

**Training and Intervention  
specifically  
“breakaway training”**

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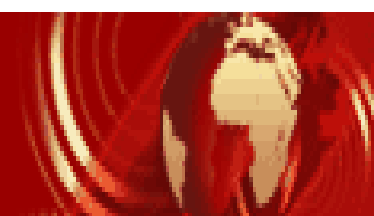
# How much of a problem is violence to healthcare staff??



# SHOCKING NHS VIOLENCE FIGURES RELEASED (2002)

The NHS executive has reported upon a national cross sectional survey and found that in the last year there were 65 000 violent incidents reported against staff in the NHS.

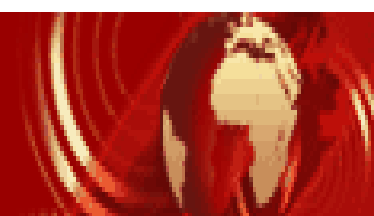




Monday, 13 May, 2002, 17:23 GMT 18:23 UK  
**Two out of five nurses assaulted**



Two out of five nurses have been assaulted at work in the last three years, a survey suggests. (2002)



**A man who attacked a nurse on night shift at Perth Royal Infirmary has been sentenced to life imprisonment.**

William Kerr threatened Pauline Dunnery with a knife, repeatedly punched her and tore at her underwear



**Life term for nurse attacker**



# Some context - Welsh data

In 2005, the Wales Audit Office presented a report to WAG –

*“Protecting NHS staff from violence and aggression”*

# Protecting NHS staff from V&A – Welsh violence data

8,000 incidents of violence and aggression, in  
Welsh NHS Trusts = 22 incidents per day (2003-  
04 )

Mental Health staff most likely to be assaulted,  
followed by Learning Disability then A+E

Cost due to consequences of violence or  
investment in training- £6.3 million in (2003-  
04)

# Some reports – (NHS) Violence

Scottish Health Service Management Executive (1996)

Royal College of Psychiatrists (1998)

NHS Executive (2000)

Nursing & Midwifery Council (2001)

NHS Security Management Service (2001)

National Audit Office (2003)

World Health Organisation (2003)

Welsh Assembly Government (2004)

National Institute for Clinical Excellence (2005)

National Institute for Mental Health England (2005)

Wales Audit Office (2005)



# Lets recommend “breakaways”

Scottish Health Service Management Executive (1996)

Royal College of Psychiatrists (1998)

NHS Executive (2000)

United Kingdom Central Council (1999)

Nursing & Midwifery Council (2001)

NHS Security Management Service (2001)

Welsh Assembly Government (2004)

National Institute for Clinical Excellence (2005)

National Institute for Mental Health England (2005)

# Welsh Assembly Government - Passport scheme

Breakaway training must be available to all employees who require it

Aims of breakaway training - To provide practical techniques enabling **breakaway** from violent/aggressive situations



# History of breakaway training

“Breakaway training” is a part of the wider  
“Control & Restraint training” (from Ju Jitsu)

Home Office adoption for Prison Service in  
1981

4 UK High Secure Hospitals 1985 onwards

Cascaded downwards

Some “Breakaway” techniques can involve the  
deliberate use of pain.... but as long as  
“proportionate” then this is defensible in law

# Breakaway refresher training

Scotland - 1 year

England - 1 year

Northern Ireland - 1 year

Wales - 2 years

# Examples of breakaways

Breaking away from .....

Wrist grab

Bear hugs

Hair pull

Strangle / neck locks

Clothes grab

# NOTE

Breakaway training is about **BREAKING AWAY** when someone has **HOLD** of you.

How much of NHS violence is **grab** related violence and not strike related violence?

