



PMAV Instructor Course

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Basic Housekeeping Rules

- **Phones:** Please keeping on silent and leaving meeting if necessary
- **Health & Safety:** Leave immediately using fire exits and go to assembly point
- **Schedule and breaks:** Course times are 9.30 to 3.30. Breaks at 11am and 1pm
- **Participation:** Participation is expected, and questions used to check progress
- **Assessment:** Presentations, Test, Skills assessment
- **Resources:** Resource folder containing videos and guides

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Course Aim

The aim of this course is to provide you with the Knowledge, skills and attitude to be able to train others in the management of aggression and violence in the workplace

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Road map

- Introduction: What, Why?
- Legislative requirements
- Anatomy & backcare
- Biomechanics
- Ergonomic Principles and Risk Assessment
- Mechanical Equipment
- Fitness & Flexibility
- Nutrition
- Principles of safe moving
- Skills demonstration
- Assessments

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Learning Outcomes

On completion of this module, you will be able to:

- Explain the terms Anger, Aggression & Violence
- List who is at greatest risk
- Explain why Aggression & Violence needs to be managed
- State the % of reportable injuries attributable to Violence & Aggression

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Anger

What anger is

Anger is an emotional state that sometimes leads to aggression.

Symptoms?

Signs?



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Definition of Aggression and Violence?



“any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health.” HSE/EU



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Who is at greater risk?



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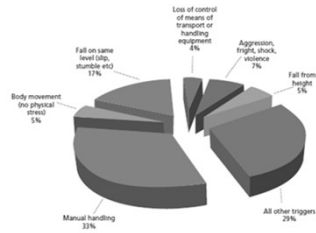
Why Prevent and Manage Aggression & Violence?



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Statistics

Figure 2.20: Non-fatal injuries by trigger 2011 (HSA)



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Recap

- What is Violence & Aggression?
- What is Anger?
- Why does it need to be managed?
- Who is at greater risk?
- What % of reportable incidents are due to Violence & Aggression?

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PMAV & the Law

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On completion of this module learners will be able to:

- List applicable legislation
- List the duties of employers & employees under the S, H,WWA 2005
- List the rights outlined in the Human Rights Act 2003
- Explain the requirements of the Mental Health Act
- Explain what trespass consist of
- List the 4 requirements of negligence
- List possible defences against assault

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Legal framework

- Constitutional & Common Law
- Safety, Health & Welfare at Work Act 2005
- Human Rights Act 2003
- Mental Health Act 2001
- Non-Fatal Offences against the Person Act 1997

MHC Code of Practice on the Use of Physical Restraint in Approved Centres 2009



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Safety Health & Welfare at Work 2005

Duty of the employer

Duties of the employee

- Safe Place of Work
- Safe Access & Egress
- Safe Systems of Work
- Safe Plant and machinery
- Provide PPE
- Training
- Risk Assessment
- Supervision



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Human Rights Act 2003

- Right to life
- Not to be subjected to torture or to inhuman or degrading treatment or punishment
- Personal liberty (Exceptions include the "lawful detention of Persons of Unsound Mind")
- Freedom of expression
- The right to fair procedures
- Bodily integrity
- Religious liberty
- Privacy



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Mental Health Act 2001

- Best Interest of the Person most important thing to consider
- Right to information in relation to involuntarily detaining a person
- Right to review of their detention by solicitor, Psychiatrist, lay person
- Highest Standards of Care must be provided
- Established the Mental Health Commission



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Non-Fatal Offences against the Person Act 1997

Assault

- Where a person applies force (directly or indirectly) or causes impact on the body of another
- Where a person causes another to believe that he/she is likely to be subjected to such force.

Trespass to the person consists of three elements

- Assault
- Battery
- False imprisonment

Intent, damage or harm does not need to be shown in these cases



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Negligence



There are four required elements of negligence:

- A "Duty of Care" (legal duty of care) must exist
- There must be a breach of this duty of care
- An actual "Loss" or "damage" must occur
- Link between loss or damage the breach of duty of care

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Defence



Defences

Persons actions need to be:

- Reasonable:
- Proportionate
- Justifiable
- Time Specific

"The use of any physical technique must be proportionate to the situation, used for the minimum duration possible and be of the least restrictive nature" (MHC 2009)

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Recap



- What legislation applies to PMAV?
- What does trespass consist of?
- What are the 4 requirements of negligence?
- What are possible defences against assault?

