (refer to the Policy and Procedure for the Management of Clinical Risk through Supportive Observation, SD04).

2.6 Implementation and Monitoring of Physical Interventions

2.6.1 Staff who are expected to engage therapeutically on a continuous and direct basis with service users who pose a potential risk will require Personal Safety training. It is the responsibility of the service manager to risk assess appropriate Personal Safety training (Refer to flow chart) in relation to course outlines must receive mandatory training in the use of physical intervention (see Section 2.15, staff training). All ward based nursing staff will routinely require full Personal Safety training but this may also include other disciplines. Wherever possible Personal Safety Coordinators will make reasonable adjustments as required by the Equality Act 2010, to ensure that training is successfully undertaken.

2.6.2 All staff who employ physical interventions must receive mandatory Basic Life Support training (BLS) (see Section 2.15, Staff Training).

2.6.3 Wherever possible staff must use those physical intervention techniques taught by Personal Safety Coordinators approved by the Trust/Curriculum development group (see 2.16.3). However we recognise that the initiation of physical intervention will often not follow any set pattern. The actions of staff must be ethical, reasonable, proportionate and safe and in accordance with law, the Human Rights Act and its principles.

2.6.4 Physical intervention should be avoided if at all possible. However, where physical interventions are utilised it should be brought to an end at the earliest opportunity. Debriefing should be provided for the service user, staff and other service users and other individuals.

2.6.5 At all times a doctor should be available (within 60 minutes) to attend an alert by staff members when physical intervention, rapid tranquillisation and/or seclusion are implemented (see Appendix 4, Physical Care and Observation during Restraint). Where the expectations of this policy are not adhered to then a separate adverse incident report **MUST BE COMPLETED.** The clinical team must review this incident as soon as practically possible.

2.6.6 There are real dangers with continuous physical interventions in any position (i.e. positional asphyxia). To avoid prolonged physical intervention an alternative strategy, such as rapid tranquillisation or seclusion, where available, should be considered. (Refer to NICE Guideline 25, February 2005:

The short term management of disturbed/violent behaviour in psychiatric in-patient settings and accident and emergency departments).

2.6.7 When physical intervention occurs a graded approach to the number of staff employed to maintain safety should be taken (minimum 2 plus) Where a three person team is required, one member of this team will be responsible for protecting the service users head and neck. A team member should be nominated to take responsibility for leading the team through the restraint process. All staff involved in the intervention and the immediate vicinity has responsibility to ensure that the service user's airway and breathing are not compromised and that vital signs are monitored (see Appendix 4, Physical Care and Observation during physical intervention). If additional staff are available it is good practice to ask them to write down events as they occur (i.e. times, movement from and to, what was said and advice of any concerns). The Trust advocates through its personal safety training programme that physical intervention involving one member of staff should be avoided.

2.6.8 Under no circumstances during physical interventions should pressure be applied to the neck, thorax, abdomen, back or pelvic area. The overall physical and psychological well being of the service user should be continuously monitored throughout the whole process (see Appendix 4, Physical Care and Observation during Restraint).

2.6.9 During a physical intervention positive communication (ideally from the staff member with the best rapport with the service user) should continue throughout the process. It is essential that staff attempt to de-escalate and reassure the service user and provide advice, support and guidance to alleviate the situation, with the aim of ceasing the intervention at the earliest possible opportunity.

2.6.10 There may be extraordinary situations where pain or discomfort is unavoidable for service users, i.e. the need to employ a breakaway technique with a individual who presents with a high level of intent and potential to cause serious harm / immediate risk to life and where less intrusive techniques would prove unsuccessful, or where its use is deemed the only way to resolve an emergency (such as impending death or grievous bodily harm) when alternative interventions have been considered and proven ineffective any pain compliant technique should only be used for the minimum of time necessary to achieve the intended outcome which is breakaway and summon assistance. This principle is supported by Criminal Law Act 1967, The Use of Reasonable Force and the Mental Health Code of Practice, (1983, Updated, 1999) Article 3. The deliberate infliction of pain or discomfort can **NEVER** be used to get a service user to follow an instruction where there is no risk to life, or desist from verbally aggressive behaviour.

2.6.11 All physical interventions employed should take into consideration for example pregnancy, age, gender, religious beliefs, culture, language, medical history, disability or previous trauma and should be recorded in the service user's management/Positive behavioural support care plan.

2.6.12 Lifting of patients whilst in restraint is not taught within the Personal Safety Service syllabus, this procedure is only conducted within the Level 3 (PPE) teams. Patients must not be manually handling without the correct training and equipment this also fits with the Health & Safety Act (1974) and Management of Health and Safety regulations (1999) Manual Handling operations regulations (1992) as amended (2002).

2.6.17 In the event of a service user commencing to spit at staff whilst dealing with challenging interventions staff must wear PPE (masks / glasses / aprons) which must be accessible within all clinical areas. Under no circumstances should the service users breathing be compromised.

2.7 Mechanical Restraint and Protective Equipment

2.7.1 In highly exceptional circumstances the use of mechanical restraints i.e. handcuffs, leg straps, **(Secure Division/Police only)** may be considered by the multidisciplinary team and authority must be gained through formal service governance arrangements. If service needs to utilize mechanical restraints a clear local policy (HR09) should be in place governing their use at the point of need.

2.7.2 For each individual case, independent expert legal, medical and ethical advice, which will include Human Rights considerations, must be sought and documented and a local procedure and protocol written to govern its use.

2.7.3 In Secure Division areas the use of additional protective equipment (refer to glossary) is available for use in extreme circumstances – for instance if a service user became armed. Access to such equipment would be afforded only as a last resort to contain and control a given situation. A local security procedure will be in place identifying the criteria for deployment and the command structure under which it is deployed. These local frameworks will address training requirements and the need for effective audit and post-incident review of practice.

2.7.4 Serious incidents using weapons may occur in local services. In these areas protective equipment is not available. In these circumstances the procedure at 2.11 below should be followed.

2.8 Seclusion

2.8.1 Seclusion is as defined in Chapter 15.43 of the Mental Health Act Code of Practice, and is, “the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.”

