



Prevention, Management of Violence & Aggression

This is an intensive 1-day course that helps candidates get to grips with the issues that lead to challenging behaviour, violence and aggression. Importantly, how to react properly and safely.

COURSE DETAILS.

1. Introduction.
2. Definition, Health & Safety human rights applicable laws
3. What is anger?
4. What makes people angry?
5. Signs of Agitation.
6. Violence, Anger & Aggression.
7. What happens when behaviour is not addressed or managed?
8. Professional Role, Responsibility & Accountability
9. Factors that influence behaviour.
10. Stages of incidence
11. How to stop things going from bad to worse.
12. Teamwork, shepherding, dealing with spitting & head butting
13. Anger Management.
14. The Control Trilogy.
15. Body Language

16. PHYSICAL RESPONSE TO CHALLENGING BEHAVIOUR – PRACTICAL RESTRAINT TECHNIQUES.

- ❖ Break Away Techniques and Team Physical Intervention (Practical)
 - ❖ Use of **N.E.A.R** Principles, (**N**egotiate, **E**xit, **A**larm & **R**easonable force) Use of **3 Ss** – (**S**kill, **S**peed, **S**urprise)
 - ❖ Friendly Come Along, Friendly Come Along stage 1, 2 (stage 3 optional) & stage 4 Figure of 4 (Clenched fist)
 - ❖ Thumb in palm, Forearm hold
 - ❖ Response to Biting
 - ❖ Response to Hair grab – 1 or 2 handed – Ponytail / collar (1 or 2 handed from behind)
 - ❖ Response to Punches & kicks – upper cut and straight punch
 - ❖ Response to strangles & headlocks – Neck strangle from behind, Neck grab from side
 - ❖ Clothing / Neck grab – single handed from front
 - ❖ Wrist Grab (parallel & diagonal) – Wrist grab assisted – 2 handed grab to single wrist
 - ❖ Separating 2 patients fighting – 2 staff (from standing) – Team approach from rear
 - ❖ Chair De-escalation
 - ❖ Role of the Head Person – **3 Cs** - **C**are, **C**ommunication and **C**ontrol (Disengagement at kneeling and floor)
17. Record keeping & documentation
 18. Effective Communication Skills
 19. When the dust settles, what happens after an incident Post incident Review, Monitoring & Clinical Audits.
 20. Record keeping & documentation
 21. Remember the most important aspect is to try to defuse and de-escalate – if possible, try to avoid restraint, it should only be used as a last resort

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