



Safety and Security
SOLUTIONS
TRAINING AND SERVICES +

Prevention & Management of Aggression and Violence (PMVA) Foundation Course

That Everyone Should Know and
Anyone Can Do

Physical Intervention Training

Course covers subjects such as:

- Legal frameworks
- Understand the causes and build up of an attack
- Actions to avoid being restrained or attacked
- Safely disengage from being held
- Safely disengage another person from being held
- Avoid and defend kicks and punches
- Post-incident actions and record keeping and de-briefing

Content is 100% bespoke and tailored to your business needs and requirements.

Benefits

Training will deliver skills and employee confidence which will benefit the organisation and may lead to:

- Decrease in customer complaints
- Increased morale and motivation
- Decreased turnover, absenteeism and lateness
- Reduced litigation
- Reduced insurance

The decision to use physical intervention skills should not be taken lightly and should always be regarded as a 'last resort' when other options have failed or are likely to fail and where it is not possible or appropriate to withdraw from the situation. Physical intervention training must be carefully designed and delivered around the specific risks staff face, the roles they perform, the service users they work with and the environment in which they work.

The SASS physical intervention model has a unique combination of features that provide you with:

- A flexible framework that responds to your agenda... not our convenience.
- A low arousal approach that does not antagonise those involved or bystanders.
- Highly effective skills that do not rely on pain to gain compliance.
- Accredited, nationally recognised training that meets your sector's regulatory requirements.
- Individual and team methods that look professional and are proven operationally.
- A problem-solving approach that helps staff respond to local and individual needs.
- Comfort in knowing that the skills have been medically reviewed and risk assessed.
- Substantially fewer training injuries than traditional training models.
- On-going support from some of the most experienced expert witnesses on use of force.

SASS can deliver training on site for your staff or train and equip your trainers to deliver our training programmes themselves. We will help you minimise the need for physical intervention in your workplace and establish the level of training required by staff in different roles.

Please get in touch so we can discuss the best approach for your organisation.

Contact us now for more information.
This course is tailored to your needs.



OUR COMPANY

Safety and Security Solutions

Welcome to Safety And Security Solutions. We specialize in providing the highest standard of security courses and medical & fire safety courses available.

We achieve this by providing education and training to all areas, encouraging a proactive approach by promoting a safe and secure environment through greater safety & security awareness and preparedness.

Considerable time is spent with clients, assessing and evaluating the entire need spectrum of the business, organization, or family to develop an individualized and unique safety and security plan.

This results in a close, communicative relationship with our clients, and allows Safety And Security Solutions to provide the best results that we can in any given situation.

About Us

A customer focused, friendly and approachable team who are able to fully reassure clients and customers in answering any and all of their concerns and queries.

Our experience includes working for various organizations and firms in a broad spectrum of safety & security services throughout the EMEA specializing in Medical, Risk mitigation, Close Protection, and Management Systems Implementation as well as the training of NGO & HNW personnel in HEAT (Hostile Environment Operations) & PSAT (Personal Security Awareness Training) and also Health & Safety Training for Corporate, Military, Police and Prison Staff, Situational Awareness & Personal Protection for HVT Personnel.

Over 30 years' experience of working in government, corporate and domestic environments with numerous multinationals giving the team at SASS the ability to bring a solution to any and all customer concerns.



Mr. Eddie Whitford is a highly experienced specialist in the Prevention and Management of Violence and Aggression (PMVA), with over four decades of leadership and instructional experience in military, healthcare, and security training settings. As the Founder of PMVA Solutions, Eddie has dedicated his career to developing and delivering evidence-based strategies that promote safety, de-escalation, and resilience in high-risk environments.



His qualifications include multiple Level 3 BTEC diplomas in Restraint, Self-Defence, and Conflict Management Training, certified by the National Federation of Personal Safety UK. He holds Master-Level Instructor certification in Safety Intervention from the Crisis Prevention Institute (UK) and is a certified Manual Handling Instructor (QQI Level 6). Eddie also holds a 5th Degree Black Belt in Self-Defence and is a Level 3 Black Belt Krav Maga Instructor, further underscoring his deep practical expertise in personal safety and physical intervention.

A former Special Forces Instructor and Senior Military Unarmed Combat Instructor with the Irish Defence Forces (1982–2007), Eddie also served as an instructor at the Military College's Cadet School. Following his military career, he transitioned into healthcare, leading PMVA and safety training for mental health and intellectual disability services across Ireland since 2007.

Eddie's work continues to influence best practices in aggression management and safety intervention, with a focus on training professionals to act safely, confidently, and ethically in volatile situations.



With over 35 years of global experience in security, safety, and training, I bring operationally proven expertise forged through a distinguished military career and ongoing consultancy roles. From 1990 to 2013, I served in the Irish Defence Forces as an Armed Forces Instructor and Military Unarmed Combat Instructor, specializing in sniper-led operations and Civil-Military Cooperation (CIMIC) during multinational deployments.

I completed eight operational tours in the Middle East and Kosovo, and served as part of Ireland's Presidential Escort, providing ceremonial and security detail for visiting heads of state and dignitaries from 1990 to 2000. My instructional career included teaching at the Military College's Cadet School and the United Nations Training School Ireland.



Today, I work with government agencies, corporate clients, NGOs, and private individuals to deliver strategic safety and security solutions for high-risk and complex environments. My approach is proactive, comprehensive, and client-focused—built on thorough risk assessments and extensive real-world experience.

Areas of Specialization

- Close Protection & Risk Mitigation
- Hostile Environment Awareness Training (HEAT) for NGOs & High-Net-Worth Individuals
- Security Systems Design & Implementation
- Health & Safety Compliance
- Riot Control & Emergency Services Training
- Situational Awareness & Personal Protection.

