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# *BehaviourSafe*

## PHYSICAL TECHNIQUE MANUAL

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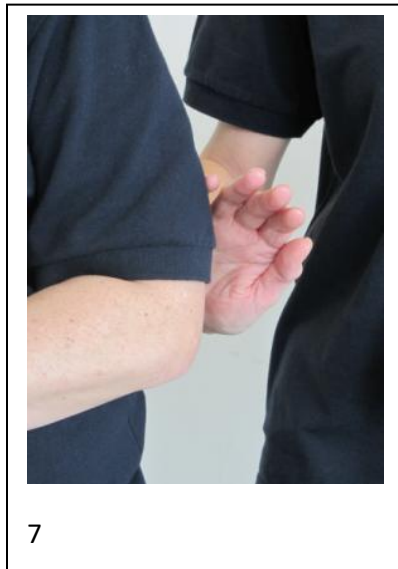
## 1. Low Level Positive Supporting/Comfort Holds

### Prompting

*“Incite or move person to action”, “assist (hesitant person) with suggestion etc.,” “thing said to help memory esp. of actor” (Oxford English Dictionary)*

When ‘prompting’ a person we should make effective use of appropriate communication skills as well as distance. Consider how to motivate the person.

Only if it is safe to do so should we approach a subject to use any form of ‘physical’ prompt, such as an ‘Upper Arm Guard’ or a straight arm ‘Indicating’ as shown below.



### Escorting / Guiding

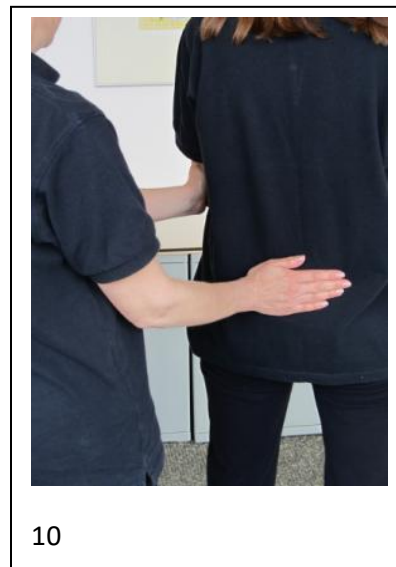
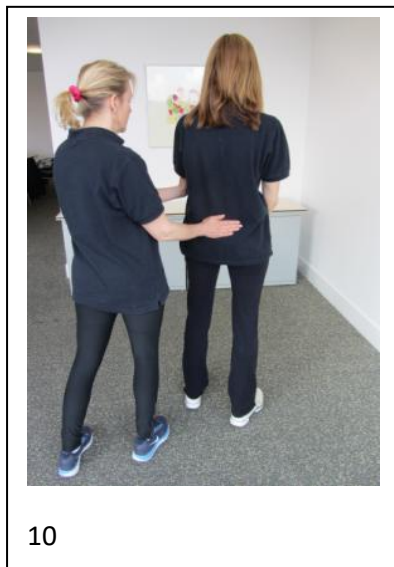
*“To accompany for the purpose of protection of guidance” (Oxford English Dictionary)*

Escorting is most commonly used when supportive assistance is given to a subject who is complying with the use of physical force. In general, when we are escorting someone they are normally compliant and therefore the use of force is not restrictive or applied, generally, without a person’s consent.

When ‘escorting’ or ‘guiding’ someone we can do so as shown in the pictures below.

The hand on the back is there purely and primary as a 'prompt' to encourage the subject to move.

The hand on the back is only a means of encouraging guidance as shown below 'Indicating Touching'...



## One-Person Escort

### Holding (Support Hold)

*"A commonly used, and often helpful containing experience for a distressed child."*  
(Children Act 1989)

*"Holding is distinguished from restraint by the degree of force required and the intention."*  
(Royal College of Nursing – Restraining, Holding Still and Containing Children: Guidance for Nursing Staff, April 2003).

