ECC&R (UK) LTD FOLLOW THE FOLLOWING RESTRICTIVE INTERVENTIONS FOR PMVA

ALL OUR COURSES INCLUDE RESTRAINT REDUCTION AND THE LEGAL ASPECTS, NATIONAL UPDATED POLICY GUIDANCE ON THE THEORY REGARDING PHYSICAL INTERVENTIONS WHICH ARE IN ALIGNMENT WITH “SKILLS FOR HEALTH STANDARDS” IN THE USE OF BREAKAWAY, SAFE HOLDING & RESTRAINING YOUNG PEOPLE, ADULTS AND THE ELDERLY.


Psychologically Informed Environments, Good Practice Briefing (London VAWG Consortium, 2013)

DOH 2014 Guidance states People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

BILD Recommendations incorporating DOH 2014.

NICE guidance on helping NHS staff to deal with violence and aggression from patients

NICE has updated its guideline on the management of violent and aggressive behaviour in people with mental health problems when they’re being treated in the NHS.

NICE’s updated guideline aims to help safeguard NHS staff and patients by preventing violent situations and offering clear guidance on managing them safely if needed. Physical restraint should only be used as a last resort, once all other methods of preventing or calming the situation have failed. However, if restraint is the only course of action available, the guideline includes clear recommendations on how it should be done to ensure the safety of both staff and the individual.

Commenting on the newly updated guideline, Professor Mark Baker, NICE Centre for Clinical Practice director, said: “This newly updated guideline is designed to help prevent violent situations and to manage them safely when they do occur. New information on anticipating and reducing risk, as well as ways to calm people down has been incorporated...
and we have also listened to the views of service users on physical restraint and isolation. The guideline focuses on how to assess risk and prevent violence, including how to recognise warning signs, to calm potentially violent patients and manage difficult situations (de-escalation), as well as to intervene safely when violence happens.

Between 2013 and 2014 there were 68,683 assaults reported against NHS staff in England. The majority of these - 69% - occurred in mental health or learning disability settings and include incidents involving the families or carers of service users as well as service users themselves. The updated guideline covers the short-term management of violence and physically threatening behaviour in psychiatric settings, emergency and urgent care services, assertive community teams, community mental health teams and primary care.

Professor Peter Tyrer, professor of community psychiatry, Centre for Mental Health, Imperial College London and chair of the group that developed the NICE guideline, said: “What became abundantly clear during the discussions of the guideline development group was that violence prevented is NHS money saved. We have many programmes in the country that concentrate on dealing with actual violence but not enough on preventing and de-escalating violence when it is beginning to emerge. Greater understanding of the suffering that leads to violence is an essential part of management.”

Professor Tim Kendall, director of the National Collaborating Centre for Mental Health and facilitator of the group that developed the guideline, said: “As a medical director and consultant psychiatrist I welcome this updated guideline which will make a very important contribution to helping reduce violence and aggression throughout the NHS, especially but not solely in mental health. We now want to see a culture of tolerance towards people with mental health problems, helping health and social care professionals to de-escalate difficult situations and help service users get the support they need when circumstances in the health service can make things worse.

“We want to reduce the times when we restrict people who are wound up by mental health problems and placed in restrictive environments. We are recommending that every trust has a restrictive interventions reduction programme. We also want to develop a culture of learning, such that service users and professionals together can review every time we restrain or restrict a person’s freedom; and give as much attention to human rights as we do to safety. This guidance represents a major step forward for people with mental health problems, especially in institutional settings, but also in the community and across health and social care.”

Dr Peter Staves, service user, informatician and healthcare scientist, Public Health England, and member of the group that developed the guideline, said: “Patient recovery rate and service user experience and wellbeing are directly affected by the management of challenging behaviour. Acute wards, where patients can be at their most challenging yet at the same time most vulnerable, is a prime example of this.

“In my experience the adoption of best practice guidance on the management of patients with difficult symptoms on acute wards can lead to happy ward life. When service users are treated not for their diagnosis but rather as a person, and involved fully in their treatment, ward life turns from two combative fronts; patient and staff, to one team all with the same goal; health. This in turn leads to a reduction in the level of violence and aggression and a reduction in cost to mental health services.