Beyond my professional commitments, I volunteer with the Order of Malta as an EMT and Community First Responder (CFR)



TABLE OF CONTENTS

Subject	Page
Breakaway Training	1
Our Company	2
Eddie Whittford Bio	3
Stephen Doyle Bio	4
Contents	5-6
The Law in relation to physical restraint	7
Purpose of this workbook	8
About PMVA	8
Course aim	8
Course learning objectives	8
Subjects covered	9
The Assault Cycle overview	9
Common triggers	10
The anger volcano	11
Personal safety measures	11
PALMS De-escalation Model	12
LISTEN	12
Communication	13
Dynamic Risk Assessment	13
SAFER	13
Assault Cycle 1 Trigger Phase	14
Assault Cycle 2 Escalation Phase	15
Assault Cycle 3 Crisis Phase	16
Assault Cycle 4 Recovery Phase	17
Assault Cycle 5 Post Crisis Depression Phase	18
Prediction of violence and aggression	19



TABLE OF CONTENTS

Precursors to violence and aggression	19
Safety Stance	20
Assess POP	21
Decision-making	22
De-escalation	23
Safety brief	24
Breakaway Skills	25-26
Breakaways in extreme situations	27
Rescue breakaway in extreme situations	28
Definition of Physical Restraint	29
Positional asphyxia	29
Other risks associated with physical restraint	29
Actions to be avoided during physical restraints	29
Prolonged physical restraint	29
Principles underpinning physical restraint	30
Duty of care	30
Alternatives to physical restraint	31
Consent for physical restraint	31
Justification for physical restraint	31
Key legal obligations in relation to physical restraint	32
Orders for physical restraint	32
Policy on physical and mechanical restraint	32
Ending a physical restraint	33
Notes on physical restraints	34-37
First Aid Training	38-39
Lone Worker Training	40
Workplace Violence Training	41
Dignity in the Workplace	42



THE LAW IN RELATION TO PHYSICAL RESTRAINT

Employer Safety, Health and Welfare

- Ensure the safety, health and welfare at work of staff
- Safe place of work
- Safe systems of work
- Provide information, instruction, training & supervision
- Risk assessments

Health, Safety & Welfare at Work Act 2005 Employees Responsibilities

- Employees responsibility:
- Take reasonable care to protect your own safety, & safety of others
- Not engage in improper conduct
- Report safety concerns
- Wear PPE as required
- Attend training

Use of a Weapon

- When threatened with the use of a weapon, Gardai assistance should be sought.
- Contacting the Gardai if the service user has (or is suspected of having) a weapon (with or without any intention of using it), if control of the environment cannot be gained or maintained or if there is a hostage situation.



PURPOSE OF THIS WORKBOOK

Purpose

The purpose of this workbook is to provide detailed information about lessons learned during the course. It also acts as a means to reflect on the contents of the course and to build upon your understanding of the theory by adding notes as you progress through your learning journey.

About PMVA

Prevention and Management of Violence and Aggression (PMVA) Foundation training is a 2-day course designed to maximise the safety and minimise risks to all involved in challenging behaviour. PMVA is an integral part of the risk management framework and supports the principles of Positive Behaviour Support and Trauma-Informed Care. Certification is valid for one year. A PMVA refresher course must be completed before the expiry date. It is designed and developed to meet the criteria detailed in the following:

- The Irish and European Acts of Law and Statutory Instruments
- The Health & Safety Authority guidance
- MHC Guidance & Codes of Practice
- Company policies and procedures
- Individual Care Plans & Multi-Element Behaviour Support Plans
- The Training Needs Analysis (TNA)

PMVA focuses on proactive strategies by identifying, assessing, and mitigating potential risks before they escalate. PMVA physical skills do not rely totally on strength; they are easy to learn, execute, and recall under the pressure of high-stress situations.

Course Aim

is to teach you how to Prevent and Manage Violence and Aggression in the Workplace.

Course Learning Objectives

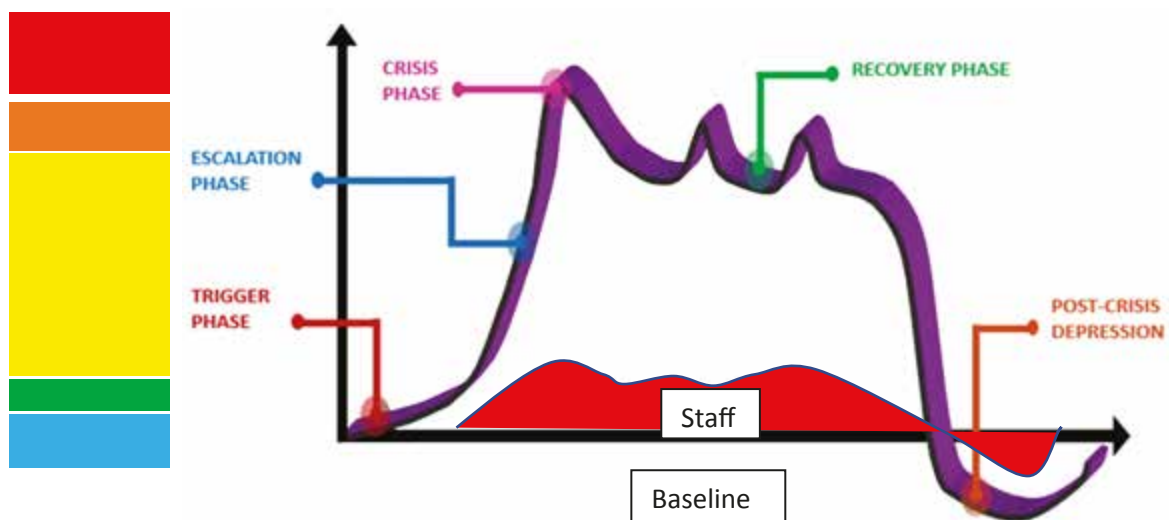
- Identify and respond to the 5 phases of the assault cycle.
- Breakaway and/or rescue others from common holds.
- Physically restrain a Person as a last resort.
- Consider the risks associated with physical restraint.
- End a restraint safely.



SUBJECTS COVERED

- The Assault Cycle.
- Disengagement skills
- Breakaway skills
- Emergency breakaway and rescue skills
- Risks associated with physical restraints
- Physical restraint theory and skills
- Seclusion
- How to end restraints

The Assault Cycle



Baseline:

Refers to a state of behaviour which is steady in form and frequency. It differs between people. Staff: It is important to be aware that staff can often deviate from their own baseline during high stress situations. Staff must always remain professional and exercise self-control.