2.8.2 Seclusion must only be used as a last resort and should only be used for the shortest possible time.

2.8.3 Staff employing seclusion must receive mandatory Basic Life Support training (BLS). (Refer to section 2.15 -Staff Training).

2.8.4 The implementation of seclusion must be applied in accordance with the Trust Seclusion policy (SD28).

2.9 Rapid tranquillisation

2.9.1 Medication, skilfully given (in the context of good clinical care and milieu), can safely and effectively be used to manage people who present with challenging behaviour. Staff must utilise the Trust Policy and Procedure for the Use of Rapid Tranquillisation (SD 11) and have undertaken the appropriate training.

2.9.2 Staff involved in the administration, prescribing or monitoring of service users in receipt of parenteral rapid tranquillisation must have received training in the provision of Immediate Life Support (ILS), or have the direct support of colleagues trained to that level. (Refer to section 2:15 Staff Training).

2.9.3 After the use of intramuscular (I/M) or intravenous (I/V) rapid tranquillisation, vital signs must be monitored in accordance with Policy SD11, 3.1, Flowchart for the Administration of Rapid Tranquillisation.

2.10 Police Involvement: The Use of C.S Incapacitant (C.S) Spray, and links to the Criminal Justice System

2.10.1 All services will establish local working partnerships with the Police and the Criminal Justice System. This will be facilitated with input from the Trust Criminal Justice Liaison Service and the nominated Trust Mental Health Liaison Police Officers'.

2.10.2 Local protocols will be formulated around the criteria for summoning the police to a violent incident, the methods of achieving that assistance, the potential use of C.S incapacitant spray and Tasers and the subsequent care of those affected by its use.

2.10.3 Staff should refer to the Zero Tolerance Policy (HR 09) for guidance around the bringing of criminal proceedings against service users, visitors or members of the public who have assaulted staff and other service users (i.e. Assault may be physical or non-physical). Further advice can be given by contacting one of the NHS Protect Specialists.

2.11 The Use of Weapons

2.11.1 Local procedures will dictate what specific action should be taken if a weapon is used during an aggressive or violent incident (See Sec 2.7.3).

2.11.2 Where weapons are involved the staff who assumes control of the situation should ask for the weapon to be placed in a neutral location rather than handed over.

2.11.3 Where potential weapons may be available the aggressor, if possible, should be isolated or relocated to a safer environment. Staff should vacate an area where such an immediate risk is posed and secure the service user concerned if it is safe to do so. On no account should an attempt to physically disarm a service user be attempted (excepting those circumstances covered at Sec 2.7.3)

2.11.4 If safe to do so, maintain dialogue whilst waiting for additional support either via the deployment of protective equipment teams (Secure Division) or from the police.

2.12 Incident Reporting and Post Incident Support and Clinical Review

2.12.1 Any incidents of 'challenging behaviour' should be recorded as per the Policy and Procedure for the Reporting, Management and Review of Adverse Incidents (SA 03).

2.12.2 For all incidents, the member of staff in charge should ensure that a member of staff involved in the incident completes the relevant electronic incident report. Incident reports completed using DATIX (All Divisions except Secure Division automatically selects the incident classification. Within Secure Division incidents are recorded on PACIS from which staff will enter an initial classification using the Mersey Care Adverse Incident Classification Matrix (See policy SA03, Appendix 2).

2.12.3 For all class A, B or C incidents, the member of staff in charge should ensure that a debriefing session takes place as soon as is practical. This does not constitute a review but an opportunity for the clinical team to share their initial reactions to the incident. Service users if the incident occurred in an inpatient area will be offered support/debriefing as appropriate. A practitioner with appropriate skills should facilitate debriefing. Staff support/counselling services should also be offered to staff were unhelpful psychological symptoms persist. Arrangements made with Mersey Care Staff Support Services to facilitate this (Contact details on Mersey Care NHS Website, Policy HR13, or can be contacted via Occupational Health).

2.12.4 Staff support systems and mechanisms to review practice, both internally and externally as determined by collective and individual need should be utilised when appropriate to promote a culture of learning around such issues.

2.12.5 Risk managers routinely supply incident data to facilitate the examination of and proactive management of emergent risks in local service areas.

2.12.6 Learning from incidents takes place using the Trust's Root Cause Analysis (RCA) system (see policy SA03, Appendix 18). Additionally, all physical intervention incidents are reviewed at care team meetings, so that care plans of individual patients can be reviewed, evaluated and amended accordingly.

2.13 Complaints

2.13.1 Service users who wish to complain about their care during physical intervention must have their concerns fully considered and acted upon accordingly (refer to the Patients Complaint Policy and Procedure, SA06).

2.13.2 Staff with concerns about the care a service user has received has a responsibility to make their concerns known. Such concerns should be raised through the normal line management structures. Any outstanding concerns can be raised in accordance with the procedures laid down within the Public

Interest Disclosure Act 1998 and the Trust Policy on Concerns at Work about Patient Care or Matters of Business Probity/Conduct (Whistle-blowing), HR06.

2.14 Clinical Audit and Monitoring

2.14.1 Regular auditing of challenging incidents should take place to identify trends, including data related to the protected characteristics of age, disability, gender, race, sexual orientation, religion/belief, and transgender. The data obtained should be used to inform training and develop preventative strategies.

2.14.2 The Department of Health (DoH) **/** The National Institute for Health and Clinical Excellence clinical guide 25, standards will provide a benchmark for current education, training and clinical practice. A self assessment tool for compliance with NICE guidance has been disseminated to clinical directors within each service by the Clinical Audit team to track compliance. The Personal Safety Service will assist in developing action plans and or meeting compliance if approached.

2.14.3 The clinical audit team will audit compliance with Department of Health (DoH) / NICE guidance within the review period of this policy (i.e. SD18). Results from the audit will be disseminated to all stakeholders for recommendations to be made regarding future education, training and practice.

2.14.4 Compliance with the requirements of this policy will be monitored by the Personal Safety Service Operational Manager and a detailed report provided to the Trust Quality Assurance Committee.

