**Elysium Healthcare – Management of Violence, Aggression and Challenging Behaviour Training Requirements and GDPR Notice**

Elysium Healthcare attaches great importance to the health, safety and welfare of the staff it trains and indeed the welfare of the services users those staff members care for. It is for this reason that staff are trained in techniques to manage episode of violence, aggression and challenging behaviour.

Staff who care for or who are in regular contact with service users may place themselves and others at risk if they are not appropriately trained.

Management of Violence and Aggression (MVA) incorporates a number of elements which have physical requirements, to include breakaway and physical intervention/restraint training.

**Breakaway training** is where staff are trained to breakaway/disengage from a potentially threatening or actual threatening behaviour by using a skill to separate or disengage in a safe manner.

To be able to complete the physical element of this course all staff must be able to walk around the perimeter of a large training area, unaided and at a comfortable pace. All staff must have a good and pain free range of motion at all main joints of the body and must also be able to take hold and maintain a fully engaged grip with both hands. This training is for staff who do and do not work directly with patient care.

**Physical Intervention/Restraint** is a skilled hands-on method of physical restraint involving trained designated staff to prevent services users from harming themselves, endangering others or seriously compromising the therapeutic environment. Its purpose is to safely immobilise the individual concerned for the shortest possible time.

To be able to complete the physical element of this course all staff must be able to walk around the perimeter of a large training area, unaided and at a comfortable pace. All staff must have a good and pain free range of motion at all main joints of the body and must also be able to take hold and maintain a fully engaged grip with both hands. Staff must be able to kneel down on the floor on either leg and thereafter lie down on the floor and return to a standing position unaided. Staff may be required to perform the above movements on several occasions and on occasion for prolonged periods during the training. This training is for those staff engaged in direct patient care.

In line with attending MVA physical skills training as referenced above all staff members who have been identified to attend a MVA course which has physical skills elements will be required to complete a health declaration prior to commencement of training to ascertain their fitness and ability to take part, and so as not to aggravate any current or old injuries/ailments.

This screening process is entirely confidential and designed to help us, and you/your staff, identify any areas of your health which may influence you/your staff members ability to safely take part in a physical skills course.

Obtaining this information may involve the review, processing and storage of personal data about you/your staff. Accordingly, we are required to inform you/your staff of the reasons why we need to review, process and store this data and the lawful basis for doing so under the Data Protection Act 2018.

The legal basis for us obtaining this information is to comply with our legal obligations for health and safety and/or, if necessary, to make reasonable adjustments to the agreed training to be provided or if a staff member is unable to attend due to an identified health concern to make a referral back to the staff members line manager or training co-ordinator.

By signing the attached health declaration form, you consent to us reviewing and processing this data.

Elysium Healthcare

**Elysium Healthcare/MVA/GSA – Pre-Training Health Screen**

Please complete this questionnaire. This screening process is entirely confidential and designed to help us, and you, identify any areas of your health which may influence your ability to safely take part in GSA physical intervention/restraint and breakaway physical skills training.

This training is designed to be accessed by people of a wide range of ages, weight, co-ordination and levels of physical fitness. It is designed to ensure that you will be able to carry out the day to day training requirements more safely.

If you are concerned about any aspect of your health in the context of physical skills training, we recommend that you seek advice from your GP or Occupational Health Department prior to attending physical skills training.

Please discuss any concerns you may have with your health on completion of this form with the course tutor prior to the course commencement or on the day of training prior to any physical skills training.

Please answer honestly. If you fail to provide the information requested, we may not be able to provide the services, or we may be prevented from complying with our legal obligations (such as to ensure your health and safety).

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| Have you a history of, or do you have a, heart condition?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication management and how this influences your daily life.       |
| Do you have you a pacemaker fitted?  | Yes [ ]   | No [ ]  |       |
| Have you a history of or do you have high blood pressure?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication, management and how this influences your daily life.       |
| Have you ever had, or do you currently suffer with Chronic Neurological Disease (e.g. Parkinson’s Disease or Multiple Sclerosis)?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication management and how this influences your daily life.       |
| Have you a history of or do you currently suffer with dizzy spells or balance problems?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication, management and how this influences your daily life.       |
| Do you currently have a heavy cold, or do you have a chest infection?  | Yes [ ]   | No [ ]  | If yes, please explain:      |
| Have you a history of, or do you have any, back trouble/pain?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any current or previous management (treatment, therapy or medication), and how this influences your daily life.       |
| Have you suffered from any whiplash injuries?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any current or previous management (treatment, therapy or medication), and how this influences your daily life.       |
| Do you have arthritis or joint pain of any sort?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any current or previous management (treatment, therapy or medication), and how this influences your daily life.       |
| Have you broken any bones in the last year or previously that you feel may affect your ability to take part? NB: a fracture and a break are the same thing!  | Yes [ ]   | No [ ]  | If yes, please explain. Comment on the area, method of injury (i.e. was this due to trauma or osteoporosis?), and any residual discomfort or limitation of movement which currently exists as a result of the injury.       |
| Do you have diabetes?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication, management and how this influences your daily life.       |
| Do you have asthma or any respiratory limitation?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication, management and how this influences your daily life.       |
| Have you ever had, or do you currently suffer with blackouts, fits, epilepsy or fainting?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication, management, frequency and type of seizures and how this influences your daily life.       |
| Are you anaemic?  | Yes [ ]   | No [ ]  | If yes, please explain. Include any medication, management and how this influences your daily life.       |
| Are you, at present, on any form of medication that you feel may affect your ability to take part in the course?  | Yes [ ]   | No [ ]  | If so please explain. Include any medication, management and how this influences your daily life.       |
| Have you had any operations within the last 6 months that you feel may affect your ability to take part in the course?  | Yes [ ]   | No [ ]  | If so please explain:       |
| Do you have a prosthesis, joint replacement or implant?  | Yes [ ]   | No [ ]  | If so please explain:       |
| Have you ever had, or do you currently suffer with hearing difficulties, eye disease or significant eyesight problems?  | Yes [ ]   | No [ ]  | If so please explain:       |
| Have you have seen a doctor, or other health care professional, in the last 3 months with any concern that may affect your ability to take part in the course?  | Yes [ ]   | No [ ]  | If so please explain:       |
| Are you, or do you think you might be, pregnant? *If you think you may be pregnant you should not participate in a physical skills course – please consult Occupational Health*  | Yes [ ]   | No [ ]  | If so please explain:       |
| Is there any other reason, physical, emotional or psychological a symptom, condition or limitation that may restrict or prevent you from safely taking part or carrying out Physical Intervention / Restraint or Breakaway physical skills / procedures?  | Yes [ ]   | No [ ]  | If so please give details:       |

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| We will only collect as much information as is necessary, including in relation to your physical or mental health, or disability status to deliver our services to you. We may process these special categories of personal information with your explicit written consent or to carry out our legal obligations. For further details on how we use your personal information, please see our privacy policy at [www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk) or Elysium Connect for staff. |



 Unit / Hospital       Perm [ ]  Bank [ ]

**MVA 2**

**Anatomical Checklist for Breakaway Skills Only**

This questionnaire shows the main movements you will need to be able to perform prior to attending the Elysium Healthcare breakaway physical skill sets training programme. If you answer no to any question you may be referred to the Company’s Occupational Health provider for assessment. This questionnaire should be completed at the same time as the (MVA1) the Pre-Employment/Pre-Training Health Screen. All questions must be answered.



1. Can you lower your chin to touch your chest? (without opening your mouth!)

 Yes [ ]  No [ ]

1. Can you lower your ear towards your shoulder? (left and right)

 Yes [ ]  No [ ]



1. Can you turn your head to look over your shoulder? (left and right)

 Yes [ ]  No [ ]



1. Can you raise your arms up forwards to the front and then towards to sky?

 Yes [ ]  No [ ]

1. Can you raise your arms out to the sides and then on up towards the sky?

 Yes [ ]  No [ ]



1. Can you move your arms to enable you to scratch the middle of your back?

 (Between your shoulder blades)

 Yes [ ]  No [ ]

1. Can you bend your elbow so that your fingers touch your shoulder tip? (right and left)

 Yes [ ]  No [ ]



1. Can you bend your wrist forwards and backwards?

 Yes [ ]  No [ ]



1. Can you bear weight through your hands i.e. push yourself out from the wall?

 Yes [ ]  No [ ]

1. With your feet fixed, can you twist your trunk round to enable you to see behind you?

 (Right and left)

 Yes [ ]  No [ ]



1. Are you able to take hold and maintain a fully engaged grip?

 (With both your left and then your right hand)

 Yes [ ]  No [ ]

**Note: to attend the Elysium Healthcare breakaway physical skill sets training programme all staff must be able to walk around the perimeter of a large training area, unaided, at a comfortable pace and without any personal discomfort.**

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| I have read and understood the above information, have completed this questionnaire honestly and accurately, and consent to the use of my information as described above. I am aware that the training I am about to attend, has a significant physical element and I confirm that, to my knowledge, I am physically able to fully participate. Please note you will be required to perform some of the above movements on several occasions and for prolonged periods during the training.I understand that it is my responsibility to inform my Line Manager or the course tutors of any change in my health status prior to or during the training. |
| Name (in capitals):       | Date of Birth:       /       /       |
| Contact Tel No.       | Signed:       | Date:       |
| Tutor Name:       | Signed:       | Date:       |
| Comments / Advice Given:       |