COMMON TRIGGERS

5 phases to the assault cycle.

- Trigger phase
- Escalation phase (including precursor signs of imminent risk)
- Crisis phase
- Recovery phase
- Post-crisis depression phase

Common Triggers

- Internal factors
- External factors
- Unmet need
- Not listened to
- Being judged
- Lack of space
- Noise levels
- Too many people in one space
- Lack of sleep
- Boredom
- Lack of attention or support
- Frustration
- Confusion
- Anger
- Telling a person to do something that they don't want to do.
- Telling a person to stop doing something that they want to do.
- Telling a person something that they don't want to hear.



THE ANGER VOLCANO

10 % Known

Behaviour & words



90% Unknown



Personal safety measures

- Risk management plans
- Teamwork and support from staff
- Safety stance
- Personal alarms
- Self-control
- PPE



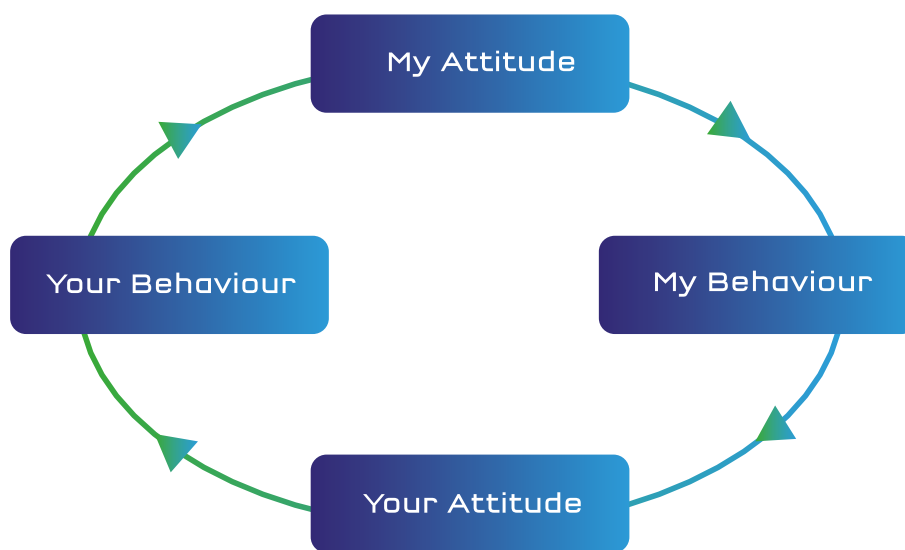
PALMS De-escalation Model

P

Position in relation to: Person, others potential hazards your exit.

A

Attitude ` Firm, friendly and helpful attitude.



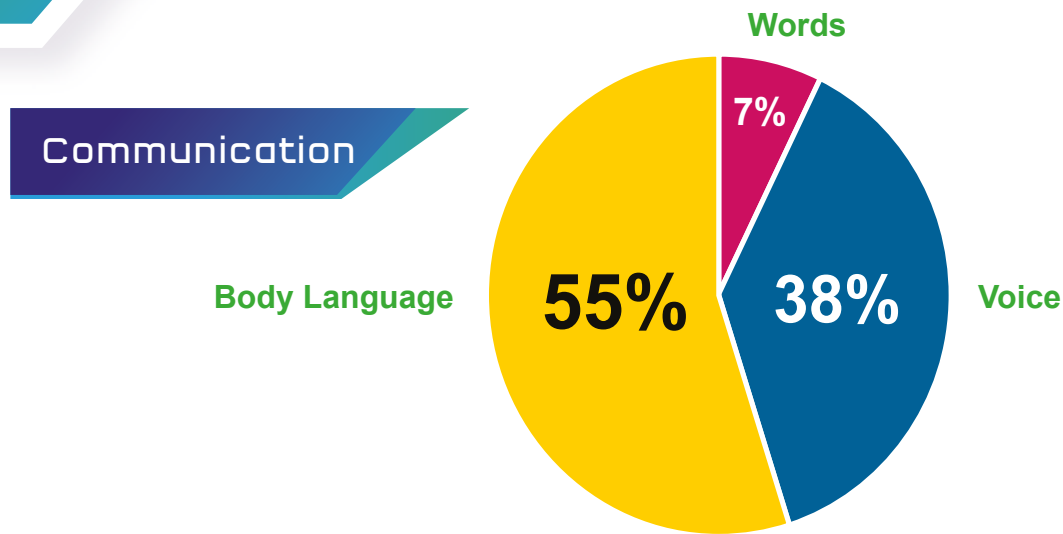
L

Look & Listen Use appropriate eye contact while listening.

- L** Look – Listen – Learn
- I** Interruptions and distractions (Planned for safety check)
- S** Show that you are listening by nods & appropriate eye contact
- T** Tell them you are listening (“let’s see if I understand”)
- E** Empathise (“I can imagine”)
- N** Non-judgemental



PALMS De-escalation Model



Communication

Body Language

Words

7%

38%

Voice

55%

M

Make Space Maintain a comfortable distance from the Patient

S

Safety Stance

- Non-threatening posture, keep your hands close to yourself
- Think!
- **Distance - Door - Assistance**

Definition of a Dynamic Risk Assessment (DRA)

An undocumented continuous process of identifying hazards and the associated risk and taking steps to eliminate or reduce them in rapidly changing circumstances.

