

Team Teach Physical Techniques: Medical Statements / Risk Assessment Reviews

As Director of Team Teach, having personally sat through as an observer, the 6 weeks of the Gareth Myatt Inquiry, I am fully aware of the need for all restraint techniques to be risk assessed and continually monitored and evaluated. As a company, we receive and monitor 6 – 8 weekly reports from services using our ground restraints

TT techniques are not risk free, but our on-going analysis of incidents and any associated injury rates for children, young people, vulnerable adults and staff over the last 20 years provides a very strong evidence base for their operational safety. All participants on our courses receive very explicit information and advice concerning the dangers that can occur regarding restraint and positional asphyxia. There have been no significant or serious patterns of harm emerging from the use of any tt techniques.

All TT techniques have undergone (2006, 2009, 2012 and 2015) a medical review. See our latest summary comments from independent medical experts below. (George Matthews, April 2015)

REVIEW OF RESTRAINING TECHNIQUES - AN ORTHOPAEDIC POINT OF VIEW by Dr Mr Avadhoot Kantak Consultant Orthopaedic Surgeon

“I have reviewed the team teach knowledge database and the techniques utilized. In general all the restraining techniques are very well devised. Considering the unpredictable circumstances in which these techniques are used, it is difficult to precisely estimate the potential injuries that may be sustained; though my assessment assumes a more controlled setting. I have concentrated on the upper body involvement but some of the manoeuvres will need good balance control and may involve the lower limbs as supports.” Mr Avadhoot Kantak Consultant Orthopaedic Surgeon M.S (Orth), D.N.B, F.C.P.S, M.R.C.S(Ed), Dip SICOT, Dip SEM, F.R.C.S (Tr & Orth), M.B.A (January 2015)

Review of Techniques and Team Teach Training system by Dr Anthony Bleetman (PhD FRCSEd FCEM DipIMC RCSEd) Consultant in Emergency Medicine. Honorary Senior Clinical Lecturer at the University of Birmingham Medical School. Associate Clinical Professor at the University of Warwick Medical School. Member of the Faculty of Examiners of the Royal College of Surgeons of Edinburgh

I have reviewed the videos and have a few comments. The videos are well presented. In general, Team Teach skills remain low-level control techniques that carry a low risk of injury to staff and subjects and seem suitable and appropriate for use with children and young adults.

T Wrap Technique: This series of skills involves crossing the subject's arms across the torso and also involves flexion of the trunk. In susceptible subjects and in certain high-risk situations, there may be a risk of positional asphyxia. **This does not preclude the use of the skill set but requires staff to be aware of positional asphyxia and be ready to de-escalate in the presence of warning signs delivered in training.**

Skills that had high potential to cause distress or injury have been removed from the syllabus in accordance with the recommendations of the 2009 report.

- The remaining skills are suitable for use on children and vulnerable adults.
- The psychological impact of these skills cannot be generalised and will be influenced by the specific vulnerability of the individual and the operational and clinical dimensions in each case. Some general comments: Where possible, the individual care plans for subjects should address the issue of most appropriate intervention for the individual concerned.
- The physical skills that carry a risk of restriction of breathing were identified in the original report and advice on positional asphyxia awareness was provided. This remains valid. I recognise that these skills are appropriate for some operational situations and in April 2009, no viable (lower risk) alternative techniques were identified. **Positional asphyxia awareness is delivered through training.**
- Any and all physical interventions may cause psychological distress and discomfort/pain. **None of the skills provided by Team Teach deliberately cause pain.**
- **None of the skills reviewed cause excessive extension or flexion of joints.** (April 2009).

It is not possible to accurately quantify the medical risks for any particular skill as this will depend on a number of factors including: relative size, strength and gender of staff and subject; accuracy of executing the skill; the dynamics and environmental constraints of the situation; physical and mental constitution of staff and subject; escalation/de-escalation of the situation and personal vulnerabilities of both parties (April 2009)