# In 2005, what was the reality of the type of violence to NHS Staff?

- Despite the headline news items about NHS Violence, no responsible body is able to provide detailed data on the type of assaults staff face!
- This included: DoH, WAG, Wales Audit Office, the National Patient Safety Agency, the English Audit Office, the Health and Safety Executive or the NHS Security Management Service

# What is the evidence base supporting “breakaway training”?



# NICE Guidelines (2005) - Question

*“What are the most effective and safe training programmes for the prevention of and the short-term management of disturbed/violent behaviour in adult psychiatric in-patient settings?”*

# NICE systematic review

5 UK studies which attempted to evaluate the effectiveness of breakaway training in mental health, of which only one found any difference; that staff felt satisfied and slightly more confident as a result of the training (Southcott, et. al. (2002).

# NICE Findings – Results 1

*The effectiveness of training has not been adequately evaluated in a clinical environment*".

# NICE Findings – Results 2

*“The lack of evaluations of the effectiveness of training in a clinical environment means that a ‘gold standard’ training package cannot be determined”.*

# There's not much evidence out there!



# Despite the lack of evidence - NICE recommended

*“the following constitute the core curriculum of training courses in the UK: taking the patient to the floor; three-person restraint team; sitting and standing the patient; negotiating stairways and doors; restraining holds; roles within team; turning the patient over; breakaways; entry into and exit from seclusion; and blocking punches”.*  
(Page 53).

# STUDIES SINCE NICE

Study 1 - Once staff have been trained, can they remember?

Study 2 - What type of violence do NHS staff face?

Study 3 - What happens during breakaway training?

# **Study 1 – Do staff recall their breakaway training?**

Rogers et al., (2006)

An opportunistic sample of 47 nurses in a MSU

We would expect these 47 nurses to be able to breakaway from holds as the service they work within holds the most dangerous psychiatric patients in Wales.



# Study 1 - Rogers et al., (2006)

Nurses approached on the ward with no warning

Asked to participate in a study evaluating breakaway techniques

Picked one of 6 envelopes which contained a named “hold” (strangle, grab, hair-pull)

Nurse had 10 seconds to prepare

One staff initiated the hold

2 staff recorded time and whether the correct technique was used



Un

# Study 1 - Rogers et al., (2006)

50 nurses approached

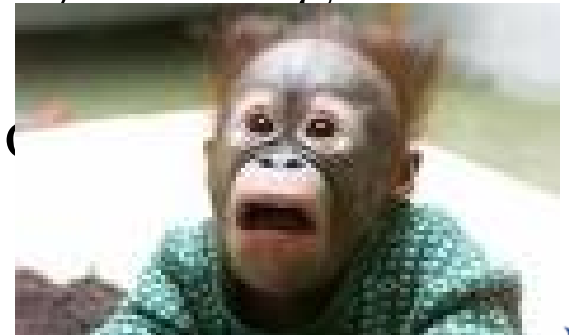
47 agreed (94%) to take part.

One of the nurses who refused was a “C&R Instructor”

All had had previous breakaway training.

11 staff had received the full breakaway training more than once

24 had at least one update since their breakaway training course.



# Study 1 - Rogers et al., (2006)

Forty percent (19/47) were unable to breakaway within the ten second period.

Of those that did breakaway - 60% did not employ the “correct” breakaway technique.

One of the sample who did not employ the correct technique was one of the Instructor’s

Although violence was a problem within the Clinic, none of the sample (0/47) had used a breakaway technique in the preceding 12 months!!!!

# Study 1 - Rogers et al., (2006)

Forty percent (19/47) were unable to breakaway within the ten second period.

This means, that in real life, if 100 nurses were strangled (with little notice), then we would expect, 40 not to be able to escape in 10 seconds

# Study 1 – A surprise!

Despite exposure to violence (mostly kicks and punches).....NONE of the 47 nurses had needed to use a **breakaway technique** in the last year!

# Maybe this was a weird sample?

St. Andrews Hospital (Northampton) have replicated the study with a larger sample.....

# The St. Andrews Hospital sample

Their sample did better and worse!

More were able to breakaway, but less used the correct technique

# Lets move on

We shouldn't really be determining the training that staff need until we know what the violence that staff face actually is.....



# Study 2

**Problem** = Despite the headline news items about NHS Violence, no responsible body is able to provide detailed data on the type of assaults staff face!