“Getting to this stage involves changes of ethos and approach from both NHS staff and the service users they treat. This can be difficult to achieve if both parties are set in their ways due to bitter past experience. Recently however, my experience has been that happy mental health services can be fostered with a strong yet caring, focused leadership pushing for true patient involvement.

“This updated guidance has many suggestions on how to engage with the patient, even when the use of restraint or rapid tranquilisation is required, that if adopted with global aims of compassion, caring and positive enthusiasm can make mental health services more tolerant environments in which to be a patient, carer or NHS employee.”

Key recommendations in the guideline include:

Anticipating and reducing the risk of violence and aggression, staff training: Health and social care provider organisations should train staff who work in services in which restrictive interventions may be used in psychosocial methods to avoid or minimise restrictive interventions. This training should enable staff to develop:

» an understanding of the relationship between mental health problems and the risk of violence and aggression
» skills to assess why behaviour is likely to become violent or aggressive, including personal, constitutional, mental, physical, environmental, social, communicational, functional and behavioural factors
» skills, methods and techniques to reduce or avert imminent violence and defuse aggression when it arises (for example, verbal de-escalation)
» skills, methods and techniques to undertake restrictive interventions safely when these are required

De-escalation: Health and social care provider organisations should give staff training in de-escalation that enables them to: recognise the early signs of agitation, irritation, anger and aggression, understand the likely causes of aggression or violence, both generally and for each service user and use techniques for distraction and calming, and ways to encourage relaxation.

Managing violence and aggression in emergency departments: If a service user with a mental health problem becomes aggressive or violent, do not exclude them from the emergency department. Do not use seclusion. Regard the situation as a psychiatric emergency and refer the service user to mental health services urgently for a psychiatric assessment within 1 hour.

Managing violence and aggression in community and primary care settings: Health and social care provider organisations, including ambulance trusts, should
consider training staff working in community and primary care settings in methods of avoiding violence, including anticipation, prevention, de-escalation and breakaway techniques, to help separate them from an aggressor in a safe manner without the use of restraint.

Managing violence and aggression in children and young people: Child and adolescent mental health services (CAMHS) should ensure that staff are trained in the management of violence and aggression using a training programme designed specifically for staff working with children and young people. Training programmes should include the use of psychosocial methods to avoid or minimise restrictive interventions whenever possible.

Physical restraint: Physical restraint should only be used as a last resort, once all other methods of preventing or calming the situation have failed. When using physical restraint the person’s head and neck should be supported and nothing should interfere with their breathing, circulation or ability to communicate – physical restraint should not be used for more than 15 minutes. The recommendations are clear that restraining a person on the floor should be avoided. If it becomes necessary, it should be with their back to the ground. If prone or ‘face down’ restraint is unavoidable, it should be for as short a time as possible.

ACKNOWLEDGEMENTS

All ECC&R Conflict Management, Control & Restraint and Physical Intervention Training follows and are skills for health standards aligned.

Learning journal to achieve the ten learning outcomes of the Security Management Services (SMS) Promoting Safe and Therapeutic Services syllabus (Mr. Joe Delaney Lead Trainer SEPT 2003, updated 2005 & 2006)
Learning Journal updated (Mr. Thomas William Starling by Kind Permission of Mr. Joe Delaney, 2010 - 2017)

REFERENCES

Mental Capacity Act(2005)
Human Rights Act(1998)
Including The Corporate Manslaughter and Corporate Homicide Act 2007
Health & Safety at Work Act.(1974)
Management of Health and Safety Regulations (1999)

INCLUDING

Professional responsibility and accountability(DOH 2010)
Managing Clinical Risk: A Guide to Effective Practice (Issues in Forensic Psychology)
9 Aug 2012 by Caroline Logan (Editor), Lorraine Johnstone (Editor)
DOH 2014 Recommendations including Sec 58 guidance on Positive and Proactive Care: Reducing the need for restrictive interventions. (2014)
BILD Code of Practice for minimising the use of restrictive physical interventions,(Various & 2014)

MABEC NEW FOR 2018

MOTHER AND BABY ETHICAL CARE (MABEC)

Precise Ethical Care Physical Interventions for the protection of mother and baby in acute mental health and psychiatric settings.