2.15 Staff Training

2.15.1 **Training Frequency**

For the training requirements related to this policy (i.e. course type, frequency and who needs to attend) please refer to the organisational training needs analysis which can be found in the Trust's policy, H.R Policy and Procedure for Learning and Development (HR09 for Staff within Mersey Care (HR28). This policy outlines the mandatory Personal Safety training course staff are required to undertake, with regard to the duration and frequency.

2.15.2 **Life Support Training**

Training will be made available for identified staff involved in the administration, prescribing or monitoring of service users in receipt of parenteral rapid tranquillisation to Immediate Life Support level. (ILS - Resuscitation Council UK). This should cover airway management, cardio-pulmonary resuscitation (CPR) and use of automated defibrillators. (Please refer to Trust Policy and Procedure for Resuscitation of Service Users, Staff and Visitors, SD07).

2.15.3 Staff who employ physical intervention techniques or utilise seclusion will require Basic Life Support training annually (Refer to BLS – Resuscitation Council UK) (Refer to Trust Policy SD07)

2.16 Non-Physical Approaches and Physical Skills Training

2.16.1 Validated training for staff in Personal Safety will be available for all employees. Programmes should be tailored to the specific needs of the service and its service users to ensure its appropriateness and acceptability, particularly concerning age, disability, gender, race, sexual orientation, religion/belief, transgender and maternity issues.

2.16.2 Personal Safety training including the use of non-physical and physical intervention techniques (e.g. de-escalation & breakaway training) will be provided through induction and on-going training by the Trust Personal Safety Service.

2.16.3 The level and frequency of training provided will be determined based on the risks presented and the job role. Those staff considered most at risk of physical/non-physical assault are described as 'Frontline staff' as put forward in annex B of 'Promoting Safer and Therapeutic Services,': Implementing the National Syllabus (SMS, 2005).

2.16.4 The Trust will focus on meeting Positive & Proactive care aims. All delivery of Trust Personal Safety techniques/ training courses will only be undertaken by Trust employed approved Personal Safety co-ordinators (i.e. Personal Safety Co-ordinators/Instructors) specialising in meeting the needs of staff and service users in each directorate. All approaches and physical interventions taught will be subject to an on-going process of audit and validation by the Management of Violence & Aggression Advisory Group.

2.16.5 **Non-Physical Interventions**

Training in the use of non-physical approaches – Personal Safety training including verbal de-escalation, is a mandatory requirement thereafter two yearly updates, for all staff in direct or indirect contact with service users. Training in non-physical approaches must be accessed before undertaking training in physical interventions. The training courses have been developed to reflect the staffs' role, the perceived risk and level of exposure to that risk (See Appendix: 6)

2.16.6 **Physical Interventions**

All staff who are expected to engage therapeutically on a direct basis with service users who pose a potential risk (i.e. frontline staff) will receive training according to the risks posed due to the staffs' role and the risks presented. For example: Lone workers will receive training on how to breakaway from an assailant whilst staff in inpatient areas where physical intervention may be required will receive team training. Such training will not exclusively deal with physical intervention skills but will incorporate the use of non-restrictive approaches and restraint reduction initiatives. This standard will apply to all inpatient nursing staff.

2.16.7 **A Combined Approach**

Training courses will combine non-physical and physical approaches unless the need for a specific training course has been identified by the Personal Safety Service in conjunction with local services (e.g. service user specific referral). Courses have been identified for the following staff groups:

2.16.8 **Personal Safety Training Course (1 day) Clinical/Non-clinical staff** The emphasis is in maintaining personal safety (i.e. non-physical approaches) as well as specific 'breakaway techniques' (i.e. physical approaches) which can be deployed to escape an assailant and raise the alarm in an emergency.

2.16.9 **Team Work Skills (4 day)** The emphasis is on "Promoting Safer & Therapeutic Services Training" including "Team Training", will be provided with this training as soon as practically possible (depending on service needs/requirements), but no later than within three months of starting their employment or moving to the area where these skills are required.

2.16.11.1 **Team Work Skills Refresher Training Course (2 days)** Training records will be considered out of date where they exceed the specified mandatory update which is 12 months in the Organisational Training Needs analysis.

2.16.11.2 **Individual staff** are responsible for keeping their mandatory training up to date. Mandatory training requirements must be met or planned to be met before any other training or development requirement is fulfilled. (See the Trusts Mandatory Training Policy for Staff within Mersey Care, HR 05)

2.16.11.3 Where Frontline inpatient staff exceed the time specified to undertake a refresher course the individual will require to access the four day team work course.

2.16.11.4 All staff within clinical areas must maintain mandatory annual refresher training within a 12 month period.

Response team training utilising Personal Protective Equipment,' is only applicable to the Secure Division and is governed by local security policies therein.

2.16.11.5 Staff who cannot complete training due to disability, pregnancy, medical or psychological problems should be referred to occupational health for an access to work assessment. A risk assessment should be carried out by their direct line manager to ascertain whether this person will be able to continue working.

2.16.12 Where the Trust continues to use Agency staff then the Operational Service Manager for the Personal Safety Service will liaise with the Trusts Bank Co-ordinator to ensure that such individuals have received training appropriate for the respective services in which they will work.

2.16.12.1 All bank staff will receive training through the Personal Safety Service and will be subject to the same conditions as Trust employees.

2.16.12.2 Only in exceptional circumstances and as a last resort will employees, bank or agency staff who have not received such training be expected to apply physical interventions. These circumstances will be in line with common law provision and will be at the direction of the practitioner with responsibility for managing the situation.

2.16.12.3 Clinical/Non staff working within the Secure/Local Division of the Trust who have indirect contact with patients must access a Personal Safety Course ('A') every two years (from 1st April 2014).

3. Local Procedure (How)

3.1 Service Managers within all areas of the Trust will identify an appropriate individual to ensure that the key elements of this policy (Section 2) are adopted within local procedures.

3.2 Where specific procedural deviation is required in respect of this policy, it is the responsibility of the Divisional Director to identify these areas for consideration by the Integrated Governance Committee on behalf of the Trust.