#### Note:

A "holding technique" however, may be used as a 'low-level intervention' to support someone who may be unstable on their feet and / or to assist them in walking.

Generally speaking, the holding technique shown is 'limited' in its effectiveness and will only be effective if applied with the consent of the person being held.



## 2. Restraint

*“Restraint means to hold back physically or to bring a pupil under control.”*

(Use of Reasonable Force, advice for head teachers, staff and governing bodies, 2011)

### Restrictive Techniques/Restraint

In the example to the right, the ‘Double Cup Hold’, immobilization and restriction is achieved by the person’s



R1

arms being held back and high with their elbows tucked into their armpit.

No pain or uncomfortable pressure is applied to obtain control as it is achieved by isolation of the pectoralis chest

muscles which will impede and reduce the angle of the arm movement.



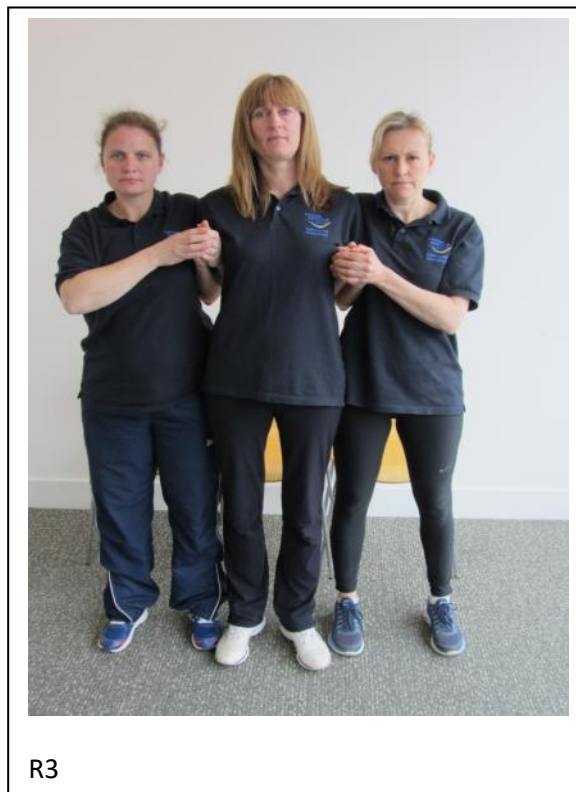
R1

### Cupped Fist Hold

A natural progression from the former techniques is what we refer to as the ‘Cupped Fist’ hold which provides us with a firmer low level intervention. In this case we ‘cover’ the fist by ‘cupping’ it as shown. This allows continual immobilization without too much restriction, and without discomfort, harm and/or pain.



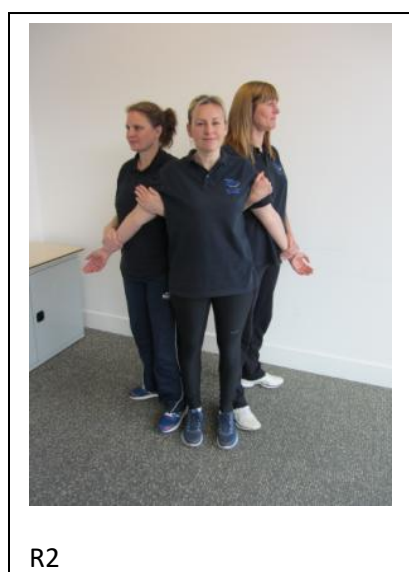
R3



R3

## Straight Arm Immobilisation Techniques

Some people, especially young people, will struggle and wriggle during an intervention which can result in them extending their arms out in-front of them with their elbows 'locked-out' in an attempt to break free from the intervention. To prevent any unnecessary injury to the person their arms can be allowed to extend with control being maintained as shown. Care must be taken to avoid hyper extension of elbow joints.



This reduces the need for staff to struggle against the person to achieve or maintain control and as such reduce the physical resistance used thereby reducing the risk of injury.

