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| **Lesson Title** | | | | | | | |
| Supportive Skills – **ERB (SRS)/SEELS Conveyance** | | | | | | | |
| **Learner Programme** | | | | | | | |
| The students are current employees of Birmingham and Solihull Mental Health trust. The program is mandatory training for all employees regardless of role or banding, working in in-patient settings within trust. The students are from a variety of differing clinical settings and are made up of staff that hold a professional qualification in health care and those who do not. This session is specific to only identified areas. | | | | | | | |
| **No. of Learners** | | **Gender Mix** | **Age Range** | | **Date** | | **Time** |
| Lynmouth up to 12  Dartmouth up to 18  Bespoke in Clinical Areas | | Variable | 18-65 | | Variable | | 2 hours |
| **Prior Knowledge/ experience/ skills** | | | | | | | |
| Some learners may have received prior training in aggression management either from BSMHFT or another service provider; others may have received no formal training in the management of violence and aggression. Students will bring a variety of experience into the training arena from a variety of different mental health settings. These may include acute services, forensic services, older person’s settings, specialist settings including eating disorders services, mother and baby services, specialist deaf services, and intensive care settings. | | | | | | | |
| **Prior subject specific Knowledge** | | | | | | | |
| The students will bring their own experiences of working with challenging behaviour to the training event, which may be influenced by observed practice and clinical experience. This will also be informed by pre-course information outlining the overarching course aims and objectives. Some students may have received prior training in the management of violence and aggression. | | | | | | | |
| **Promotion of Equal Opportunities** | | | | | | | |
| A human rights-based approach can be achieved by applying what has been described as the ‘PANEL’ principles. PANEL relates to Participation, Accountability, Non-discriminatory, Empowerment and Legality. Course participants should consider how these might be applied when thinking about the care and support of people who present with behaviour that challenges services. Further information around PANEL can be found in the Department of Health (2014) Positive and Proactive Care: reducing the need for restrictive interventions.  All paper-based information will be available in a variety of formats to meet individual learner requirements. | | | | | | | |
| **Key/ Specialist Language** | | | | | | | |
| Seclusion  ERB/SEELS (SRS)  Positional Asphyxia  PUWER regulations.  Prolong restraint  Conveyance  Lifting | | | | | | | |
| **Health and Safety** | | | | | | | |
| Dartmouth training room has been risk assessed for up to 18 student learners to be undertaking physical skills within the matted area at any time.  Lynmouth training room has been risk assessed for up to 12 student learners to be undertaking physical skills within the matted area at any time.  The training facilitators will observe for any potential health and safety risks and manage accordingly. Any defects within the training facility will be reported to reception for appropriate delegation to estates.  There will be a minimum of 2 training facilitators to observe all elements of physical skills work. Where an individual’s physicality precludes them from undertaking the physical skills component of training, they should observe the process and their line manager will be informed at the end of the training course via the skills letter. | | | | | | | |
| **Aims** | | | | | | | |
| Approaches to Violence through Effective Recognition and Training for Staff (AVERTS™),  Identify own practice issues  Identify links within care settings  Recognise the impact that physical intervention can have on people  Recognise the importance that physical intervention is a last resort  Identify any shortfalls concerning the process of debrief for service users  Identify safety measures to minimise risk of injury  Recognise dangerous and reckless practice concerning lifting people | | | | | | | |
| **Session Outcomes** | | | | | | | |
| By the end of the session course participants should be able to;   * Demonstrate safer management of a person’s head, arms and legs in a prone position * Recognise the importance of good observation concerning the health and wellbeing of the person using ***IBAC*** methods * Demonstrate safe application of the ERB/SEELS(SRS) belts [Top, Soft cuffs, Legs, Middle and the SEELS]. * Demonstrate safe lifting and conveyance of a person using the ERB/SEELS(SRS) * Reflect upon clinical practice issues and experiences * Reflect on the service user experience   **Staff to be aware of ensuring ERB/SEELS(SRS) is checked in line with PUWER regulations.** | | | | | | | |
| **Resources** | | | | **Assessment activities** | | | |
| Large spacious matted area  Bespoke Training – Large Area  ERB/SEELS(SRS) bags  Soft Cuffs  Velcro Locking strap  Extension straps | | | | Direct trainer observation.  Effective communication between members of a team.  Demonstration in groups of the safe application of the task  Discussion and feedback concerning service user perspectives and identifying positive outcomes for people | | | |
| **Planning for Evaluative Feedback** | | | | | | | |
| Written evaluation at the end of the course. | | | | | | | |
| **Timing** | **Teacher Activity** | | | | | **Student Activity** | |