SAFER (Dynamic risk assessment)

- S** Step Back
- A** Assess the Situation - Person - Objects - Place
- F** Find support
- E** Evaluate Options
- R** Respond (Take the necessary appropriate action)



ASSAULT CYCLE 1 TRIGGER PHASE

PMVA Assault Cycle 1 Triggers Phase

Key: Know the Patient, the Risks and the Plans

PATIENT BEHAVIOUR TRIGGER(S) PHASE	STAFF APPROPRIATE & PLANNED APPROACH SUPPORT
Common Causes • Fear • Frustration • Confusion • Misunderstanding • Over-controlling • Lack of attention • Lack of sleep. • Name calling by another Patient • A disturbing phone call • Loss of a privilege • A flashback or memory • A delusion • An hallucination • A reaction to medication • An unmet need • Not being listened to • Fear • Frustration • Being told to do and stop doing something	How should you respond? • Risk assess the situation • Remain calm • Adopt a safety stance • Seek support • Intervene early • Listen • Show concern • Look for causes • Patterns • Ask an open question • Check the response
Typical behaviours that you can expect to see at this stage are: • Shouting • Swearing • Pacing back and forward • Fidget with their fingers • Drumming fingers • Fiddling with hair • Rocking	What should you avoid? • Ignoring the Patient • Overreacting • Touching the Patient • Invading their Patient space • Staring at the Patient • Threatening body language



Assault Cycle 2 Escalation Phase

PMVA Assault Cycle 2 Escalation Phase

Key: Know the Patient, the Risks and the Plans

ESCALATION PHASE	DE-ESCALATE HOW SHOULD YOU RESPOND?
• The Person's mind and body prepare to do battle with the cause of the triggering event. • The Person's becomes tense and verbally and physically active. • Escalation may be prevalent through physical signs (Precursors) like, clenched fists, slight shaking or shallow breathing.	How should you respond? • Risk assess the situation • Remain calm • Adopt a safety stance • Seek assistance • Use positive language • Distract • Choose your words carefully • Be mindful of your body language • Ask the resident to sit • Use de-escalation strategies • Remove potential weapons
Typical behaviours that you can expect to see at this stage are: - Shouting - Swearing - Threatening - Making noise - Refusing to co-operate - Throwing objects at wall - Striking walls	What should you avoid? • Touching the Patient • Telling them to relax & calm down • Giving ultimatums • Making threats • Intimidation • Making assumptions REMEMBER: NO RISK, NO HANDS



Assault Cycle 3 Crisis Phase

PMVA Assault Cycle 3 Crisis Phase Key: Know the Person, the Risks and the Plans

CRISIS

- The limbic system has taken over from the frontal lobe. Reasoning and logic are of little use at this point.
- The behavioural pattern explodes into one or more physical assaults on the perceived source of the threat.

Typical behaviours that you can expect to see at this stage are:

- Striking out
- Swearing
- Throw objects at people
- Engaging in serious self-harm
- Engage in serious destruction of property.

PHYSICAL INTERVENTION

How should you respond?

- Maintain self-control
- Risk assess the situation
- Focus on safety
- Focus on what you are about to do
- Ask yourself three questions:
 - Can I reduce the audience?
 - What do I want them to do?
 - Is someone in immediate harm?
- Escape is appropriate
- Protect yourself and others
- Restrain the resident if necessary
- One member of staff to do the talking

What should you avoid?

- Physical restraints if you have a safer option
- Staring at the Patient
- Talking too much
- Reckless behaviour
- Panic

CONSIDER THE PLANS



Assault Cycle 4 Recovery Phase

PMVA Assault Cycle 4 Recovery Phase Key: Know the Person, the Risks and the Plans

RECOVERY	AID RECOVERY
• Their heart rate may go below normal so the body can regain its balance. • Awareness and energy return to allow them to assess what just happened.	How should you respond? • Risk assess the situation • Monitor the Person. • Let them know that you are available to them. • Support the Person
Typical behaviours that you can expect to see at this stage are: • Feeling guilty • Feeling regret • Feeling shame • Crying • Sleeping, • Curling up in a foetal position • Self-blame. • Self-harm • Sense of hopelessness • Possible suicide attempt	What should you avoid? • Blame CONSIDER THE PLANS



Assault Cycle 5 Post Crisis Depression Phase

PMVA Assault Cycle Post-Crisis Depression Phase

Key: Know the Person, the Risks and the Plans

POST-CRISIS DEPRESSION

- After a crisis has ended, the muscles become progressively more relaxed and ritual combat behaviours become less frequent, as the mind and body seeks the stability of baseline.
- It is important to note, however, that the individual is not yet at baseline and is vulnerable to re escalation.

Typical behaviours that you can expect to see at this stage are:

- Begin to relax
- Crying
- Apologising
- Feel thirsty
- Feel hungry
- Want to be left alone

SUPPORT

What should you avoid?

- Risk assess the situation
- Listen carefully to them
- Reassure them
- Anticipate a further escalation
- Reduce demands
- Remain supportive
- Allow them space and time if appropriate.

What should you avoid?

- Blame
- Isolating yourself from support

CONSIDER THE PLANS



Prediction of violence and aggression

- ☐ Recent Incident reports.
- ☐ Dynamic Appraisal of Situational Aggression (DASA).
- ☐ Precursors to violence and aggression.
- ☐ Signs of imminent risk.
- ☐ Don't have to wait until someone gets hurt.

Common precursors to violence and aggression

- Aggressive body language
- Facial expressions
- Fists clenched
- Aggressively invading space
- Verbal threats
- Minor destruction of property
- Direct, prolonged eye contact
Standing tall
- Exaggerated movements
- Breathing rate increases
- Quick movements
- Shifting weight from one foot to the other
- Invading personal/intimate space

- Fist clenching
- Lips tighten over teeth
- Hands rise above the waist
- Shoulders tense
- Stance moves from square to sideways
- Facial colour may pale
- Fist clenching
- Lips tighten over teeth
- Hands rise above the waist
- Shoulders tense
- Facial colour may pale
- Finger pointing
- Nostrils flaring



SAFETY STANCE

This is a stance that is used when you notice a behaviour change that may increase the likelihood of escalation. It has three elements to consider:

Position

- Step back
- Out of reach
- Make good use of personal space
- Do not allow an aggressive Patient get too close
- Slightly to one side
- Obstacles
- Ensure you have a clear exit route
- Avoid becoming trapped by the environment
- Avoid making Person feel trapped without an exit
- Potential weapons

Posture

- Relaxed
- Hands opened
- Non-threatening in appearance
- Balanced and stable

Think

“Distance – Door – Assistance”



Assess POP

P = PERSON

- History
- Likelihood of escalation
- Size & weight
- Strength
- Fitness
- Age
- Triggers and calmers
- Medical concerns

O = OBJECTS

- Potential weapons
- Glasses and other sharps
- Pens and pencils
- Hot fluids and solids
- Cordes
- Obstacles

P = PLACE

- Others that may be at risk
- Floor type
- Bottlenecks
- Stairs/lift
- Space
- Corners
- Exits and keypads



Decision making

- Consider human rights
- Is what you are thinking of doing going to make the situation better or worse
- What is the risk of doing nothing compared to the risk of doing something
- Is this lawful
- Is it necessary
- Is it a last resort
- Is it proportionate to the risk
- Is it safe
- The least amount of time necessary
- Least restrictive necessary
- Is there a safer alternative
- Age
- Gender
- Religion
- Current medical conditions
- Is this in line with company policy
- What do the plans say
- Best interest
- Duty of care
- The findings of risk management plans

Remember

- You assess
- You decide
- You act or fail to act
- You answer



DE-ESCALATION

Definition: The use of verbal and non-verbal communication skills aimed at defusing anger and averting aggression.