It may be at times necessary to immobilise the hold further to prevent the person continually struggling. This is important when fatigue begins to set in and or the buildup of sweat is preventing staff from maintaining control and thus placing themselves, the person, and / or others at risk.

If this is necessary, control is achieved by staff stepping slightly backwards as shown in the photograph opposite. This has the effect of isolating and immobilising the pectoralis chest muscles impeding arm movement and preventing any further struggling.

In addition the position also reduces the risk of staff being spat at and head butted.

During this hold the forearms of the staff are placed across the back of the person being restrained to prevent them throwing themselves backwards in an attempt to break out of the intervention. This reduces any unnecessary movement and as such also reduces the amount of time taken thus lowering the margin for error. Time taken and as a summative result; reduce any increased margin for error.

### Note:

At no time should any pressure be applied through any joints or to the spinal column and the arms should not be over-extended in terms of flexion or the extension of any of the subject's joints.

Care must also be taken however not to overextend the shoulder girdle and cause any unnecessary damage to the shoulder area.



### **Seated Rest Positions:**

Sitting a subject down is an excellent way to de-escalate a situation whilst reducing risk in a physical intervention situation.

When sitting someone down staff should walk towards the chairs facing the direction of travel. On reaching the chairs staff and the subject should then turn around so that the chairs are directly behind their knees. Sitting is achieved by staff and the subject simply bending and sitting in the normal way.

During a seated intervention the same standing techniques for achieving control are used thus reducing the need for staff to learn a multitude of skills for different situations.



R3



R4

### **Dealing with kicking in a seated position.**

Sitting the subject down is a preferable control option as opposed to taking the kicking person to the ground in a prone position as it reduces the risk of positional / postural asphyxiation. (See chapter on positional asphyxiation)

In a seated position the person's legs are controlled by staff, in this example, simply placing their legs over the subject as shown.

If the subject wishes to kick staff do not impede movement but simply allow the weight of the legs to act as a damper to the kicking effect.

Should the subject be increasingly violent and still able to kick, and / or the above technique does not work, staff have the option of using their leg to isolate the subject's leg in a more restrictive manner. In this case immobilisation is achieved by staff placing their legs around the restrained person's legs as shown below.

In doing so a point to stress is that no restrictive force is used to apply pressure onto the subject's legs which could result in damage or unnecessary pain to their shin / lower leg area. If the subject wishes to move their legs movement is allowed and not restricted. As such no pain is required to achieve control and risk of harm is minimised.

This may be a more suitable technique for staff which have short legs and who may find it difficult placing their legs over the subject's legs. It may also be more appropriate when considering controlling the legs of a female subject who may be wearing a skirt for example.

If absolutely necessary the subject's legs can be restrained further by drawing them back to isolate the large upper leg muscles and thus eliminate the ability to kick.



### **Disengaging from a seated position.**

When the subject has regained composure, staff should release the hold gradually.

The legs should be released first as they are likely to do the least damage if the situation escalates again.

The staff's inside arms should then be brought over the top of the arm that is still held, and placed in the crook of the subjects arm. Alternatively a "cup hold" could be used or an "upper arm guard" depending on the circumstances.



This can provide some restriction of movement if the need arises.

Note that the subjects' hand is held on their own upper leg – not the staff's leg. This is more appropriate and reduces the risk of any allegation of inappropriate touching.



R4



R4

As staff fully disengage from the client, they have the option of bringing their arms into the 'Upper Arm Guard' position and over the arm up towards them. This will provide some opportunity for self-protection if necessary. Variations of this disengagement are optional.



7/8



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### 3. Disengagement Techniques

#### Release from various grabs

#### Single 'Arm grab'

#### Teaching points:

- Demonstrate this technique first straight on.
- Demonstrate technique for if the staff member is being dragged.
- Demonstrate technique from various positions to re-iterate the principles of lower arm deflection.