This will include the Baby Sling Apron® and team training initially devised by Prof. T.W Starling for the use in the mother and baby unit at HMP Holloway in 1986 and further developed to incorporate the latest recommendations and guidance on physical interventions and health & safety.
PMVA BREAKAWAY METHODS AND SAFE HOLDING

LEVEL 1

This would be suitable for learning disability, child, adult and elderly outreach services and also fostering and adoption teams.

COURSE PROFILE

This course is over one day (7.5 hours of continuing professional development). The course depending on the duration can cover part of or the full Breakaway syllabus with different methods of escape, also including the safe holding of Clients. A suitable training for staff working in an environment where someone is showing challenging or aggressive behaviour, be they young, adult or elderly. These course is what ECC&R (UK) Ltd Training team developed for the 1st, 2nd & 3rd year Mental Health Nursing students at the University of Essex now in its 12th year of providing this contractual service.

AIMS

» A knowledge and understanding of the BILD and DOH 2014 recommendations including the criminal law act 1967 section 3:1

» A knowledge and understanding of related Laws, Legislation and National UK Guidelines

» Practical exercises in Breakaway methods and Safe Holds

OBJECTIVES

To give Learners the confidence and ability to safely and legally escape from aggressive or violent actions and to safely hold someone where minor restraint is needed.

COURSE CONTENTS


» Safety & Legal aspects, Guidelines from & including BILD, NIHME & NICE.

» The Assault Cycle & causes of Violence & Aggression.

» Basic De-Escalation methods.

» Escapes from a variety of holds and attacks.

» Escape from punches and kicks, Safe holding.

» Reporting & Recording of incidents.

CERTIFICATION

All learners are constantly visual assessed and on the 7.5 or 15 hours course modules be required to complete a breakaway and restraint practical competency assessment and a theory test during the course by the qualified course instructors to ensure that all Learners practice and apply correctly the methods taught and successful learners receive a certificate to reflect the course contents.

Download the lesson plan at www.eccruk.com/training/pmva-level-1.htm

NEW FOR 2018

A three hour practical course has been specifically developed for children, young people and elderly learning disability services with the conflict resolution element completable at anytime via the ECC&R eLearning portal on our website, thus allowing staff difficult to release for a days training (7.5 hours CPD) to complete the theory element at a convenient time for them and their employers, enabling the three hour practical course to be completed at a more suitable time but within a two month time period of successful completion of the conflict resolution theory eLearning course.
PMVA BREAKAWAY AND RESTRAINT METHODS

LEVEL 2

Suitable for mental health, forensic and secure type services.

COURSE PROFILE

This course is over two, three or four days (15, 22.5 or 30 hours continuing professional development). The three day course covers safe holding restraint methods and the four day courses covers the full ECC&R (UK) Ltd. NHS control and restraint (PMVA) syllabus with more in depth training on several different methods of restraint and can include current seclusion policies. It is suitable for anyone working in an environment which is either closed or providing forensic type services be they for young, adult or elderly patients (subject to section or capacity). These courses are in alignment with ECC&R (UK) Ltd training teams developed for “train the trainers” such as the Devon Partnership NHS Trust.

AIMS

To give Learners:

» A knowledge and understanding of the BILD and DOH 2014 recommendations including the criminal law act 1967 section 3:1

» A knowledge and understanding of related Laws, Legislation and National UK Guidelines

» Practical exercises in Restraint methods and Safe Holds

OBJECTIVES

To give Learners the confidence and ability to safely and legally hold aggressive or violent patients when are where restraint is needed.

COURSE CONTENTS


» Safety & Legal aspects, Guidelines from & including BILD, NIHME & NICE.

» The Assault Cycle & causes of Violence & Aggression.

» Restraints three person team or more.

» Seclusion (if required).

» Reporting & Recording of restraint incidents.