- De-escalate yourself first
- Maintain professional boundaries
- Adopt a safety stance
- Show empathy
- Listen
- Be respectful
- Body language & facial expressions
- Empathic and active listening skills
- Voice
- Acknowledge their feelings (“I can imagine”)
- Undivided attention
- Encourage them to sit
- Ask open questions
- Get them to work with you
- Negotiate
- Offer choices



SAFETY BRIEF

- Safe Participation Questionnaire completed & checked
- No pressure testing or ego
- Warm up and cool down
- Bruising & tenderness
- No eating during physical activities
- Remove anything that can scratch, catch or break
- Long fingernails covered
- Keep hydrated
- Awareness of environmental hazards
- Follow the instructions
- Do not teach or work ahead of instructors unless asked
- Progressive training
- Level of resistance indicated by instructors
- Signal to stop and actions to take
- No horse play
- Physical touch is part of the training
- Report injuries and accidents



BREAKAWAY SKILLS

- Aim to break away from grabs in a manner that maximises safety and minimises risk to all concerned.
- The principles involves levers, rotations or circular movements.

PERSONAL SAFETY MEASURES

- Risk management
- Teamwork
- Safety stance
- Escape route
- Panic alarms & Electricity cut-off device
- Awareness, anticipation, and avoidance
- First thing to do is control yourself (Stop, breathe, think, and act safely as a team)
- PPE
- The amount of speed, momentum, and energy used to break away depends on the risk. The higher the risk, the more speed, momentum, and energy you use.

PUNCHES & KICKS

- Safety stance
- Flinch
- Parry and / or deflect with open hands.
- Protect yourself from follow-up strikes.
- Move out of harm's way

WRIST GRABS

- Protect your central nervous system and vulnerable parts of your body by raising your hands.
- Turn slightly sideways to the threat.
- Make distance.
- Complete a full circle with a relaxed arm as you move in a safe direction.
- Adjust the speed and momentum in direct proportion to the prevailing risk.

SLEEVE GRABS HIGH ON THE OUTER ARM

- Raise your hand to protect yourself from hand, elbow, or head strikes
- Step back or sideways to create distance and disrupt their balance
- Utilise a circular movement with your arm
- Keep your arm straight
- Keep your bicep close to your face



BREAKAWAY SKILLS

FRONT CLOTHING GRABS

- Protect yourself from strikes
- Create distance
- Grab your clothing
- Place your forearm against their heel of hand
- Pull apart as you step away

REAR CLOTHING GRAB

- Protect yourself from strikes
- Turn in a circular motion with raised hands

HAIR GRAB

- Protect yourself from strikes
- Secure their arm and wrist
- Call for assistance
- Web of your hand under their wrist
- Other heel of your hand on their knuckles
- Force their wrist up while pressing in on their knuckles
- Use one hand to remove your hair

PONYTAIL GRAB

- Grab your own hair
- Lean forward
- Pull away

FRONT STRANGLE STANDING

- Raise one hand high with an extended arm
- Rotate your body in the opposite direction of your raised hand

FRONT STRANGLE AGAINST A WALL

- Secure your airways
- Call for assistance
- Rotate their arm by pushing their elbow upwards and wrist downwards

BITES TO ARM

- Resist natural temptation to pull away
- Push the bite into their mouth while preventing their head from moving uncontrolled.
- Check to see if it is safe to release your arm



BREAKAWAYS IN EXTREME SITUATIONS

BEAR HUGS

- Arms free
- Arms trapped

PINCHES

PINNED TO WALL



DEFINITION OF PHYSICAL RESTRAINT

MHC definition:

“The use of physical force (by one or more persons) to prevent the free movement of a person’s body when he or she poses an immediate threat of serious harm to self or others”.

Positional Asphyxia

- A form of asphyxia which occurs when someone’s position prevents the Person from breathing adequately.
- Lack of oxygen can lead to disturbances in the rhythm of the heart, and death can result.
- Avoid placing pressure on a Person’s chest, back, or abdomen.
- “Medical Emergency”
- Shout “Medical Emergency” and state the situation.
- Immediately let go and check for a response.
- Open airways.
- Check for breathing.
- Call for emergency services.
- Send someone to get an AED.
- Start CRP if necessary.

Other risks associated with physical restraint

- Psychosocial Injury: Including post-traumatic stress disorder and damage to therapeutic relationships.
- Soft-Tissue Injury: Including injury to skin, muscles, ligaments, and tendons.
- Articular or Bony Injury: Including injury to joints and bones.
- Respiratory Restriction: Including compromise to the airway, bellows mechanism, and gaseous exchange, which results in respiratory crisis or failure.
- Cardiovascular Compromise: Including compromise to the heart and the peripheral vascular system



DEFINITION OF PHYSICAL RESTRAINT

The following actions should be avoided:

- The use of physical restraint that interferes with the Person's airway, breathing, or circulation, for example by applying pressure to the rib cage, neck, or abdomen, or obstructing the mouth or nose.
- Neck holds.
- The application of weight to the Patient's chest or back.
- The use of physical restraint in a way that interferes with the Patient's ability to communicate, for example, by obstructing the eyes, ears, or mouth.
- Application of pressure to the upper or lower torso, front or back.
- Restraint that interferes with the ability to communicate.
- Obstruction of the hearing.
- Obstruction of eyesight
- Hyperextension of joints.
- Placing your legs inside their legs.
- Pulling and twisting limbs at the same time.
- Pulling limbs out from the ball joints.