4. Duties (Who)

4.1. Trust Board

The Trust Board Executive sponsor of No Force First and the responsible person for Positive & Proactive implementation are responsible for ensuring that a Policy for the support of people who may present with challenging behaviour (SD 18) is in place via its governance arrangements and that all staff working in the Trust is aware of, and operate within the policy

4.2. The Medical Director

The Medical Director must ensure that all medical staff are aware of and operate within the (SD18) policy.

4.3. The Executive Director of Nursing and Secure Services

The Director of Nursing and Secure Services is responsible for ensuring mechanisms are put in place to ensure nursing and allied health professionals within the services are aware of and comply with the requirements of the (SD18) policy

4.4. The Security Management Director

The Security Management Director for the trust is responsible for reporting the number of staff trained in the national syllabus 'Promoting Safer & Therapeutic Services' NHS Protect (formerly CFSMS) to the Security Management service.

4.5. The Management of Violence and Aggression Service Lead

The Personal Safety Service Lead is responsible for developing and reviewing the Trust policy SD18 and will chair the Personal Safety Positive & Proactive Implementation Group/Curriculum Development Group.

4.6. **The Management of Violence & Aggression/Curriculum Development Group**

The Personal Safety Service / Positive & Proactive Implementation Group /Curriculum Development Group operates within the Trusts governance arrangements to ensure that training is planned developed and implemented in accordance with the national curriculum (NHS Protect, formerly CFSMS) national policy, legal/ethical frameworks, and the Human Rights agenda.

The group will consider the appropriateness of the Personal Safety curriculum in accordance with the risks presented training needs analysis and horizon planning. The group includes representation from the Secure/Local Division the Local Security Management Specialist (NHS Protect, formerly LSMS), Risk Managers and a Health and Safety Manager to ensure a comprehensive co-ordinated approach in the development and delivery of training advice and assistance in the prevention of challenging behaviour.

4.7. **Divisional Directors**

Monthly training figures are supplied to both the Local/Secure Divisional Directors for each service area identifying who is and is not trained. Divisional Directors are responsible to ensure that staff are trained within their service areas to make certain that there is always an adequate collective staff response to manage risks of challenging behaviour could be reasonably predicted.

4.8. **Frontline Staff**

It is the responsibility of all staff to ensure that they are up to date with their mandatory training (i.e. H.R Policy and Procedure for Learning and Development for Staff within Mersey Care (policy HR06)).

Staff in frequent contact with service users in the performance of their role should be familiar with service users wishes (i.e. Advance Statements, and Care Management Plans / Positive Behavioural Support Care plans), environmental, clinical and situational risk factors which may lead to challenging behaviour and current positive behavioural support care plans to prevent, manage or ameliorate the onset of challenging behaviour or violence or minimise the need for physical restraint. Any positive behavioural support care plans should be formulated/ written to prevent/manage challenging behaviour should consider any medical assessments (physical/mental) in determining challenging prevention, de-escalation, and hand on conflict management strategies together with post-intervention observation and care.

In managing challenging behaviours in inpatient areas it is the duty of all staff to ensure that their response is reasonable and proportionate to the situation presented. Staff need to monitor vital signs during and after any episode of restraint and must adhere to the policy.

4.9. **Medical Staff**

A doctor should be able to attend an incident of restraint quickly (i.e. within 60 minutes).

5. Development and Consultation process

5.1 This policy has been developed by the author drawing on existing policies and procedures within the respective services. The document also draws on the best practice advocated by current professional guidelines referenced below. Given the national developments that are on-going in this field it is essential that the first review of this policy will take these aspects into account. The Trust will also need to ensure a wider consultation of these issues is undertaken that incorporates more fully the views of service users and carers.

5. Reference Documents

Department of Health (2014) Positive and Safe programme.

Department of Health (2014) Positive and Proactive Care: Reducing the need for restrictive interventions.

MIND (2013) Mental Heath Crisis Care: physical restraint in crisis.

Department of Health (2007) *Best Practice in Managing Risk; Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services*. DoH. London

Department of Health *(a)* (2000) *'Zero Tolerance in Mental Health' – circ 22236 –resource sheet update.*

Department of Health (2008) *Code of Practice; Mental Health Act 1983*, The Stationary Office. London.

Health and Safety Executive (1993*) 'Health and Safety at Work Regulations'*. Human Rights Act (1998) The Stationary Office. London.

Mersey Care NHS Trust, *HR06 Policy on concerns at work about patient care or matters of business probity/conduct (whistle blowing).*

Mersey Care NHS Trust, *HR09 Zero Tolerance Policy*.

Mersey Care NHS Trust*, Public Disclosure Act 1998.*

Mersey Care NHS Trust*, SA03 Policy and Procedure for the Reporting, Management and Review of Adverse Incidents.*

Mersey Care NHS Trust*, SA06 Patients Complaints - Policy and Procedure.*

Mersey Care NHS Trust, *SD03 Policy and Procedure for Lone Working.*

Mersey Care NHS Trust, *SD04 Policy and Procedure for the Management of Clinical Risk Through Supportive Observation.*

Mersey Care NHS Trust, *SD07 Resuscitation of any patient, staff, visitors in the event of a collapse or medical emergency.*

Mersey Care NHS Trust, *SD11 Policy and procedure for the Use of Rapid Tranquillisation.*

NHS security Management Service (2005). Promoting Safer and Therapeutic services: Implementing the National Syllabus in Mental Health and Learning *Disability Services*. SMS. London.

National Institute for Mental Health in England (2004) *Mental Health Policy Implementation Guide.*

NICE Clinical Guideline 1 (2002). Core Interventions in the treatment and management of schizophrenia in primary and secondary care. Pages 21-24.

NICE Clinical Guideline 25 (2005). The short term management of disturbed/violent behaviour in psychiatric in-patient settings and accident and emergency departments.

The Royal College of Psychiatrists (1998) Management of Imminent Violence. The Single Assessment Process 2001: *Physical and Psychological Needs of Older People.*

Ashcraft L, Anthony WA: (2008). Eliminating seclusion and restraint in recovery orientated crisis services. Psychiatric Services 591198-1201, 2008.

Ashcraft L, Bloss M, Anthony WA: (2012). The development and implementation of “No Force First” as best practice. Psychaitric Services: Vol 63, (No 5).