CERTIFICATION

All learners are constantly visual assessed and on the 22.5 or 30 hours course modules be required to complete a breakaway and restraint practical competency assessment and a theory test during the course by the qualified course instructors to ensure that all Learners practice and apply correctly the methods taught and successful learners receive a certificate to reflect the course contents.

Download the lesson plan at www.eccruk.com/training/pmva-level-2.htm

NEW FOR 2018

Safe Transport of Patients - Handcuffs & Mechanical Restraint.

Each Hospital, Institution and or Secure unit will have its own Policy and Procedures regarding the transport of patients. This training is compatible with HM Prison Services, Custodial Services & Special Hospitals. Wherever possible concerns regarding risk in relation to the patient being transported should be anticipated by the Multi Disciplinary team (Including the SMO / RMO and any Clinical staff off their ward) The MDT should draw up a care plan so as to ensure the safe transport of the patient. Any decision to use handcuffs/mechanical restraints would need to be sanctioned by the Director of operations, Specialised Services Directorate or their Deputy.
A BRIEF HISTORY OF ECC&R (UK) LTD. EST 1988

Ethical Care Control and Restraint (UK) Ltd. are the oldest and most comprehensive private providers of Control and Restraint (C&R), Physical Intervention (PI) and Conflict Resolution training in the UK.

As the originators of many of the control, restraint, physical intervention and conflict resolution methods in use throughout the country today, ECC&R (UK) Ltd. are the best choice for training in the prevention and management of violence and aggression (PMVA).

With over 31 years of experience in conflict management and conflict resolution from lone workers to first on scene hostage negotiators, you can rely on our ethical and personal approach whatever your situation and requirements.

In 1988, our founder Prof T W Starling (ISM) was presented with the Butler Trust Award by the Trust's Royal Patron, HRH the Princess Royal.

Princess Anne awards Prof. T W Starling Senior the Butler Trust Award

The award reads:
"Mr Starling devised and initiated the teaching of minimal violence humane restraint techniques which has been adopted throughout the Prison Service and is now also in use in the Health Service. His aim was to protect both inmates and staff from injury and his work has substantially reduced stress and increased confidence among officers who deal with potentially violent prisoners and patients allowing them to achieve new levels of professionalism and expertise in their relationships with inmates."

We have the knowledge, expertise and experience to meet all of your Control and Restraint training needs.
PROMOTING INCLUSIVENESS

ECC&R actively promotes inclusiveness from all parties affected by process and decision making on the use of its methods and approach.

All commissioning organisations be they private or public purchasers, Foster Parents, Adoption Teams and Lone Workers, need to express their expectations and wants of our training system, be it for young people, adults, elderly, learning disability, physical disability, mental health and or challenging behaviours.

The ECC&R system has and continues to be adapted for many different areas of care and most definitely one size do not fit all. Obviously our expertise is recognised as leaders in this field; however we also recognise the needs of experts in other areas of care and endorse the practice.

We also have a moral obligation and undertake consultation with our commissioning organisations, and suggest prior to methods taught, that they tell us what they want and if the training is for individuals or small numbers of Patients/Service Users, then individual care plans and also include the Patients/Service Users as far as they are able to give consent and/or their family, advocates and senior management so that they completely understand with a view to establishing a consensus on best interests for them.

ECC&R believes it is necessary to have a very strong and continuous risk assessment into the targeted behaviour and the planned physical Intervention/control & restraint. Methods should make references to individual behaviours as well as general support strategies put in place to reduce the frequency of PI or C&R.

The difficulties that are faced by resources and establishing staff highly trained in all aspects of PI or C&R (including theory) could have far more implications and risk.

We as a Training Provider recognise and offer higher standards to staff, thus increasing their confidence, safety and a consistent service which can improve and encourage respect.

ECC&R recognise for force to be considered reasonable it must be necessary and proportionate. This is outlined in common law, was the force used necessary (or believed to be necessary) to prevent the crime or affect the arrest? E.G. Was the aggressor presenting a direct threat? Was the threat imminent?

Defensive force will only be considered if the attack is immediate or imminent.