1. Release from various grabs – Raise the wrist higher than the elbow



X5



X5

2. Rotate the wrist, pulling as you rotate so that the thinnest part of your wrist is released between the thumb and fingers of the client.



X5



8

3. Step to the side and into the 'Upper Arm Guard' position.

## 2 handed 'Arm grab'

### Teaching points:

- Forearm up- (do not ask participants to try this first)
- Demonstrate with forearm down and with forearm raised.

1. Release from a 2 handed arm grab. Raise the wrist higher than the elbow



X6



X6

2. Rotate and release the wrist whilst moving to one side.



X6



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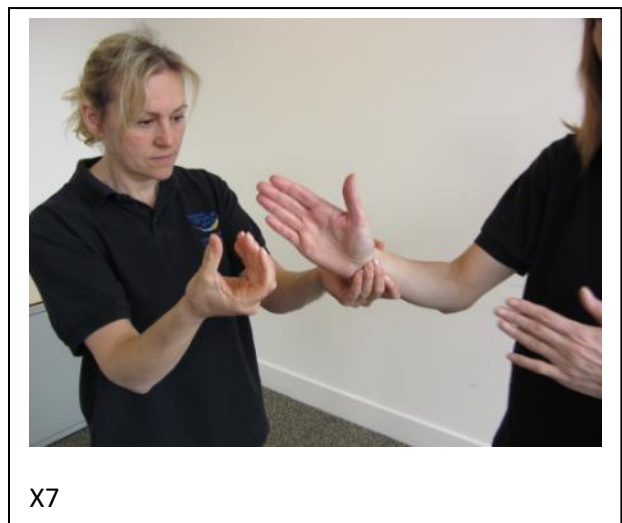
3. Move around the side into the 'Upper Arm Guard' position.



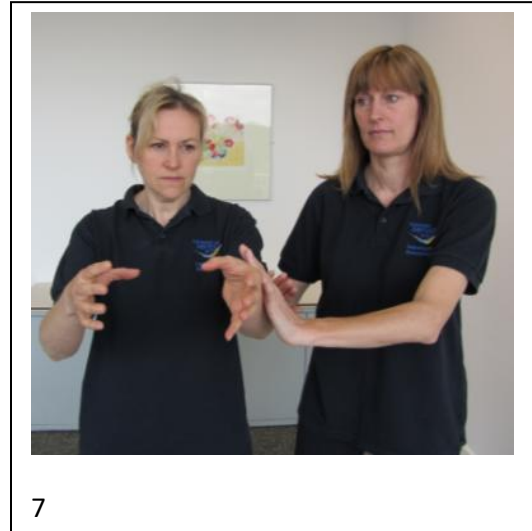
## 2 Arms grabbed

### Teaching Points:

- Demonstrate with arms raised and with arms down.
  - Show both ideal release and release if environment dictates that you have to move across the side of the released arm.
  - Demonstrate for both arms grabbed from the side and for one upper and one lower arm grab.
1. Raise the wrists higher than the elbows, release one arm at a time whilst moving to one side.



2. Move around the side of the person and into the 'Upper Arm Guard' position.

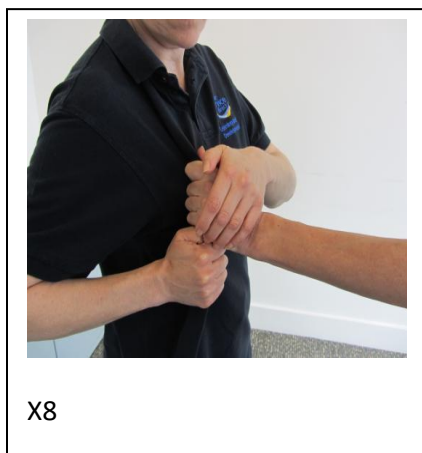


## Clothing grab

### Teaching Points:

- **Demonstrate with grabs in various places- back, sleeve etc...**
- **Get participants to grab own clothing to feel release.**

Release from clothing grab – fix on the back of the hand that is grabbing the clothes. Hold clothing as close to the grabbing hand as possible and pull the clothing in the direction of the knuckles.