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PMAV Risk Assessment

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At the end of this module, learners will be able to:

- Explain the terms risk assessment, risk factors & controls
- List and explain the different types of risk assessments
- List and explain the different risk factors
- Suggest solutions to reduce the risk
- Suggest controls to ensure the safety of lone workers

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Explanations

What is Risk Assessment?

Hazard

Risk Factors

Controls

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Types of Risk Assessments



Generic ward/department risk assessment;
Task specific risk assessment;

Individual clinical risk assessment
Completed on each service user on admission/ referral
Reviewed every four months or
When initial assessment is no longer valid

Dynamic Risk Assessment
Carried out on the spot by employees prior to task

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Risk Factors



Service user:
Mental state, Physical factors (pain, hunger, fatigue) Unmet needs

Service provider:
Attitude, experience, confidence, training, communication skills

Interaction:
Denial of requests, enforcing rules, removal of personal object

Environment:
Decor, heat, cold noise, overcrowding

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Clinical Risk Factors



History:
History of violent or aggressive behaviour, nonadherence to rules

Clinical:
Bi-polar disorder, impulse control disorder, Drug or alcohol abuse

Context:
Unstable or unsupportive family environments, fractured relationships

Gender:
Males generally can be more aggressive

Age:
Juveniles are more associated with violent crime

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Control measures?



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Lone Worker Risk Factors

- Risk of violence
- High Risk Confined space
- Age of the workers (young, old, disabled, untrained)
- English is not their first Language



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Lone Worker Safety?



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Dynamic Risk Assessment (S.A.F.E.R)



Step Back

Assess: Position, Proximity, Posture

Find support

Evaluate Options

Respond

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3 P's of Personal Safety



- Position: Location of a person or object
- Proximity: Nearness in space or time
- Posture: A position of a person's body

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Recap



- What is a Risk assessment?
- What is a Dynamic Risk Assessment?
- What is a hazard?
- What are Risk factors?
- What are Controls?
- What are the Clinical Risk Factors categories?

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Assault Cycle

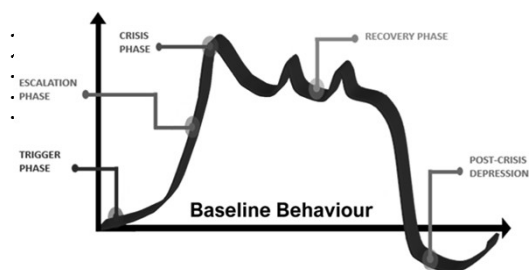
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On completion of this module, you will be able to:

- Explain the Assault Cycle
- List the barriers to communication
- Outline verbal communication skills
- Outline non-verbal communication skills
- Outline how to de-escalation interventions at each stage of the cycle

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The Assault Cycle- Kaeplin and Wheeler



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Phase 1: Trigger Phase



Causes:

Individual perceives a serious threat to well-being (Needs deficit)

External reasons include: Environment, People telling them what to do

Symptoms include: Fear, Confusion, frustration, annoyance, anger, hallucinations

Signs include: Restlessness, pacing, fidgeting

Interventions:

Assess: Awareness & Anticipation. Early recognition. Identify triggers

Avoid: Prevent, Remove triggers

Reduce: Distract, Reassure, Reduce stress, verbal communication

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Phase 1: Trigger Phase



Individual perceives a serious threat to well-being (Needs deficit)

Causes:

Internal reasons (symptoms) include: Fear, Confusion, frustration, annoyance, anger, Hallucinations/Delusions

External reasons include: Environment, People telling them what to do

Signs:

Restlessness, pacing, fidgeting

Interventions:

Assess: Awareness & Anticipation. Early recognition. Identify triggers

Avoid: Prevent, Remove triggers

Reduce: Distract, Reassure, Reduce stress, verbal communication

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Verbal Communication



Do's

Don'ts

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Phase 2: Escalation Phase

Causes

Unresolved issues remain
 Person enters fight or flight response mode
 No immediate risk of harm

Signs (STAMP)

Staring: prolonged or absence of eye contact, pupils dilated
 Tone: Tone of voice becomes more aggressive, volume increases, sarcastic
 Anxiety: Anxious, flushed, hyperventilates, drumming fingers
 Mumbling: Talking under their breath, slurred or uncoherent speech
 Pacing: Pacing back and forth

Controls:

Dynamic Risk Assessment (your safety & others)
 Control your emotions, remain calm
 Nonverbal communication: Agitated person responds better



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Non-Verbal Communication

Do's

Position: Space, obstacles & maintain exit
 Posture: Side on, Broad Stable base
 Proximity: Maintain a safe distance

Dont's



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Phase 3: Crisis Phase

Behavioural pattern explodes into one or more physical assaults on perceived source of threat.