Huckshorn K.A: (2005). Six core strategies to reduce the use of seclusion and restraint planning tool. National association of state mental heath program directors. Alexandra, Va..

6.1 References and Associated Documentation

SD03	Lone Working
HR09	Zero Tolerance
SA03	Adverse Incident
HR06	Whistle Blowing
SA10	Clinical Risk
SD11	Rapid Tranquillisation
SD28	Seclusion
HR05	Learning and Development
SD17	Safeguarding
SD19	Advance Statements
SA06	Patients Complaints
SD07	Procedure for Resuscitation
SD04	Management of Clinical Risks
HR13	Stress Prevention and Management in the workplace

HR10 Equality Policy

7. Glossary

Advance Statement: a document that contains the instructions of a person with a mental health problem. It sets out their requests in the event of a relapse, an incident of disturbed/violent behaviour etc. Furthermore it makes explicit the treatment that they do not want to receive and any preferences that they may have in the care they receive.

Antecedents: events which precede an incident of disturbed/violent behaviour.

Breakaway: a set of physical skills to help separate or breakaway from an aggressor in a safe manner. They do not involve the use of restraint.

Common Law: this 'judge made' law is distinguished from statute law which comprises Acts of Parliament. The common law refers to principles identified by judges, which have evolved to meet the needs of particular cases or particular developments in society.

Exceptional Circumstances: circumstances that cannot reasonably be foreseen and as a consequence cannot be planned for.

Frontline Staff: Nurses on wards/community teams, medical staff on wards/community teams. Psychologists/occupational therapists and other relevant professionals on wards/community teams. Clinical staff in A&E mental health liaison services. Other staff based on training needs analysis and risk assessment.

Indirect patient / service user contact: Non-clinical staff who may come into contact with patients / service users through working in areas in which patients / service users also have access e.g. porters, admin staff etc.

Mechanical Restraint: a method of physical restraint involving the use of authorised equipment applied in a skilled manner by designated healthcare professionals. Its purpose is to safely immobilise or restrict movement of part/s of the body of the individual concerned.

Milieu: environment, including the physical environment, policies and procedures, atmosphere, etc.

Personal Safety Service: The Personal Safety Service is a dedicated Trust team who provide advice, support and training for the Directorates on this agenda.

No Force First: Trust initiative to reduce the use of physical intervention skills.

Positional Asphyxia: a condition in which a person experiences severe breathing difficulties or respiratory failure during or after being physically

restrained. Most often occurs when the person is being restrained in the prone (face down) position.

Rapid Tranquillisation: the use of medication to calm/sedate the service user, reduce the risk to self and/or others and achieve an optimal reduction in agitation and aggression thereby allowing a thorough psychiatric evaluation to take place. Although not the overt intention, it is recognised that in attempting to calm/sedate the service user, rapid tranquillisation may lead to deep sedation/anaesthesia.

Response Team/Protective Equipment Team: a specialist group of staff trained in physical intervention skills that wear and use specialist protective equipment e.g. helmets, body armour, shields. These staff would respond as a last resort and/or be utilised in high risk situations, when all other management strategies have been unsuccessful or in a situation where a weapon is being used. Secure Division areas only.

Seclusion: Defined in Policy SD28 as per chapter 15.43 of the Code of Practice, and is held to be "the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others."

8. Appendices

Appendix 1: Good Practice Guidelines for Ward Design and Organisation
Appendix 2: Department of Health – Positive and Proactive Care
Appendix 3: Violence Reduction Strategies
Appendix 4: Verbal De-escalation Techniques
Appendix 5: Physical Care and Observation during Restraint.
Appendix 6: The Ten aims of 'Promoting Safer & Therapeutic Services'
Appendix 7: Courses Available Based on the Level of Risk
Appendix 8: Personal Safety Service Referral Flowchart

Appendix 1 – Good Practice Guidelines for Ward Design and Organisation

A well planned physical environment is one that allows adequate space, reasonable comfort, privacy and safety. Staff must be aware of a wards design features so that they can help patients to benefit from the good aspects and minimise the effects of the bad.

1. Calming features

- All areas look clean and tidy.
- Reception areas are well planned.
- There are separate areas for patients with police escorts.
- There is natural daylight and fresh (access to outdoors, where appropriate).
- Crowding is avoided.

- There is a perception of space.
- Noise levels are controlled (e.g. television area)
- Personal effects are safe and accessible.
- There are safe activity areas inside and outside.
- Private spaces and rooms are provided.
- Privacy in toilet and bath, and in single sex areas, is ensured.
- Staff privacy areas are provided.
- Ambient temperature and ventilation are adequately controlled.
- Opportunity for physical exercise should be provided.
- Sleeping and day areas should be separate and the day room should be open for those who cannot sleep.

2. Ensuring a secure environment

- There is a safe room for severely disturbed people (strong fabrics, secure fittings, reinforced glazing, sound insulation, nearby toilet and washing facilities).
- Movable objects are of safe weight, size and construction.
- Sight lines are unimpeded.
- Exits and entrances are within sight of staff.
- Some doors should have 'one way' locks preventing intruders from entering but allowing those inside to leave of their own accord.
- Doors are easily accessible i.e. can facilitate prompt exit.
- Seating is arranged so that alarms can be reached and doors are not obstructed.
- Alarms are accessible and collective response to alarm calls are agreed and consistently applied.

3. Features of an effective clinical environment

- Collaboration with service users in planning clinical environments, policies and practices.
- Adequate handover between clinical teams for continuity.
- Clear management policies and leadership.

- Management/staff communications open at all levels.
- Ward size and design appropriate to patient population.
- Staff training and development with regular updating.
- Critical reviews of any incident carried out.
- Adequate staff ratios, well supervised, trained and experienced staff.
- Staff appropriate to patient population, eg gender and race.
- Multi-disciplinary consensus on clinical care.
- Structured timetable and activities.