We have a duty to avoid conflict. This addresses the question, is the person acting in self defence or acting in revenge or retaliation?

Evidence of an attempt to withdraw or retreat will negate a suggestion of revenge. It would not be considered reasonable to utilise force if the initial aggressor has started to retreat and pose no further threat.

This standard is best defined in terms of what is reasonably proportionate to the amount of harm likely to be suffered if no forcible intervention was made. Proportionate response will be considered with reference to the degree, duration and nature of force used.

“The force used should be no more than what is absolutely necessary to accomplish the object for which it is allowed (so retaliation and punishment are not permitted) and secondly, the reaction must be in proportion to the harm which is threatened”.

Diamond 1995.
ACCOUNTABILITY

» ECC&R promotes professional responsibility and accountability with the use of force in professional practice.

» Staff are trusted to always act in the best interests of the patient/service user, to protect the public and do no harm.

» Such ethical principles are reflected in professional codes of conduct and in service contracts.

» It is therefore essential to balance rights with responsibilities.

» As citizens rights cannot be challenged, as professionals these rights must be applied responsibly.

» The consequences of the use of unreasonable force within a care environment are extensive.

» A legitimate reason to use force must exist and this must be a reason considered legitimate by law.

A forceful intervention may be justified in the following circumstances:-
Statutory Authority e.g. Mental Health Act.

» Compulsory Care or Treatment Orders.

» Prevention of a crime e.g. assault.

» Necessity common law principle applied in best interests.

» Physical force must never be used for:-

» Revenge.

» Retribution.

» Retaliation.

» To teach people a lesson.

» Potential consequences of UNREASONABLE use of force:-

» Disciplinary action.

» Professional misconduct hearing.

» Dismissal.

» Personal moral accountability.

» Legal consequences of unreasonable use of force:-

» Criminal offence e.g. assault.

» Breach of Mental Health Act.

» Breach of Human Rights Act.

» Civil Offence e.g. assault, wrongful detention, negligence.

» The consequences of inaction i.e. failure to intervene can also have consequences.

» Failure in moral, ethical and legal duty of care.

» Civil offence. Negligence.

» Criminal offence. Omission amounting to negligence.
EFFECTIVENESS AND EFFICIENCY

ECC&R (UK) Ltd promote effectiveness and efficiency with its variations and methods as it is seen as a broader strategy when addressing challenging and violent behaviours. When having to use physical interventions, whether they be minor, moderate or extreme, staff need to remain professional and address these different challenges with different gradients of control, which must be lawful, ethical, dignified, legal and safe for all parties.

We are members of the British Institute of Learning Disabilities (BILD) and we follow its code of practice when teaching staff working with learning disability patients/service users, regardless of age.

However, we are not BILD accredited and we do not wish to be.

ECC&R was established 30 years ago, some 10 years before the first BILD policy framework was produced. We submitted vast amounts of our material and findings on Physical Interventions as indeed the Training Officers for Lincolnshire Social Services both children & adult services did for this policy.

We received a thank you letter from Dr. Oliver Russell for our commitment to the project and help.

We received no formal acknowledgement in the publication even though some wording in it is actually word perfect from our own material.

We as an Independent Training Company also need no restriction on the different physical intervention methods we can currently supply to the majority of our commissioning organisations whom see us as the experts and problem solvers in the Control & Restraint and physical intervention world.

We follow the NHS (CFSMS) Promoting Safe & Therapeutic Services Syllabus, we were the first and only private company in the UK to do so.

We endorse the NIHME & NICE guidelines which allows us to teach variations on methods when dealing with a variety of both violent and challenging behaviour. In addition, our methods can be adapted to be used on all age groups in all areas.

We are recommended by Anglia Ruskin University, Faculty of Health and Social Care and the University of Essex, School of Health and Human Sciences (The Only Private Company to do so in the U.K.).

We supply mandatory practical and theoretical teaching on the Prevention & Management of Violence and Aggression (PMVA) to 1st, 2nd and 3rd year nursing students.

