

## **BACKGROUND AND OVERVIEW OF TRAINING**

Partnerships in Care promote the principles and practice of the General Services Association (GSA) and are recognised providers of GSA tutor training programmes.

Foreword from the Honorary President of the GSA:

The system Control and Restraint General Services, from which this Association takes its name, was initiated in November 1988. It devolved, in part, from the earlier work of the Physical Education Branch of the Prison Service in devising ways to enable staff to cope safely, effectively and lawfully with minor and larger scale disruption in establishments.

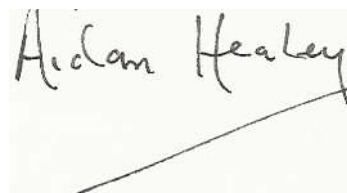
From September 1981, the Prison Service had already made basic and Instructor training available to UK Health Service Trusts whose staff were responsible for secure and medium secure provision, to Special Hospitals and to the Scottish State Hospital at Carstairs. Programmes were chiefly concerned with the safe containment of and, where necessary, the removal to a quieter place, dangerously threatening or fighting subjects, together with a range of other techniques which might be needed in disruptive situations. A certain amount of basic one-to-one personal defence was also covered.

By the late 1980's, it had become increasingly clear that the need and demand for guidance and training in the safe management of violent behaviour had gone well beyond that of staff working in secure care settings. Staff in other clinical areas, in general hospitals and psychiatric units, in the fields of social and educational care, and those working in the community at large were among those whose daily task involved exposure to possible aggression.

Accordingly, in November 1988, Control and Restraint General Services was introduced and adapted to meet the varying and more specific needs of those in the public sector. An indication of areas covered, and Service Users is spelt out in the section of this Information Pack dealing with Objectives, Philosophy and Values.

Since its initial formation, the scope of General Services has steadily increased across a wide range of organisations, both in the UK and overseas. There are now upwards of two thousand General Services Tutors whose task is to set up training programmes to meet the operational needs of staff and to provide for the necessary ongoing support. In June 1996, because of the extent and diverse nature of their remit, General Services Tutors felt it would be valuable to form an Association which drew together those working in all areas to review current practice and to provide information, guidance and support to members, to share operational experience and – most importantly – ensure that the principles and values of General Services were fully maintained.

No reputable techniques for dealing safely with violent incidents can ever be totally effective in every emergency. General Services training aims to go as far along this difficult road as possible, consistent with the law and with good professional practice.

A handwritten signature in black ink that reads "Aidan Healey". The signature is written in a cursive style and is positioned above a horizontal line that extends to the right.

**Aidan Healey, OBE**  
**Honorary President**

**October 2005**

## **OBJECTIVES, PHILOSOPHY AND VALUES**

To develop and disseminate best practice in the prevention and management of aggression and violence on a national and international level

To protect, preserve and assist in protecting and preserving the health and safety of the public, particularly those in need of special care and treatment and those responsible for providing it

To maintain and increase provision of training in the safe management of aggression for Nurses, Doctors, Ancillary Workers and security staff responsible for the safety of the public who come as patients, visitors or escorts to NHS or private hospitals or to Special Units and to schools and other services

To maintain and increase training advisory services in safe practice for those members of the public working in the wider community, particularly those responsible for the care, support and treatment of adults or children in residential homes, for Outreach Services, after care provision and for safely meeting emergencies

To maintain and increase provision of training, advice and support for staff looking after all adults, children and young people with potential for seriously disruptive and violent behaviour

To maintain and increase the provision of safe services for those in Special Needs or mainstream education by training staff in appropriate means of restrictive physical intervention where this is essential in the interest of safety

To establish and maintain effective working relationships with Government departments, staff associations, companies, organisations, universities, other professional bodies, having particular regard to those which most closely affect the approach, planning, curricula and standards of training undertaken by members

To promote and make readily available, without restrictive practice of any description, such research and evaluation in managing aggression as might be valuable to members and to other organisations

To encourage and support members individually or collectively wherever they are engaged in training, in an operational setting or undertaking research, and to promote their general welfare

To maintain and increase, so far as resources allow, the Company's regular financial support for charitable organisations providing for those in serious need at home and abroad.

## PRINCIPLES AND REMIT

These are paramount and always apply in whatever circumstances General Service Techniques are used.