4. Staff and management responsibilities

- Encourage and provide privacy for visits from friends and relatives.
- Ensure access to, and privacy with, keyworker.
- Ensure complaints are taken seriously.
- Ensure there is a member of staff available for users to talk to when feeling distressed.
- Ensure users reporting angry feelings are not 'threatened' or 'punished' with the use of interventions such as medication or seclusion.
- Appointments should be kept.
- Assure sensitivity to ethnic and cultural values.
- Provide easy access to, and privacy and security for, personal possessions.
- Provide activities to alleviate boredom.
- Ensure optimum self –determination and dignity.
- Ensure protection from intimidation and violence.
- Provide full information concerning legal status; diagnosis; treatment and progress; discharge and post discharge arrangements; policies and procedures.

(The Royal College of Psychiatrists 1998: *Management of Imminent Violence).*

Appendix 2: Department of Health (DoH) Positive & Proactive Care

Key Themes:

- (114) Organisations that provide care and support to people who are at risk of being exposed to restrictive interventions must have clear organisational policies which reflect professional or clinical guidance, current legislation, case law and evidence of best practice.

- (115) Policies should outline the organisational approach to restrictive intervention reduction, including training strategies. Arrangements for the provision of high quality behaviour support plans for people who are likely to present behaviours that may require the use of restrictive interventions must be included. Employers and managers are responsible for ensuring that staff receive training, including updates and refresher training courses are appropriate to their role and responsibilities within the service.

- (116) All policies must be co-produced with people who use services and carers. They must include guidance to employees on the safe use of restrictive interventions as a demonstrable last resort, either as part of a behaviour support plan or as an emergency measure where behaviours cannot be predicted. There must be guidance on how the hazards associated with restrictive interventions will be minimised, for example, first aid procedures in the event of an injury or distress arising as a result of physical restraint.

- (117) Clear recording and reporting arrangements should be explicit along with the mechanism by which this data will inform the on-going review of a restrictive intervention reduction programme.

- (118) The policy should explain how people who use services, their carers, families and advocates participate in planning, monitoring and reviewing the use of restrictive interventions and in determining the effectiveness of restrictive intervention reduction programmes. This will include providing accessible updates and publishing key data within quality accounts (or equivalent report).

Appendix 3: Violence Reduction Strategies

No Force First initiatives (2008) have been embraced by the Trust as a means of changing the culture around coercive practice and seek to ultimately eliminate restraint, seclusion and the use excessive medication through:

- A vision committed to service user recovery and empowerment.

- Describing the use of force and coercion as a treatment failure.

- Describing relationships between service users and staff as ‘Risk management control’.

- De-briefing, including the service user, after any use of force or coercion.

- Establishing peer support on in-patient units.

- Making No Force First principles a core element of staff training and recruitment requirements.

Appendix 4: Verbal De-escalation Techniques

The staff member who assumes control of the situation should explain to the service user what they intend to do. This will involve:

- Suggesting to the aggressor that he/she moves to another area, creating space and making sure that the service user feels that they have options.

- Managing others in the environment, for example removing other service users from the area or if more appropriate enlisting the help of colleagues to do this.

- Giving clear, brief, assertive instructions, negotiating options and avoiding threats.

- Moving towards a safe place and avoiding being trapped in a corner.

The staff member who assumes control should ask for facts about the problem and encourage reasoning. This will involve:

- Offering realistic options.

- Encouraging reasoning by use of open questions and inquiring about the reason for the service user’s anger.

- Asking questions about the facts rather than the feelings to assist in de-escalation, such as ‘What has caused you to feel upset/angry?’

- Showing concern and attentiveness through non-verbal and verbal responses.

- Listening carefully and showing empathy, acknowledging any grievances, concerns or frustrations. Not being patronised or minimising service user concerns.

The staff member should also ensure that their own non-verbal communication is non-threatening. This will involve:

- Considering which de-escalation techniques are appropriate for the situation.

- Paying attention to non-verbal cues, such as eye contact.

- Allowing greater body space than normal.
- Adopting a non-threatening but safe posture.
- Avoiding provocative non-verbal behaviours.
- Attempting to establish rapport and emphasising cooperation.
- Appearing calm, self controlled and confident without being dismissive or overbearing.

Appendix 5 – Physical Care and Observation during Restraint

Situations requiring the use of physical restraint constitute a medical emergency and should be treated as such by mental health service providers.

On admission, or at least within 24 hours of admission, service users should have a basic physical examination and their physical condition and needs assessed, with particular attention to conditions which may impact on cardio-pulmonary function or muscle and joint impairment, e.g.

- Asthma
- Heart disease
- Obesity
- Arthritis
- Propensity for using illicit drugs and/or alcohol
- Women who are pregnant

Where an older person is assessed the Single Assessment Process should be followed and particular attention given to the older person's level of frailty.

Any physical condition which may increase the risk to the service user of collapse or injury during restraint should be clearly documented in the service user's records and an appropriate care plan formulated. This should be communicated to all multidisciplinary team members.

At all times, a doctor should be quickly (within 60 minutes) available to attend an alert by staff members when physical intervention, rapid tranquillisation and/or seclusion are implemented. Any injuries must be reported through the Trusts reporting system.

Any person subject to restraint should be physically monitored continuously during restraint and at least every 2 hours post restraint for a period of 24 hours. This check should include:

- Care in the recovery position where appropriate
- Pulse
- Blood Pressure
- Respiration
- Temperature
- Fluid and food intake and output

If consent and co-operation for these observations is not forthcoming from the service user to this process, then it should be clearly documented in the case notes why these checks could not be performed and what alternative actions have been taken.

(National Institute for Mental Health in England 2004*: Mental Health Policy Implementation Guide).*

Appendix 6 - The Ten aims of 'Promoting Safer & Therapeutic Services' NHS Protect (Formerly CFSMS)

- Describe the role of the Security Management Director and Local security management specialist in relation to the management of violence in mental health or Learning disability settings as defined by Secretary of State Directions issued to all health bodies in November 2003.

- Describe theoretical, pathological and environmental explanations for aggression with mental health or LD settings.

- Identify and demonstrate aspects of non-verbal de-escalation, verbal strategies and conflict resolution styles.

- Identify and reflect upon the effect of functional and dysfunctional coping strategies on people's lives and behaviour and be able to relate this to mental health or learning disability settings.

- Demonstrate an understanding of the positive contributions service users can make to prevention strategies including awareness of how issues relating to culture, race, age, disability, sexuality, gender and transgender can enhance this process.

- Describe individual and organisational responsibilities in relation to legal ethical and moral frameworks relating to use of force.

- Demonstrate an understanding of the application of risk management interventions and the requirements for effective assessment of dangerousness with reference to prevention planning.

- Demonstrate an understanding of restraint related risks as outlined in the Bennett Inquiry and Nice guidance with a view to incorporating risk reduction strategies into practice.

- Demonstrate an understanding of the need for and scope of post incident review procedures and how to identify strategies and interventions for future prevention; and

- Identify spheres of influence in relation to the individual, team and organisational change required to achieve a reduction in aggression and violence.

(Security Management Service, 2005)

Appendix 7 – Personal Safety Service

Training Courses Available Based On The level of Risk

Decisions, regarding which training courses are to be undertaken by staff, are governed by risk assessment processes. The process coincides with a traffic light system of need. Green equates to least risk, hence the least intensive course etc.

(Course 'A')

Clinical/Non Clinical Staff
'Personal Safety Training Course'
(1 day course updated bi yearly- from April 2014)

This course is for all **staff who enter into patient areas**, or come into contact with members of the public in their work such as porters, domestics, ward clerks, workmen etc., without a direct clinical relationship with clients.

The responsibilities of these staff are ensuring they keep/make themselves safe, not cause risk to others, and hence hand over information re any incidents to lead nurse or other head of departments.

Clinical Staff (Course 'B')

Team Work Skills

'Promoting Safer & Therapeutic Services' & 'Team Work Skills' Course
(4 Day Initial Course Followed annually by a (2 Day updated annually)

The course is for Clinical/Non Clinical staff working with patients in areas ***where physical intervention of a service user may be necessary as a demonstrable last resort***.

The training course includes Basic Life Support Training (BLS) Ligature Knife training and concentrates on a whole systems approach to managing violence and aggression including de-escalation (theory), breakaways and team work skills.

Clinical Staff (Course 'C')

Team Work Skills
2 Day Annual Refresher Course

Refresher Courses: The physical intervention techniques must be should be refreshed annually.

The training course includes Basic Life Support Training (BLS) Ligature Knife training and concentrates on refreshing on the whole systems approach to managing challenging behaviours including de-escalation (theory).

Training records will be considered out of date where they exceed the specified mandatory update of 12 months

Course Outlines

One Day (Course 'A') 'Personal Safety Course' including 'Breakaway Skills

Clinical/Non Clinical Staff. This course is for all **staff who enter into patient areas**, or come into contact with members of the public in their work such as Lone workers, ward based therapists, porters, domestics, ward clerks, workmen etc., without a direct clinical relationship with clients.

A one day course which includes Basic Life Support training (BLS) non-physical approaches to Personal Safety. The full training day consists of Breakaway techniques to help enable staff to remove themselves from danger.

Four Day (Course 'B') 'Promoting Safer & Therapeutic Services' & Team Work Skills' Course, followed annually by a (2 Day Refresher Course)

The course is for Clinical/Non Clinical staff working with patients in areas where restraint of a service user may be necessary as a demonstrable last resort.

The four day training course includes Basic Life Support Training (BLS) Ligature Knife training and concentrates on a whole systems approach to managing challenging behaviour including de-escalation (theory), breakaways and team work skills.

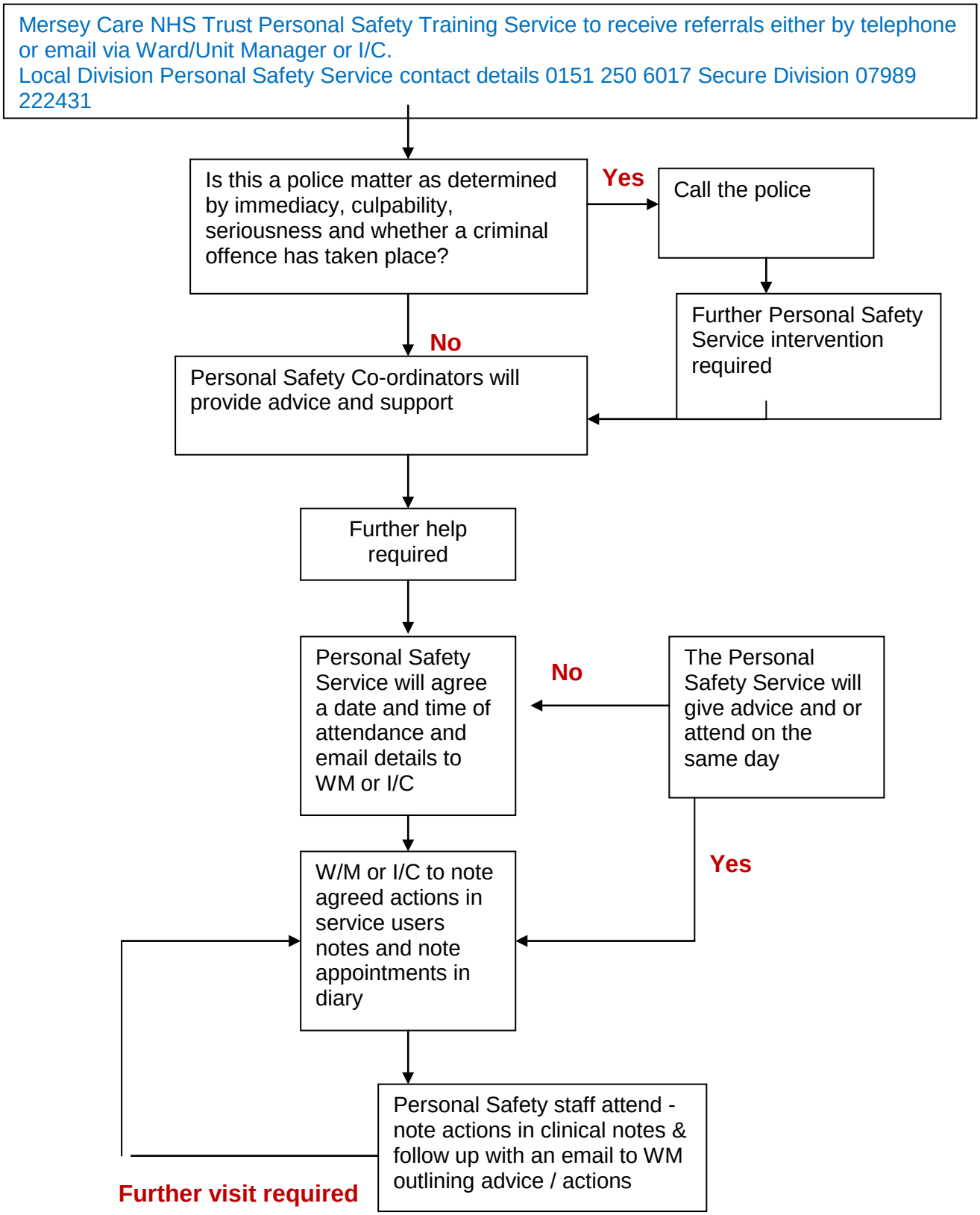
Two Day Annual Refresher Course (Course 'C') Team work Skills