We were invited to work in ‘partnership’ with the Home Office Prisons Department in solution finding, on a system on training staff working with Young Offenders and a broader strategy for Young People in STC’s.
8th September 2016

TO WHOM IT MAY CONCERN

RE: Mr Tom Starling, Director ECC&R (UK) Ltd.

I write to confirm that the aforementioned is an established partner of the University of Essex in the role and capacity of Director of Ethical Care Control & Restraint (ECC&R) (UK) Ltd. He is regularly commissioned to deliver whole day workshops to groups of BSc Nursing students on ‘PAINAVI Breakaway & Conflict Resolution Training’. This is a mandatory requirement for all student nurses as part of their preparation for clinical practice placements. The students are issued a certificate of attendance by ECC&R (UK) Ltd.

Mr Starling and his team have been delivering this training for the past 5 years and this continues to be well evaluated by the students.

ECC&R (UK) Ltd remains at present the partner of choice to deliver this training activity for the School of Health and Human Sciences of the University.

Mr Roland Lodziak
Programme Lead - BSc Mental Health Nursing
University of Essex
School of Health and Human Sciences
Southend campus
Tel: 01702 328457
Email: roland@essex.ac.uk

Tom Starling
Director, ECC&R (UK) Ltd

January 25th 2016

Dear Tom,

Provision of Ethical Care Control and Restraint training to MSc and BSc (Hons) Occupational Therapy students

Thank you for providing training sessions for our students over the past five years. This training has been an essential part of their mandatory preparations, for practice placements in the NHS, social care and many other settings.

At the last count, we estimated that 180 students have benefited from your input. Their feedback has been consistently positive, appreciating the real life examples and practical approaches in the sessions. We have appreciated your flexibility in delivering the sessions, allowing additional students to attend as required. It has been easy to book the sessions with you.

Thanks again for your input for our students and we look forward to working with you again in the future.

Kind regards

Dr Wendy Bryant
Senior Lecturer
Subject lead and MSc Occupational Therapy Programme Lead

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Sultanate of Oman
MINISTRY OF HEALTH
AL MABSHA HOSPITAL

To: Mr. Tom Starling
Director, ECC&R (UK) Ltd

"After compliments"

SUBJECT: PERMISSION TO USE COPYRIGHTED WORKS
[Level 2 Breakaway and Restraint Manual]

Dear Tom,

Al Mabsha Hospital is in the process of preparing a learning manual on Personal Care and Aggression Management. Therefore, seeking your permission to include the following material in the publication e.g., which include phases from Level 2 Breakaway and Restraint Manual

Please indicate your approval of this request by signing the letter where indicated below and send it back. Your signature of this letter will also confirm that you own the copyright to the above-described material.

Thank you,

Dr. Mohammad Al Balushi
Director, Al Mabsha Hospital

For copyright owner use:

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

Name: I. [Signature]

Title: [Signature]

Date: 12-7-2015

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Lifestyle Supports
CREATE OPTIONS FOR PEOPLE WITH DISABILITIES

To whom it may concern,

Lifestyle Supports is a disability organisation located on the Sunshine Coast in Australia. As an organisation we are specialist in providing accommodation support for children and young adults that present challenging behaviours and can no longer live at home with their families or loved ones.

As an organisation we have tried to work with specialist trainers to enable our staff to have the appropriate training to work with our service users. We found the trainings based in Australia to be broad and not specific to our needs. We also found them to lack our staff confused as to the course of action required when address more challenging situations. After exhausting our efforts trying to establish connections with experts in australia relating to physical intervention we decided to explore the United Kingdom to see what more advanced trainings they have on offer.

After approaching several Physical Intervention training providers we decided to work with Tom Starling from Ethical Care Control and Restraint (UK) Ltd. His course did not only provide answers and responses to challenges our staff found working in the industry but also gave us great guidance moving forward to challenges that may present themselves to our organisation moving forward.

Due to their being such a need for training such as Tom’s in Australia we have encouraged him to come to Australia to assist in the development and implementation of his trainings so that we can teach it to other service providers. We intend to assist other organisations learn Tom’s trainings and develop his resources so they can be accessed nationwide.

