



Breakaway and De-escalation Policy and Procedure

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Document Control

Document Name	Breakaway and De-escalation Policy and Procedure
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Purpose	To provide policy guidance and procedural support to all staff who may have to use de-escalation and breakaway techniques to reduce the risk of potential aggression from clients, and reduce the risk of harm to themselves and the client in the event of aggressive behaviour that does not respond to de-escalation.
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INTRODUCTION

De-escalation and breakaway techniques are an important part of the skills that should be learned by care staff, who are at risk of injury as a result of aggressive behaviour- exhibited by those they care for.

The National Institute for Health and Care Excellence (2015) defines breakaway techniques as “physical skills to help separate or break away from an aggressor in a safe manner [that] do not involve the use of restraint.”

Between 2013 and 2014, 68,683 physical assaults were recorded against NHS staff. This represents an increase of 8.7% on the total reported figures from 2012-13 (NHS Business Services Authority, 2014). Recognised de-escalation techniques include verbal strategies, such as maintaining a calm tone of voice and not shouting or verbally threatening the person; and non-verbal techniques, including an awareness of self, body stance, eye contact, and personal safety (Cowin 2003; Johnson 2011). This can help to defuse anger, and avert aggression (NICE 2017).

Not meeting this care need could be a breach of the Nursing and Midwifery Council Code of Conduct (The Code 2018)

PURPOSE

This policy will direct staff in the appropriate, legal, and safe management of clients displaying distressed and challenging forms of behaviour. It links to risk assessments, care plans and to training provision, as well as legislative frameworks. Its purpose is to acknowledge that there may be times where the risk of physical violence from a client may be heightened. This may necessitate the need for use of both de-escalation and breakaway techniques. The policy seeks to ensure any use of the techniques described are “*proportionate, reasonable* and used for the shortest period of time” (NICE 2015). The overall purpose of this policy is to end or significantly reduce the risk to the client or others (DOH 2017).

AIMS

- To reduce the necessity for physically restrictive interventions by promoting the use and development of preventative strategies, which focus on the use of de-escalation techniques.
- Where situations requiring physical intervention are unavoidable, to ensure prior planning and training is in situ to promote safer outcomes for staff and clients.

SCOPE

This policy applies to individuals who have been assessed as having the potential to exhibit challenging behaviour, involving physical risks to staff. This policy applies to all staff providing care to individuals with challenging behaviours that presents a risk of physical harm to staff and to the client.

RESPONSIBILITIES

All clinical staff (Registered Nurses and Support workers) within the organisation to an extent consistent with their position are responsible for compliance with this policy.

The Registered Manager has overall responsibility for effective management of risk.

The Clinical Director has responsibility for ensuring that the required structures and resources are in place to enable effective care for patients requiring the use of de-escalation procedures and the use of breakaway techniques. Ensuring their staff are aware when it is appropriate to carry these out, and how to seek advice/guidance on the procedures from clinicians competent to carry out the interventions.

Regional Clinical Leads with specific knowledge of the procedures are responsible for offering advice when contacted about the appropriateness of breakaway techniques and de-escalation procedures for specific patients; acting as a resource person for staff concerning this, and ensuring that this essential care is undertaken effectively.

DEFINITIONS

- **Breakaway Techniques:** A set of physical skills used to disengage or break away from an aggressor in a proportionate manner. They do not involve the use of restraint, but do include emergency responses that may be required for escape or rescue (NICE 2015). Anything more would potentially be classified as a *Deprivation of Liberty*, with the attendant requirements of specific legislation (MCA DoLS 2005).
- **De –Escalation Techniques (DRS):** A set of techniques with the goal of building a rapid rapport and connection with an agitated person, in order to reduce the risk of violence and injury. This sense of connection is established through the use of verbal, psychological and non-verbal techniques that emphasise controlling one's own emotional reaction to threat whilst guiding communication.
- **Challenging Behaviour:** Culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities". "Ordinarily we would expect the person to have shown the pattern of behaviour that presents such a challenge to services for a considerable period of time. Behaviours exhibited may include self-injurious behaviour (such as hitting, head-butting, biting, scratching), aggressive behaviour (such as hitting others, head-butting, shouting, swearing, screaming, scratching others, spitting, biting, punching, hair pulling, kicking), inappropriate sexualised behaviour (such as public masturbation or groping), behaviour directed at property (such as throwing objects and stealing) and stereotyped behaviours (such as repetitive rocking or echolalia). This definition **does not** include behaviours of concern, which are classed separately, and include acts of disobedience and defiance.
- **Proportionality:** The standard of PROPORTIONALITY is best defined in terms of what is reasonably proportionate to the amount of harm likely to be suffered by the defendant or likely to result if the forcible intervention is not made. It is the need to

balance the severity of the intervention with the intensity of the social need for action. It is a principle of the Human Rights Act (1998), the Mental Capacity Act (2005) and the Mental Health Act (2007).

