

Risk assessment to support training ratios

Standard 1.3

Training providers must ensure that each physical restraint technique that is included in the curriculum is holistically risk assessed.

The risk assessment must include:

- trainability, complexity, effectiveness, and fragility of the technique
- risk factors to people including moving/manual handling risks physical/physiological risks, psychological risks (risk of causing or retriggering trauma) and risks to dignity

Risk assessment must consider evidence from injuries that have previously occurred in training this technique and any injuries or harm from its application in real life.

Factors that cause elevated risk must be identified. A risk assessment tool is provided. Alternatively, training providers may use their own tool that covers the required criteria.

1.3.1 The training provider must ensure that the commissioning organisation receives a current risk assessment for each physical restraint being taught.

1.3.2 The training provider must identify the appropriate person or persons with relevant experience to assess risk in each area of the risk assessment.

Different clinicians are likely to be needed to contribute to different aspects of each risk assessment (for example an expert in biomechanics would be involved in assessing biomechanical risks). The whole final risk assessment must be independently reviewed by an external person with significant experience of providing training in restrictive practices for the population the restraint is intended for use with. An external person could potentially be someone with lived experience or be a peer reviewer from another provider of certified training.

1.3.3 The risk assessment for each physical restraint must be reviewed every two years minimum, and any time that an adaptation is made to it, or a risk assessment is requested in the context of an investigation. Records of reviews must be documented.

1.3.4 The risk assessment for each physical restraint must ensure the suitability of the physical restraint for the population it is intended for.

The risk assessment for each physical restraint must record any potential of risk in the following areas:

- psychological or emotional harm, as well as reference to potential risk factors such as prior trauma experiences
- risks to dignity
- trainability and complexity of the technique, including the level of skills, coordination and fitness required to carry out the technique correctly
- the fragility of the technique – that is the extent to which risks may be elevated and safety compromised by any margin of error in application
- physical harm, as well as reference to any general potential risk factors such as illness, impairment or injury, or issues specific to a named individual which may elevate risk
- restricted breathing, as well as reference to any general potential risk factors such as obesity, positioning and intoxication or issues specific to a named individual which may elevate risk
- circulation, as well as reference to any general potential risk factors such as limb position and bodyweight being used to hold someone, or issues specific to a named individual which may elevate risk
- joint functioning, as well as reference to any general potential risk factors such as the hyperextension and hyperflexion of joints, and the unauthorised adaptation of techniques or issues specific to a named individual which may elevate risk

Safety guidance accompanying risk assessments must:

- ensure that any physical restraint avoids vulnerable parts of the body (such as neck, chest and sexual areas)
- emphasise the need to minimise absolutely the time any individual is subject to any form of restraint
- include recommendations on the level and type of observation that accompanies any application and post-application monitoring period. These may include personalised protocols in the event that an individual's personal characteristics and/or personal history elevate risks
- describe the signs of distress which should be actively monitored for. These may include personalised protocols in the event that an individual's personal characteristics and/or personal history elevate risks
- describe those aftercare arrangements that are required to maximise recovery and minimise any potential traumatising effects of any restraint

1.3.5 All trainers must have access to authorised information about the risks or elevated risks for any restrictive interventions they are teaching.

This may include anonymised information, as well as risk assessments supporting the use of restrictive interventions at both population level and person centred level (Standard 1.1.4).

1.3.6 Training providers must ensure that all physical restraint included in the curriculum complies with guidance relevant to country, setting and population (see appendices 17–20). Evidence must be provided throughout the self assessment process to show that the training covers any specific adaptations to the standards or special considerations.

1.3.7 These standards do not support the use of pain to gain compliance. Training providers must not include the teaching of any restrictive intervention that uses pain to force an individual to comply (see also appendices 21A and 21B).

Standard 1.6.5

1.6.5 **The ratio of trainers to participants when teaching people theory and practical skills must be part of the agreed delivery plan.**

When teaching and assessing competence in practical (eg physical) skills with a restrictive component, the ratio (of trainers to participants) must not be more than **1:12** in line with first aid that also requires competency testing. The participant cohort size cannot be more than 18. A minimum of two trainers will be required if the cohort size is above 12.