The training course includes Basic Life Support Training (BLS) Ligature Knife training and concentrates on a refreshing of the whole systems approach to challenging behaviours (physical skills) including de-escalation (theory) and physical intervention strategies / approaches to meet service requirements.

(NB: The referrals flowchart does not apply to Secure Division who will make decisions regarding whether to deploy Crisis Negotiators or utilise Personal Protective Equipment (See 2.11.4) under the incident command structure.

Appendix: 7

Personal Safety Service Referrals Flowchart



Mersey Care NHS Trust

Apendix:8

Equality and Human Rights Analysis

Title: Policy for the Support of People who present with Challenging Behaviours
Area covered: Trust wide

What are the intended outcomes of this work? To promote a consistent, graded and positive approach in the reduction of challenging behaviours and to keep to a minimum the number and severity of incidents.
Who will be affected? Staff, Service users and carers.

Evidence
What evidence have you considered? Information within the policy. This is a review of the policy and previous equality impact assessment.
Disability including learning disability Page 7-2.2.5. To include the need of positive support care planning to identify the difficulties de- escalating and supporting someone through an incident where an individual's communication is through a means other than words. Page 9 2.6.1 Include the requirement for reasonable adjustment.

Sex Page 8 -2.2.6 Need to include issues in relation to abuse within the gender sensitive care section. 2.3.2 included previous trauma
Race Page 7-2.2.5 . To include the need of care planning to identify the difficulties de escalating and supporting someone through an incident where communication is difficult …non English speaking.
• **Gender reassignment (including transgender)** Page 5 -1.4.5 include transgender within the groups of people who may not be treated with dignity and respect. Page 27 Include age within security management guidelines – awareness of …
Sexual orientation No specific issues found
Religion or belief No specific issues found
Pregnancy and maternity Page 16 - 2.16.1 include maternity
Carers No specific issues found
Cross Cutting Page 23 sections 3 widen the staff to appropriate to patient population.
Other identified groups

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	This policy is supportive of this right
Right of freedom from inhuman and degrading treatment (Article 3)	This policy is supportive of this right- indicated specifically within policy.
Right to liberty (Article 5)	This policy is supportive of this right. Indicating least restrictive and for the shortest amount of time.
Right to a fair trial (Article 6)	This policy is supportive of this right.
Right to private and family life (Article 8)	This policy is supportive of this right.
Right of freedom of religion or belief (Article 9)	This policy is supportive of this right.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	This policy is supportive of this right.
Right freedom from discrimination (Article 14)	This policy is supportive of this right.

Engagement and involvement
The Personal Safety Service team have actively involved people who have used services and have lived experience of coercive interventions to develop the training, the NO FORCE FIRST that have informed the policy.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy actively seeks to ensure that staff are aware of issues that relate to the possible impact of discrimination for staff and people who use Mersey Care services.

Advance equality of opportunity

This policy seeks to ensure people receive equality of experience in relation to interventions to reduce conflict.

Promote good relations between groups

This policy actively supports informing staff about the need to understand and follow the human rights principles particularly demonstrating the use of dignity and respect when utilising the techniques within Personal Safety training and policy.

What is the overall impact?

Addressing the impact on equalities

This policy includes the requirement to monitor its use in relation to the protected characteristics to ensure indirect discrimination is considered and addressed where necessary.

Action planning for improvement

See action plan below

For the record - Name of persons who carried out this assessment:
Meryl Cuzak
Barbara Rafferty
Dave Riley

George Sullivan (31st December 2014) Advised that in light of the date that a full assessment was not required

Date assessment completed: Wednesday 31st December 2014
Name of responsible Director/Lead Trust Officer David Fearnley
Date assessment was signed: 13th March 2014

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Communications	Page 7- 2.2.5. To include the need of care planning to identify and address the difficulties of de-escalating and supporting someone through an incident where an individual's communication is through a means other than words.	**Immediate**	
Reasonable adjustments	Page 9 - 2.6.1 To have included the requirement for reasonable adjustment.	**I mmediate**	
Access	Page 7- 2.2.5. To include the need of care planning to identify the difficulties de escalating and supporting someone through an incident where communication is difficult …non English speaking.	**Immediate**	

Gender Sensitive Care	Page 8 -2.2.6 Need to include issues in relation to abuse within the gender sensitive care section. Page 8 -2.3.2 include previous trauma into the groups already mentioned.	**I immediate**	
Dignity and Respect	Page 5 -1.4.5 Include transgender within the groups of people who may not be treated with dignity and respect.	**Immediate**	
Equality Act update	Page 27 Include age within security management guidelines – awareness of the updated legislation that now gives age full protection under the Equality Act 2010. Page 16 - 2.16.1 Include maternity in the training of staff.	**Immediate**	
Appendix 1	Page 23 section 3 Widen the statement to include staff to appropriate to patient population.	**Immediate**	