- **Reasonableness:** The requirement to use force which is reasonable in the circumstances involves two issues : (1) Was the force used necessary (or honestly believed to be necessary) to prevent potential injury to staff or clients? Could force have been avoided if possible? (2) Was the force used proportionate to the evil to be avoided? The standard is best defined in terms of what is reasonably proportionate to the amount of harm likely to be suffered by the defendant, or likely to result if the forcible intervention is not made. A guide would be to use the minimum force required in the circumstances, for the shortest period of time.
- **Deprivation of Liberty:** The Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS), which came into force in England on 1st April 2009, provide a legal framework to prevent unlawful deprivation of liberty occurring. They protect vulnerable people in hospitals or care homes who lack the capacity to consent to the arrangements made for their care and/or treatment but who need to be deprived of their liberty in their own best interests to protect them from harm. Libertatem Healthcare has a statutory responsibility for administering and delivering the MCA DOLS at a local level. The Mental Capacity Act allows restrictions and restraint to be used, but only if they are in the best interests of a person who lacks capacity to make the decision themselves.

POLICY STATEMENT

De-escalation techniques will be used to encourage calm communication with an agitated client in order to understand, manage and resolve their concerns. Ultimately, these actions should help reduce the client's agitation and potential for future aggression or violence. However, it is recognised that on occasion, de-escalation procedures may not be effective, thus increasing the risk of physical injury to the staff and client-as a result of challenging behaviours. This may require the use of breakaway techniques.

The purpose of breakaway techniques is firstly to take immediate control of a serious, significant or dangerous situation and secondly to contain or limit the person's freedom for no longer than is necessary, to end or reduce significantly the threat to themselves, or those around. Restrictive physical interventions must be regarded in the same way as any skilled clinical intervention with an individual. At all times the human and legal rights of the individual must be respected. The objective must be to meet identified need within the context of the aims and objectives of the service setting, whilst at the same time safeguarding the individual, those they interact with and those who provide services to them. The person in control of the incident will have to carefully assess the situation and use their own judgement as to what may be deemed 'serious' or 'significant' before using such interventions. Furthermore, any physical intervention must be justifiable, appropriate, reasonable and proportionate to a specific situation and be applied for the minimum possible duration.

Legal Considerations

The following applies when preventing and managing challenging behaviour:

- Common Law
- Equality Act 2010
- Human Rights Act 1988 and the European Convention on Human Rights
- The Mental Health Act 2007 (as amends the Mental Health Act 1983)
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (under the MCA 2005)

PROCESS

Where in the course of providing support services to an individual client; there may exist a requirement for Libertatem Healthcare staff to use de-escalation procedures and breakaway techniques, there are requirements and obligations that must be agreed to prior to this occurring. This includes the need for training, as well as an assessment of overall need to implement these interventions.

De-Escalating Conflict

Before any use of de-escalation procedures, there must be a thorough understanding of conflict, its meaning and its causes. Only once this is understood can progress be made towards conflict resolution.

AIMS

- Ensuring the safety of the patient, staff, and others in the area
- Helping the patient manage his/her emotions and distress and maintain or regain control of his/her behaviour
- Avoiding the use of restraint when possible
- Avoiding coercive interventions that escalate agitation

METHODS

- Identifying de-escalation techniques that have worked in the past increases the likelihood that de-escalation will be effective and restraint won't be necessary.
- De-escalation should start when the first signs of agitation, irritation, anger or aggression are recognised. Should a situation escalate to a point at which restrictive intervention is needed, de-escalation should still be attempted.
- Making advance statements for circumstances when restrictive interventions need to be used allows the person to express their wishes about the most acceptable types of restrictive intervention and can minimise potential harm or discomfort.
- Conflict occurs when **one** party seeks to change the *status quo*, but that change is opposed by another party. Common causes are increased vulnerability, unreasonable demands or expectations, poor communication, unmet needs, unclear systems, mental illness or similar, poor service (or perception of this).
- Warning signs that signal the increased likelihood of aggression should become known to staff as they familiarise themselves with the client. These include prolonged eye contact, flushed facial colouring, increased breathing rate, kicking the ground, clenching fists, standing tall in an attempt to intimidate, large movements and erratic behaviours.
- Respect personal space while maintaining a safe position.

