SFHFMH5
Minimise the risks to an individual and staff during clinical interventions and violent and aggressive episodes

Overview

This standard covers the steps that have to be taken when an individual may become or has become violent or aggressive or there is strong reason to believe that they will do so during a clinical intervention. The overwhelming preference is for de-escalation, but where verbal and locational de-escalation fail to work, additional interventions, such as physical intervention, rapid tranquillisation and seclusion may be needed to manage the incident. Such interventions should only be considered once de-escalation techniques have been tried and have not succeeded in calming the individual. All members of the multidisciplinary team need to know and support the care plan through the Care Programme Approach in order to achieve consistency of management.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

P1 assess and make known to the team the individual's history – reasons, stressors, vulnerabilities and destabilising conditions that have led to violence

P2 identify when an individual and/or members of staff are at risk of harm from the individual's actual or likely violence and aggression (eg identify known stressors)

P3 adopt preventative measures through a team member who has a good rapport with the individual (e.g. expected behaviours and agreed effective alternative behaviours)

P4 de-escalate in an environment known to be calming and not associated with seclusion

P5 speak and behave in a way that avoids provocation (e.g. posture that the individual finds reassuring)

P6 maintain verbal de-escalation and possibilities for engagement throughout the episode

P7 use intensive support or restraint according to local protocols if de-escalation fails

P8 resort to rapid tranquillisation or seclusion only if local protocols allow and only once de-escalation and other strategies have failed to calm the individual

P9 select and conduct interventions proportionate to the risk posed by the individual, and consistent with the individual's clinical needs and, where possible, Advance Statement

P10 acknowledge which staff member is in charge when restraint, rapid tranquillisation or seclusion are required to support verbal de-escalation

P11 ensure necessary emergency medical equipment is in place (e.g. resuscitation equipment)

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Knowledge and understanding

You need to know and understand:

K1 the causes of aggression and violence in secure and community settings
K2 mental health disorders
K3 drug, alcohol or substance misuse
K4 offending behaviours with especial regards for violent behaviour not related to mental illness
K5 psychopathy and personality disorder
K6 self-harming behaviours, including ligation
K7 de-escalation techniques
K8 methods of control and restraint
K9 the principles and practice in the use of time-out
K10 the link between physical conditions and the need for physical restraint
K11 rapid tranquillisation and local protocols for them
K12 current national guidelines (eg NICE, SIGN)
K13 protocols for seclusion
K14 the range of treatments available at your own and other establishments
K15 inquiry reports on forensic mental health settings, including recommendations and analysis of practice in the management of violent and aggressive episodes
K16 resuscitation techniques
K17 local guidelines or policies on Advance Statements
K18 codes of professional conduct, local policies, protocols and guidelines
K19 negotiation
K20 theory and practice of managing aggression
K21 theory and practice of de-escalating aggression
K22 theory and practice of debriefing
K23 how to re-establish relationships
K24 how to display unconditional positive regard
K25 local policy and procedures on managing aggression
K26 how to adapt communication styles in ways which are appropriate to different people (eg culture, language or special needs)
K27 the religious beliefs of different cultures
K28 the effects of culture and religious beliefs on individual communication styles
K29 the different features services must have to meet people's gender, culture, language or other needs
K30 the effects of different cultures and religions on care management
K31 the principle of confidentiality and what information may be given to whom
K32 how information obtained from individuals should be recorded and stored
K33 analysis of specific antecedents of aggression by individual and unit

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Additional Information

External Links

This workforce competence links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB3 Protection of health and wellbeing

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