Prolonged physical restraint (> 10 minutes)

- Has been associated with restraint-related deaths.
- MHC Code of Practice 3 x 10 mins to max 30 mins.
- The 2001 Act does not impose a legal duty on staff working in mental health services to comply with the Codes of Practice. Still, best practice requires that they be followed to ensure the 2001 Act is implemented consistently by staff working in mental health services. A failure to enforce or follow this Code could be referred to during legal proceedings.
- Monitor vital signs throughout the restraint.
- The restraint must end when the Patient is no longer a risk to themselves and/or others.



PRINCIPLES UNDERPINNING PHYSICAL RESTRAINT

Principles underpinning the use of physical restraints

- Lawful excuse
- Last resort
- Consider, attempt, and/or exhaust all other alternatives first
- No safer alternative
- Based on a risk assessment (proportionate to risk)
- Current health concerns
- Previous trauma
- Least restrictive necessary
- The least amount of time necessary
- Human rights
- Controlled and led
- One team member talks at a time
- Best interest
- Gender
- Religion
- Physical restraint is a manual handling activity
- Duty of care

Duty of care

- A legal obligation requiring adherence to a standard of reasonable care to avoid careless acts or omissions that could foreseeably harm others, and lead to negligence.



PRINCIPLES UNDERPINNING PHYSICAL RESTRAINT

Alternatives to physical restrain

Gentle guidance

- Safety stance
- Explain & Ask
- Give options
- Seek assistance
- Tell them by giving simple, clear directions
- Use “Gentle Guidance” with two members of staff

Consent to use a physical restraint

- Competent persons must not be restrained without their informed consent.
- The single exception is that a competent person may be restrained as an emergency measure if his or her unanticipated violent or aggressive behaviour places him/herself or others in imminent danger.
(Ref policy on Restraint PL-MHS-REG-33)
- The Assisted Decision-Making (Capacity) Act 2015.
- About maximising a Patient’s capacity to make decisions.
- Every adult is presumed to have capacity, unless proved otherwise.

Justification for the use of physical force

The application of restraint to a person is unlawful, except in very limited circumstances which are permitted by law. A person using restraint has to be able to justify it in the context of legislation and case law (HSE 2010 p. 8). The use of force must be proportionate to the risk posed and must cease when it is no longer necessary. Use of force is a last resort.



KEY LEGAL OBLIGATIONS IN RELATION TO PHYSICAL RESTRAINT

Key legal considerations

You must have a Lawful excuse as follows:

- To protect yourself, your family, or another from injury, assault, or detention caused by a criminal act.
- To protect yourself or (with the authority of that other) another from trespass to the person.
- To protect your property from appropriation, destruction, or damage caused by a criminal act or from trespass or infringement.
- To protect property belonging to another from appropriation, destruction, or damage caused by a criminal act or (with the authority of that other) from trespass or infringement.
- Plans
- MHC Code of Practice...
- Accident & Injury Reporting System (AIRS) On PC

Orders for physical interventions in mental health approved centres

- MHC Code of Practice
- Max 10-minute intervals up to 30 minutes
- Consultant psychiatrist notified ASAP.
- Medical examination within 2 hours after the start of restraint.
- Recorded in clinical file.
- Clinical Practice Form completed within 3 hours after restraint.
- Clinical Practice Form signed by consultant within 24 hours.

Nua Healthcare Policy on Physical and Mechanical Restraint

- Nua Healthcare's policy on physical interventions is detailed in (PL-MHS-REG-33).



Ending a Physical Restraint

- Staff must be aware of the dangers associated with prolonged physical restraints.
- Staff should ask themselves four (4) questions before deciding to release the Person from the physical restraint as follows:
- Is the restraint necessary?
- Is the restraint proportionate to the risk?
- Is there a safer alternative?
- Is it safe to release the Person from the physical restraint?
- Staff must release the physical restraint in a coordinated manner and maintain personal safety throughout the release.
- Staff must release the physical restraint as soon as a medical emergency is suspected.



NOTES ON PHYSICAL RESTRAINTS

Student Notes on Physical Restraints

Physical Restraints in Extreme Circumstances

Extreme circumstances are situations where there is a risk to life. Staff must not use physical restraints that involve the use of pain, except in cases of immediate rescue in a life-threatening situation. (PL-MHS-REG-33 policy on physical and mechanical restraint, page 16 of 24).

Gentle Guidance with two members of staff

This is not classified as a physical restraint.
This involves two team members, one on each side.
Open hand cupping under the wrist and open hand outside the upper arm. Can be transferred into figure 4 hold with the least amount of movement if required.



4 Levels of Physical Restraint

Level 1 - Wrist and tricep

- This is a two-person restraint (one on each side)



Level 2 - Fig of 4



NOTES ON PHYSICAL RESTRAINTS

4 Levels of Physical Restraint

Level 3 - Thumb in palm



Team approach to restrain.

Safety on approach

Control – Alt – Delete

Teamwork

Adjustments to initial hold (“Changing- Secure”) Only one member of staff adjust at a time

NOTES ON PHYSICAL RESTRAINTS

Transition to Seated Position.

- Communication to the seated
- Safety pod, couch, or chair
- Legs
- Head
- Level 1 - Reduced Seated Hold
- Withdraw

Withdraw from a Seated Physical Restraint

Reassess the risk

Reassure the resident

Reduced level of restraint

Seek co-operation from the resident

Lead staff first, "Secure," followed by the second staff

Transition through doorways

Requires a certain level of co-operation from the Person.

Stop at the door and rotate around the staff member who is supporting the head.

Communication is key.

Dropping to the floor

Staff must not deliberately use techniques where a Person is allowed to fall, unsupported, other than where there is a need to escape from a life-threatening situation.

This is a manual handling activity, and staff must apply the principles of manual handling to reduce the risk of back injuries.