1. If there is no safe alternative to physical intervention and G.S techniques are deployed, it must be with the absolute minimum use of physical restraint necessary to be effective and for the shortest possible time to ensure stability.
2. No distinction is made as between male and female staff either in the teaching context or in the operational use of the techniques.
3. Whenever possible, and staff availability allows, the assistance of a second member of staff / teamwork is stressed rather than individual action.
4. Physical restraint should generally be used only when all other expedients (counselling/persuasion/talking/negotiation) have failed to resolve the incident. There may, however, be exceptional high-risk occasions with particularly violent and determined clients when earlier use of physical restraint is valuable in enabling other important skills to be used in defusing the situation.
5. The techniques should never be 'built in' to a day-to-day regime merely to enforce compliance.
6. The most useful techniques are those that have safety as their primary criterion and include skills devised to be easily learnt, practised and retained by people with a wide disparity of age and physical competence. They bear no relation to martial arts.
7. It is important that, as resources permit, all or as many staff as possible should have basic training in techniques of physical restraint, so that the techniques come necessarily to be regarded and accepted as being an unremarkable part – and only a minor part – of the whole range of professional responses to threatening situations. The escalating problems which arise where only a small, selected group of staff have training are self-evident.
8. On no account should pressure be put on any part of the client's thorax however difficult restraint of a violent person may be and particular care should be taken in the protection of the subject's head at all times.
9. The techniques should rely on being mechanically sound whilst always avoiding any undue duress on limbs or joints. They should never depend upon pain to ensure compliance. Pain tends to induce fear, anger, resentment or a combination of all three.
10. They should be capable of being relaxed, removed altogether or made more secure as the situation requires.
11. Good techniques should always be designed and deployed against a background of concern for the dignity of the subject.
12. Calming and reassuring communication should so far as possible be maintained throughout an incident, however difficult this may be.
13. Post incident restoration of calm and the need of sensitive reassurance is equally important as the safe control of the incident itself. All training in physical intervention should be including ways in which stability and good personal relationships can be fully retrieved.

## **REMIT**

General Services aims to fulfil so far as possible:

- The specific obligations of Management in respect of current legislation (Health and Safety at Work; Employers' Liability Act, together with the possible implications of the EU Social Charter)
- The duty of care of operational staff in the field to deal professionally and with minimal risk of injury with such violent incidents, as past experience shows, are an inevitable – though possible irregular – part of their day-to-day task.
- The obligations of both Management and Operational staff to Patients/Clients/Prisoners/Children/Young People/the Public at Large who should justifiably expect that in a situation where they become involved in – or even perpetrate – violent incidents, these will be resolved safely, quietly and competently.
- On a purely subjective basis feedback suggests that where staff have only basic C&R General Services training, they are less likely to overreact, prepared to spend longer in talking/waiting/counselling/persuasion/negotiation and more confident if all else fails they can still cope with the situation. Equally, a quiet resolute approach always seems to have a way of communicating itself to potentially violent people, intuitively quick to detect any edgy or uncertain reaction to their behaviour.

## **OVERVIEW OF THE TRAIN THE TRAINER COURSE:**

### **PURPOSE OF COURSE**

To enable Hospitals, Social Service Departments, Community Health Authorities and other sponsoring agents to be self supporting in the provision of General Services training, for their staff, subject to any quality control/ updating where needed, and following agreement with management and tutors.

### **COURSE CONTENT**

Participants will complete a three week intensive tutor's course in the teaching techniques for the control of violent situations.

He/she will, on completion, be able to teach the principles of safe management of aggression. On a practical basis, he/she will be able to cover one to one breakaway and restraining techniques, methods of controlling an aggressive person, removal of a threatening client to a quieter environment with assistance, and the means of dealing with an affray between two people.

Other operational situations arising out of the care and control of clients will be specific to course participant's own areas of working.

Qualifying tutors will leave the course with a GSA tutors certificate, a pack complete with typed notes on GSA techniques and good practice guidance. Notes on legal considerations, risk assessment and risks associated with restraint, an introductory pack on the theoretical component of managing violence and aggression and preventative de-escalation strategies. The ability, knowledge and practice of teaching to large and small groups, own awareness of presentation skills and the ability to warm up and cool down group participants.

## **GSA CORE CURRICULUM**

Recommendations from the UKCC Document “The Recognition, Prevention and Therapeutic Management of Violence in Mental Health Care”, recommendations from BILD, NIMHE, the David Bennett Inquiry and the Royal College of Psychiatrists, have all been taken into consideration when formatting a core curriculum for the GSA.

It is important to note that although all of these techniques and theory sessions are available to GSA tutors, it will be the decision of GSA tutors and their organisations as to the appropriateness of teaching them to specific groups.

### Breakaway Techniques

Escaping holds, including:

- Wrist releases
- Hair pulls
- Clothing grabs
- Bear hugs
- Strangles
- Blocking kicks
- Blocking punches

Defending Against Ground Assaults

- Kicks
- Strangles

Safe Holding Techniques

Use of single person, lone working

Use of two-person team

Use of three-person team

Use of four-person team

Specific instruction on the importance of the role of the person controlling the head and the associated safety points

Specific instruction of different roles within the team

Taking the patient to the ground in the prone (face down) position

Taking the patient to the ground in the supine (face up) position

Control of the legs

Standing the patient

De-escalation of holds whilst standing

Re-location to chairs or seated position

De-escalation of holds whilst seated

De-escalation of holds whilst on the floor

Negotiating doorways/stairways

Entering/exiting vehicles

Separating patients fighting - standing/on the floor

Entry into/exit from seclusion

## Theoretical Aspects

De-escalation strategies, including dealing with environment and physical distance

Active listening

Possible causes of violence

Positive steps to reduce and prevent violent incidents

Legal and ethical issues in the management of violence

Verbal de-escalation of potentially violent incidents

Sensitivity to gender issues

Protection of airways

Creating an awareness of positional asphyxia

Observation of restrained patients

Post incident reviews with staff and patients

Importance of post incident documentation and reporting mechanisms

The above theoretical aspects will be taught in conjunction with NHS Security Management Service guidelines. The learning outcomes noted in the NHS SMS promoting safe and therapeutic services document will be addressed within this 3-week course.