Signs:

- Total loss of control
- Violent and reckless behaviour
- Risk of harm to self or others (self-harming and/or assaultive, strike, kick)
- Impaired judgement/Inability to reason
- Loss of hearing (Verbal de-escalation may have little effect or fail)
- They may not realise the risk and may not feel pain

Interventions

- Dynamic Risk Assessment (Consider your own and other's safety)
- Withdraw. Alert others, call for help/backup, raise alarm
- Breakaway/ Physical intervention if required



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Phase 4: Plateau/Recovery Phase



Heightened perception of threat still present

Signs:

Arousal level may visibly reduce
Possible further violent behaviour

Intervention:

Use silence with closed questions here? Would you like a glass of water?
Engage constructively with the patient
Problem solve
Re-build trust

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Phase V Post-Crisis



Signs:

Reduced exertion, fatigue (curling up in a foetal position)
Depression, crying, hiding, sleeping, Self-blame

Interventions

Monitor & Facilitate return to normal
Debrief Service user and staff (Facts, Patterns, Triggers)
Communicate with user to re establish trust and prevent another crisis
Seek alternative ways for them maintain self-control

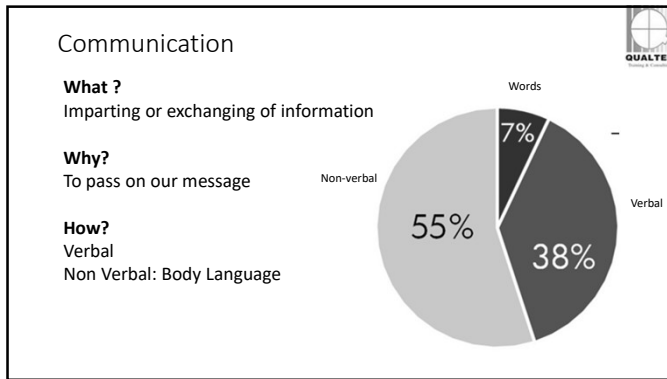
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P.A.L.M.S Approach to De escalation

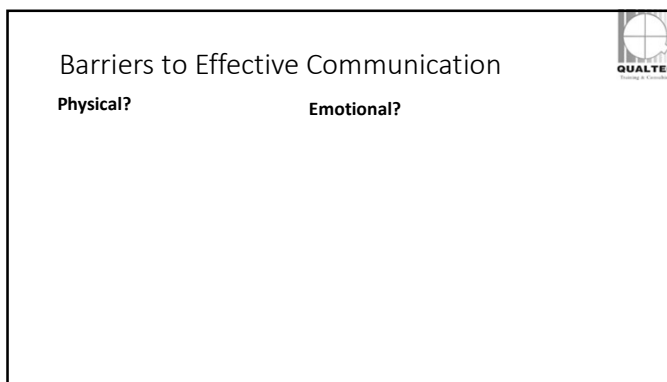


- **Position:** Back to exit & avoid blocking their exit or causing them to feel trapped or threatened
- **Attitude.** Positive and Supportive
- **Look & Listen:** Appropriate eye contact and active/empathic listening
- **Make Space:** Maintain a safe distance
- **Stance:** Relaxed and non-threatening posture, Side-on, Hands above naval, Natural movements

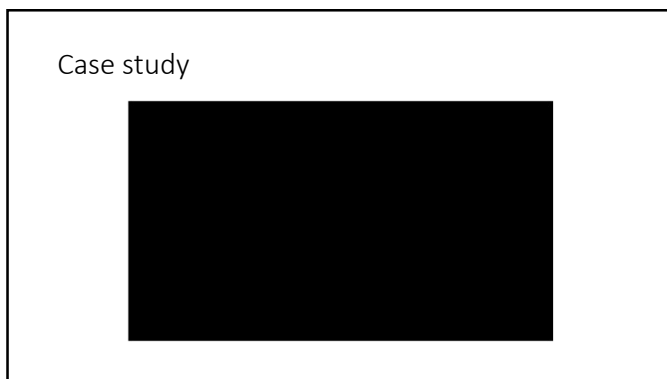
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Recap