Kneeling & seated response options

1. Assist back to a standing position.
2. Withdraw and restrain as they are getting to their feet.
3. Floor restraint is only used by staff who are trained and certified on how to do it safely

NOTES ON PHYSICAL RESTRAINTS

Rapid Tranquilisation

- For details on “Rapid Tranquilisation,” staff must refer to the Policy on Physical and Mechanical Restraint (PL-MHS-REG-33), Chemical restraint, page 18 of 24.
- This PMVA Foundation course does not cover the use of
 - floor restraints
 - seclusion skills
 - Rapid tranquilisation
 - Removal of dangerous objects or clothing

Medical Emergency

Staff must refer to the Policy on Physical and Mechanical Restraint (PL-MHS-REG-33) “Monitoring Persons’ Physical State During Restraint” page 17 of 24. on how to do it safely



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First Aid Training

First Aid Kit

HSA Recommended Contents of Occupational
First Aid Boxes and Kits

- Plasters
- Safety Pins
- Sterile Eye Pads
- Triangular Bandages
- Crepe Bandages
- Shears
- Disinfectant Wipes
- Gloves
- CPR Mask
- Sterile Wound Dressings Medium / Large / Extra Large
- Water Based Burns Dressing Small / Large

Sterile water where there is no clear running water for eye irrigation / burns



AED

Automated
External
Defibrillator



Chain of Survival



Sudden cardiac arrest is the, unexpected loss of heart function, breathing and consciousness. **Switch AED on.** Follow the voice / visual prompts. Check the chest area for the P's: patch, pacemaker, paediatric, perspiration, pendant, playtex. **Attach pads.**

- **Clear** casualty when analysing
 - **Clear** before shocking
- If needed continue **CPR**



Vitals

Adult at rest 12–20
breaths per minute

AVPU scale

A	Patient is A lert
V	Patient responds to V oice
P	Patient responds to P ain
U	Patient is U nresponsive

Levels of Consciousness, Pulse,
Breathing, Skin colour & Temperature



60 to 100 beats
per minute during rest



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Choking

When a foreign object becomes
lodged in the throat or windpipe,
blocking the flow of air

Are you choking?

1. Back Slaps if coughing
2. Abdominal Thrusts if silent
(Heimlich Maneuver)



Child



Infant



Unresponsive
Casualty





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First Aid Training

Scene
Safety

Ask For
Consent

Primary
Survey

Secondary
Survey

Recovery
Position

First aid is the assistance given to someone suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening & promote recovery. Make sure you keep yourself, bystanders and the patient safe when approaching the scene of an accident. Hazards could be traffic, electricity, smoke, chemicals or fire. Remain calm, ease the victim's fears and anxieties.

Introduce Yourself. When offering any assistance to a casualty who is conscious, it is important to seek their permission for you to provide first aid

Check Responsiveness

- Airway
 - Breathing
 - Circulation
- S.A.M.P.L.E**
- Questions
 - Signs & Symptoms
 - Allergies, Medications
 - Past medical history
 - Last oral intake
 - Events

Head to Toe physical exam

- Deformities
- Open Wounds
- Tenderness
- Swelling

Wounds Bleeding

- Posture
- Examine
- Elevate
- Pressure

Fill Report Form

Maintain
First Aid Kit



Conditions



Asthma is a chronic (long term) disease of the airways that makes breathing difficult

Anaphylaxis Shock is life-threatening when a person's immune system overreacts to a substance

Shock is a life-threatening condition that occurs when the body is not getting enough blood flow

Diabetes without insulin, cells cannot absorb sugar (glucose), which they need to produce energy

Epilepsy recurrent seizures which occur because of a sudden surge of electrical activity in the brain

Heart

Angina (chest pain) is a warning sign of heart disease, Heart muscle does not get enough oxygen

Heart attack damaging of the heart muscle (myocardium) resulting from a blocked blood supply

Sudden cardiac arrest is the sudden, unexpected loss of heart function, breathing and consciousness

- **Stroke, ACT FAST**
- Clot or Bleed



Soft Tissue Injuries

Sprains & Strains

R - Rest

I - Ice

C - Compress

E - Elevate

D.O.T.S



Fractures can be closed or open also called compound (the skin is open and risk of infection significant)



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Lone Worker Training

Overview

Are people legally allowed to work alone?

Yes. There is nothing specific in general legislation that prohibits a person from working alone. **Section 19 of the Safety, Health and Welfare at Work Act 2005** requires the employer to undertake a risk assessment, and so this shall determine whether or not an employee may work alone.

Duty of Care

What responsibilities do lone workers have?

The employer holds the main responsibility for protecting the safety and health of lone workers. Nonetheless, lone workers themselves have a responsibility to help their employer fulfil this duty, and so they must:

- Take reasonable care to look after their own safety and health
- Safeguard the safety and health of other people affected by their work
- Co-operate with their employer's safety and health procedures
- Use tools and other equipment properly, in accordance with any relevant safety instructions and training they have been given
- Not misuse equipment provided for their safety and health
- Report all accidents, injuries, near-misses and other dangerous occurrences

What provisions should be in place for lone workers in the case of an emergency?

- Lone workers should be capable of responding correctly to emergencies. Risk assessment should identify foreseeable events.
- Emergency procedures should be established and employees trained in them.
- Information about emergency procedures and danger areas should be given to lone workers who visit your premises.
- Lone workers should have access to adequate first-aid facilities and mobile workers should carry a first-aid kit suitable for treating minor injuries.
- Occasionally, the risk assessment may indicate lone workers need training in first aid.

Hazards

What kind of hazards might lone workers be exposed to?

Hazards that lone workers may encounter include:

- accidents or emergencies arising out of the work, including inadequate provision of first aid
- sudden illnesses
- inadequate provision of rest, hygiene and welfare facilities
- physical violence from members of the public and/or intruders

Controls

If the risk assessment shows that it is not possible for the work to be done safely by a lone worker, arrangements for providing help or backup should be put in place.

What control measures could be implemented to minimise the risk to lone workers?