Tom’s knowledge, style and approach is one that an experienced support worker would recommend and his trainings are as such that a service provider would feel reassured that their staff have the know how to address situations as they take place.

I would be more than happy to recommend Ethical Care Control and Restraint trainings to anyone who requires top of the line training in this area.

Kind Regards

Omar Soliman
Director
Lifestyle Supports
To whom it may concern,

Re: Tom Starling of Ethical Care Ltd

I am a full-time lecturer at the University of Essex, I have a responsibility to ensure that the mental health Branch programme meets the Nursing & Midwifery Council’s Standards and those of the local Trusts.

Part of the requirements of the Trust is to ensure all of our students have undertaken de-escalation and breakout technique training throughout the three years of the programme. The University of Essex is happy to have its name associated with this.

I have worked with Tom Starling, for three years now, and have always found him to be very personable, knowledgeable and creditable. The feedback from the students for the sessions that Tom facilitates has always been positive, if not glowing.

He works with our first year students, both theory and practice to Level 1 and progresses them through the various stages of training, leading up to prevention of violence and management of aggression in their third year, all centred on their professional portfolios. This makes our students more employable than those who do not undertake such training.

The sessions have been highly thought of that we also include the Adult student nurses in them, as it is vital that all healthcare workers are aware of these techniques, regardless of the clinical environment.

We are hoping to increase our working relationship, looking at various ways of linking Ethical Care Ltd to set up further programmes to reach post-registered staff and others who need such training.

I am happy to produce the testimony for Tom Starling, and should you require further information, please do not hesitate to contact me.

With kind regards,

Cathy Gale, RMN, PG Dip in Education
Lecturer in mental health studies

To whom it may concern,

ECC&R (UK) Ltd

Tom Starling Senior and Tom Starling Junior began working with APT in 1996 and throughout this time have been friendly, approachable, professional and reliable. They consistently receive overwhelming feedback from both delegates and sponsors of the courses, as the written feedback below demonstrates.

"As usual an entertaining and informative presentation of the course material! I have attended a number of physical intervention training schemes from different local authorities."  
"This is clearly the most ethical and useful I’ve attended."  
"Absolutely marvellous tutor, and his techniques for ethical control are as simple yet very effective."  
"If the ratings were from 1 to 100 I would round it up to 100 every time. Absolutely fantastic. I feel much more confident about getting out of tricky situations and also know where I stand in the eyes of the law. Tom’s experience really showed through in the delivery presentation and I thoroughly enjoyed every minute of the course. Thank you, please come back!"  
"I’ve always impressed about the trainer’s concern for the client’s wellbeing as well as the staff. A truly professional approach."  
"Absolutely the best course I have ever been on."  
"Still believe Tom’s physical interventions are the most effective and ethical of all I’ve seen."  
"This was the most enjoyable and interesting course I have ever undertaken here – I only wish I had taken the course earlier as it would have been very useful when situations I have found myself in, in the past.”  
"The best presentation of any course I have completed, and there have been many.”

If you would like to discuss anything further, please do not hesitate to get in touch.

With best wishes,

Amy Roberts, RMN, MA
Deputy Director
ECC&R (UK) LTD STATEMENT OF INTENT

ECC&R (UK) Ltd has its own Statement of Intent:-

To personally train all staff and assistant instructors to our own high standard.

To train any staff who work with elderly, young people, adults, people with mental illness, learning disabilities and challenging behaviours.

To teach how to manage violence and physical aggression with the absolute minimum amount of force necessary and reasonable in the circumstances.

To train in a manner that attempts to reduce rather than provoke further violent and aggressive reaction.

We endorse the code of practice in the use of physical Interventions.

The Department of Health’s guidance on the use of physical interventions.

The Department for Education and Employment promoting positive handling for pupils with severe behavioural difficulties.

NMC Nursing and Midwifery Council.

The values base set out in the British Institute of Learning Disabilities National Autistic Society Policy Framework:-
“On the use of gradients of control and support to implement the principles of minimum force and minimum duration.

Consideration of age, gender and ethnic origin of those needing physical intervention.