## Release from a hair grab

1. Fix your hands on to the back of the hands grabbing, bring elbows and dropping chin towards chest to create a brace, this helps to avoid neck injury.



X1-4

2. Bend your knees, move into towards the person grabbing your hair place your thumb into the crease of their elbow on a bent arm.



X1-4

3. Raise their arm upwards via the elbow as high as possible and move forwards.



X1-4

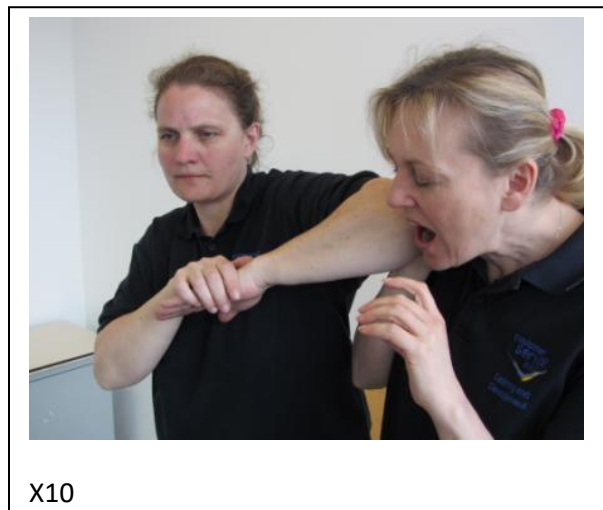
5. Continue to move forwards until the hand has been released from your hair.



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### Release from a bite

Release from a bite to the forearm – gently rotate arm, moving elbow towards person's cheek to release the bite.

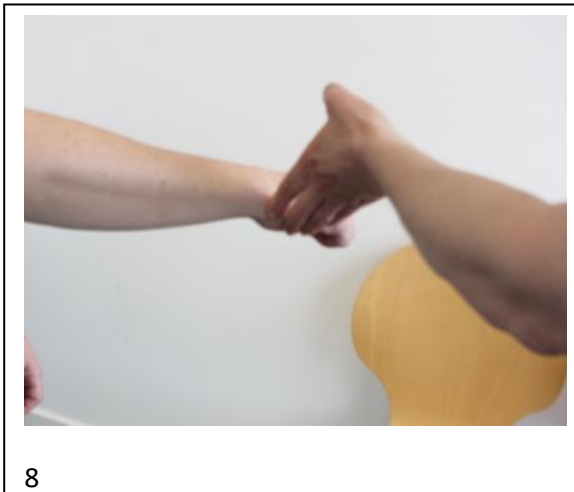


## Release from pinching

1. Release from arm pinch by placing thumb and forefinger.



2. Move the forefinger towards the thumb to release the pinch



## Release from a whole hand pinch

1. Fix on the back of the person's hand



X11

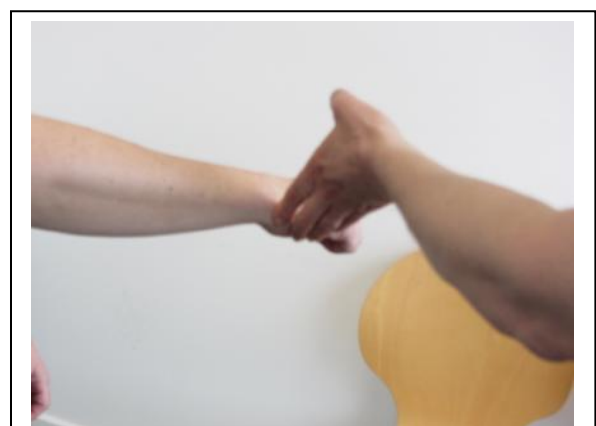


X11

2. Rotate your forearm towards their knuckles until you have released from the grip, use the other hand to move the person's hand away from you.



X11



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