**Research question** = What is the reality of violence to NHS staff??

# Study 2 - Unpublished & preliminary data

We surveyed all mental health nurses in 2 Welsh NHS Trusts in all clinical areas

Total n = 471

340 from Trust 1

121 from Trust 2

Over 75% return rate

# Study 2 - sample

Female = 341 (72.4%)

Male = 130 (27.6%)

Qualified = 284 (60.4%)

Unqualified = 186 (39.6%)

# Study 2 - sample

Adult inpatient =	143 (30.9%)
Elderly =	137 (29.6%)
Forensic =	92 (19.9%)
Adult community =	90 (19.5%)

Age – representative of Welsh MH workforce

Length of experience – representative of Welsh MH workforce

# Study 2 – Rank order of assaults

<u>Whole sample</u>			<u>Minus elderly (Acute, For, Com)</u>	
1	Grabbed	(88)	Punched	(37)
2	Punched	(83)	Grabbed	(30)
3	Pushed	(77)	Pushed	(27)
4	Kicked	(71)	Kicked	(26)
5	Slapped	(64)	Spat at	(17)
6	Spat at	(59)	Slapped	(15)
7	Pinched	(57)	Weapon	(8)
8	Hair pull	(33)	Strangle	(6)
9	Head butt	(13)	Head butt	(5)
10	Weapon	(11)	Pinched	(4)
11	Strangle	(8)	Hair pull	(3)
12	Other	(5)	Other	(3)

# Study 2 – Total sample

Do we teach a technique for this on “breakaway training” ?

1	Grabbed	(Yes)
2	Punched	(No)
3	Pushed	(No)
4	Kicked	(No)
5	Slapped	(No)
6	Spat at	(No)
7	Pinched	(No)
8	Hair pull	(Yes)
9	Head butt	(No)
10	Weapon	(No)
11	Strangle	(Yes)
12	Other	(No)

## Study 2 – In summary

For the total sample (Elderly, Acute, Forensic, Community), breakaway was applicable for 129/569 staff who were assaulted (22.7%)

For the non Elderly sample, breakaway was applicable for 39/181 staff who were assaulted (21.5%)

# Study 2 – additional info

## Weapons -

Attacked with a fire extinguisher

Attacked with broken CD

Hot water thrown in face x 2

## Other

Thrown across room into wall....while sat in a chair

## Nb..

One “punch” assault was from a member of staff

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# Why aren't staff remembering “breakaway techniques”?

We can't be sure!

- 1) Maybe they couldn't remember (study 1)
- 2) Maybe staff decided not to use a breakaway technique as dealt with it in a different way (e.g., elderly) (study 2)
- 3) Maybe the person “let go” after a brief period

# What are staff being taught?

## Study 3 – Broadmoor Hospital

Seen as a National centre of excellence.

Provides 1-day breakaway training and refresher training

Unknown to the instructing staff, we examined exactly what was taught on 1-day breakaway course

# Why can't they remember?

## Results

In that day, 21 different techniques were taught

There were other techniques which were not taught

Those 21 techniques, contained, 104 component parts (Mean average of 5 components per technique)

There were 2 demonstrations followed by “free practice”

Mean average demo and practice time per technique = 13mins  
23 seconds

Staff have to recall this over 2 years – Cognitively, this is not possible

# Summary

We have evidence that:

Where nurses are “held” they are unlikely to use a breakaway technique

Where nurses are “held” and try to breakaway, they are unlikely to use the correct technique

The training programmes are too complicated to recall. 21 techniques in one day is TOO much.

Breakaway training does not deal with the majority of NHS violence

# Future research. We need training which is....

1. Reflect the realities of healthcare
2. Quick to learn
3. Effective
4. Legally defensible
5. Easy to retain (especially when under stress)
6. Uses natural reactions / not force us into unnatural responses
7. Applicable to different populations



University of Glamorgan



Faculty of Health, Sport and Science

## About the course

Professor Paul Rogers, Gail Miller and colleagues from the University of Glamorgan and West London Mental Health Trust have collaborated to design a new BSc degree level course in Violence Reduction.