Training organisations must evidence that they considered all relevant risks when planning training (and the ratio of trainer to participant is adjusted accordingly) including:

- the risk assessment for each physical restraint technique being taught. Training providers must be able to evidence low risk across all appropriate risk domains where one trainer is used (or that a second trainer is always in place where risks are identified as higher, eg complexity of technique or use of simulation). The certification process will be particularly rigorous in reviewing this
- the training needs analysis (and that this has not identified any elevated risks to people being supported by the service or the staff)
- a risk assessment for the training delivery that takes into account additional hazards (eg the environment)
- if resistance based simulations (or role plays) are being used, a second trainer must be present with one trainer having the responsibility for ensuring safety (see also [Standard 2.8.11](#))

Training providers should take into consideration the likely gender balance of participants and trainers.

Guidance for using the tool

This tool can be used as an aid for training providers who are certifying against the RRN Training Standards. Each physical technique must be separately risk assessed. This is in addition to the Training Needs Analysis.

Each single criteria must have a score of 1,2,3, 4,or 5. No criteria can be skipped – if not applicable it should be awarded 1 point i.e. Definitely not.

It's likely that there will be supporting documentation and information provided by different experts to support the ratings for different criteria and dimensions.

The supporting documents should be made available to the external reviewer and may also be scrutinised by the BILD ACT assessor

There is a summary sheet at the end that can be used to provide the justification for trainer – participant ratios.

Training organisation:

Technique being assessed:

	Definitely not	Very unlikely	Possibly	Likely	Almost certainly
Dimension: safety					
Risk of injury to staff if simulated role play is used					
Risk of injury to staff on a training course (no resistance)					
Risk of injury to staff when used in the workplace (with resistance)					
Risk of injury to the person being restrained (with resistance)					
Resistance may result in the person experiencing pain					
This technique uses a locking movement					
Techniques may cause pressure on throat, chest or abdomen and may restrict breathing			Not certifiable		

Safety total green: /7 **Safety total amber:** /7 **Safety total red:** /7

	Definitely not	Very unlikely	Possibly	Likely	Almost certainly
Dimension trainability: The intervention requires:					
A high level of skill to apply (physical coordination or hand eye level coordination and consistency)					
A high level of fitness					
A high level of practice to maintain competence					
Is part of another intervention eg seclusion, rapid tranquilisation					
Learning more than a few steps					
Coordinating with one or more other person					

Trainability total green: /6 **Trainability total amber:** /6 **Trainability total red:** /6

Training organisation:

Technique being assessed:

	Definitely not	Very unlikely	Possibly	Likely	Almost certainly
Dimension: Client risk factors					
Any of these factors would increase the risk: for example medical obesity, anorexia, a physical disability, tactile defensiveness, ataxia, visual impairment, breathing problems, fragile bones					
Its use could result in psychological harm or be re-traumatising					
The technique is fragile (small change can have significant impact on safety/effectiveness etc)					
It compromises the dignity of the person					
It compromises the principles of good moving and handling practice					

Client risk factors total green: /5	Client risk factors total amber: /5	Client risk factors total red: /5
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	Definitely not	Very unlikely	Possibly	Likely	Almost certainly
Dimension: Effectiveness (works on <80% of occasions) needs more consideration					
Will be effective if applied to a child under 12					
An older person 65+					

Effectiveness total green: /2	Effectiveness total amber: /2	Effectiveness total red: /2
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Summary of risk assessment

Organisation:

Name of technique:

Population technique is designed to be used with:

Date of final risk assessment: Review date:

Name and contact details of external reviewer:

Dimension	Safety	Trainability	Client risk factors	Effectiveness	Totals
Green	<input type="text"/> /7	<input type="text"/> /6	<input type="text"/> /5	<input type="text"/> /2	<input type="text"/> /20
Amber	<input type="text"/> /7	<input type="text"/> /6	<input type="text"/> /5	<input type="text"/> /2	<input type="text"/> /20
Red	<input type="text"/> /7	<input type="text"/> /6	<input type="text"/> /5	<input type="text"/> /2	<input type="text"/> /20

Proposed maximum training ratio based on risk dimensions *(please select one)*

- 1 trainer :12 participants all green (20/20)
- 2 trainers :18 participants any amber
- 2 trainers :12 participants any red
- Other *(please specify with reason)*

Additional notes from external reviewer: