Acacium Group Community Positive Behaviour Support Policy

Policy Reference | CLIN 61

Version | V2.0

Policy Name	Positive Behaviour Support Policy
Purpose of Document	To set out Acacium group approach to
Target Audience	All Acacium Group workers based in the community who display behaviours that challenge
Version	V2.0
Author	Rhiannon Thompson
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Risk And Resource Implications	
Associated Strategies and SOPs	CLIN 01 Clinical Risk Management CLIN 06 Consent CLIN 13 Record keeping CLIN 14 Health Record Management CLIN 18 Manual handling CLIN 44 Ligature Management CLIN 60 Restrictive Physical Intervention and Breakaway Technique CORP 14 Complaints ORG 04 Incident Reporting ORG 10 Violence & aggression in the workplace ORG 41 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguarding Policy
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
Draft v 1	March 2022	First draft	Rhiannon Thompson
Final	Jun 2023	Checked and formatted	Clinical Advisory Group
V1	Jun 2023	Published	Clinical Advisory Group
V2	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

1.1 Acacium Group support a wide variety of clients in the community whom should have access to person centred behaviour support should they require it.

1.2 This Policy describes the guidance given to staff who support individuals who display behaviours that may challenge in the community setting.

2. Purpose and Policy Statement

2.1 The purpose of this Policy is to ensure a consistent approach across Acacium Group so that high quality support can be given to all individuals who may need access to behaviour support.

2.2 To describe both organisational and individual level approaches to supporting people whose behaviour is described as challenging.

2.3 The aims of the policy will be:

- To understand the context and circumstances as to why behaviours that challenge occur in the first instance and the subsequent need for positive behaviour support
- To direct the use of the clinical positive behaviour support pathway
- To promote the safety of clients, staff and others
- To ensure a person centred approach is adopted at all times, with an awareness and adherence to individual risk assessments
- To ensure provision of a trained, professional, supported workforce
- To outline a framework that aims to minimise the use of restrictive interventions when supporting those with behaviours described as challenging

3. Scope of Policy

3.1 This Policy applies to applies to all Acacium Group workers who work within Acacium Group Community Healthcare.

4. Definitions

Topic	Explanation
Assessment	Occurs when one person in interaction, direct or indirect, with another is conscious of obtaining and interpreting the knowledge and understanding, or abilities and attitudes of the other person, in relation to a specific task or goal.
Challenging behaviour or behaviours that may challenge	Throughout the policy, these terms maybe used. The definition of these terms which Acacium Group has adopted is as follows:- "behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion" ("Challenging Behaviour: A Unified Approach" Royal College of Psychiatrists, British Psychological Society & Royal College of SALT 2007).

	To define behaviour as challenging, it must be precisely described in terms of its effects on the person, on their lifestyle, and on other people. It is recognised that some behaviours are specific to certain cultures, religious beliefs etc. and all behaviour needs to be interpreted in light of these personal characteristics. Below are some of the more usual examples of behaviours that challenge: • Physical and/or verbal aggression; • Self-harm; • Property destruction The term behaviours that challenge: • Emphasises that behaviours are considered problematic because of their implications or consequences: they create a challenge for carers and members of staff; • Reflects the social judgement implied when behaviour is identified as challenging i.e. it is subjective and relative - what may be challenging to one person in a given of circumstances may not be challenging to another. • Reflects the relationship between behaviour and the conditions in which people live, e.g.; in poor conditions, where very few human needs are met, many people are likely to present challenges, but in settings where their needs are met they are less likely to present challenging behaviour.
B-Inspired	• B-inspired Training & Consultants LTD was set up by four founding Directors, who have a vast experience working within the fields of Learning Disabilities, Mental Health and Autism Services for Children and Adults. They developed their own independent PBS/Personal Protection & Physical Intervention Training, which is called the ARC model (Assess, Respond, Care). The ARC Model is BILD Accredited, has Restraint Reduction Network (RRN) Certification and aligns to the RRN Training Standards 2020 • TCS are affiliates of B-Inspired, meaning that B-Inspired provide TCS with train the trainer courses, refreshers and trainer licences as well as optional bolt on training options and consultancy. TCS therefore have a small number of qualified trainers who are able to deliver a physical intervention training programme for the direct workforce.

5. Roles & Responsibilities

5.1 The overall organisational roles and responsibilities are set out in the policy document, ORG1 Policy on Policies for drafting, approval and review of policies, procedures, guidelines and protocols. Roles and responsibilities specific to this Policy include the Governance Committee, Clinical Director, Line Managers / appropriate others and the Acacium Group clinical workers.

Job Title	Responsibilities
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
Line Managers / appropriate others	Line Manager / appropriate others are operationally responsible for ensuring compliance with this Policy within the area of their responsibility. This includes: • Ensuring that workers attend the appropriate training prior to working with within all commissioned services / packages • Ensuring that workers have their clinical competence assessed prior to working with people who display behaviours that challenge • Ensuring that all workers are always aware of this Policy and adhere to it.
Acacium Group workers	• Are accountable for providing safe clinical practice, and for protecting the health, safety and welfare of anyone affected by Acacium Group' business • Must be aware that they have a duty, under legislation, to take reasonable care for their own safety and the safety of all others who may be affected by Acacium Group' business • Must be aware of the training required and the minimum level of competence • Must make themselves familiar with, and comply with, all relevant clinical policies and procedures • Must escalate any risk and any increase in behaviours Must always act only in accordance with Acacium Group approved policies, procedures and guidelines. Where a Line Manager or a Acacium Group worker identifies that a given policy, procedure or guideline is not in place that they believe is required, they should refer to the Policy on Policies for drafting, approval and review of policies, procedures, guidelines and protocols.
Clinical Advisory Group (CAG)	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated
MDT	A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users.

6. Organisational level approaches to supporting people whose behaviour is described as challenging

6.1 Restraint Reduction Plan (RRP)

6.1.1 TCS is currently devising a Restraint Reduction Plan (RRP) which will be approved by the Senior Management Team in 2022. The RRP will be guided by the Mental Health Code of Practice

(2015), The Positive and Proactive Care (2014) and Reducing the Need for Restraint and Restrictive Practice (2019). Upon completion, all TCS staff are required to have an awareness of the RRP and implement the recommendations within the services they work in.

6.2 **Governance Structures**

6.2.1 Restrictive intervention data will be reviewed on a monthly basis at the Quality & Safety Meeting. Any escalations, trends or changes in patterns will be considered and supported by the Head of Quality Improvement.

6.3 **Training in relation to behaviours that challenge**

6.3.1 Acacium group recognises the complex and demanding skills required to support those whose behaviours at times can be described as challenging. Acacium Goup provide training in:

6.3.2 Active Support

6.3.2.1 Active Support is an approach that is fundamental to provision of effective, person centred support. It is a way of providing assistance to people that focuses on making sure that individuals are engaged and participating in all areas of their life. It enables staff to gain the skills needed to support people well. It is a universal approach applicable to all support settings and is reflected in the responsibilities of all staff members in the organisation. The essential outcome of Active Support is engagement and there are four essential components which promote engagement in activities and relationships – graded assistance; maximising choice and control; little and often; and every moment has potential. All direct support staff will have to complete a mandatory E-learning package specifically relating to Active Support as part of their induction process.

6.3.3 Positive Behaviour Support (PBS)

6.3.3.1 Person behaviour support is multi-component framework for delivering a range of evidence-based support to increase quality of life and reduce the occurrence, severity and impact of behaviours that challenge (NHS LGA, 2014). An understanding of a person's behaviour is developed based on behavioural assessment, considering environmental triggers and reinforcing consequence. PBS is values led and promotes service user involvement. It focuses on preventing behaviours of concern through feedback, skills training, altering/ reducing triggers or reinforcements, and improving service user quality of life. In addition the model identifies early warning signs that behaviours of concern may occur and suggests de-escalation and distraction techniques that should be utilised prior to crisis management. Post incident support is also outlined within the plan. Each PBS plan is a live document and should be reviewed and amended to reflect changes in the needs and behaviours both positive and those considered challenging.

6.3.4 ARC (Assess, Respond, Care)

6.3.4.1 TCS have partnered with B-Inspired, and have been awarded a certificate of affiliation to use a method of physical intervention known as ARC (Access, Respond, Care) as accredited by the British Institute of Learning Disabilities and Restraint Reduction Network. ARC training provides staff with the support to protect themselves, our

clients, and their families safely and appropriately in the community. All TCS staff learn a range of de-escalation strategies, personal protection, and safe holding techniques, designed and focused on maintaining dignity and respect for the client. All staff working for TCS will receive ARC entry-level 1 training delivered by our expert in-house trainers.

6.3.4.2 All ARC and PBS plans will be documented and reflected within the client specific care plans to ensure that all staff are able to provide the appropriate care for each individual client.

6.4 **Worker Support**

6.4.1 Acacium Group recognises the emotional and physical impact on staff involved in implementing restrictive interventions and offers a wide range of support for staff:

- It is an Acacium Group wide standard that staff will utilise debrief protocols following all uses of restrictive interventions (see section 8) and access any further support if required.
- Staff wishing to seek additional support following incidents may wish to contact the employee support service (EAP) or access the counselling services that are available.
- Staff may wish to seek additional support from their Clinical Leads and/or the Behaviour Support and Training Lead who in addition can offer bespoke training, role modelling of interventions and additional staff support
- Report the incident onto Datix

7. Individual level approaches to supporting people whose behaviour is described as challenging

7.1 **Positive Behaviour Support (PBS) Clinical Pathway of Care**

7.1.1 Person Centred Pathways of Care detail the locally agreed evidenced based clinical standards for addressing a particular clinical problem. They aim to address particular clinical problems within a multidisciplinary approach (Norris & Briggs, 1999), and provide predictable & consistent evidence based care for clients by outlining the essential steps in the care of patients with a specific clinical problem' (Campbell et al, 1998, p. 133). They aim only to deliver care which adds value to the client's health outcome.

7.1.2 Person centred pathways of care are essential to how Acacium Group delivers care in partnership with those accessing its services. When supporting service users, whose behaviour might be described as challenging, Clinical Leads will apply their service specific Positive Behaviour Support Clinical Pathway.

7.1.3 The clinical pathway will utilise a range of therapeutic models as part of its clinical delivery however this must be guided by the following principles of Postive Behaviour Support:

- Adopt a person-centred, individually-tailored approach;
- Seek to understand why, when and how behaviours happen and what purpose or unmet need they serve for the individual
- Focus on altering triggers for behaviour to reduce the likelihood of behaviour occurring;
- Adopt a comprehensive range of interventions acknowledging that there are multiple and varied reasons why service users present with behavioural challenges;

- Ensure there are both proactive strategies for changing behaviour and reactive elements for managing behaviour when it occurs;
- Always adopt the least restrictive, least intrusive approach possible;
- Seek to maintain dignity and respect for the person;
- Promote compassionate care and support;
- Use changes in quality of life as both an intervention and an outcome measure;
- Have a long-term focus as behavioural challenges are often of a long-term nature;
- Successful interventions therefore need to be maintained over a prolonged period (Adapted from Allen, D; 2009)

7.1.4 Acacium Group have agreed the process of the PBS Clinical Pathway which is outlined below.

7.2 **Identification of Need/Screening**

7.2.1 This relates to the acknowledgement, within the care package, that there is continuing challenging behaviour. All must have been done to assess and treat ongoing physical and mental health issues before starting an assessment of behaviour. It is a clinical team's responsibility to decide when this point has been reached. Some mental health/physical issues may co-exist with challenging behaviour and a functional assessment may also be indicated. The decision to carry out progress with Clinical Pathway in these circumstances is an MDT decision. The MDT will consider the need for an interim support plan including any additions to the risk assessments that are needed to keep the situation safe.

7.3 **Consent**

7.3.1 Provide client information associated with the PBS clinical pathway.

- Obtain consent (written, verbal or non-verbal) from the client before carrying out a behavioural assessment or intervention.
- Record the client's consent within the care records on IQX
- If there are doubts over the client's capacity to provide consent, undertake an assessment of capacity.
- If capacity is not present, follow the "best interests" procedure.
- All Best Interest & consent documentation must be saved to the clients file

7.4 **Improving Quality of Life**

7.4.1 It is important that Acacium Group staff address any issues that are impacting on an individual's quality of life before progressing to a functional behaviour assessment. Adapting the environment that clients live in, is a supportive way to minimise behaviours that challenge and improve the quality of life for individuals, families and carers. Foundational values of Positive Behaviour Support believe in fixing the environment, not the person. Acacium Group will use an assessment tool that is based on McGill et al (2020) 'Capable Environments' which include the following:

- Positive social interactions
- Support for communication
- Support for participation in meaningful activity
- Provision of consistent and predictable environments which honour personalised routines and activities
- Support to establish and/or maintain relationships with family and friends
- Provision of opportunities for choice
- Encouragement of more independent functioning

- Personal care and health support
- Provision of acceptable physical environment
- Mindful, skilled carers

7.5 **Functional Behaviour Assessment**

7.5.1 All clients whose behaviour is described as challenging will have an assessment.

7.5.2 This assessment follows the Clinical Pathway assessment tools appropriate to the presenting behavioural challenges. This assessment tries to identify triggering (slow and fast triggers) and maintaining factors associated with both a higher and lower probability of behavioural challenges occurring. Risk assessment and management are features of behaviours that challenge are addressed.

7.6 **Formulation**

7.6.1 Where possible, an MDT formulation will be facilitated aimed at interpreting the information gathered during assessment. This will be facilitated using a formulation model and process outlined in the Clinical Pathway e.g. 5P Formulation Model. This formulation must be used to inform the development of person centred interventions.

7.6.2 **PBS Planning/Interventions**

7.6.2.1 Standard Behaviour Support Plan Guidance alongside the Clinical Pathway. The development of new intervention plans or amending of existing plans should be in line with this guidance. Plans should include a range of Primary Preventative, Secondary Preventative and Tertiary Strategies that match well with the outcome of the formulation. Intervention plans should be implemented within agreed time scales.

- Primary Preventative Strategies - Interventions designed to reduce the probability of challenging behaviour occurring in the first instance. These strategies aim to improve overall quality of life for the client. These types of interventions will primarily focus on social and environmental factors and should consider a wide collaboration with the multidisciplinary team (i.e. psychology, speech and language therapy and occupational therapy). These strategies are facilitated at times when there is no sign of the behaviours that challenge being exhibited.
- Secondary Strategies - Recognising the early stages of a behavioural pattern that is likely to result in challenging behaviour and using a range of strategies which must be prescribed in a client's care plan to defuse and de-escalate the cycle. Secondary Preventative strategies are the strategies / interventions implemented at times of warning signs.
- Tertiary Strategies - Where primary and secondary interventions are ineffective, tertiary interventions are sometimes needed, including the least restrictive physical interventions. In non emergency situations, these must be detailed in the client's care plan. Tertiary strategies are concerned only with supporting the person through an episode of behaviour that challenges (crisis) to help them return to a calmer state. The role of a tertiary strategy is not to produce changes in the future, but to keep people safe here and now. Tertiary strategies are those implemented at times when behaviours that challenge are being exhibited, including those designed to keep the person and others safe. The least restrictive physical intervention must be carried out in accordance with the clinical procedure for the Safe use of Physical holds and only used in line with

the agreed plan of care. All use of Restrictive interventions should be considered prior its uses always considering client history, physical health issues, sensory impairments and or have experienced any trauma that may be exacerbated by the intervention used.

7.6.3 **Implementation**

7.6.3.1 Once a Person centred behaviour support plan has been devised, a strategy will be required for implementing it within packages. A range of tools are available to support with this process.

7.6.4 **Monitoring, Review & Evaluation**

7.6.4.1 Following the implementation of a Person centred behaviour support plan services will be required to identify evidence of the effectiveness of the intervention plan. The review may indicate that further assessments are required to understand the behaviour and the context in which it is displayed. An MDT/PBS supervision meeting will decide whether to withdraw the person from the pathway. This process should involve the identification of the ongoing support required from the MDT.

7.6.5 **Positive Behaviour Support Supervision**

7.6.5.1 All clinical staff co-ordinating the clinical pathway are entitled to specific clinical supervision relating to Positive Behaviour Support. Positive Behaviour Support supervision will occur once a month on an individual basis and will be used to update/agree the pathway level the client is at and give support/guidance on successful implementation of the clinical pathway. The Head of Quality Improvement will be co-ordinating the supervision sessions to those who require it.

8. Post Incident Procedures

8.1 **Reporting Incident**

8.1.1 There is an expectation that any behaviours that challenge will be reported using the Acacium Group Incident form. This needs to be a detailed account of what happened prior, during and after the behavioural episode. These completed forms will then be analysed to determine whether there are any opportunities to learn and therefore adapt strategies/responses to that same behaviour in the future. Some incidents will require further reporting to our internal risk management system – DATIX. Criteria for reporting to DATIX includes the following:

- Harm to the client and/or worker resulting in injury
- Physical intervention used which resulted in harm to the client and/or worker
- Improper use of physical intervention
- Significant self-harm outside of the client's regular presentation
- Police/Ambulance/Emergency services called or attended
- Hospital admission
- Safeguarding alert needs to be raised
- Members of the public harmed/private property involved in the incident
- Medication error/medication near miss
- Extensive or significant damage to property that presents a further risk
- Lost paperwork/data breech
- Client absconding

- Failed contingency plan in relation to safe worker ratios
- Illegal drug use or concerning alcohol consumption

8.2 **Post Incident Review**

8.2.1 Following incidents involving behaviours that challenge there is an expectation that services will carry out a post incident review for both staff and clients, its aim being to provide support and learn lessons. Following a serious incident a post incident report and review will take place Following a severe violent incident, or series of increased aggression or violence which appears out of the ordinary, there will be a formal clinical management review to investigate quickly the nature and likely cause of the violence and aggression, and report it back for further action via the Head of Quality Improvement

8.3 **Post Incident Support for Employees and Workers**

8.3.1 All employees and Workers who have been involved or may have witnessed an incident of violence or aggression will be offered timely support based upon their individual need or preference. As a service, we offer 3 different types of debrief, the details of which are explained below.

Level 1 safety debrief – during and immediately after an incident

A Level 1 debrief should occur at the time a worker reports an incident and will be completed once for the incident as a whole. There is an expectation that workers will receive a safety debrief after every incident within a client package that is reported. This can be completed by nurse shift leads, care coordinators, clinical leads, a clinician on call or out of hours staff members. At the end of a Level 1 debrief workers will be offered the option to receive a level 2 debrief.

Level 2 debrief - after action review

A Level 2 should occur/be scheduled within 72 hours of the incident. Workers do have the option to accept or reject an offer of a Level 2 debrief and unlike a level 2 debreif, every worker involved in the incident should be offered a level 2 debrief.

If accepted, an After-Action Review (AAR) process is used. This is an evidence-based structured approach to undertaking a debrief and constructive way of identifying lessons identified from the incident. An AAR is constructed of 4 questions. AARs will be conducted by a facilitator, who was not involved in the incident and to ensure that an open discussion is held. The following individuals within the service are trained facilitators: clinical leads, clinicians on call and care coordinators. If the package clinical lead is not the facilitator then they will receive the full details of the incident for review ensuring that there is consistant clinical oversight and they can set/follow up actions that are required.

If a worker has requested a level 2 debrief (for the one reported incident) a facilitator should attempt to schedule this with them up to **a maximum of 3 times**. If the worker does not receive a response after the 3rd attempt then the request will be closed.

Level 3 debrief – critical incident debrief

A Level 3 debrief should occur within 4 weeks of the incident. If a clinical lead feels that an action from a level 2 debrief was that a further debrief was required, each staff member involved in the incident either directly or as a witness will be offered a group critical incident debrief within 4 weeks of the incident occurring. During the debriefing meeting, workers can reflect on the incident focussing on how to improve future crisis interventions. The critical incident stress debriefing step by step process will be followed for all group debriefs.

Other support mechanisms that will be offered to workers are:

- EAP

- Practical help with transport or accessing medical help
- Signposting to specific victim support or individual counselling
- Counselling or psychological therapies
- Information and assistance in relation to criminal justice procedures
- Access to Occupational Health Services
- Training updates
- Additional training as required
- Access to staff representation and buddy systems, where appropriate
- Professional and line management supervision which must be documented
- Mental Health First aiders (for employees only)

8.4 **Post Incident Support for Clients**

8.4.1 All clients who have been involved or may have witnessed an incident of violence or aggression will be offered timely support based upon their individual need or preference.

8.4.2 Post incident support should:

- Ensure that the client involved has the opportunity to discuss the incident in a supportive environment with a member of staff or an advocate or carer. Offer the service user the opportunity to write their perspective of the event.
- Acknowledge the emotional responses to the incident and assess whether there is a need for emotional support for any trauma experienced
- Promote relaxation and feelings of safety
- Support a return to normal patterns of activity
- Ensure that everyone involved in the client's care, including their carers, has been informed of the event, if the client agrees.
- Ensure that any other clients who may have seen or heard the incident are given the opportunity to discuss it so that they can understand what has happened.
- Inform Registered Manager and/or safeguarding as per incident reporting process

9. Relevant Legal Frameworks

9.1 Staff supporting those whose behaviour is described as challenging will be required on occasions to respond in ways which may impact upon a number of legal frameworks. Staff must be aware and consider their clinical practise in line with the following:

- Mental capacity act (2005)
- Mental health act (2007)
- Deprivation of liberty (2009)
- Human Rights Act (2000)
- Restraint Reduction Network

9.2 **Reasonable Force**

9.2.1 There is no legal definition of 'reasonable force'. When it is reasonable to use force, or the degree of force that may reasonably be used, will depend on the circumstances of the case. The use of any degree of force is unlawful if the circumstances do not warrant it.

9.2.2 Common law allows reasonable force to be used where necessary for the purposes of:

- self-defence; or
- defence of another; or
- defence of property; or
- prevention of crime; or
- lawful arrest.

9.2.3 Staff may have to account for any use of force in the courts. They will need to know the legal authority for their actions and be able to explain why these were necessary, reasonable and proportionate in the circumstances.

10. Implementation, Audit and monitoring of the policy

10.1 This Policy will be implemented through:

- Communication of the Policy to all relevant Acacium Group workers
- Communication of the Policy to Acacium Group stakeholders
- Raising awareness and understanding of the Policy and related risk management processes throughout the organisation through committee meetings, Acacium Group workers' meetings, the Acacium Group Knowledge Room, the website and general communication.

10.2 **Audit and monitoring**

10.2.1 The audit and monitoring process of the effectiveness of the Policy is done through the Clinical Advisory Group, Quality & Safety Meetings and the Clinical Director who review this policy two yearly or more frequently if there are legislative, procedural or best practice changes.

11. Associated Policies / SOPs

Policies

CLIN 01 Clinical Risk Management
CLIN 06 Consent
CLIN 13 Record keeping
CLIN 14 Health Record Management
CLIN 18 Manual handling
CLIN 44 Ligature Management
CLIN 60 Restrictive Physical Intervention and Breakaway Technique
CORP 14 Complaints
ORG 04 Incident Reporting
ORG 10 Violence & aggression in the workplace
ORG 41 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguarding Policy

12. References

- British Institute of Learning Disabilities (2001) BILD Code of Practice for Trainers in the use of Physical Interventions: learning disability, autism, and pupils with special educational needs www.bild.org.uk
- Department of Health and Department for Education and Skills. (2002) Guidance for Restrictive Physical Interventions for employees working with children and adults who display extreme behaviour in association with Learning Disabilities and/or Autistic Spectrum disorders HMSO. London
- Department of Health (2003) The Independent Inquiry into the Death of David Rocky Bennett
- Department of Health, 2014. Positive and Proactive Care: reducing the need for restrictive interventions, London: DH.
- Francis, R 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, London, HMSO
- McGill, Peter, Bradshaw, Jill, Smyth, Genevieve, Hurman, Maria, Roy, Ashok (2020) *Capable environments.* Tizard Learning Disability Review, 24 (3). pp. 109-116
- Mental Health Act Code of practice 1983 (2015), Department of Health, The Stationary Office, London
- MIND, 2013. Mental health crisis care: physical restraint in crisis, London: MIND.
- NICE NG10: Violence and aggression: short-term management in mental health, health and community settings (2015)
- NICE NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015)
- Transforming Care: A national Response to Winterbourne View Hospital: Department of Health Review Final Report, 2012, Department of Health

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

pulse Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group

Appendix B: Legislation

1. This Policy is based on the following legislation and national guidance as set out in the table below.

Legislation/Guidance	Description
Health & Safety at Work Act 1974	The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.
Control of Substances Hazardous to Health (COSHH) Regulations 2002	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

2. **Equality and diversity**
Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.