The course will be delivered through two modules in the Summer 2007 and one module in January 2008. Each module involves one week intensive lectures, followed by self directed study. Accommodation is available at the University of Glamorgan. The course has been designed to encapsulate current legislation and best practice guidance. It is hoped that participants will be equipped with the necessary knowledge and skills to be eligible for Specialist Practitioner status with the Nursing and Midwifery Council (NMC) on completion.

## Costs

BSc in Violence Reduction: £1,200-£1,500  
BSc (Hons) in Violence Reduction:  
£2,400 - £3,000  
Campus accommodation is £75 per week.

## Course Content

**Module 1: Understanding Violence**  
Overview of the policy perspectives on violence reduction; definitions of violence and associated states; epidemiology of violence; culture, race, gender and disability issues; causes of violence; service user perspectives; carer perspectives; Introduction to research methods; NICE guidelines; primary prevention strategies; secondary prevention strategies; and tertiary prevention strategies.

## Module 2: Violence Reduction & Safe Practice

Legal and ethical perspectives around violence for adults and children (including restraint practices); professional guidance and the use of case studies to discuss practice issues; the principles of teaching, coaching, assessing, mentoring; violence reduction teaching in practice; anatomy and physiology - restraint related health risks; critical research appraisal skills; principles of teaching physical skills (e.g. muscle memory, principles of movement/rotation, human reflexes); and an overview of the theory and application of research.

## Module 3: Violence Reduction & Organisational Management

Principles of change management; clinical leadership; the requirements for and applying for NMC specialist practitioner status; risk assessment and prediction of violence; organisational risk assessment, prevention and management; the principles and practice of post incident review; and post incident support and reactions to trauma

**Recognised national experts in the field of violence reduction will be contributing to the program.**

*This course is offered in partnership with:*

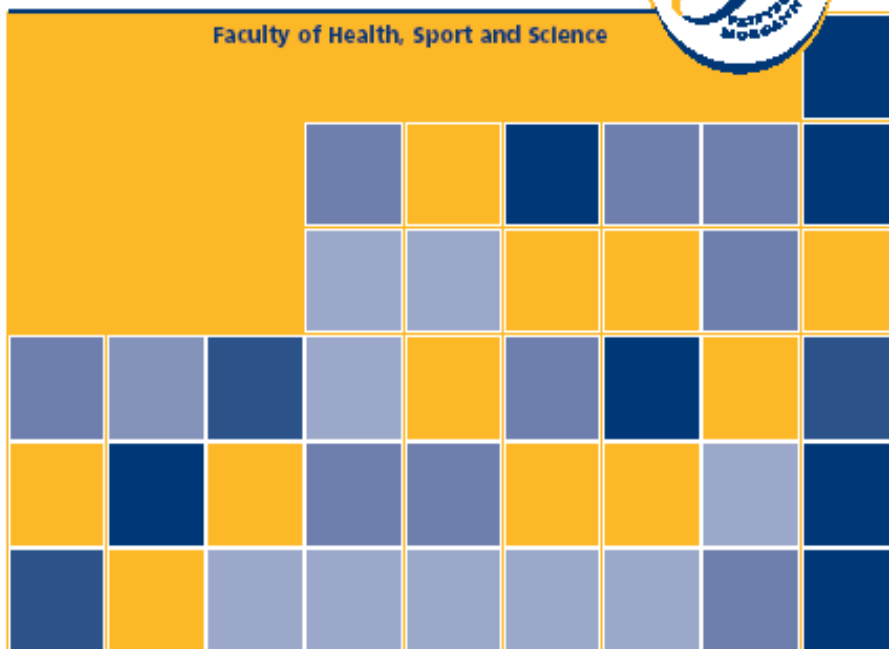


## For further information

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**New! BSc Degree Program  
Violence Reduction Specialist\***



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\*Subject to validation

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