- Explain the Assault Cycle
- List the different phases of the assault cycle
- List the signs at the different phases
- Outline the interventions at the different phases
- List Barriers to communication
- Verbal communication skills
- Non-verbal communication skills

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PMVA Skills

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On completion of this module learners will be able to:



- List the Safety Principles
- Explain the 3 P's
- Explain ARC
- List the vulnerable areas
- Defend against kicks, slaps or punches
- Breakaway from holds to clothing, wrists, hair or body
- Restraint a service user safely

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Safety Principles



Risk Assess: Assess immediate risk to you and others

Respond: Run to secure safety. Always consider your own safety first

3 P's

- Position: Exits, obstacles & others
- Posture: Broad stable base, side on, Hands open, looking forward, FPG
- Proximity: Outside personal space/ARC (accounts for 70% or injuries).

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Vulnerable Areas



Vulnerable areas include:

- A: Neck & Head (High risk area)
- B: Torso (Medium Risk Area)
- C: Groin (High Risk Area)
- D: Legs (Low Risk Area)

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Defence against Kicks, Slaps & Punches



Risk Assess: Assess immediate risk to you and others

Respond: Run to secure safety. Always consider your own safety first

3'Ps:

- Position: Exits, obstacles & others
- Posture: Broad stable base, side on, Hands in defensive position, looking forward
- Proximity: Outside personal space/ARC

Defend: Block, move and back into defence

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Breakaways



Risk Assess: Assess immediate risk to you and others

Respond: Run to secure safety. Always consider your own safety first

3 P's

- Position: Exits, obstacles & others
- Posture: Broad stable base, side on, Hands open, looking forward, FPG
- Proximity: Outside personal space/ARC (accounts for 70% or injuries).

Release:

Prompt/ cue, Firm Palm grip, Push/Pull, Rotate, levers, emergency response
Move and defend

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Physical Intervention



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Learning Outcomes



By the end of this module, you will be able to:

- Explain what restraint is
- List the principles of restraint
- List the MHC rules on restraint
- List the risks associated with restraint
- List the controls and precautions associated with restraint

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Physical Restraint



"the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident's body when he or she poses an immediate threat of serious harm to self or others". **MHC**

Physical Intervention must be:

- Justifiable
- Reasonable
- Proportionate
- Time limited

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MHC Principles of Physical Restraint

- Used in rare/exceptional circumstances and only in the best interests of resident
- When he or she poses an immediate threat of serious harm to self or others.
- Only be used after all alternative interventions have been considered.
- Not prolonged beyond period necessary to prevent harm to resident or others.
- Should be proportional and minimal force should be applied.
- Used in a professional manner and based within an ethical and legal framework.
- Used where the safety of service users, staff and visitors is essential and equal.
- Based on a risk assessment.
- Based on best available evidence and contemporary practice.
- Cultural awareness and gender sensitivity are demonstrated **MHC 2009**

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Why?



"The use of physical interventions is an inherently hazardous procedure which poses potential risks of both physical and psychological trauma to both service users and staff. **HSE 2008**

"Educational responses should focus on the risks associated with PI" **HSE 2008**

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MHC Rules on restraint



Service user should only be restrained for a maximum of 30 minutes

Renewal order from a doctor following a review should be made of intervals of 30 minutes

Must end when the service user is no longer a serious threat to themselves and/or others

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Physical Intervention Risk Assessment



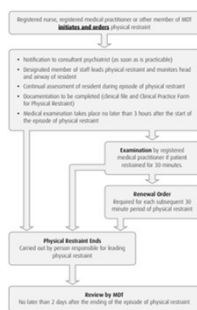
Hazards/ Risk factors

Harm/injuries

Controls

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Steps in Physical Restraint Process



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Team Intervention



Why?

Safety in numbers
Professionalism
Witnesses

How?

One leader: Assess, Plan, Direct other team leaders (agree call)
Communication with individual (verbal de escalation first)

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Recap



- What is Restraint?
- What are the principles of restraint?
- What are the MHC Rules on restraint?
- Risk factors associated with PI
- Harm associated with PI
- Precautions and controls required to reduce the risk.
- Signs and symptoms of distress.

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