| 5mins  45mins  15 mins  15mins  30mins | Lead Trainer to Introduce ERB/SRS equipment  ERB/SEELS(SRS) is a piece of work equipment purpose built for its intended use (Physical Intervention).  It comes under the PUWER regulations.  Check that it is safe to use, there are no wear and tear or damaged.  Discuss ERB/SEELS(SRS) is an option to avoid prolong prone/ supine restraint and to end prone/ supine restraint, to manage severe self-harm and to move patient from one point to the other. Is purpose built for physical intervention in prone/supine position.  **Lead trainer will revisit AVERTS prone holding**  Lead trainer will:   * Demonstrate and explain various components of the equipment * Demonstrate how to form the cuff, by taking one loop out to form both P and a D shape. * Demonstrate how to attach both soft cuffs together. * Demonstrate application of the top belt * Ensure that the D-ring is **always** positioned on the left of the person. * Ensure that the skin is protected under the D-ring. * The top belt needs to be positioned above the elbows.   **Lead trainer to demonstrate application of top belt in prone position**   * Apply level 3 holding in prone position * Demonstrate the process for staff members to change the position of the persons arm, highlighting that only 1 staff member should engage in the process at a time and should finish facing across the person’s body. * Re-iterate the need to keep space to a minimum, and that weight is transferred through shoulders and hips. * Staff need to walk the shoulders in, take up the slack and ensure the belt is secured. * Note the positioning of the belt just above the elbow * Safety checks **must** be performed once the belt is applied. * Insert 2 fingers between the belt and the chest * Ask the person to take a deep breath * Ask the person if there are any pain, discomfort or pins and needle feeling * Check for capillary refill * (***Remember IBAC***) * The ERC should be applied around the wrists of the person. Staff need to ensure that they are secure but not digging into the skin. Capillary refill checks should be undertaken to ensure they are not impeding circulation   **Lead trainer will demonstrate application of leg belt.**   * The leg belt needs to be positioned on the knees, ensure the kneecaps are in the centre of the belt. * Remember the rhyme “Handles, Handles, D-ring Handles” the compression strap will come back through the primary and secondary handles whilst the member of staff on the left takes up the slack to ensure a snug fit.   **The Middle Belt is then applied**   * The third belt should be applied around the waist and wrists and acts as an additional set of handles to assist in the re-location of the person. It should be applied so that it is secure but not overtly tight. It is applied on top of the ERC. * All 3 belts must be in situ in order to lift and carry the person. * The three ERB’s have been applied. Six staff should assist in the re-location process. * Remember safe manual handling principles and to move with the person feet first. * It is important to have an additional member of staff (RMN) present to monitor the physical health and well-being of the person and to always ensure the safety of the person’s head. * Remember the person should NEVER be left unattended once the ERB has been applied. Remember to complete physical health checks on the person every 5 minutes. * Insert 2 fingers between belt and chest * Breathe * Ask- is there any pain/discomfort, pins and needles * Check capillary refill * The ERB should be applied for the shortest period necessary and for NO LONGER than 30mins   **Lead trainer to demonstrate removing of all the belt.**   * Untied all the belt and pull from the D-Ring direction   Physical observation/medication examination.  **The Lead Trainer to demonstrate the application of the SEELS**  Discuss principles of use, if patient is protesting SEELS may be a viable option without any further need of mechanical restraint; if patient is actively combatant then SEELS will need to be used in conjunction with SRS to immobilise arms and legs; SRS components can be, SRS self-harm in addition to leg belt or SRS applied for conveyance  Position SEELS so that shoulder straps are at head end of patient.  Roll the person on to their side (using the principles of turning someone over)  Tuck one side of the SEELS under the individual.  Roll the individual back lying on to their front.  Pull back the side of the SEELS tuck under them.  Secure the SEELS over the individual using the attached Velcro of the SEELS, Velcro colour coded to attach at relevant points.  Adjust Velcro fixings according to size of individual  Use the principle of good manual handling and lifting as explained and demonstrated above. | | | | | Learners will examine the ERB and Soft Cuffs to identify the relevant component parts of the equipment  Participation and questions  Learners will apply the ERB and Soft cuffs under supervision and ensure all safety checks are carried out  Learners will apply the top belt and Soft cuffs under supervision and ensure all safety checks are carried out  Opportunity for further questions  Trainers will observe the students to apply the leg belt.  Opportunity for further questions  Learners will apply the SEELS belt under supervision and ensure all safety checks are carried out.  Opportunity for further questions | |

**Additional information/Reference**

* [**Health and Safety at Work etc Act 1974 (HSWA)**](https://www.hse.gov.uk/legislation/hswa.htm)
* [**Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)**](https://www.hse.gov.uk/pubns/books/l23.htm)
* [**The Management of Health and Safety at Work Regulations 1999**](http://www.legislation.gov.uk/uksi/1999/3242/contents/made)
* [**Provision and Use of Work Equipment Regulations 1998 (PUWER)**](https://www.hse.gov.uk/pubns/books/l22.htm)
* [**Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)**](https://www.hse.gov.uk/pubns/books/l113.htm)