## Please Note

- 1 This course will be taught by a variety of teachers with academic, professional and practical expertise in a wide range of issues related to the prevention and management of aggression.
- 2 The participants will be assessed continuously throughout the duration of the course and given relevant feedback after each section.
- 3 There will be two senior GSA tutors at hand to give support throughout the duration of the course.
- 4 An external GSA senior tutor will validate the final assessments.
- 5 This course offers, through membership of the GSA, a comprehensive package of ongoing support for control and restraint tutors, including update and refresher courses, help line, newsletter, annual conferences, web page and a national network of regional and professional representatives.
- 6 The GSA are currently working with departments from BILD, UKCC(NMC), RCN, ENB, NHS, SMS and the Department of Health to establish the best possible practice within the area of management of aggression training.

## **Course participants will also be given information on:**

- 1 PRINCIPLES OF CONTROL AND RESTRAINT
- 2 SAFETY WHILST TRAINING
- 3 RISK ASSESSMENT
- 4 FUNCTIONAL ANATOMY, PHYSIOLOGY AND KINESIOLOGY
- 5 THE WARM UP
- 6 PRESENTATION SKILLS

## 7 TEACHING TECHNIQUES

## 8 NHS SMS THEORETICAL GUIDELINES

Relevant notes/handouts will be given to each member during the currency of the course.

In addition there will be opportunities for general exchange of views and experiences, and members should come prepared to talk or lead a discussion on a topic related to the management of violent incidents.

All participants will be expected to compile and complete a presentation throughout the duration of this course.

### **COURSE REQUIREMENTS**

Before commencing any GSA tutors course, it is important that you make yourself/your delegate aware of the information provided relating to training safely and health guidance.

All participants must have previously completed a GSA recognised basic training course relating to the management of aggression. A minimum of 37.5 hours of management of aggression training is required.

A letter from the funding organisation expressing why they feel they have chosen this particular candidate to take part will be required (this should accompany the application forms).

Participants may be required to provide evidence of previous training received.

It is essential that all participants complete and return the attached health-questionnaire as well as the application forms provided before commencing this course.

Course participants will be expected to be in good health at the time of commencing a GSA Tutors course. Any participant who is currently undergoing treatment under a GP or under their Occupational Health unit at the time of the initial health screening may be asked to step down.

In the unlikely event of an injury occurring during the course, participants will be referred back to their funding organisations for Occupational Health or GP referral.

The course will involve a practical nature and as such course participants should wear loose comfortable clothing and flat, soft-soled footwear eg trainers. (Please see attached training safely document).

### **ASSESSMENT, VALIDATION & DEFINITION OF TUTOR STATUS**

As part of the process of assessment and validation for the Tutors Course, a senior GSA tutor, who has no connection with the tuition, the organisation hosting or any of the participants, will undertake a detailed verification session on the final day.

A continual assessment will also be carried out by the senior tutors facilitating the course. This will be accessible to the senior external tutor validating.

It will endeavour to assist the tutors in ensuring that the teaching methods, course material and physical techniques are accountable, and that the participants are personally developing, continually throughout the duration of the course.

The process incorporates constructive feedback, which enables the participant to reflect on their progression.

At the end of weeks 1 and 2, or at regular intervals, individual feedback/tutorials will occur enabling the participants to give /gain relevant information to their progress.

The Final Assessment will encompass the format of the participant demonstrating their proficiency in the various performance criteria to provide evidence that they are able to instruct others in the knowledge, skills and values of the recognition, prevention and management of violence and aggression.

## **GRADING PROCESS**

The participants will be awarded on the completion of their final assessment a grade relevant to their performance throughout the course and on their validity session.

### 'A' Grade

Participant has demonstrated a level of proficiency that will enable them to undertake the responsibility of providing and leading training courses under the relevant guidance and documentation of the GSA.

## 'B' Grade

Participant has demonstrated a level of proficiency that will enable them to undertake the responsibility of assisting training courses under the supervision of an 'A' Grade tutor acting on the relevant guidance and documentation of the GSA.

It will be possible to upgrade to an 'A' grade tutor at the next annual refresher or after at least a period of six months where a Senior Tutor will witness their practice on a course provided by the organisation that they are employed by.

The Tutor(s) or validator who conducted the initial tutors training course should conduct this re-evaluation.

## Fail

The participant has failed to demonstrate or achieve the level of competence required to practice as a tutor under the provision of the GSA. This participant would have to undertake a full tutor's course again before a certificate could be issued. The same assessment criteria would have to be successfully completed.