Clear guidance on the importance of using each technique as taught and not attempting unsupervised modifications.”

ECC&R promotes a duty of care and responsibility and makes several observations and recommendations within our practical system for trainers:-

1. All patients and service users should have a thorough medical assessment upon any admission in any care environment. Should any abnormalities be detected, these will be communicated to all staff, and considered when restraint becomes necessary.

2. Any medical advice must be sought from a member of medical staff as to what equates to the safest means by which to manage an individual’s aggression, medication, restraint or where necessary seclusion/segregation. This must be placed into the individuals care plan.

3. All physical interventions carry a level of risk and hence should be used as an absolute last resort, prioritising therapeutic relationship building, De-escalation and other options as initial approaches to conflict management.

4. NEVER place any pressure on or around the neck, throat, upper back, lower back, chest or abdomen, sexual areas, joints of the body or negative effect of bending back the fingers. H/C 1976.

5. All members of a restraint team take responsibility for observing the patient/service users, safe airway, facial colouring, state of conscious and breathing.

6. One member of the team (person holding and supporting the head) takes responsibility for the co-ordination of the restraint team.

7. All episodes of restraint must be for the shortest time possible.

8. The prone restraint (face down) should be where possible be avoided, and where someone is in a prone position they should be held no longer than 3 minutes. If someone is held in the prone position they should be moved into a kneeling position, turned over into a supine (face up) position, sat up or if impossible to turn over leave go and monitor-do not continue restraint. Figure of 4 leg hold should be only used in seclusion/seggregation as a method of disengagement and the hold applied for no longer than 45 seconds. The above hold is not to be done on young people or Elderly Patients/service users.

9. When in restraint care must be taken that the face and airway remains free from obstruction, such as pillows, covers and blankets etc.

10. No holds will ever be used which compress the chest or diaphragm i.e. Bear hugs, Basket holds. No placing of direct or in-direct pressure through joints and No laying on patients/service user’s limbs or body.

11. Where rapid tranquillisation is to be used, where possible this should take place before a violent episode or after any struggle, it must follow the commissioning organisations rapid tranquillisation policy.

12. Where a restraint has taken place, staff must make a judgement as to whether a medical examination, or other actions may be required. The end of a physical intervention may not be the end of the emergency. Where any of the issues mentioned risk factors are present a medical review is advised.
ACCREDITATIONS

ECC&R (UK) Ltd. have yet again secured both Quality Management System and Occupational Health and Safety Management System certifications from UK ICM ISO Standards for another year.

Ecc&R Control & Restraint (UK) Ltd. have been independently assessed and audited for conformance by UK ICM ISO Standards to the requirements of BS EN ISO 9001:2008 Quality Management System and BS OHSAS 18001:2007 Occupational Health and Safety Management System. The provision of Control and Restraint (C&R) / Physical Intervention (PI) Training, including Conflict Management, in the UK.

New Updated 2016 Incorporating Recommended Latest DOH, Mental Health & BILD Guidelines

ECC&R(UK)Ltd are invited members of the Department of Health’s Steering Group Committee on setting up a National Standard on PMVA, working with the NHS and other Agencies (2015 – Ongoing).

All ECC&R Trainers be it ECC&R(UK)Ltd or “In House Trainers” to have PTTLS/EATS or equivalent teaching qualification.

Level 3 Award for Deliveries of Conflict Management Training.

Level 3 Award in Health & Safety in the Workplace.

Level 3 certificate in Assessing Vocational Achievement.

Follow all recommendations of the Bennett Enquiry 2003.

Have an annual Refresher and Update.

Have a Full FAW Certificate or Equivalent.

Have annual De-Fibrillater, Basic Life Support and CPR Training.

ECC&R (UK) Ltd is a Bronze Member of Bild. Membership No:209020. 2017-18.

ECC&R (UK) Ltd was an OCN Eastern Region recognised Centre. 2014-16.

ECC&R (UK) Ltd is registered with the UK list of registered training providers UKLRP.

ECC&R (UK) Ltd is the oldest established training company offering Control & Restraint, Physical Intervention Training in the UK. 30 years in 2018.