The risk assessment should prescribe control measures to be implemented in order to eliminate/minimise the identified risks. Such control measures may include:

- communication is very important: mobile phone, telephone or radio
- controlled periodic checks
- automatic warning devices, e.g. panic alarms, no movement alarms, automatic distress message systems, i.e. pre recorded message sent if not actively cancelled by operative, etc.
- instruction and training in proper procedures, e.g. code words for potentially violent situations when combined with mobile phone communication.
- use of Personal Protective Equipment (PPE)
- health surveillance
- implementing Standard Operating Procedures (SOP's)
- locking and securing place of work
- implementing correct incident reporting procedures
- provision of counselling
- first-aid kits and training





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Workplace Violence Training

Overview

Workplace violence occurs where people, in the course of their employment, are aggressively verbally abused, threatened or physically assaulted.

Every year, over 5% of all reported workplace accidents in Irish workplaces are due to violence.

WHAT DOES THE LAW REQUIRE?

The Safety, Health and Welfare at Work Act, 2005 and the Safety, Health and Welfare at Work (General Application) Regulations 2006 require employers to ensure the safety and health of employees. They require employers at each workplace to carry out risk assessments and prepare a Safety Statement by:

- finding out if there is a problem and how serious it is by:
 - identifying the hazards
 - assessing the risks to health and safety from violent acts and
 - putting in place appropriate safeguards



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Support

Training can be given in the recognition and avoidance of violent situations. Techniques of distraction and empathy as well as break away techniques and training in physical restraint can be used.

Conflict resolution and non-confrontational styles of approach can be taught to staff – keeping the palms open, using a calm voice, tilting one's head and shrugging the shoulders, always provide alternative means or routes of appeal to disappointed customers.

Warning signs that employees should be trained to recognise are fixed gaze rapid breathing, clenched fists, loud talking, restlessness or pacing which should alert them to possible violent intent of customers/clients.

Staff should be trained in the use of security measures and devices such as silent alarms or intercoms combined with coded phrases to alert colleagues. They should not try to resist if cash or goods are the obvious motive for the attack.

Safeguard



WORKPLACE
VIOLENCE

HOW TO ENSURE ADEQUATE SAFE GUARDS

Once you have identified that there is a potential for violence, you will most likely have identified the reasons for this. In turn this will allow you to select the most appropriate safeguards. Make sure that the preventive measure does not exacerbate the situation e.g. a safety screen that causes customers to raise their voice will also make them angry.

Preventative measures include:

- in situations of high risk for assault with knives, stab resistant vests should be worn under normal clothing;
- the installation of video surveillance and personal alarms and other emergency communication equipment can help deter attackers; the best system combines static panic buttons with personal alarms;
- isolated staff should be issued with beepers or with mobile phones. Emergency code phrases are also useful;
- cash free systems e.g. cheques, credit cards, tokens, etc. Time locked safes can prove useful where cash is held and signs signifying this should be posted;
- waiting rooms should have reading material or a television and an ordered system of queuing such as numbered tickets or expected waiting time displayed. They should also have signs from senior management stating that no level of violence will be tolerated and if violence occurs it will be reported to the Gardaí;
- chairs should be of the continuous bent metal tube form rather than four "metal spikes" form.

As well as reporting the accident on-line through the Authority's website www.hsa.ie or by sending a completed Accident Report Form (IR1) to the Health and Safety Authority, all violent incidents should be recorded internally on a suitable form



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Dignity In The Workplace

The law

Practical guidance for employers on identifying and preventing bullying at work arising from their duties under section 8 of the 2005 SHWW Act as regards

'managing and conducting work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health and welfare at work of his or her employees at risk'.

It also applies to **employees** in relation to their duties under section 13 of the 2005 Safety, Health and Welfare at Work Act to

'not engage in improper conduct or behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person'.

What is Bullying at Work?

Bullying at work has been defined as 'repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work /or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work'

An isolated incident of the behaviour in this definition may be an affront to dignity but as a once-off incident is not considered to be bullying.

Bullying puts at risk the safety, health and welfare of people at work.

One in fourteen people reported having been bullied at work in a survey conducted by the ESRI for the Department of Enterprise, Trade and Employment with higher rates reported for female employees.

Bullying is a cost for both employers and employees. If not sorted out internally, a serious case could bring an employer before a tribunal, the Labour Court and/or the civil courts. If destructive behaviour is tolerated and continues, it affects performance and general health and wellbeing of individuals /or groups. The negative effects can last a long time.

Bullying can be carried out by supervisors, managers, subordinates, fellow employees, customers, business contacts or members of the public

Measures to prevent bullying at work include:

- Having in place a Bullying Prevention Policy which adequately addresses the risks that have been assessed. The policy should be clear in how it will measure implementation. (Where bullying has been identified as a risk, this policy must be referenced or included in the Safety Statement)
- Providing appropriate training and development at all levels but particularly for line manager roles;
- Ensuring clarity of individual and department goals, roles and accountabilities;
- Ensuring access to relevant competent and supportive structures both internal and external.

'Code of Practice for Employers and Employees on the Prevention and Resolution of Workplace Bullying', in accordance with section 60 of the Safety, Health and Welfare at Work Act 2005

Dignity at work covers behaviours that constitute discrimination, bullying, harassment and sexual harassment.

Employment Equality Acts 1998-2011

These acts were brought into law to give effect to the issues in the various EU directives concerning discrimination and equality in the workplace.

The Employment Equality Act prohibits discrimination in the workplace on the following grounds

1. Gender (man or woman)
2. Civil status (single, married, separated, divorced, etc.)
3. Family status
4. Sexual orientation (heterosexual, homosexual or bisexual orientation)
5. Religion (includes having no religious belief)
6. Age
7. Disability
8. Race/colour/nationality/ethnic or national origins
9. Membership of the traveller community.

In this context discrimination is treating one person less favourably than another, in a comparable situation, on one of the nine grounds above.

Code of Practice on Sexual Harassment and Harassment at Work

An employer shall be legally responsible for the sexual harassment and harassment suffered by employees in the course of their work unless the employer took reasonably practicable steps to prevent sexual harassment and harassment from occurring and to reverse the effects of it and to prevent its recurrence.

The EE Act does not prohibit all relations of a sexual or social nature at work. To constitute sexual harassment or harassment the behaviour complained of must firstly be unwelcome. It is up to each employee to decide

In addition, to constitute sexual harassment or harassment under the EE Act the behaviour must also be reasonably regarded as offensive, humiliating or intimidating to the employee. The intention of the perpetrator is irrelevant

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