- Do not be provocative.
- Establish verbal contact.
- Be concise; keep the message clear and simple.
- Identify wants and feelings.
- Listen closely to what the person is saying.
- Agree or agree to disagree.
- Lay down the law and set clear limits.
- Offer choices and optimism.
- Debrief the client, staff and complete incident form.
- First, calm yourself before interacting with the person.
- If you're upset, it's only going to escalate the situation. Calm down and then begin to look at the situation and how you can intervene safely.
- Take a deep breath.
- Use a low, dull tone of voice and don't get defensive even if the insults are directed at you.
- Becoming aware of your situation is also critically important. This can include: Other people in the room, Objects; such as chairs, tables, items on a table, and the space around you, like exits or openings, and if you are blocking the person so that they are made to feel trapped.
- Try to look as non-threatening as possible.
- Appear calm and self-assured even if you don't feel it.
- Maintain limited eye contact and be at the same eye level. Encourage the client to be seated, but if he/she needs to stand, stand up also.
- Maintain a neutral facial expression.
- Place your hands in front of your body in an open and relaxed position.
- Don't shrug your shoulders.
- Don't point your fingers at the person.
- Avoid excessive gesturing, pacing, fidgeting, or weight shifting.
- Maintain a public space distance, which is 12 feet or more.
- Make a personal connection. Something as simple as asking, "What's your name?" can diffuse a situation quickly.
- People respond positively to their own name and can make the dialogue more personal.
- Listening to the persons concerns. – Acknowledge the other person's feelings without passing judgment on them.
- Empathy needs to be shown during conflict situations. Even if you do not agree with the person's position, expressing an understanding why that person feels a particular way will help resolve the conflict.
- Clarifying, paraphrasing and open-ended questions all help to ensure that the person is aware you have understood their frustrations completely.
- Ask to take notes if appropriate to situation.
- Ask for their ideas or solutions.
- Help them talk out angry feelings rather than act on them.
- Shift the conversation to the future, create hope, and you make yourself less threatening.
- Using "what" and "we" helps include the person in those future plans.

- Get them to say yes.
- It is very hard for someone to stay angry towards you if they are agreeing with you.
- No person, group, or set of conditions can guarantee that a conflict will proceed constructively.
- If de-escalation is not working, stop!
- If the situation feels unsafe, leave and call for help.
- Debrief the client, staff and complete incident form.

The acronym “PALMS” is a useful mnemonic to use.

Position=Plan exit routes-do not block in.

Attitude=Display positive and helpful attitude

Look and listen=Use normal eye contact and active listening

Make space-keep a comfortable distance

Stance-shoulders relaxed and turned to side.

BREAKAWAY TECHNIQUES

Breakaway techniques will be taught by a specialist trainer, and attendance at a teaching session is required before use of any techniques. The use of physical force should be the absolute last resort in managing conflict.

Physical force should never be used for Revenge, Retaliation, Retribution, Teaching people a lesson or to enforce compliance. Breakaway techniques therefore require the use of a dynamic risk assessment, and any use needs to be documented fully on an incident form.

The trainer will delegate use of this clinical skill to appropriately trained staff, and practice (in a scenario management form) with other staff is encouraged to enhance skills.

Further information/guidance on can be found at the following.

1. <https://www.challengingbehaviour.org.uk/learning-disability-files/SCIE-Guide-for-adults.pdf>
2. **Violence and aggression: short-term management in mental health, health and community settings. NICE guideline [NG10] Published date: May 2015**
3. <https://improvement.nhs.uk/resources/managing-conflict/>
4. <https://www.instituteofconflictmanagement.org/>
5. <https://www.youtube.com/watch?v=kZkE4dUaXo>